### 18 Palm Road

# 153SFR

#### TOWN OF SEWALL'S POINT - FLORIDA

#### Application For Building Permit

| Owner N. J. COUTANT Present Address N.V. Phone                          |
|-------------------------------------------------------------------------|
| Architect OwnEl Address                                                 |
| General Contractor T.E. SylvESTER Address 80x 963, STUART Phone 287-548 |
| Where Licensed STUART FLA. License No. (in tile)                        |
| Plumbing Contractor Where Licensed No.                                  |
| Electrical Contractor Where Licensed No.                                |
| Property Location, Sevales PT, Subdivision Palm Row Lot No. 8           |
| Lot Dimensions 18 × 140 Lot Area Sq. Ft.                                |
| Purpose of Building DESIDERSE Type of Construction C.B.S.               |
| Building Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches)     |
| Outside of Walls 179/4 Inside of Walls 12004+                           |
| Street or Road building will front on PAIN Ro.                          |
| Clearances - Front 35' Back 58' Side 15 Side 25 River                   |
| Well Location NonE Septic Tank Location (1) EST SIDE                    |
| Building elevation (By Ordinance Definition) 6 +                        |
| Contract Price (Include Plumbing, Electrical, Air Conditioning 22,300   |
| PERMIT FEE New Home Additions Others                                    |
| General(\$3.00 per \$1000 or Fraction) 19.00                            |
| Plumbing (Flat Fee) \$10.00 \$3.00                                      |
| Electrical (Flat Fee) \$10.00 \$3.00                                    |
| Total (To be paid by General Contractor or Owner)                       |
|                                                                         |
| SIGNED: - General Contractor or Owner homen Signed                      |
| Building Inspector Comments: Mule alman 1016                            |
|                                                                         |
| ***************************************                                 |
| FOR TOWN RECORDS: Date Drawings submitted 10/1/68                       |
| Date Permit approved 10/14/68                                           |
| Date Permit Fee paid /0/24/68                                           |
| Date First Inspection                                                   |
| Date Final Inspection 2 14 169                                          |
| Date Occupancy approved                                                 |

# 1317 POOL &PATIO

Date 3 /25/8/

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

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

| Owner Mr + Mrs                                                                                                                                             | Horman Christi                                                                                                                                                                                | e Present a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | address 18 Pa.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Im Rd - 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| that the structur understand that a Town of Sewall's understand that I orderly fashion, such debris being sary, removing saply may result in tion project. | that this permit is a must be completed if pproval of these plan Point Ordinances and am responsible for molicing the area for gathered in one area me from the area and a Building Inspector | in accordance with is in no way relied the South Florida maintaining the contrash, scrap built and at least one from the Town of or a Town Commission Contractor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | the approved place wes me of complying Building Code. Instruction site and the second state of the second s | en. I further ing with the Moreover, I in a neat and and other debris, ener when neces+ Failure to com- ing" the construc-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| and that it must                                                                                                                                           | that this structure comply with all code                                                                                                                                                      | requirements of t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| isinad approval by                                                                                                                                         | à Building Inspector                                                                                                                                                                          | will be given. 7 Owner X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mari 20 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | lund ! 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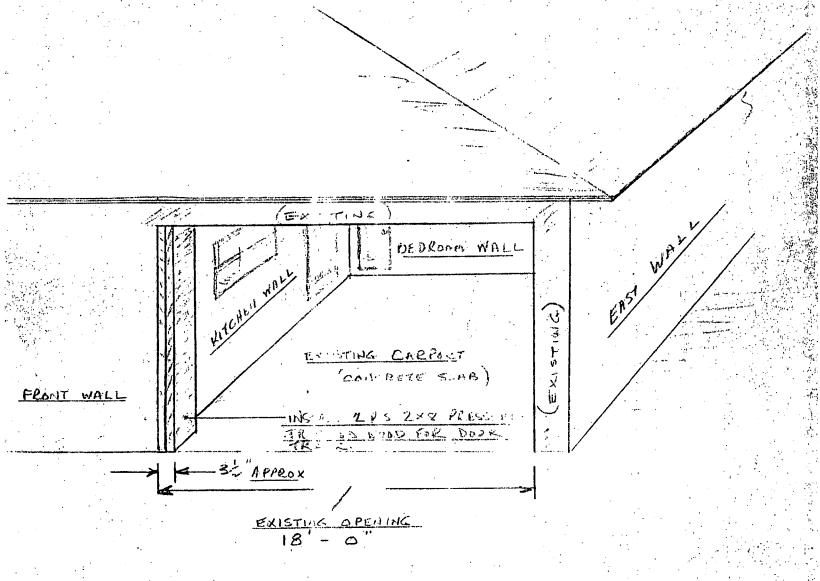
Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.



# 1576 GARAGE DOOR

| TOWN OF                                                                                                                                                                                                                                                                                                                  | SEWALL'S POINT, FLORIDA                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Permit NoR                                                                                                                                                                                                                                                                                                               | ECEIVED Date                                                                                                                                                                                                                                                                                                                                                                                                               |
| APPLICATION FOR A PERMIT TO BUILD A ENCLOSURE, GARAGE OR ANY OTHER STRUC                                                                                                                                                                                                                                                 | DOCK, 3F1982, POOL SOLAR HEATING DEVICE, SCREENED TURE NOT A HOUSE OR A COMMERCIAL BUILDING                                                                                                                                                                                                                                                                                                                                |
| This application must be accompanied                                                                                                                                                                                                                                                                                     | by three (3) sets of complete plans, to scale, in-<br>s; plumbing and electrical layouts, if applicable,                                                                                                                                                                                                                                                                                                                   |
| Owner N.B. CHRISTIC                                                                                                                                                                                                                                                                                                      | Present Address 18 PALM RD.                                                                                                                                                                                                                                                                                                                                                                                                |
| Phone 283-0423                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Contractor N.B. CHRISTIE                                                                                                                                                                                                                                                                                                 | Address 18 Parm Ro.                                                                                                                                                                                                                                                                                                                                                                                                        |
| Phone 253-0413                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Where licensed                                                                                                                                                                                                                                                                                                           | License number                                                                                                                                                                                                                                                                                                                                                                                                             |
| Electrical contractor                                                                                                                                                                                                                                                                                                    | License number                                                                                                                                                                                                                                                                                                                                                                                                             |
| Plumbing contractor                                                                                                                                                                                                                                                                                                      | License number                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                          | or alteration to an existing structure, for which one; LEQUIRES 2 RS 2 X8 PRESSURE TRENTED                                                                                                                                                                                                                                                                                                                                 |
| LYDDD APPLIED TO L.IF-SIDE DE State the street address at which the                                                                                                                                                                                                                                                      | OPENING TO MOUNT TRACK e proposed structure will be built:                                                                                                                                                                                                                                                                                                                                                                 |
| 18 Pan Ro                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Subdivision Pour Row                                                                                                                                                                                                                                                                                                     | Lot number 8 Block number                                                                                                                                                                                                                                                                                                                                                                                                  |
| Contract price \$ 695                                                                                                                                                                                                                                                                                                    | _Cost of permit \$ 500                                                                                                                                                                                                                                                                                                                                                                                                     |
| Plans approved as submitted                                                                                                                                                                                                                                                                                              | Plans approved as marked                                                                                                                                                                                                                                                                                                                                                                                                   |
| that the structure must be completed understand that approval of these platfown of Sewall's Point Ordinances and understand that I am responsible for orderly fashion, policing the area for such debris being gathered in one are sary, removing same from the area and ply may result in a Building Inspector project. | in accordance with the approved plan. I further ans in no way relieves me of complying with the difference the South Florida Building Code. Moreover, I maintaining the construction site in a neat and or trash, scrap building materials and other debris, as and at least once a week, or oftener when necesdifferent the Town of Sewall's Point. Failure to compor or Town Commissioner "red-tagging" the construction |
| GWren                                                                                                                                                                                                                                                                                                                    | Contractor Norma B. Christ                                                                                                                                                                                                                                                                                                                                                                                                 |
| I understand that this structure                                                                                                                                                                                                                                                                                         | e must be in accordance with the approved plans e requirements of the Town of Sewall's Point before                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                          | Owner Moren B. Chuic                                                                                                                                                                                                                                                                                                                                                                                                       |
| <i>i</i>                                                                                                                                                                                                                                                                                                                 | TOWN RECORD                                                                                                                                                                                                                                                                                                                                                                                                                |
| Date submitted 5/23/63                                                                                                                                                                                                                                                                                                   | Approved: Approved: Building Inspector Date                                                                                                                                                                                                                                                                                                                                                                                |
| Approved: WC Strubted  Commissioner                                                                                                                                                                                                                                                                                      | Date Final Approval given: 5/3//5                                                                                                                                                                                                                                                                                                                                                                                          |
| Certificate of Occupancy issued (if a                                                                                                                                                                                                                                                                                    | 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.



RECEIVED

MAY 2 3 1983

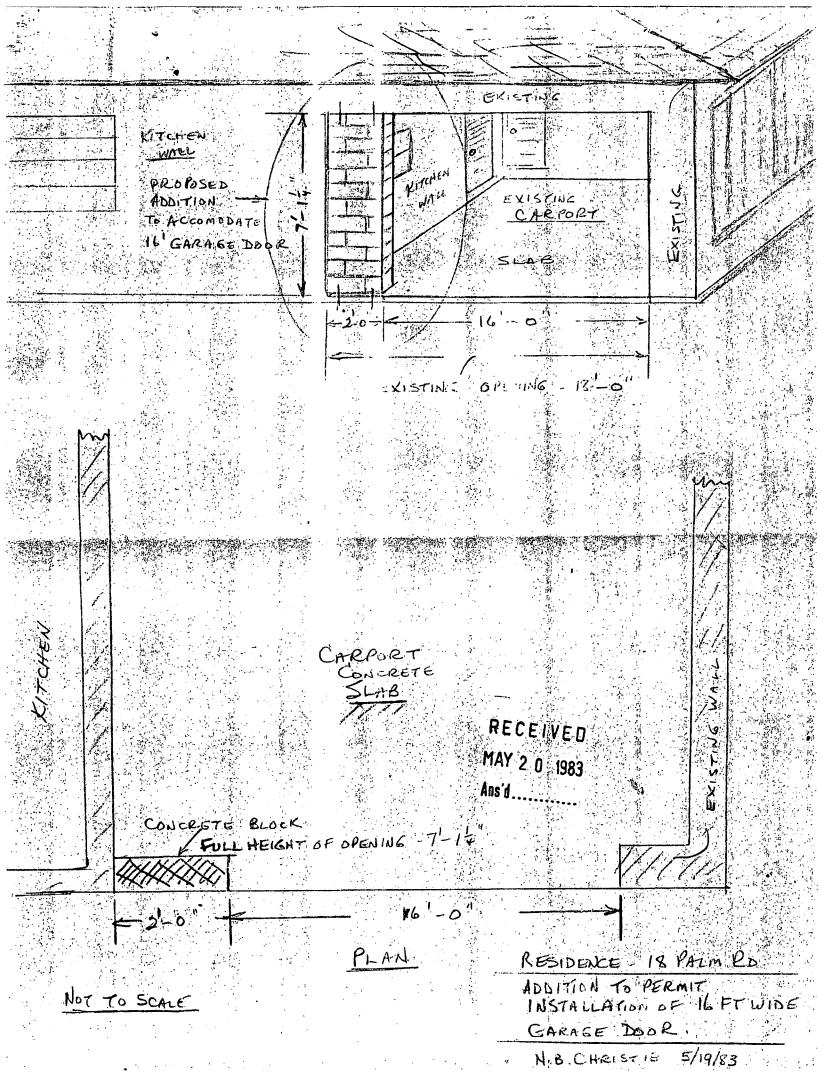
of these -

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

ADDITION OF DVERHEAD DOOR 17-6 WIDE TO EXISTING CARPORT 18 PALM ROAD

N.B. CHRISTIE

Not to SCALE



## 2400 FENCE

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.

| AUTHORIZED SIGNATURES (Please read back of this c | Contract                   |
|---------------------------------------------------|----------------------------|
| Seller W (F)                                      | Purchaser Morma B. Clarich |
| JOB LAYOUT                                        |                            |
| SCP18                                             |                            |
| 42'                                               |                            |
| 28"                                               |                            |
|                                                   |                            |
| T= P T                                            | 77                         |
|                                                   | PRILE R                    |
| JOBSITE                                           |                            |
| ADDRESS.                                          |                            |
| HEIGHT                                            | STYLE GARDUPIL             |
| FOOTAGE 10.5                                      | FRAMEWORK 2X4 PT PINE      |
| POSTS 4x4x9 PT PINE                               | TERMINALS:                 |
| GATES 1 42" wolkapte                              | ACCESSORIES                |
| FOLLOW THE GROUND                                 | FENCE TOP STRAIGHT         |
| PERMIT #:                                         | CABLE #                    |

## 4578 REMODEL

PN 4578

| Bldg. Pmt# | _ |
|------------|---|
|------------|---|

#### Town of Sewall's Point

| Dat | <b>e</b> |
|-----|----------|
|     |          |

#### **BUILDING PERMIT APPLICATION**

| Owner's Name: No. 219-0014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Owner's Present Address: 18 PALM ROAD SEWALL'S POINT, FL 34896                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Fee Simple Titleholder's Name & Address if other than owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Location of Job Site:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| TYPE OF WORK TO BE DONE: INTERIOR REMODEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CONTRACTOR INFORMATION ————————————————————————————————————                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Contractor/Company Name: URBAN BUILDING SYSTEMS For Phone No. 286-6034                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| COMPLETE MAILING ADDRESS /2 // SW SUMSET THAIL PAIN CON E/ 3 400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| State RegistrationState License CG COASS6 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Legal Description of Property PALM ROW REVISED & AMENDED LOT 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Parcel Number 13384100500000080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ARCHITECT/ENGINEER INFORMATION $\mathcal{D}_{\Lambda}///5$ 3.6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ARCHITECT/ENGINEER INFORMATION PN 4578 Phone No. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Engineer Phone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Area Square Footage: Living Area Garage Area Carport Carport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Accessory BldgCovered PatioScr. PorchWood Deck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Type Sewage: Septic Tank Permit # from Health Dept NEW electrical SERVICE SIZE AMPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| NEW Electrical SERVICE SIZE AMPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FLOOD HAZARD INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| flood zone minimum Base Flood Elevation (BFE) NGVD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| proposed finish floor elevation NGVD (minimum 1 foot above BFE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Cost of construction or Improvement Fair Market Value(FMV)prior to improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Substantial Improvement 50% of FMV yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Method of determining FMV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Method of determining PMV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Electrical TRADENNO ELECTRIC State License ME 60141                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Mechanical State License#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Plumbing K+R Plumbing State License# MF0086                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| RoofingState License#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ON PLANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| The street days between the state of the sta |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| $\gamma$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| OWNER CONTRACTOR MUST SIGN APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| OWNER OF AGENT SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Sworn to and subscribed before me this 8 day of Manager |
| who is personally known to me or has produments our has                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| produced and who did(did not) take an oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| CONTRACTOR SIGNATURE Jun 5 Howa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Sworn to and subscribed before me this /8 day of March, 1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| by Aw Hoover who is personally known to me or has produced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| and whekeld (did not) take an oath.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Norman Norman Public, State of Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Commis in No. Co 3693 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Personally Known Produced I.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|                                                             | •                                                                                                                                                                                                          |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TREE REMOVAL (Attach sealed sur                             | vey)                                                                                                                                                                                                       |
|                                                             | No. to be retainedNo. to be planted                                                                                                                                                                        |
| Specimen tree removed                                       | FeeAuthorized/Date                                                                                                                                                                                         |
| DEVELOPMENT ORDER #                                         |                                                                                                                                                                                                            |
| 1. ALL APPLICATIONS REQUIRE: A. Property Appraiser's Parcel | Number.                                                                                                                                                                                                    |
| survey or Tax Bill.)                                        | property. (Can be found on your deed                                                                                                                                                                       |
|                                                             | phone number & license numbers.                                                                                                                                                                            |
| D. Name all <u>sub-contractors</u> (pr                      | operly licensed).                                                                                                                                                                                          |
| E. Current Survey                                           |                                                                                                                                                                                                            |
| approval. Provide construct setbacks, yard coverage, par    | to the Permits and Inspections Office for<br>tion details and a plot plan(s) showing<br>tking and position of all buildings on the<br>tion plan, etc. Compliance with subdivision<br>comined at this time. |
|                                                             | Zoning approval (complete with plans & plotent for septic tank. Attach the pink copy to                                                                                                                    |
|                                                             | nits and Inspection Office. All planned 2) sets of plans, drawn to scale with al and the <u>following items:</u>                                                                                           |
| 1. Floor Plan                                               |                                                                                                                                                                                                            |
| <ol> <li>Foundation Details</li> </ol>                      |                                                                                                                                                                                                            |
| 3. <u>Elevation Views</u> - <u>Elevatio</u>                 | n Certificate due after slab inspection.                                                                                                                                                                   |
| 4. A Plot Plan (show desired front of building, plus lo     | floor elevation relative to Sea Level in cation of driveway).                                                                                                                                              |
| 5. Truss layout                                             |                                                                                                                                                                                                            |
|                                                             | e detail for each wall that is different)                                                                                                                                                                  |
| 7. Fireplace drawing: If pref                               | abricated <u>submit manufacturers</u> data.                                                                                                                                                                |
| ADDITIONAL Required Documents are:                          |                                                                                                                                                                                                            |

- 1. <u>Use Permit</u> (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. <u>Energy Code Compliance</u> 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 <u>Notice of Commencement</u> must be filed in this office and posted at the job site prior to the first inspection.
- 9. Replat <u>required</u> upon completion of slab or footing inspection <u>and</u> <u>prior to any further inspections</u>.

| NOTICE:    | In,  | addit  | ion   | to oth | ne requ  | uire | ments | o£    | this  | perm | nit,  | there | may   | be  |
|------------|------|--------|-------|--------|----------|------|-------|-------|-------|------|-------|-------|-------|-----|
| additiona: | l re | estric | tions | app]   | licable  | to   | this  | pro   | perty | tha  | t may | y be  | found | in  |
| the public | c re | cords  | of    | COUNT  | y of mar | MIN, | and   | there | e may | be a | addit | ional | perm  | its |
| required ' | fro  | m ot   | her   | gover  | nmenta   | .1 e | ntiti | es    | such  | as   | wate  | er ma | nagem | ent |
| districts  | , st | ate a  | nd fe | deral  | agenc    | ies. |       |       |       |      |       |       |       |     |
|            |      |        | 06    |        | -        |      |       |       |       |      |       |       |       |     |

| districts, state and federal agencies. |        |
|----------------------------------------|--------|
| Approved by Building Official          |        |
| Approved by Town Engineer              |        |
|                                        | سساطنا |

Page 2

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Bldg.pmt.app.
Revised 1/15/99

#### IIL BUILDING INDUSTRY SERVICES

#### **MEMORANDUM**

Date: 3/24/99

TO: CRBAN BUILDING SYSTEMS

Re: 18 Facm RD.

The following listed items are needed to process your permit application.

Please provide:

- 1. PLUMBING RISSK.
- 2 cuino LOAD CALCULATIONS FOR NEW SOD & WINDOWS.
- 3. PROVIDE SMOKE DETECTORS IN ALL REMOVATED BEDROOMS

  AND IN WALLWAYS WHICH ARE INTERCONNECTED UNLESS ALREADY
  INSTALLED
- 4. FROIGHTS IF SXISTING SUN ROOM IS GUZED OR NOT.
  (MUST MEET WIND LONDING).

CBO, CBO

#### STATE OF FLORIDA



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONST INDUSTRY LICENSING BOARD 7960 ARLINGTON EXPRESSWAY SUITE 300 JACKSONVILLE FL 32211-74 FL 32211-7467

(904) 727-6530

HOOVER, JAN S URBAN BUILDING SYSTEMS INC 1231 SW SUNSET TRAIL PALM CITY FL 34 FL 34990

> STATE OF FLORIDA AC# 5294001 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION 78900877 CG -C048587>08/26/1998

CERTIFIED GENERAL HOOVER, JAN ST. URBAN BUILDING SYSTEMS INC CERTIFIED CENERAL CONTRACTOR

IS CERTIFIED

under the provisions of Ch. 489

Expiration Date: AUG 31, 2000

#### **DETACH HERE**

#### 

DO 40 STATE OF FLORIDATION DEFARTMENT OF BUSINESS AND PROFESSIONAL REQUESTION CONSTITUTION DE L'ECONSTITUTION DE L'ECONSTITUTIO

08/26/1998 98900877 C0 - c048587 (1)

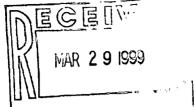
The GENERAL CONTRACTOR
Named below ISSCERTIFIED
Under the provisions of Chapter 489
Expiration date: AUG 31 2000

HOOVER, JAN S URBAN BUILDING SYSTEMS INC 1231 SW SUNSET TRAIL

LAWTON CHILES GOVERNOR

RICHARD T. FARRELL SECRETARY





## URBAN BUILDING SYSTEMS, INC. 1211 S.W. Sunset Trail ◆ Palm City, FL 34990 Ph 561⋅286⋅6034 ◆ Fax 561⋅288⋅3446

Email: urban@ecqual.net

| To:        | 50,00 | all's P                 | Transn                              |                    | n Cover                  | Sheet<br>284-2455                                  |
|------------|-------|-------------------------|-------------------------------------|--------------------|--------------------------|----------------------------------------------------|
| -          |       |                         |                                     |                    | Fax Number:              |                                                    |
| <br>Attn:  | Ruch  | and o                   | nacey)                              |                    | Time:                    |                                                    |
| From: _    | AR    | <u>T</u>                |                                     |                    | Telephone:               |                                                    |
| Project: 🗸 | ARCH  | RESIDE                  | NCE RENOV                           | ATION              | Project Ref. #:          | :                                                  |
|            | [][   | Inder separ  Shop  Copy | drawings Of Letter                  | Prints<br>Change o | order 🔾                  | Samples                                            |
| For yo     | our:  |                         | oval [].Com<br>ibution [] Reb       |                    | [ ] Informati<br>[ ] Use | on [] Bidding [] Bid Due//<br>[] Review [] Records |
|            | If en |                         | mber of Pages i<br>are not as noted |                    |                          | heet<br>nmediately at 561-286-6034                 |
| Copies     | Date  | Rev. #                  |                                     |                    | Descrip                  | otion                                              |
|            |       |                         |                                     |                    |                          |                                                    |
|            |       |                         |                                     |                    |                          |                                                    |
|            |       |                         |                                     |                    |                          |                                                    |
|            |       |                         |                                     |                    |                          |                                                    |
|            |       |                         |                                     |                    |                          |                                                    |
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| gla<br>Dez | nla.  | le C                    | or we everty.                       | - Ri<br>We         | trust                    | to use . It it appro-                              |
|            |       |                         | <i>-</i>                            |                    |                          |                                                    |
|            |       |                         |                                     |                    |                          |                                                    |
| opies To:  |       |                         |                                     |                    | Signed:                  |                                                    |
| opies IU.  |       |                         |                                     |                    | Title:                   |                                                    |
|            |       |                         |                                     |                    | Date:                    | 3/26/99                                            |





METROPOLITAN DADE COUNTY, FLORIDA METRO-DADE FLAGLER BUILDING

> BUILDING CODE COMPLIANCE OFFICE METRO-DADE FLAGLER BUILDING 140 WEST FLAGLER STREET, SUITE 1603 MIAMI, FLORIDA 33130-1553

PRODUCT CONTROL NOTICE OF ACCEPTANCE

(305) 375-2901 FAX (305) 375-2908

Vinyl Tech/Progressive Glass Technology

1070 Technology Drive

Nokomis

FL 34275

PRODUCT CONTROL DIVISION

(305) 375-2802

FAX (305) 372-6339

Your application for Product Approval of:

Series 2500 Aluminum Sliding Glass Door

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. 741, Sheets 1 thru 5 of 5. (For listing, see Section 8 of this Notice of Acceptance)

has been recommended for acceptance by the Building Code Compliance office to be used in Dade County, Florida under the specific conditions set forth on pages 2 et. seq. and the Standard Conditions on page 3.

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.: 96-1023.03

Expires:05/22/80

**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.

Director

Building Code Compliance Dept.

Metropolitan Dade County

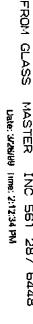
Approved: 05/22/97

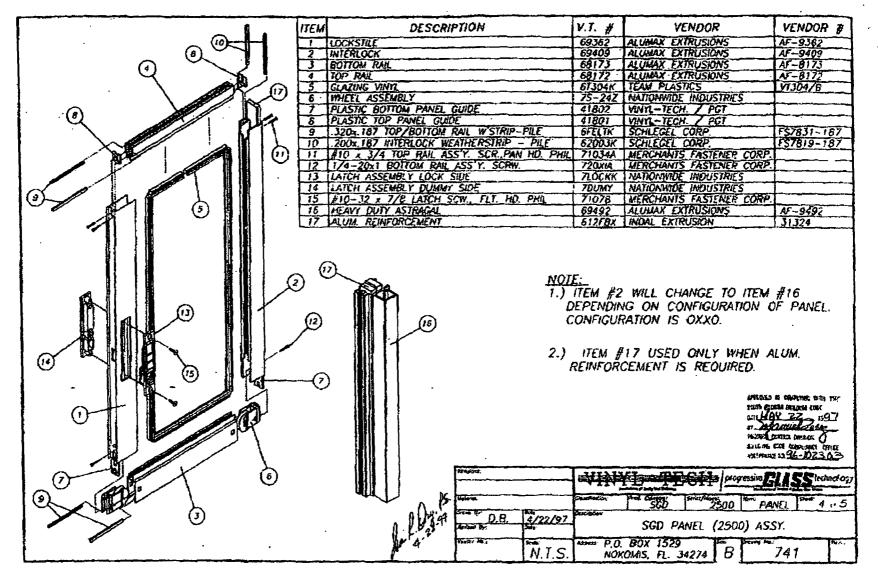
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Homepage: http://www.buildingcodeonline.com

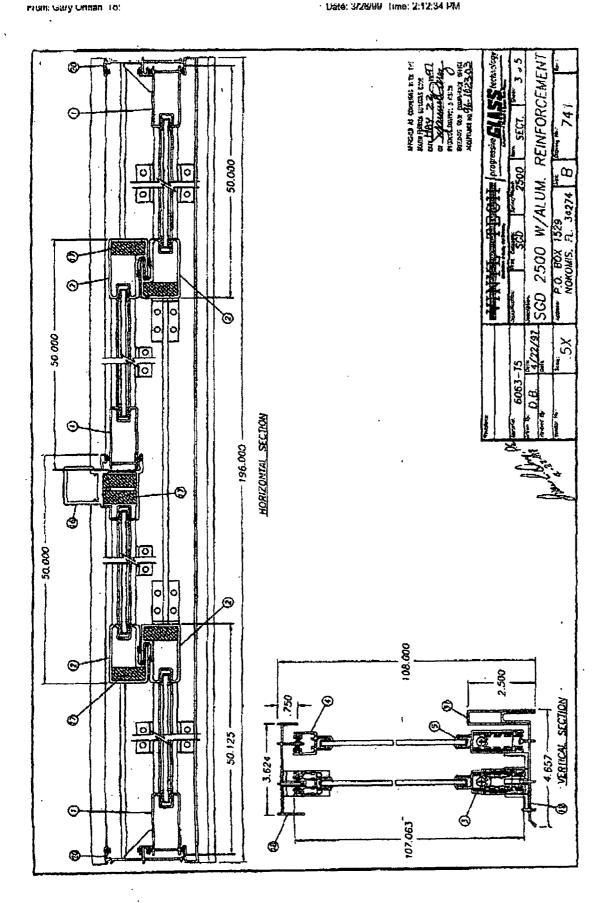
Internet mail address: postmaster@buildingcodeonline.com

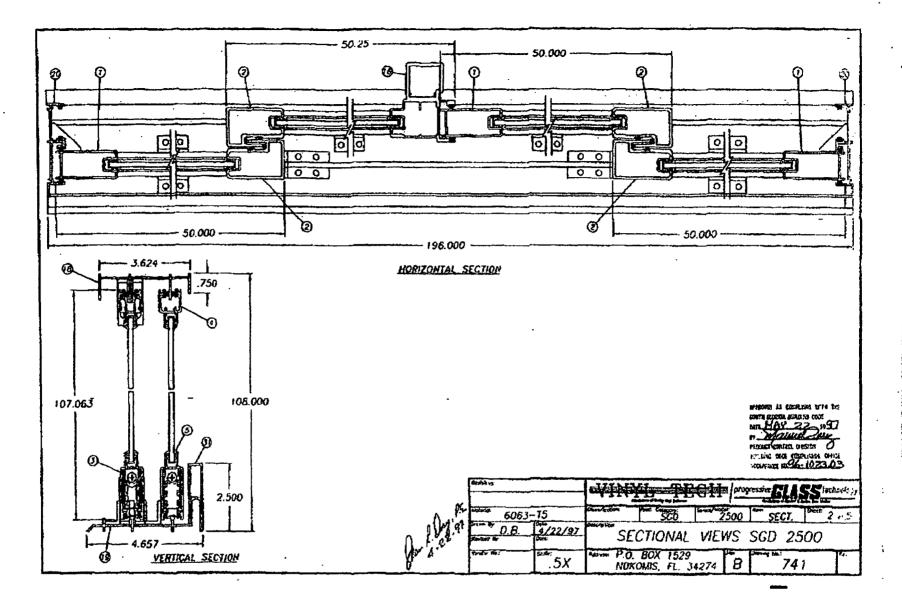




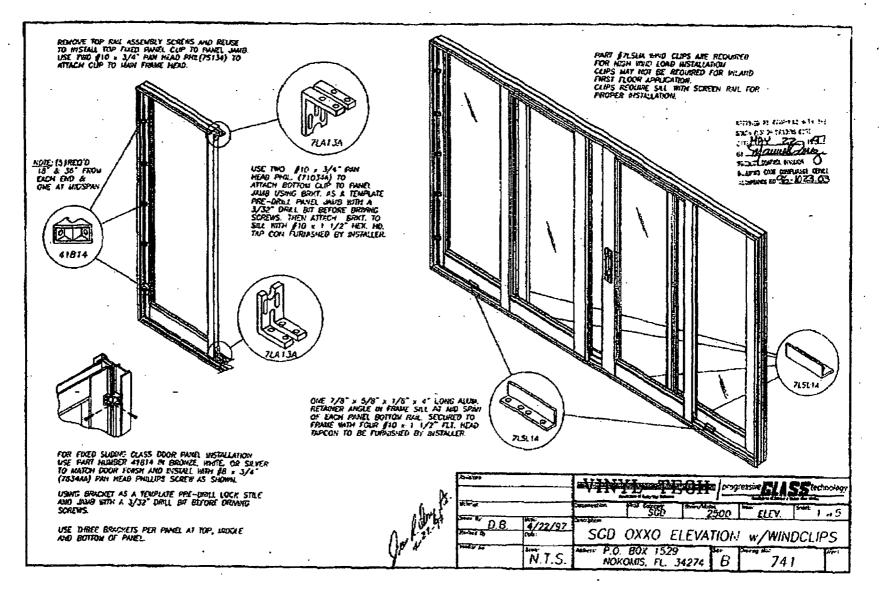


Page 3 of 16









FROM GLASS MASTER INC 561 287 6448

Date: 3/20/99 Time: 2:12:34 PM

P. 7

Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No.:

96-1023.03

APPROVED

MAY 2 2 1997

**EXPIRES** 

MAY 2 2 2000

#### NOTICE OF ACCEPTANCE STANDARD CONDITIONS

- 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.
- 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 scaled 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 rescaled 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(h) and this last page 3.

#### Items 10, 11 & 12 listed below only apply to glozed products and doors

- 10. 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 multions is required from the Product Control Section.
- 11. The spacing of fasteners at window sills shall be as indicated in Section 4 of this Notice of Acceptance. The spacing of fasteners in all other parts of the frame, shall be as indicated in Section 4 of this Notice of Acceptance, but in no case shall exceed 24° on center. The first fastener shall be located at a maximum of 6° from each corner and multion 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.

12. Hardware for all windows and doors shall conform to Security and Porced Entry Prevention. Chapter 36 of the South Florida Building Code.

Manual Perez, P.E. Plans Comminer II

Trom. Cary Chilan TO.

Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No.:

96-1023.03

**APPROVED** 

MAY 2 2 1997

**EXPIRES** 

: MAY 2 2 2008

**NOTICE OF ACCEPTANCE:** 

SPECIFIC CONDITION

9.2 With Aluminum Reinforcement (See Section 2.9 for description of reinforcement) a) Negative Design Loads (PSF) based on Comparative Analysis.

| Door    | Door Widths |         |         |         |          |         |         |         |         |  |  |  |
|---------|-------------|---------|---------|---------|----------|---------|---------|---------|---------|--|--|--|
| Heights | 48.000"     | 72.000" | 96.000" | 72.000" | 108.00"  | 144.00" | 96.00"  | 144.00" | 192.00" |  |  |  |
| 72.000" | 130.00      | 106.74  | 90.06   | 130.00" | 106.74   | 90.06   | 130.00" | 106.74  | 90.06   |  |  |  |
| 80.000" | 127.14      | 92.97   | 77.19   | 127.14  | 92,97    | 77.19   | 127.14  | 92.97   | 77.19   |  |  |  |
| 96.000* | 102.93      | 73.90   | 60.04   | 102.93  | 73.90    | 60.04   | 102.93  | 73.90   | 60.04   |  |  |  |
| 108.00  | 90.06       | 64.04   | 51.46   | 90.06   | 64.04    | 51.46   | 90.06   | 64.04   | 51.46   |  |  |  |
| •       | OX          | , XO or | XX      | 0:      | XO or XX | ¢Χ      | OXX     | O or XX | CXX     |  |  |  |

b) Positive Design Loads (PSF) based on Comparative Analysis.

| Door    |         | Door Widths |         |         |          |         |        |          |         |  |
|---------|---------|-------------|---------|---------|----------|---------|--------|----------|---------|--|
| Heights | 48.000" | 72.000"     | 96.000" | 72.000" | 108.00"  | 144.00" | 96.00" | 144.00"  | 192.00" |  |
| 72.000" | 60.67   | 60.67       | 60.67   | 60.67   | 60.67    | 60.67   | 60.67  | 60.67    | 60.67   |  |
| 80.000" | 60.67   | 60.67       | 60.67   | 60.67   | 60.67    | 60.67   | 60.67  | 60.67    | 60.67   |  |
| 96.000" | 60.67   | 60.67       | 60.04   | 60.67   | 60.67    | 60.04   | 60.67  | 60.67    | 60.04   |  |
| 108.00" | 60.67   | 60.67       | 51.46   | 60.67   | 60.67    | 51.46   | 60.67  | 60.67    | 51.46   |  |
|         | ΟX      | , XO or     | xx      | 0;      | XO or XX | ¢χ      | OX     | XO or XX | CXX     |  |

10. TYPICAL DOOR ELEVATION AND CROSS SECTIONS: See Vinyl Tech/PGT Drawing No. 741, Sheets I thru 5 of 5, bearing the Dade County Product Control approval stamp.

> Manuel Percz, P.E. Plans Examiner II **Product Control Division**

From Gary Omian To.

Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No.:

96-1023.03

APPROVED

MAY 2 2 1997

**EXPIRES** 

: MAY 7 2 2000

NOTICE OF ACCEPTANCE:

**SPECIFIC CONDITIONS** 

#### 9. COMPARATIVE ANALYSIS:

#### 9.1 Without Reinforcement

a) Negative Design Loads (PSF) based on Comparative Analysis.

| Door         | I       | Door Widths |         |         |          |         |        |          |        |  |
|--------------|---------|-------------|---------|---------|----------|---------|--------|----------|--------|--|
| Heights      | 48.000" | 72.000"     | 96.000" | 72.000" | 108.00"  | 144.00" | 96.00" | 144.00"  | 192.00 |  |
| 72.000"      | 100.87  | 74.72       | 63.04   | 100.87  | 74.72    | 63.04   | 100.87 | 74.72    | 63.04  |  |
| 80.000*      | 89.00   | 65.08       | 54.04   | 89.00   | 65.08    | 54.04   | 89.00  | 65.08    | 54.04  |  |
| 96.000"      | 72.05   | 51.73       | 42.03   | 72.05   | 51.73    | 42.03   | 72.05  | 51.73    | 42.03  |  |
| 108.00"      | 63.04   | 44.83       | 36.02   | 63.04   | 44.83    | 36.02   | 63.04  | 44.83    | 36.02  |  |
| <del>,</del> | OX      | XO or       | xx      | 0       | XO or XX | ĊΧ      | OX     | XO or XX | СХХ    |  |

b) Positive Design Loads (PSF) based on Comparative Analysis.

| Door     | Door Widths  |         |         |            |         |              |        |         |        |
|----------|--------------|---------|---------|------------|---------|--------------|--------|---------|--------|
| Heights  | 48.000°      | 72.000" | 96.000" | 72.000"    | 108.00" | 144.00"      | 96.00" | 144.00" | 192.00 |
| 72.000"  | 60.67        | 60.67   | 60.67   | 60.67      | 60.67   | 60.67        | 60.67  | 60.67   | 60.67  |
| 80.000"  | 60.67        | 60.67   | 54.04   | 60.67      | 60.67   | 54.04        | 60.67  | 60.67   | 54.04  |
| 96.000"  | -60.67       | 51.73   | 42.03   | 60.67      | 51.73   | 42.03        | 60.67  | 51.73   | 42.03  |
| 108.00"  | 60.67        | 44.83   | 36.02   | 60.67      | 44.83   | 36.02        | 60.67  | 44.83   | 36.02  |
| <u> </u> | OX, XO or XX |         | 0       | OXO or XXX |         | OXXO or XXXX |        |         |        |

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

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Page 9 of 16

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Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No.:

96-1023.03

APPROVED

MAY 2 2 1997

EXPIRES

MAY 2 2 2000

#### 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 Test, per SFBC 3603.2 (b) and PA 202-94

along with installation diagram and marked-up drawings of an aluminum sliding glass door with an OXXO configuration, (no reinforcement) prepared by Fenestration Testing Laboratory, Inc. No.

FTL-1381, dated September 16, 1996, signed and sealed by Gilbert Diamond, P.E.

- 8.1.2 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 Test, per SFBC 3603.2 (b) and PA 202-94.

along with installation diagram and marked-up drawings of an aluminum sliding glass door with an OXXO configuration, (with reinforcement), prepared by Fenestration Testing Laboratory, Inc. No. FTL-1382, dated September 17, 1996, signed and sealed by Gilbert Diamond, P.E.

#### 8.2 Drawings:

- 8.2.1 Manufacturer's dic drawings and sections.
- 8.2.2 Assembly Drawing No 741, Sheets 1 thru 5 of 5; Vinyl Tech, "Series 2500 Sliding Glass Door", prepared by Vinyl Tech, dated 4/22/97, signed and sealed by Ivan R. Dory, P.E..
- 8.3 Calculations:
  - 8.3.1 Comparative analysis and anchor calculations, prepared by Ivan R. Dory, P.E., dated October 15, 1996, signed and sealed by Ivan R. Dory, P.E.

Manuel Perez, P.E. Plans Braminer II
Product Control Division

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P. 11

Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No.: 96-1023.03

APPROYED

. MAY 2 2 1997

**EXPIRES** 

: MAY 2 2 2000

NOTICE OF ACCEPTANCE:

SPECIFIC CONDITIONS

#### 7.2 TESTS PERFORMED:

#### RESULTS:

| TEST                                                                              | TEST LOADS                          | DESIGN LOADS                                      |
|-----------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------|
| For OXXO configuration with aluminum reinforcement - (See                         | Section 2.9 for descrip             | tion of reinforcement)                            |
| AIR INFILTRATION @ 1.57 PSF<br>SFBC PA 202-94 (0.34 CFM/FT*)                      | 0.37CFM/FT <sup>1</sup><br>FTL-1382 |                                                   |
| UNIFORM STATIC PRESSURE AT DESIGN LOAD SFBC PA 202-94 POSITIVE                    | +50.0 PSF<br>FTL-1382               | +50.0 PSF<br>FTL-1382                             |
| UNIFORM STATIC PRESSURE AT DESIGN LOAD SPBC PA 203-94 NEGATIVE                    | -50.0 PSF<br>FTL-1382               | -50.0 PSF<br>FTL-1382                             |
| WATER RESISTANCE (PSF)<br>ASTM E547/E331                                          | +11.70 PSF<br>FTL-1382              | +78.0 PSF<br>FTL-1382                             |
| UNIFORM STATIC PRESSURE AT FULL TEST LOAD ASTM E330 PA 202-94 POSITIVE 30 Seconds | +75.0 PSF<br>FTL-1382               | +50.0 PSF<br>FTL-1382                             |
| UNIFORM STATIC PRESSURE AT FULL TEST LOAD ASTM E330 PA 202-94 NEGATIVE 30 Seconds | -75.0 PSF<br>FTL-1382               | -50.0 PSF<br>FTL-1382                             |
| FORCED-ENTRY RESISTANCE (FER) SFBC 3603.2(b)(5) and AAMA 1303.5-76                | NO ENTRY<br>FTL-1382                | 7 * # 2 + 4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| Design Pressure Rating (Positive)                                                 |                                     | +50.0 PSF                                         |
| Design Pressure Rating (Negative)                                                 |                                     | -50.0 PSF                                         |
| For Design Pressure Rating vs. Window Size, see Table in Section                  | on 9.2 "Comparative A               | nalysis''                                         |

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

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rioni, Gary Onnan Tu.

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Page 11 of 16

Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No.: 96-1023.03

APPROVED

: MAY 2 2 1997

**EXPIRES** 

: MAY 2 2 2000

NOTICE OF ACCEPTANCE:

SPECIFIC CONDITIONS

#### 7. TESTS

| 7.1 | TES | TS: | PERF | ORM | ED: |
|-----|-----|-----|------|-----|-----|
|-----|-----|-----|------|-----|-----|

#### **RESULTS:**

| TEST                                                                              | TEST LOADS                          | DESIGN LOADS          |
|-----------------------------------------------------------------------------------|-------------------------------------|-----------------------|
| For OXXO configuration with no reinforcement                                      |                                     |                       |
| AIR INFILTRATION @ 1.57 PSF<br>SFBC PA 202-94 (0.34 CFM/FT°)                      | 0.36CFM/FT <sup>3</sup><br>FTL-1381 | vabrasi se sev        |
| UNIFORM STATIC PRESSURE AT DESIGN LOAD SFBC PA 202-94 POSITIVE                    | +35.0 <b>PS</b> F<br>FTL-1381       | +35.0 PSF<br>FTL-1381 |
| UNIFORM STATIC PRESSURE AT DESIGN LOAD<br>SFBC PA 202-94 NEGATIVE                 | -35.0 PSF<br>FTL-1381               | -35.0 PSF<br>FTL-1381 |
| WATER RESISTANCE (PSF)<br>ASTM E547/E331                                          | +11.70 PSF<br>FTL-1381              | +78.0 PS<br>FTL-1381  |
| UNIFORM STATIC PRESSURE AT FULL TEST LOAD ASTM E330 PA 202-94 POSITIVE 30 Seconds | +52.5 PSF<br>FTL-1381               | +35.0 PSF<br>FTL-1381 |
| UNIFORM STATIC PRESSURE AT FULL TEST LOAD ASTM E330 PA 202-94 NEGATIVE 30 Seconds | -52.5 PSF<br>FTL-1381               | -35.0 PSF<br>FTL-1381 |
| FORCED-ENTRY RESISTANCE (FER)<br>SFBC 3603.2(b)(3) and AAMA 1303.5-76             | NO ENTRY<br>FTL-1381                | ************          |
| Design Pressure Rating (Positive)                                                 | ,                                   | +35.0 PSF             |
| Design Pressure Rating (Nogntive)                                                 |                                     | -35.0 PSF             |
| or Design Pressure Rating vs. Window Size, see Table in Section                   | on 9.1 "Comparative A               | nalysis"              |

Manual Perez, P.E. Plans Examiner II Product Control Division

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Vinyi Tech/Progressive Glass Technology

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**EXPIRES** 

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#### NOTICE OF ACCEPTANCE:

#### SPECIFIC CONDITION

Fixed Panels: Each fixed panel jamb stile is anchored to frame jamb with three plastic clips (Part # 41814). located at 18" and 36' from each end, and one at mid span; each accured to stile with one #8 x 3/4" Self Drilling Screw and into jamb with one #8 x 3/4" SMS.

One 1-3/4" x 1-3/4" x 1" by 1/8" aluminum angle in frame sill at bottom of fixed panel interlock stiles, fastened to frame with two #8 by I" SMS, and to stile with two #8 by I" SMS One 1-3/4" x 1-3/4" x 1/2" by 1/8" alum, angle in frame head at top of fixed panel interlock stile, fastened to frame with two #8 x 1" SMS, and to stile with two #8 x 1" SMS.

Moving Panels:One 7/8"x 9/16"x 1/8"x 4" long, aluminum retainer angle in sill at mid span of each panel bottom rail, astrogal, and one in head at top of astragal stiles; each fastened to frame with four #8 x 3/4"SMS.

Note: Please see Note #11, Page 3

- 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.
- 4.4 Fasteners must have their own Notice of Acceptance and must be made of stainless steel or have adequate protection against corrosion, per DIN 50018. Aluminum contacting metals not considered compatible shall be properly protected.

#### 5. IDENTIFICATION

5.1 Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "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 door, mean roof height, length and width of building.
- 6.2 The Building Official shall ensure the adequacy of door 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.

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**NOTICE OF ACCEPTANCE:** 

SPECIFIC CONDITIONS

#### 2.9 Reinforcement:

- a) None
- b) See Table below:

| · .   | Quantity | Description                          | Location                           |
|-------|----------|--------------------------------------|------------------------------------|
| 2.9.1 | Four     | 1-1/4"x 1/2" x 102-3/4" Aluminum bar | One inside each interlock stile.   |
| 2.9.2 | Two      | 1-1/4"x 1/2" x 102-3/4" Aluminum bar | Inside of astragal (female) stile. |

2.10 Scalants and Pads: Frame installation screws and lower panel corners are scaled with aluminum colored sealant, Schnee- Morchead 5504. Frame corners are sealed with white colored sealant, Schnee-Morehead 5504.

|        | Quantity | Description                            | Location                           |
|--------|----------|----------------------------------------|------------------------------------|
| 2.10.1 | Six      | 1-1/2"x 1-1/16" adhesive back pile pad | One in frame sill and head at each |
|        |          |                                        | interlock and astragal stiles      |

2.11 Additional Description: A 2.672" high overall interior sill flange.

#### 3. LIMITATIONS

- 3.1 These approvals apply to single unit applications only, as shown in Section 10.
- 3.2 Other configurations allowed: OX, XO, XX, OXO, XXX and XXXX.
- 3.3 Head receptor is not allowed to be used in this installation.
- 3.4 For Design Pressure Rating vs. Door Size, and Reinforcement. See Computative Analysis Tables in Section 9.
- 3.5 This approval consists of a sliding glass door with reinforcement and without reinforcement (see Section 2.9)
  - 3.5.1 For doors without reinforcement, use table 7.1 to determine the Design Pressure Rating.
  - 3.5.2 For doors with reinforcement, use table 7.2 to determine the Design Pressure Rating.

#### 4. INSTALLATION

#### 4.1 Screws and Method of Attachment

SILL:

Single Row of #12 wood Screw, or 1/4" Tapcon, located at 2-3/4" from corners, and the rest at 16" o.c. max. Min. penetration shall be 1-1/4" into wood buck or masonry and 1-1/2"

in concrete

Double Rows of #12 Wood Screw, or 1/4" Tapcon, located 6" from corners and the rest at JAMBS:

14" o.c. max. Min. penetration shall be: 1-1/4" into wood buck or masonry, and 1-1/2" into

Single Rows of #12 Wood Screw, or 1/4" Tapcon, located 2-3/4" from corners and the rest HEAD :

at 16" o.c. max. Min. penetration shall be: 1-1/4" into wood buck or masonry, and 1-1/2"

into concrete.

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#### NOTICE OF ACCEPTANCE:

**SPECIFIC CONDITIONS** 

2.4.2 Rails: Top rail is a 1.375" tace x 0.890" deep x .062" wall thickness extruded aluminum tube with a .375" wide x .500" deep glazing pocket, two screw splines and two grooves for weatherstrip (Part # 68172).

Bottom rail is a 2.438" face x 0.890" deep x .062" wall thickness extruded alum. tube with a 0.375 wide x .500" deep glazing pocket with two grooves for weatherstrip (Part # 68173).

2.4.3 Corner construction: Panel corners are butt joined; each top panel corner secured with two #10 x 3/4" SMS, each bottom panel corner secured with one 1/4" x 1" Machine Screw.

2.5 Weatherstripping:

|       | Quantity   | Description                    | Location                                                 |
|-------|------------|--------------------------------|----------------------------------------------------------|
| 2.5.1 | Double row |                                | At each panel top rail, bottom rail, astragal and jambs. |
| 2.5,2 | Single row | Pile with integral plastic fin | At interlock stiles.                                     |

#### 2.6 Hardware:

|       | Quantity | Description                                                                 | Location                                                       |
|-------|----------|-----------------------------------------------------------------------------|----------------------------------------------------------------|
| 2.6.1 | Eight    | Adjustable steel wheels in steel housing. Nationwide Ind. (Part No. 7S-24Z) | Two each end of each moving panel hottom rail.                 |
| 2.6.2 | One      | Aluminum Keeper Nationwide Ind.<br>Part No. 7SDKEEP                         | At right center panel female astragal,<br>41-1/4" from bottom. |
| 2,6.3 | Sixteen  | Plastic guide.                                                              | At each end of each top and bottom rail.                       |
| 2.6.4 | One      | 3/16" diameter security steel lock pin                                      | 72" from bottom of interlock stiles                            |
| 2.6.5 | One      | Surface mount Alum, hook lock, Deco Products.                               | At left center panel male astragal stile, 41-1/4" from bottom. |

#### 2.7 Weepholes:

| i     | Quantity | Description     | Location                            |
|-------|----------|-----------------|-------------------------------------|
| 2,7,1 | Two      | 1/2" weep notch | At each end of screen track in sill |
| 2.7.2 | Four     | I" weep notch   | At each end of each panel track.    |

2.8 Muntins: None

Manuel Perez, P.E. Plans Examiner II

Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No.:

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MAY 2 2 1997

**EXPIRES** 

: MAY 2 2 2000

#### NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

#### 1. DESCRIPTION OF UNIT

1.1 This approves an aluminum sliding glass door designed and tested to comply with the South Florida Building Code, 1994 Edition for Dade County, for the locations where the pressure requirements, as determined by ASCE 7-88 "Minimum Design Loads for Building 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: Series 2500 Aluminum Sliding Glass Door

1.3 Overall Size:

16' 4" wide by 9' 0" high x 3-1/2" deep.

1.4 Configuration

a) OXXO (Non reinforced)

b) OXXO (Reinforced )

1.5 No. & Size of Panels:

Four on two tracks: Two center moving panels moving on interior track, and one fixed panel at each end and are: Three panels of 50-1/8" by 107" high and one panel of 50-1/8" by 107" high.

#### 2. MATERIAL CHARACTERISTICS

2.1 Frame and Door Panel Material: Aluminum alloy 6063-T5.

2.2 Glazing

2.2.1 Glazing Material:

Full lite, 3/16" tempered glass

2.2.2 Glazing Method:

Channel glazed with 1/2" glazing penetration using a flexible channel vinyl glazing bead.

2.2.3 Daylight Opening Size (tested unit) Each lite approx. 45" wide by 103" high.

#### 2.3 Frame Construction:

- 2.3.1 Head: A 1.000" ext. face x 0.750" int. face x 3.624" deep x .050" wall thickness extruded aluminum 2-track channel. (Part # 68179).
- 2.3.2 Jambs: A .687" face x 3.500" wide x .062" wall thickness extruded aluminum 2-track jamb (Part # 68180).
- 2.3.3 Sill: A 4.59 wide x 1.250 high x 0.562 face x 0.062 wall thickness extruded (Part # 68181).
- 2.3.4 Corner construction: Butt joints, each frame corners may be secured with two #5 x 1/2" frame assembly SMS.

#### 2.4 Panel Construction:

2.4.1 Stiles: Panel jamb stile consist of a 2.437" face x 1.032" deep x .062" wall thickness extruded aluminum hollow tube with a .908" wide x .500" deep glazing pocket, (Part # 69362)

Lock (male) stile consist of a 2.437" face x 1.032" deep x .062" wall thickness extruded alum. hollow tube with a .908" wide 0.500 glazing pocket (Part # 69362). Note: the panel jamb stile described above may also be used as a lock stile.

Astragal (female) stile consist of a 2.562" face x 2.990" deep x .062" wall hollow alum. tube with .375" wide x .500" glazing pocket and two grooves for weatherstrips (Part # 69492)

Interlock stiles are 2.310" face x 1.452" deep x .062" wall thickness extruded alum. hollow with a .376" wide x .560" deep glazing pocket and two grooves for weatherstrips (Part # 69409)

Manuel Porez, P.E. Plans Examiner II Product Control Division

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|                 | ITEM | DESCRIPTION                                 | V.T. #    | VENDOR                                     | VENDOR #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------|------|---------------------------------------------|-----------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 | 1    |                                             | 68179     | h                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| fi:             |      | FRANE HEAD<br>FRANE SILL                    | 68181     | ALUMAX EXTRUSIONS                          | AF-8179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| N la            |      | FRAME JAMB                                  | 68160     | ALUMAX EXTRUSIONS                          | AF-8181                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1 11 11         |      | LATCH KEEPER                                | TSDKEEP   | ALUMAX EXTRUSIONS<br>NATIONWIDE INDUSTRIES | AF-8180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                 | 23   |                                             | 78X12TSAZ | MERCHANTS FASTENER CORP.                   | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                 | 23   | SCREEN KEEPER                               | 41804     | WAYL TECH./PGT                             | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (18)            | 74   | 1/16-1/8 LAICH KEEPER SPACERS               | 4181PK    | VINYL TECH /PGT                            | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                 | 25   | JAMB BUMPER                                 | 72087K    | EASTCOAST RUBBER & PLASTIC CO.             | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                 |      | 16 x 5/16 SCREW PAN HD. PHIL                | 7PPB4A    | WERCHANTS FASTENER CORP.                   | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (2)             | 27   | 200x.187 JAMB WEATHERSTRIP-FILE             |           | SCHLEGEL CORP.                             | F\$7819-187                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                 | 28   | #5 x 1/2 SCREW PAN HD. PHIL.                | 76X12A    | MERCHANTS FASTENER CORP.                   | , <u>, , , , , , , , , , , , , , , , , , </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                 | 29   | HEADER DUST PLUG-HIGH PILE                  | 7969CC    | ULTRAFAB INC.                              | P6903G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                 | 30   | SILL OUST PLUG-LOW FILE                     | 7P300G    | LALTRAFAB INC.                             | P3004C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                 |      | HO-RISE SILL                                | 69371     | ALUMAX EXTRUSIONS                          | AF-9371                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 79              |      | l de la | 4/22/96   | KOS                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



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#### 1998 - 1999 Town of Sewall's Point Building Department – Inspection Log

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|                | 6 Island to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Framing & el.        |              | LANDO, LITE REQUIRED.                                      |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (REAR PORCH)         |              | - REINSPECT (NO FEE)                                       |
| PERMIT         | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INSPECTION TYPE      | RESULTS      | REMARKS                                                    |
| 4632           | Short                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |              |                                                            |
|                | LASC COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | shoothing,           | PASSED       |                                                            |
|                | 10 Rol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tration o            |              |                                                            |
|                | OWNED! ADDDESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | INSPECTION TYPE      | RESULTS      | REMARKS _                                                  |
| PERMIT         | OWNER/ ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | · I                  |              | The American Alexander                                     |
| PERMIT<br>4620 | Laraway                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      | el & conc    | - PASSED (ROP TITE MIT)                                    |
|                | - <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | strap/met            | - CANCEL     | FORMBOARD SURVEY SHOWS SETBA                               |
|                | Laraway<br>15 Middle Ed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | strap/met            | <del> </del> | FORMBOARD SURVEY SHOWS SETBAL<br>ENCROPONEUT-COUTE, ADUSED |

| OTHER:     |               |
|------------|---------------|
|            |               |
|            |               |
| INSPECTOR: | DATE: 9/22/99 |

# 8720 REROOF AND MOVE A/C



## 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

|                                                                                                                                                                                    | · .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                     |                               |                  | 1.00                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------|-------------------------------|------------------|--------------------------------------------|
| PERMIT NUMBER                                                                                                                                                                      | <b>₹</b> :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8720         |                                     | DATE ISSUED:                  | SEPTEMBER 24, 2  | 2007                                       |
| SCOPE OF WORK                                                                                                                                                                      | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | REROOF       |                                     | 77 - 1 (2000 1144) (142 damen |                  |                                            |
| CONDITIONS:                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | **           |                                     |                               |                  |                                            |
| CONTRACTOR:                                                                                                                                                                        | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LATITUDE 2   | .7                                  |                               |                  |                                            |
| PARCEL CONTRO                                                                                                                                                                      | )L]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NUMBER:      | 133841005000000805 SUBDIVISION PALM |                               | PALM ROW – LOT 8 |                                            |
| CONSTRUCTION                                                                                                                                                                       | AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DRESS:       | 18 PALM RD                          |                               |                  |                                            |
| OWNER NAME:                                                                                                                                                                        | AR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | СН           |                                     |                               |                  |                                            |
| QUALIFIER:                                                                                                                                                                         | RIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CHARD DESSE  | CWFFY                               | CONTACT PHO                   | NE NUMBER:       | 772-873-8845                               |
| WITH YOUR LENDE<br>CERTIFIED COPY OF<br>DEPARTMENT PRICE<br>NOTICE: IN ADDITIONAL PERMICAL<br>APPLICABLE TO THE<br>ADDITIONAL PERMICAL<br>DISTRICTS, STATE AC<br>24 HOUR NOTICE RE | 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 |              |                                     |                               |                  |                                            |
|                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | REQUI                               | RED INSPECTIONS               | •                |                                            |
| UNDERGROUND PLUMB                                                                                                                                                                  | ING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                     | UNDERGRO                      |                  |                                            |
| UNDERGROUND MECHA                                                                                                                                                                  | NIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AL           |                                     | UNDERGRO                      | OUND ELECTRICAL  |                                            |
| STEM-WALL FOOTING                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                     | FOOTING                       |                  |                                            |
| SLAB                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                     | TIE BEAM/                     |                  | **************************************     |
| ROOF SHEATHING                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | -                                   | WALL SHEA                     | <del>-</del>     |                                            |
| TIE DOWN /TRUSS ENG<br>WINDOW/DOOR BUCKS                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del>.</del> |                                     | INSULATIO<br>LATH             | 'IN              |                                            |
| ROOF DRY-IN/METAL                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                     |                               | IN-PROGRESS      |                                            |
| PLUMBING ROUGH-IN                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | <u> </u>                            |                               | L ROUGH-IN       |                                            |
| MECHANICAL ROUGH-IN                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | GAS ROUGH-IN                        |                               |                  |                                            |
| FRAMING                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                     | METER FIN                     | AL               |                                            |
| FINAL PLUMBING                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                     | FINAL ELECTRICAL              |                  |                                            |
| FINAL MECHANICAL                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                     | FINAL GAS                     |                  |                                            |
| FINAL ROOF                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                     | BUILDING I                    | FINAL            | M                                          |
| •                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                     | •                             |                  | THE PERMIT HOLDER. 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:                                                     | 8720                                            |          |                |  |  |
|--------------------------------------------------------------------|-------------------------------------------------|----------|----------------|--|--|
| ADDRESS                                                            | 18 PALM RD                                      |          |                |  |  |
| DATE:                                                              | SEPTEMBER 24, 2007                              |          |                |  |  |
|                                                                    |                                                 |          |                |  |  |
| SINGLE FAMILY OR                                                   | ADDITION /REMODEL Declared Value                | <b>S</b> |                |  |  |
|                                                                    |                                                 | 1        |                |  |  |
| Plan Submittal Fee (\$3                                            | 350.00 SFR, \$175.00 Remodel < \$200K)          | \$       |                |  |  |
| (No plan submittal fee                                             | when value is less than \$100,000)              |          |                |  |  |
| Total square feet air-c                                            | onditioned space: (@ \$104.65 per sq. ft.)      | s.f.     |                |  |  |
|                                                                    |                                                 |          |                |  |  |
| Total square feet non-                                             | conditioned space: (@ \$48.90 per sq. ft.)      | s.f.     |                |  |  |
|                                                                    |                                                 |          |                |  |  |
| Total Construction Va                                              | lue:                                            | \$       |                |  |  |
|                                                                    |                                                 | ļ        |                |  |  |
|                                                                    | onstruction value SFR or >\$200K)               | \$       |                |  |  |
|                                                                    | onstruction value < \$200K + \$75 per insp.)    |          |                |  |  |
| Total number of inspe                                              | ctions (Value < \$200K) @\$75 ea.               | \$       |                |  |  |
|                                                                    |                                                 |          |                |  |  |
| Radon Fee (\$.005 per                                              | sq. ft. under roof):                            | \$       |                |  |  |
|                                                                    |                                                 |          |                |  |  |
|                                                                    | (\$.005 per sq. ft. under roof)                 | \$       |                |  |  |
|                                                                    | ent: (.04% of construction value - \$5.00 min.) | 1        |                |  |  |
| Martin County Impact                                               | Fee:                                            | \$       |                |  |  |
|                                                                    |                                                 |          |                |  |  |
| TOTAL BUILDING                                                     | PERMIT FEE:                                     | \$       |                |  |  |
|                                                                    |                                                 |          |                |  |  |
|                                                                    |                                                 |          |                |  |  |
| ACCESSORY PERMI                                                    | T Declared Value:                               | \$       | 21500.00       |  |  |
| ACCESSORT FERIVITI Declared value:                                 |                                                 |          | 21300.00       |  |  |
| Total number of inspections @ \$75.00 each 2                       |                                                 |          | 150.00         |  |  |
| Total number of inspections @ \$75.00 each 2                       |                                                 |          | 150.00         |  |  |
| Road impact assessment: (.04% of construction value - \$5.00 min.) |                                                 |          | 9.00           |  |  |
| resua impact assessing                                             | the (15 170 of constitution value \$5.00 mm.)   | \$       |                |  |  |
| TOTAL ACCESSOI                                                     | RY PERMIT FEE:                                  | \$       | 159.00 De Cast |  |  |
| TOTAL MECLOSO                                                      | NA A DANISTA A BIBI                             | _1       | The table      |  |  |
|                                                                    |                                                 |          |                |  |  |

APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLYL



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

Site Provided by... governmax.com T1.11

# Summary

print \_ | | | | | | -/ -/

# Parcel Info Summary

Land

Residential

Improvement Commercial

**Image** 

Sales & Transfers

Assessments →

Taxes → Parcel Map →

Full Legal →

# Search By

Parcel ID

Owner

Address Account #

Use Code

Legal Description

Neighborhood

Sales

Map →

# Site Functions **Property Search**

Contact Us On-Line Help County Home Site Home County Login

Parcel ID

**Unit Address** 

13-38-41-005-18 PALM RD 000-00080-5

SerialIndex

**Commercial Residential** Order

27813Owner

0

1

Summary

**Property Location 18 PALM RD** 

**Tax District** 

2200 Sewall's Point

Account #

27813

Land Use

101 0100 Single Family 120400

Neighborhood **Acres** 

0.344

**Legal Description Property Information** 

PALM ROW REVISED & AMENDED

LOT 8

**Owner Information** Owner Information

ARCH, JOSEPH R & STACY A

**Mail Information** 2316 OXFORD RD RALEIGH NC 27608

**Assessment Info Front Ft. 0.00** 

Market Land Value \$290,000 Market Impr Value \$239,660 Market Total Value \$529,660

**Recent Sale** 

**Sale Amount \$205,000** 

Sale Date 2/19/1999 Book/Page 1372 2667

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

Legal disclaimer / Privacy Statement

Data updated on 09/17/2007





# TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-2204765

# RE-ROOF PERMIT CERTIFICATION

| PERMIT #                                                                |                                                                                                                                                                                                          |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONTRACTOR'S NAME: Latitude                                             | 27 Rod FHONE #: 7728738845 FAX: 772873 2142                                                                                                                                                              |
| OWNER'S NAME JOSEPH Ar                                                  | <u>-ch</u>                                                                                                                                                                                               |
| CONSTRUCTION ADDRESS: 18 Pa                                             | Im Road CITY Sewills Pt STATE Fr.                                                                                                                                                                        |
| RE-ROOF: RESIDENTIAL(SINGLE FAM                                         |                                                                                                                                                                                                          |
| COMMERCIAL **KEMOVI                                                     | E/REINSTALL, ROOF TOP HVAC FQUIPYESNO                                                                                                                                                                    |
| DISCONNECT RECONNECT HVAC ELEC                                          | TRICYES _ V_NO                                                                                                                                                                                           |
| ** REQUIRES A CONTRACTOR VERIFICATION                                   | ON FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION                                                                                                                                                   |
| ROOF TYPE: VIIIP BOSTON HIP                                             | GABLIL FLAT OTHER                                                                                                                                                                                        |
| ROOF PITCH: 4/12 SLOPE                                                  | FILE COPY                                                                                                                                                                                                |
| ROOF DECK:* SHEATH-OVER -                                               | TAPPLYING PLYWOOD PANELS OVER TOWN SOLD SEWALL'S POINT                                                                                                                                                   |
| RE-SHEATH - (RE                                                         | SMOVAL OF SPACED SHEATHING/PLYWOOD TORES POTANGHAVE BEEN                                                                                                                                                 |
|                                                                         | PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS FOR CODE COMPLIANCE REVIEWED FOR CODE COMPLIANCE DATE  1 - 2 4 - 0 7                                                                                        |
| SPACED SHEATH                                                           | FILL-IN - SPACES BETWEEN EXISTING SPACED.  RD MAY BE FILLED-IN WITH BOARDS OF THE SAME.                                                                                                                  |
|                                                                         | NE STOPROVIDE A CLOSECY PITTED SOLID BUILDING OFFICIAL  DS AS PER FLORIDA BUILDING CODE "2004" BUILDING OFFICIAL                                                                                         |
|                                                                         | TO REMAIN/REPAIRED                                                                                                                                                                                       |
| EXISTING ROOF COVERING: +1                                              | EXISTING COVERING TO BE REMOVED? YES NO                                                                                                                                                                  |
| PROPOSED NEW ROOF COVERING:                                             |                                                                                                                                                                                                          |
|                                                                         | ODUCT NAME SV PRODUCT APPR# 07-0606.03                                                                                                                                                                   |
| (APPROVED ROOF COVERING MA                                              | TERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL) ON SPECS MUST BE ON THE JOB SITE AT TIME OP INSPECTION.                                                                                                    |
| INSPECTED BY A FLORIDA REGISTERED AR                                    | NY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE<br>CHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT<br>G INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION. |
| PROPOSED FLASHING:GALY/STEEL                                            | ALUMINUMCOPPEROTHER                                                                                                                                                                                      |
| RIDGEVENT TO BE INSTALLED:YES DESCRIPTION OF WORK:YES                   | $\frac{\sqrt{N_0}}{\sqrt{N_0}}$                                                                                                                                                                          |
|                                                                         | Totace 21 Th water                                                                                                                                                                                       |
| Re mone t                                                               | lat cost material replace with flat 659                                                                                                                                                                  |
| I CERTIFY THAT ALL, THE FOREGOING IN COMPLIANCE WITH ALL, APPLICABLE LA | Lat Cost material replace with flat 659  FORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN WE REGULATING CONSTRUCTION AND ZONING.                                                                  |
| I CERTIFY THAT ALL, THE FOREGOING IN COMPLIANCE WITH JUL. APPLICABLE LA | Lat cost material replace with flat 659  FORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN  WES REGULATING CONSTRUCTION AND ZONING.  DATE: 9/21/07                                                 |



# TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

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

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

# RE-ROOF PERMIT CERTIFICATION

|                                                 | <b>↓</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PERMIT#                                         | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CONTRACTOR'S NAME: Latit                        | de 27 Rod PHONE 11.7728738845 FAX 772873 2142                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| OWNER'S NAME JOSEPH                             | Arch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CONSTRUCTION ADDRESS                            | Pealm RoadcitySevalls Pt state FC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| REROOF. KESIDEN HALISINGLI                      | FAMILY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| COMMERCIAL **RE                                 | MOVIER BINSTIALL ROOF TOP HVAC FOUID YESNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| **DISCONNECTRECONNECT IIVAC                     | 付わがら デスタだっ かたかた はんがんか だんがく せいしょうてんしょう かんない ないちゃしむ とりおよぶんちゃ はっと かんだん しつかい しょうりょうしゅうりょうかい                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ,                                               | CATION FORM (HVAC AND/OR ELECTRICAT) W/ PERMIT APPELEATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 3/                                              | HIPGABUI:PLATOTTIER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ROOF PITCH:                                     | The first state of the first sta |
| ROOF DECK:* SHEATH-O                            | VER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| NEW PLYW                                        | (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPEICATION OF SPACED SHEATHING/PLYWOOD AS PERCE STATEMENT OF SPACED SHEATHING/PLYWOOD AS PERCESSARIANCE SHEATHING/PLYWOOD SHEATHING/PLYWOOD AS PERCESSARIANCE SHEATHING/PLYWOOD SHEATHING/PLYWOOD AS PERCESSARIANCE SHEATHING/PLYWOOD AS PERCESSARIA |
|                                                 | EATH FILL-IN - SPACES BETWEEN EXISTING SPACED - 4 - 24 - 07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SHEATIING                                       | BOARD MAY BE FILLED IN WITH BOARDS OF THE SAME HICKNESS TO PROVIDE A CLOSELY FITTED SOUR OFCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                 | DARDS AS PER FLORIDA BUILDING CODE 2004. BUILDING OFFICIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| EXISTING E                                      | ECK TO REMAIN/REPAIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Existing Roof Covering: +1                      | EXISTING COVERING TO BE REMOVED? YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PROPOSED NEW ROOF COVERING                      | metal delation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| MANUFACTURER TM MATL                            | PRODUCT NAME 5 V PRODUCT APPRIL 9-7-0606.03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (APPROVED ROOF COVERIN<br>MANUFACTURER'S INSTAL | MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL) ATION SPECS MUST BE ON THE JOB SITE ATTIME OF INSPECTION.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| INSPECTED BY A FLORIDA REGISTERI                | ACE ANY OTHER TYPE OF ROOF COVERING. THE EXISTING TRUSSES SHALL BE<br>ED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT<br>ERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| PROPOSED FLASHING:GALV/                         | STUBLACOMINUMCOFPEROTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| RIDGEVENT TO BE INSTALLED:                      | VIS NO replace ith matel 3255                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| - Re mor                                        | a Plat cost mesterial replace with flat 650                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                 | , 031                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| LCERTIFY THAT ALL THE FOREGOD                   | NG INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| COMPLIANTE PUTH AND APPLICANT                   | E LAWS RECHLATING CONSTRUCTION AND ZONING.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Moderne                                         | DATE: 9/21/07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| SIGNATURE OF CONTRACTOR                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |





# TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

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

#### **RE-ROOF CHECKLIST**

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

| Nagan waka aina way k       | and ALL manipul major before asheries              |                                   |
|-----------------------------|----------------------------------------------------|-----------------------------------|
| ieuse make sure you n       | ave ALL required copies before submitt             | ing permit application            |
| he following minimum re     | quirements must be provided for permitting         | and inspections:                  |
| 1                           |                                                    | and inspections.                  |
| 1 Copy Comr                 | pleted application                                 |                                   |
| <u> </u>                    |                                                    |                                   |
| 1/2 Copies Con              | nplete list of proposed materials                  |                                   |
| $\nu$                       |                                                    |                                   |
| 2 Copies Re-1               | roof certification                                 |                                   |
| <b>V</b> ,                  |                                                    |                                   |
| ESIDENTIAL REROOFS          | S:                                                 |                                   |
|                             |                                                    |                                   |
| 2 Copies appr               | roved roofing manufacturer specifications for all  | products used.                    |
| <ul> <li>Manufac</li> </ul> | cturer specs/fastening schedule for roof shingles  | (must meet the minimum            |
| area win                    | d load).                                           |                                   |
|                             | sturer must be an approved roof product from M     | artin County's approved           |
|                             | eturcrs list (available upon request)              |                                   |
| • Location                  | of proposed re-roof (if only a partial re-roof)    |                                   |
|                             |                                                    |                                   |
| OMMERCIAL REROOF            | 7S:                                                |                                   |
| 3 C D                       | cn).                                               |                                   |
| 2 Copies Roo                |                                                    | 14.特别                             |
|                             | features (pitch, drains, equipment, etc.)          |                                   |
|                             | 3/4" = 1 .0" min. scale                            |                                   |
| •   Parapet o               | = 1                                                |                                   |
| 1                           | mounting or equipment expansion joints             |                                   |
| ,                           | roofing (& insulation if any) being removed        |                                   |
| • Type of a                 | roor deek                                          |                                   |
| 2 Copies Appe               | roved roofing manufacturer specifications for al   | l penduata werd                   |
|                             | turers complete roofing system specifications &    |                                   |
|                             | fastening schedule meeting minimum area wind       |                                   |
| (Include                    | lastening schedule meeting illiminatin area wild   | i load).                          |
| 1 Com Verifi                | cation of Contractor form                          |                                   |
| Contract                    | or verification form (IIVAC and/or electric) req   | nired if roof ton HVAC            |
|                             | nt is removed/reinstalled and/or if IIVAC electric |                                   |
| i cquipine                  | in is removed temstation allow in in vive electric | to is associated to office tea.   |
| All Product Approx          | al & Installation Spee's must be on the job si     | te for inspection                 |
|                             | nire an "in progress" tile installation inspection |                                   |
| An the reproducting         | in progress the instanation inspection             | in or our string punt toot at him |
| ;                           |                                                    |                                   |

(407) 398-0153

Florida Notary Service.com

900 SE RUHNKE STREET STUART, FL 34994 (772) 288-5916 FAX (772) 288-5911

# MARTIN COUNTY BUILDING DEPARTMENT ROOFING MATERIAL LIST

| NO | MATERIAL                                                               | QUANITY | UNIT       | REMARKS |
|----|------------------------------------------------------------------------|---------|------------|---------|
| 0  | GAF Timberline 30 shingles                                             | 25      | SQ         | EXAMPLE |
|    | JM SVCII-D                                                             |         | Sq         |         |
|    | JM SV(11mp<br>1'14" RS coil noils<br>15/8" tintags<br>30 ASTN DZZG Ret | 4       | bot        |         |
|    | 15/8" tiletags                                                         | 4       | but        |         |
|    | 30 ASTN DZZGROH                                                        | 1       | 59         |         |
|    | bull                                                                   | asneede | 1 L        |         |
|    | Drip edge                                                              | asnerd  | ال ه       | -       |
|    | Polyglass SAP cap                                                      | gened   | <i>i</i> 1 |         |
|    | Polyglass SAP CO                                                       | 6       | 5.9        |         |
|    |                                                                        |         |            |         |
| ļ  |                                                                        |         |            |         |
|    |                                                                        |         |            |         |
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|    |                                                                        |         |            |         |
|    |                                                                        |         |            |         |
|    |                                                                        |         |            |         |
|    |                                                                        |         |            |         |
|    |                                                                        |         |            |         |



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

# **NOTICE OF ACCEPTANCE (NOA)**

JM Metals 1505 Cox Road Cocoa, FL. 32926

#### SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction materials. The documentation submitted has been reviewed by the BCCO and accepted by the Building Code and Product. Review Committee to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHI).

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

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

DESCRIPTION: JM "5V" Crimp Architectural Metal Roof System

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

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

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

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

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

Steppa

This NOA consists of pages 1 through 7.

The submitted documentation was reviewed by Alex Tigera.

NOA No.: 07-0606.03 Expiration Date: 06/08/12 Approval Date: 06/08/07

Page 1 of 7

#### **ROOFING SYSTEM APPROVAL:**

Category:

Roofing

Sub-Category:

Metal, Panels (Non-Structural)

Material:

Steel

Deck Type:

Wood

Maximum Design Pressure

-114.25 psf.

# TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

Product Diment SV Steel Roofing Panel V = 1

Dimensions I = varies w = 26"  $h = \frac{1}{2}$ 

Test Product

Specifications
TAS 110 Metal Roof panel coated with

Fluropon®.

Min. Thickness 0.019"

## TRADE NAMES OF PRODUCTS MANUFACTURED BY OTHERS:

Product Dimensions
Fasteners #9-15 HH
(Panel)

Product
<u>Description</u>
Corrosion resistant, sharp point hex-

Manufacturer generic

head screws with ½" EPDM Bonded Steel sealing washer.

### **EVIDENCE SUBMITTED:**

| <b>Test Agency</b>                 | Test Identifier        | Test Name/Report        | <u>Date</u> |
|------------------------------------|------------------------|-------------------------|-------------|
| The Valspar<br>Corporation         | Lab Test Certification | ASTM B-117<br>ASTM G-23 |             |
| PRI Asphalt<br>Technologies, Inc.  | JMM-001-01-01          | TAS 100                 | 05/10/01    |
| Underwriters<br>Laboratories, Inc. | 01NK5594               | TAS 125                 | 01/15/01    |
| Hurricane Test<br>Laboratory, LLC  | 0223-0517-06           | TAS 125                 | 6/7/06      |

NOA No.: 07-0606.03 Expiration Date: 06/08/12 Approval Date: 06/08/07

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#### **APPROVED SYSTEMS:**

SYSTEM:

5V Steel Roofing Panel

Deck Type:

Wood, Non-insulated

**Deck Description:** 

New Construction or Re-roof

<sup>19</sup>/<sub>32</sub>" or greater plywood or wood plank.

**Slope Range:** 

2":12" or greater

Maximum Uplift ....

Pressure:

See Panel Fastening Options Below

Deck Attachment: In accordance with applicable building code, but in no case shall it be less than 8d ring shank nails spaced 6" o.c. In reroofing, where the deck is less than <sup>19</sup>/<sub>32</sub>" thick (Minimum <sup>15</sup>/<sub>32</sub>") The above attachment method must be in addition to existing attachment.

**Underlayment:** 

Minimum underlayment shall be an ASTM D 226 Type II installed with a minimum 4" side-lap and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and 12 gauge 1 1/4" annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.

Valleys:

Valley construction shall be in compliance with Roofing Application Standard RAS 133 and with JM Metals 5V Steel Roofing Panel' current published installation instructions.

Fire Barrier Board:

Any approved Fire Barrier with a current NOA, or for class A or B fire rating, install minimum 1/4" thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Tritex, RockRoof (with current NOA) or <sup>5</sup>/<sub>8</sub>" water resistant type X gypsum sheathing with treated core and facer, or minimum one layer of Elk Versashield (with current NOA).



NOA No.: 07-0606.03 Expiration Date: 06/08/12 Approval Date: 06/08/07 Page 3 of 7

# Metal Panels and Accessories:

Install the "5V Steel Roofing Panel" and accessories in compliance with JM Metals' current published installation instructions and details. Flashing, penetrations, valley construction and other details shall be constructed in compliance with the minimum requirements provided in Roofing Application Standards RAS 133.

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

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

Field conditions:

Fastener shall be placed at high points of panel ribs. See Detail B.

Maximum Design Pressure: -85psf. (See General Limitation #1)

**Perimeter and Corner** 

Condition: Fastener shall be placed at low points of panel ribs. See Detail C.

Maximum Design Pressure: -114.25psf. (See General Limitation #1)



NOA No.: 07-0606.03 Expiration Date: 06/08/12 Approval Date: 06/08/07

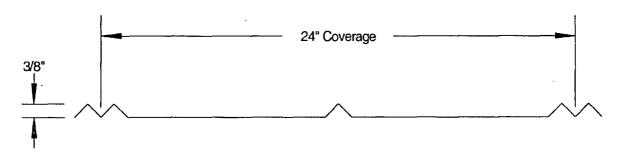
Page 4 of 7

#### **SYSTEM LIMITATIONS:**

- 1. The maximum designed pressure listed herein shall be applicable to all roof pressure zones (i.e. field, perimeters, and corners). Neither rational analysis, nor extrapolation shall be permitted for enhanced fastening at enhanced pressure zones (i.e. perimeters, extended corners and corners).
- 2. All panels shall be permanently labeled with the manufacturer's name or logo, and the following statement: "Miami-Dade County Product Control Approved.
- 3. Panels shall be roll formed in continuous lengths from eave to ridge. Maximum lengths shall be as described in Miami-Dade County Roofing Application Protocol RAS 133.
- All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9B-72 of the Florida Administrative Code.

#### PROFILE DRAWINGS

#### **DETAIL A**



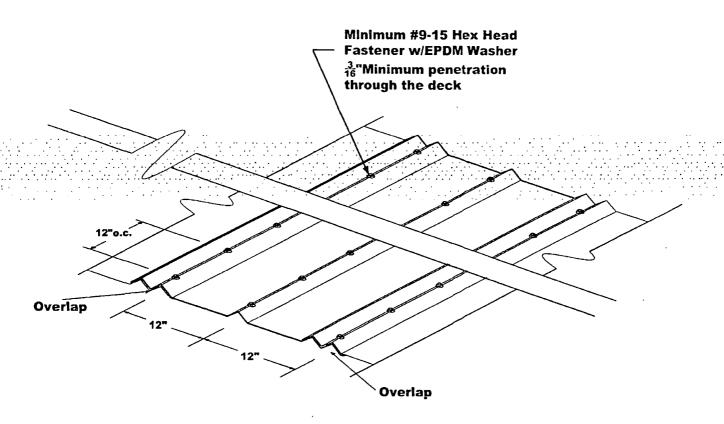
J.M. METALS "5V" CRIMP ROOF PANEL



NOA No.: 07-0606.03 Expiration Date: 06/08/12 Approval Date: 06/08/07

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# DETAIL B (FIELD CONDITION)

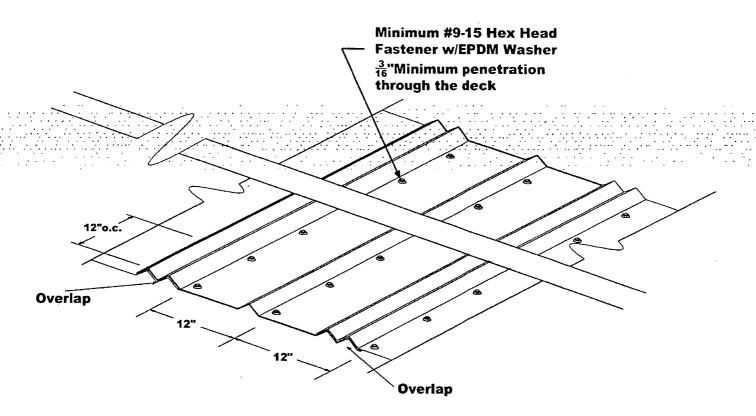




NOA No.: 07-0606.03 Expiration Date: 06/08/12 Approval Date: 06/08/07

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# DETAIL C (PERIMETER AND CORNER CONDITION)



## **END OF THIS ACCEPTANCE**



NOA No.: 07-0606.03 Expiration Date: 06/08/12 Approval Date: 06/08/07 Page 7 of 7



BUILDING CODE COMPLIANCE OFFICE (BCCO) PRODUCT CONTROL DIVISION

MIAMI-DADE COUNTY, FLORIDA METRO-DADE FLAGLER BUILDING

140 WEST FLAGLER STREET, SUITE 1603 MIAMI, FLORIDA 33130-1563 -375-2901 FAX (305) 375-2908

#### NOTICE OF ACCEPTANCE (NOA

Polyglass USA, Inc. 150 Lyon Drive Fernley, NV 89408

SCOPE:

This NOA is being issued under the applicable rules and regulations governing the use of construction. majerials. The documentation submitted has been reviewed by the BCCO and accepted by the Building Code and Product Review Committee to be used in Miami Dade County and other areas where allowed by the Authority Having Jurisdiction (AHJ).

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

This product is approved as described herein, and has been designed to comply with the Florida Building Code, including the High Velocity Hurricane Zone of the Florida Building Code. DESCRIPTION: Polyglass Modified Bitumen Roofing Systems Over Wood Decks

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

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

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

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

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

This NOA revises NOA # 03-0915.05 and consists of pages 1 through 44. The submitted documentation was reviewed by Jorge L. Acebo:

> NOA No.: 06-0410.06 Expiration Date: 09/13/11 Approval Date: 09/14/06

> > Page 1 of 44

# ROOFING ASSEMBLY APPROVAL

Category:

Roofing

Sub-Category:

SBS/APP Modified Bitumen

Deck Type:

Wood

Maximum Design Pressure

-82.5 psf

Fire Classification:

See General Limitation #1

# TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

| Product Di                   | Test  mensions Specification | Product Description                                                                                                                                                                                                                                               |
|------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                              | )" x 3' 3-3/8" ASTM D 6222   | Torch applied, polyester reinforced, APP modified bitumen membrane with a burn off polyethylene back face and a smooth or sanded top surface.                                                                                                                     |
| Polyflex G 32' 10            | 9" x 3' 3-3/8" ASTM D 6222   | Torch applied, polyester reinforced, APP modified bitumen membrane with a burn off polyethylene back face and a granule top surface.                                                                                                                              |
| Polyflex G FR 32' 10         | 9" x 3' 3-3/8" ASTM D 6222   | Torch applied, polyester reinforced, APP modified bitumen membrane with a burn off polyethylene back face and a granule top surface and fire retardant chemistry.                                                                                                 |
| Polybond 32' 10              | " x 3' 3-3/8" ASTM D 6222    | Torch applied, polyester reinforced, APP modified bitumen membrane with a burn off polyethylene back face and a smooth or sanded top surface.                                                                                                                     |
| Polybond G 32' 10            | " x 3' 3-3/8" ASTM D 6222    | Torch applied, polyester reinforced, APP modified bitumen membrane with a burn off polyethylene                                                                                                                                                                   |
| Elastoflex S6 32' 10         | " x 3' 3-3/8" ASTM D 6164    | back face and a granule top surface.  Torch, hot asphalt or cold adhesive applied, polyesterreinforced, SBS_modified_bitumen_membrane_with_a                                                                                                                      |
| Elastoflex S6 G 32' 10       | " x 3' 3-3/8" ASTM D 6164    | burn off polyethylene or sanded back face and a polyethylene or sanded top surface.  Torch, hot asphalt or cold adhesive applied, polyester reinforced, SBS modified bitumen membrane with a burn off polyethylene or sanded back face and a granule top surface. |
| Elastoflex S6 G FR 32' 10    | " x 3' 3-3/8" ASTM D 6164    | Torch, hot asphalt or cold adhesive applied, polyester reinforced, SBS modified bitumen membrane with a burn off polyethylene or sanded back face and a granule top surface and fire retardant chemistry.                                                         |
| Elastoshield TS4 32' 10      | " x 3' 3-3/8" ASTM D 6164    | Torch, hot asphalt or cold adhesive applied, polyester reinforced, SBS modified bitumen membrane with a burn off polyethylene or sanded back face and a granule top surface.                                                                                      |
| Elastoshield TS4 FR: 32' 10' | " x 3' 3-3/8" ASTM D 6164    | Torch, hot asphalt or cold adhesive applied, polyester reinforced, SBS modified bitumen membrane with a burn off polyethylene or sanded back face and a granule top surface and fire retardant chemistry.                                                         |



NOA No.: 06-0410.06 Expiration Date: 09/13/11 Approval Date: 09/14/06 Page 2 of 44

| •                         |                                         |                                              | Test          | Product                                                                                                                                                                         |
|---------------------------|-----------------------------------------|----------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Product                   |                                         | <u>Dimensions</u>                            | Specification | Description                                                                                                                                                                     |
| Elastoflex V              |                                         | 32' 10" x 3' 3-3/8"                          | ASTM D 6163   | Torch, hot asphalt or cold adhesive applied, fiberglass reinforced, SBS modified bitumen membrane with a burn off polyethylene or sanded                                        |
| Elastoflex VG             |                                         | 32' 10" x 3' 3-3/8"                          | ASTM D 6163   | back face and a sanded top surface.  Torch, hot asphalt or cold adhesive applied, fiberglass reinforced, SBS modified bitumen membrane with a burn off polyethylene or sanded   |
| Elastoflex VG FF          |                                         | 32':10" x 3':3-3/8"                          | ASTM D 6163   | back face and a granule top surface.  Torch, hot asphalt or cold adhesive applied, fiberglass reinforced, SBS modified bitumen membrane with a burn off polyethylene or sanded. |
|                           |                                         |                                              |               | back face and a granule top surface and fire retardant<br>chemistry.                                                                                                            |
| Xtraflex                  |                                         | . 32' 10" x 3' 6"                            | ASTM D 6222   | Torch applied, polyester reinforced, TPO modified bitumen membrane with a burn off polyethylene                                                                                 |
| Xtraflex G                |                                         | 32' 10" x 3' 6"                              | ASTM D 6222   | back face and a smooth top surface.  Torch applied, polyester reinforced, TPO modified bitumen membrane with a burn off polyethylene                                            |
| Xtraflex G FR             |                                         | 32' 10" x 3' 6"                              | ASTM D 6222   | back face and a granule top surface.  Torch applied, polyester reinforced, TPO modified bitumen membrane with a burn off polyethylene                                           |
| Elastoflex SA P F         | R:                                      | 32' 6" x 3' 3-3/8"                           | ASTM D 6164   | back face and a granule top surface and fire retardant<br>chemistry.<br>Self-adhered, polyester reinforced, SBS modified<br>bitumen membrane with a self-adhering back face     |
| Elastoflex SA V I<br>Base | R                                       | 32' 6" x 3' 3-3/8"                           | ASTM D 6163   | and a granule top surface.  Self-adhered, fiberglass reinforced, SBS modified bitumen membrane with a self-adhering back face                                                   |
| Elastoflex SA V I         | FR.                                     | 32' 6" x 3' 3-3/8"                           | ASTM D 6163   | and a smooth top surface. Self-adhered, fiberglass reinforced, SBS modified bitumen membrane with a self-adhering back face                                                     |
| Elastoflex SA V           |                                         | 32' 6" x 3' 3- <sup>3</sup> / <sub>8</sub> " | ASTM D 6163   | -and-a-granule-top-surface.  Self-adhered, fiberglass reinforced, SBS modified bitumen membrane with a self-adhering back face and a smooth top surface.                        |
| Elastoflex SA V C         | 3                                       | 32' 6" x 3' 3-3/8"                           | ASTM D 6163   | Self-adhered, fiberglass reinforced, SBS modified bitumen membrane with a self-adhering back face and a granule top surface.                                                    |
| Elastoflex SA V C         | 3                                       | 32' 6" x 3' 3-3/8"                           | ASTM D 6163   | Self-adhered, fiberglass reinforced, SBS modified bitumen membrane with a self-adhering back face and a granule top surface.                                                    |
| Elasioflex SA P.          |                                         | 32' 6" x 3' 3-3/8"                           | ASTM D 6164   |                                                                                                                                                                                 |
| Elastobase                |                                         | 65' 2" x 3' 3-3/8"                           | ASTM D 4601   | SBS modified asphalt coated fiberglass reinforced base sheet.                                                                                                                   |
| Polyflex SA P             |                                         | 32' 6" x 3' 3- <sup>3</sup> / <sub>8</sub> " | ASTM D 6222   | Self-adhered, polyester reinforced, APP modified bitumen membrane with a self-adhering back face and a granule top surface.                                                     |
| Polyflex SA P G I         | R                                       | 32' 6" x 3' 3-3/8"                           | ASTM D 6222   | Self-adhered, polyester reinforced, APP modified bitumen membrane with a self-adhering back face and a granule top surface.                                                     |
| ATED A                    | . : · · · : · · · · · · · · · · · · · · | • • •                                        |               | NOA No · 06-0410 06                                                                                                                                                             |



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# APPROVED INSULATIONS:

## TABLE 2

| Product Name                 | Product Description                            | Manufacturer (With Current NOA) |
|------------------------------|------------------------------------------------|---------------------------------|
| Polytherm A1                 | Polyisocyanurate foam insulation               | Polyglass USA, Inc.             |
| Polytherm Composite          | Polyisocyanurate/perlite composite insulation. | Polyglass USA, Inc.             |
| PYROX, White Line            | Polyisocyanurate foam insulation               | . Apache Products Co            |
| -ACFoam II                   | Polyisocyanurate foam insulation               | Atlas Energy Products           |
| High Density Wood Fiberboard | Wood fiber insulation board                    | Generic                         |
| Perlite/Urethane Composite   | Perlite / urethane composite board insulation  | Generic                         |
| Perlite Insulation           | Perlite insulation board                       | Generic                         |
| Type X Gypsum                | Fire resistant rated gypsum.                   | Generic                         |
| Dens Deck                    | Water resistant gypsum board                   | G-P Gypsum Corp.                |
| ENRGY-2                      | Polyisocyanurate foam insulation               | Johns Manville                  |
| Fesco Board                  | Rigid perlite roof insulation board.           | Johns Manville                  |
| Multi-Max & FA               | Polyisocyanurate roof insulation               | RMax, Inc.                      |



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# APPROVED FASTENERS:

# TABLE 3

| Fastener<br>Number | Product<br>Name                       | Product<br>Description                                                 | Dimensions  | Manufacturer (With Current NOA) |
|--------------------|---------------------------------------|------------------------------------------------------------------------|-------------|---------------------------------|
| 1.                 | Dekfast Fasteners #12,<br>#14 & #15   | Insulation fastener for wood, steel and concrete decks                 |             | Construction Fasteners Inc.     |
| 2                  | Dekfast Hex Plate                     | Galvalume hex stress plate.                                            | 2.7/8" x    | Construction Fasteners          |
|                    | Dekfast Lock Plate:#12 & #14 Roofgrip | Polyptopylene: locking<br>plate<br>Insulation and membrane<br>fastener | 3".x.3 ½" : | Inc.                            |
| 5.                 | Metal Plate                           | Galvalume AZ50 stress                                                  | 3" square   | ITW Buildex                     |
| 6.                 | Plastic Plate                         | Polyethylene stress plate                                              | 3.2" round  | ITW Buildex                     |
| 7.                 | Insul-Fixx HD Fastener                | Insulation fastener for steel and wood decks                           | Various     | SFS Stadler, Inc.               |
| 8.                 | Insul-Fixx S                          | Galvalume AZ55 stress plate                                            | 3" round    | SFS Stadler, Inc.               |
| 9.                 | Insul-Fixx P                          | Polyethylene stress plate                                              | 3" round    | SFS Stadler, Inc.               |
| 10.                | Tru-Fast HD                           | Insulation fastener for steel and wood decks                           |             | The Tru-Fast Corp.              |
| 11.                | Tru-Fast Plates                       | Galvalume AZ55 steel plate                                             | 3" round    | The Tru-Fast Corp.              |
| 12.                | Tru-Fast Plates                       | Polyethylene plastic plate                                             | 3" round    | The Tru-Fast Corp.              |
|                    |                                       |                                                                        |             |                                 |

# EVIDENCE SUBMITTED:

| Test Agency/Identifier          | Name           | Report    | <u>Date</u> |
|---------------------------------|----------------|-----------|-------------|
| Factory Mutual Research Corp.   | J.I. 3001334   | FMRC 4470 | 02.15.00    |
|                                 | J.I. 3000857   |           | 01.12.00    |
|                                 | J.I. 3004091   |           | 01.12.00    |
|                                 |                |           |             |
| Exterior Research & Design, LLC | #11757.12.00-1 |           | 12.07.00    |
|                                 | #11757.04.01-1 |           | 04.25.01    |
|                                 | #11751.05.03   |           | 05.30.03    |
|                                 | #11758.08.03   | •         | 08.11.03    |
| Underwriters Laboratories, Inc. | 00NK20869      | UL 790    | 06.08.00    |



NOA No.: 06-0410.06 Expiration Date: 09/13/11 Approval Date: 09/14/06 Page 5 of 44 Deck Type 1:

Wood, Non-Insulated

**Deck Description:** 

<sup>19</sup>/<sub>32</sub>" or greater plywood or wood plank, fastened with 8d common nails at 4" o.c

System Type E(6):

Base sheet is mechanically attached to roof deck.

#### All General and System Limitations apply.

Base Sheet:

One ply of CertainTeed GlasBase, Polyglass Base, Elastobase, Firestone MB Base, JM Perma-Ply #28, Tamko Glass Base or GAFGLAS #75 fastened to the deck as described below:

Fastening:

Attach base sheet using 11 ga. annular ring shank and 1-5/8" diameter tin caps spaced 8" o.c. in a 4" lap and 8" o.c. in two equally spaced staggered rows in the center of the sheet.

Ply Sheet:

(Optional) One ply of Elastobase, Modibase, Perma Ply No. 28, Elastoflex S6, Elastoflex V, Elastoflex V 2:5 or one or more plies of Type IV or VI ply sheet adhered in full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq. or Elastoflex SA V self-adhered.

Membrane:

One ply of Polyflex, Polyflex G, Polyflex G FR, Polybond, Polybond G, Xtraflex, Xtraflex G or Xtraflex G FR torch applied or one ply of Elastoflex S6, Elastoflex S6 G, Elastoflex S6 G, Elastoflex S6 G FR, Elastoshield TS4 or Elastoshield TS4 FR torch or hot asphalt applied or one ply of Polyflex SA P FR, Polyflex SA P, Elastoflex SA-P FR or Elastoflex SA-V FR self-adhered.

Surfacing:

(Optional) Install one of the following to obtain required fire classification.

- 1. Gravel or slag at 400 lbs/sq or 300 lbs/sq, respectively, in a flood coat of approved asphalt at 60 lbs/sq.
- 2. Karnak 97 Fibrated Aluminum Asphalt Roof Coating or Asbestos Free Aluminum Roof Coating at 1½ gal/sq.
- 3. Kokem Products Sunguard Acrylic Roof Coating at 1 gal/sq.
- 4. Monsey Endure Aluminum Roof Coating, Weather Check or Pro-Grade Aluminum Roof Coating at 1½ gal/sq.
- 5. Grundy al MB Aluminum Roof Coating at 1-2 gal/sq.
- Fields F350 Heat Shield Aluminum Coating or F630 Heat Shield Fibered Aluminum Coating at 1½ gal/sq.

Maximum Design

Pressure:

-60 psf; (See General limitation #7.)



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#### WOOD DECK SYSTEM LIMITATIONS:

1. A slip sheet is required with Ply 4 and Ply 6 when used as a mechanically fastened base or anchor sheet.

## **GENERAL LIMITATIONS:**

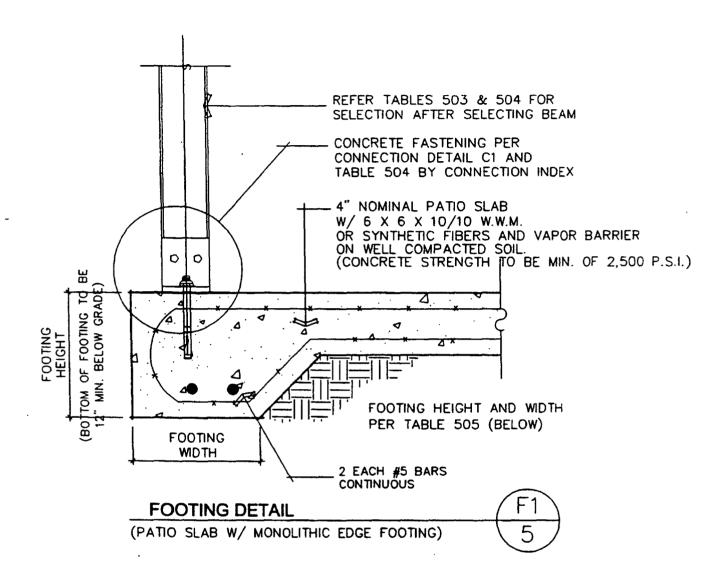
- 1. Fire classification is not part of this acceptance, refer to a current Approved Roofing Materials Directory for fire ratings of this product.
- Insulation may be installed in multiple layers. The first layer shall be attached in compliance with Product Control Approval guidelines. All other layers shall be adhered in a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs/sq., or mechanically attached using the fastening pattern of the top layer.
- 3. All standard panel sizes are acceptable for mechanical attachment. When applied in approved asphalt, panel size shall be 4' x 4' maximum.
- 4. An overlay and/or recovery board insulation panel is required on all applications over closed cell foam insulations when the base sheet is fully mopped. If no recovery board is used the base sheet shall be applied using spot mopping with approved asphalt, 12" diameter circles, 24" o.c.; or strip mopped 8" ribbons in three rows, one at each side lap and one down the center of the sheet allowing a continuous area of ventilation. Encircling of the strips is not acceptable. A 6" break shall be placed every 12' in each ribbon to allow cross ventilation. Asphalt application of either system shall be at a minimum rate of 12 lbs/sq. Note: Spot attached systems shall be limited to a maximum design pressure of -45 psf.
- 5. Fastener spacing for insulation attachment is based on a Minimum Characteristic Force (F') value of 275 lbf., as tested in compliance with Testing Application Standard TAS 105. If the fastener value, as field-tested, are below 275 lbf. insulation attachment shall not be acceptable.
- 6. Fastener spacing for mechanical attachment of anchor/base sheet or membrane attachment is based on a minimum fastener resistance value in conjunction with the maximum design value listed within a specific system. Should the fastener resistance be less than that required, as determined by the Building Official, a revised fastener spacing, prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant may be submitted. Said revised fastener spacing shall utilize the withdrawal resistance value taken from Testing Application Standards TAS 105 and calculations in compliance with Roofing Application Standard RAS 117.
- 7. Perimeter and corner areas shall comply with the enhanced uplift pressure requirements of these areas. Fastener densities shall be increased for both insulation and base sheet as calculated in compliance with Roofing Application Standard RAS 117. Calculations prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant (When this limitation is specifically referred within this NOA, General Limitation #9 will not be applicable.)
- 8. All attachment and sizing of perimeter nailers, metal profile, and/or flashing termination designs shall conform to Roofing Application Standard RAS 111 and applicable wind load requirements.
- 9. The maximum designed pressure limitation listed shall be applicable to all roof pressure zones (i.e. field, perimeters, and corners). Neither rational analysis, nor extrapolation shall be permitted for enhanced fastening at enhanced pressure zones (i.e. perimeters, extended corners and corners). (When this limitation is specifically referred within this NOA, General Limitation #7 will not be applicable.)
- 10. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9B-72 of the Florida Administrative Code.

#### END OF THIS ACCEPTANCE



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| Design Procedure / Checklist Using: AAF Guide to Aluminum Construction in High Wind Areas Chapter 5/ Attached Cover  Florida Building Code Importance Factor .77 Wind Zone 140 mph Exposure B |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Jobsite Address or Property Description: 18 Palm Road Sewalls Point, FL.  Designer: Robert Monsour, P.E. Owner: Joseph ARCH                                                                   |
| Contractor: Charles Law Construction Date: 10/22/07                                                                                                                                           |
| Cover Type (Circle) 1 (2) (Table 500, p. 1)                                                                                                                                                   |
| Overall Size: Length: 20' (ft) Width: // (ft)                                                                                                                                                 |
| Room Height @ Roof Attachment:, and, @ Roof Bearing:                                                                                                                                          |
| Roof attached to: Host Wall; Host Fascia, Projecting: / 0 '                                                                                                                                   |
| A) [Clear] Span of Roof Panels: 10'9" (Table 501, pp. 18-19, 26-27)                                                                                                                           |
| Using:3" Riser Panel X 12" Wide by Thickness                                                                                                                                                  |
| 3 " (Depth) Composite Panel X 032 " Skin Thickness and # Density Core                                                                                                                         |
| B) Using Intermediate Roof Support Beam: (Yes) (No) (Select from Table 502, pp. 20-25, 28-33)                                                                                                 |
| Load Width (Spacing) on Beam: Wa Beam Span: No Selection:                                                                                                                                     |
| Load Condition: (ND) Beam to Post Fastening: (Table 503 / 504, pp. 12 & 34)                                                                                                                   |
| Reg'd Post: No                                                                                                                                                                                |
| C) Edge Beam: (Table 502, pp. 20-25, 28-33)                                                                                                                                                   |
| Load Width (1/2 Span + Overhang): 5'6" Column Spacing: 9'                                                                                                                                     |
| Load Width (1/2 Span + Overhang): 5'6" Column Spacing: 9':  Load Condition: Extrusion Selection: X 7 x 20' Maximum Span 9'                                                                    |
| D) Posts: (Table 503 / 504, pp. 12 & 34)                                                                                                                                                      |
| Column Spacing: $9'$ Extrusion Selection: $2x7x20'$                                                                                                                                           |
| Post to Beam: Number of Bolts $\frac{1}{2}$ X Diameter: $\frac{5/8}{8}$                                                                                                                       |
| Post to Foundation: Angles: $\frac{3 \times 3 \times 4''}{2}$ & Fasteners: # $\frac{3}{2}$ Dia: $\frac{1}{2}$                                                                                 |
| E) Foundation: Type / Detail Reference: F1 (F2 F3                                                                                                                                             |
| Existing (F1) (Monolithic) - Height X Width X Width (Table 505, p. 7)                                                                                                                         |
| F2 (Continuous Perimeter) - Height X Width(Table 506, p. 8)                                                                                                                                   |
| F3 (Isolated) - Height X Width X Depth                                                                                                                                                        |
| (Table 504, p. 34)                                                                                                                                                                            |
| TOWN OF SEWALL'S POINT                                                                                                                                                                        |
| BUILDING DEPARTMENT                                                                                                                                                                           |
| FILE COPY                                                                                                                                                                                     |



| Concrete S  | Concrete Slab Foundations & Monolithic Footings (Detail F1) Table 50 |                                                 |                                  |           |            |           |           |  |  |  |  |
|-------------|----------------------------------------------------------------------|-------------------------------------------------|----------------------------------|-----------|------------|-----------|-----------|--|--|--|--|
|             |                                                                      | Allowable Tributary Load Widths for Solid Roofs |                                  |           |            |           |           |  |  |  |  |
| Total       | Bottom                                                               |                                                 | Solid Roofs / Partially Enclosed |           |            |           |           |  |  |  |  |
| Height (In) | Width (In)                                                           | 100 mph                                         | 110 mph                          | 120 mph   | 130 mph    | 140 mph   | 150 mph   |  |  |  |  |
| 16          | 12                                                                   | 12'-11¾"                                        | 10'-91/4"                        | 9'-01/2"  | 7'-81/2"   | 6'-73/4"  | 5'-91/2"  |  |  |  |  |
| 16          | 16                                                                   | 15'-63/4"                                       | 12'-10¾"                         | 10'- 10"  | 9'-23/4"   | 7'-111/2" | 6'-111/4" |  |  |  |  |
| 20          | 16                                                                   | 19'- 0"                                         | 15'- 9"                          | 13'-23/4" | 11'-31/4"  | 9'-81/2"  | 8'-51/2"  |  |  |  |  |
| 24          | 16                                                                   | 22'-51/4"                                       | 18'-71/4"                        | 15'-71/2" | 13'-3¾"    | 11'-5¾"   | 9'-113/4" |  |  |  |  |
| 24          | 20                                                                   | 26'-83/4"                                       | 22'- 2"                          | 18'-71/4" | 15'-101/4" | 13'- 8"   | 11'-10¾"  |  |  |  |  |

Note: Maximum Post Spacing 10' - 0" for Concrete Slab with Monolithic Footings.

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| BEAM S                                                              | BEAM SELECTION TABLE - ATTACHED COVERS (TYPE II)                                             |       |             |       |        |        |        |        |        |        |        |        |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------|-------------|-------|--------|--------|--------|--------|--------|--------|--------|--------|
| TABLE                                                               | TABLE 502e Design Pressure Varies by Effective Wind Area per Component & Cladding Load Table |       |             |       |        |        |        |        |        |        |        |        |
| Occupar                                                             | Occupancy Importance Factor = .77 Max Pressure -39.4 #/sqft - Min Pressure -29.4 #/sqft      |       |             |       |        |        |        |        |        |        |        |        |
| WIND ZONE = 140 MPH Exposure B Tributary Load Width for Roof Panels |                                                                                              |       |             |       |        |        |        |        |        |        |        |        |
| ,                                                                   | 4                                                                                            | 5     | <b>8</b> .1 | 7     | 8      | 9      | 10     | 11     | 12     | 13     | 14     | 15     |
| 6                                                                   | 4S/A                                                                                         | 4S/A  | 48周         | 4S/B  | 5S/C   | 5S/C   | 5S/C   | 5S/C   | 6S/C   | 6S/C   | 7S/C   | 7S/C   |
| 7                                                                   | 4S/A                                                                                         | 4S/B  | <b>38/6</b> | 5S/C  | 5S/C   | 6S/C   | 7S/C   | 7S/C   | 8S/C   | 8S/C   | 8S/D   | 8S/D   |
| 8                                                                   | 5S/A                                                                                         | 5S/B  | 68/C        | 6S/C  | 7S/C   | 8S/C   | 8S/C   | 8S/C   | 8S/C   | 8S/D   | 8S/D   | 8S/D   |
| <u></u>                                                             | - 68/B                                                                                       | 68/8  | 78/3        | 8S/C  | 8S/C   | 8S/C   | 8S/C   | 8S/D   | 8S/D   | 8S/D   | 8S/D   | 9L/D   |
| 10                                                                  | 6S/B                                                                                         | 7S/C  | 8S/C        | 8S/C  | 8S/C   | 8S/C   | 8S/D   | 8S/D   | 9L/D   | 9H/D   | 9H/E   | 9H/E   |
| 11                                                                  | 7S/B                                                                                         | 8S/C  | 8S/C        | 8S/C  | 8S/C   | 8S/D   | 9L/D   | 9H/D   | 9H/D   | 9H/E   | 9H/E   | 10S/E  |
| 12                                                                  | 8S/C                                                                                         | 8S/C  | 8S/C        | 8S/C  | 8S/C   | 9H/D   | 9H/D   | 9H/D   | 9H/E   | 10S/E  | 10S/E  | 10S/F  |
| 13                                                                  | 8S/C                                                                                         | 8S/C  | 8S/C        | 9L/C  | 9H/D   | 9H/D   | 9H/D   | 10S/E  | 10S/E  | 10S/E  | 10S/F  | 10S/F  |
| 14                                                                  | 8S/C                                                                                         | 8S/C  | 9H/C        | 9H/D  | 9H/D   | 10S/D  | 10S/E  | 10S/E  | 10S/E  | 2-9/F  | 2-9/F  | 2-9/F  |
| 15                                                                  | 8S/C                                                                                         | 9L/C  | 9H/C        | 9H/D  | 10S/D  | 10S/D  | 10S/E  | 10S/E  | 2-9/F  | 2-9/F  | 2-9/F  | 2-9/F  |
| 16                                                                  | 8S/C                                                                                         | 9H/C  | 9H/C        | 10S/D | 10S/D  | 10S/E  | 2-9/E  | 2-9/E  | 2-9/F  | 2-9/F  | 2-10/F | 2-10/F |
| 17                                                                  | 9H/C                                                                                         | 9H/C  | 10S/D       | 10S/D | 10S/D  | 2-9/E  | 2-9/E  | 2-9/F  | 2-10/F | 2-10/F | 2-10/F | 2-10/F |
| 18                                                                  | 9H/C                                                                                         | 9H/C  | 10S/D       | 10S/D | 2-9/E  | 2-9/E  | 2-9/F  | 2-10/F | 2-10/F | 2-10/F | 2-10/F | 2-10/F |
| 19                                                                  | 9H/C                                                                                         | 10S/C | 10S/D       | 10S/D | 2-9/E  | 2-9/E  | 2-10/F | 2-10/F | 2-10/F | 2-10/F | 2-10/F | NA     |
| 20                                                                  | 9H/C                                                                                         | 10S/D | 10S/D       | 2-9/E | 2-9/E  | 2-10/F | 2-10/F | 2-10/F | 2-10/F | NA     | NA     | NA     |
| 21                                                                  | 10S/C                                                                                        | 10S/D | 2-9/D       | 2-9/E | 2-10/E | 2-10/F | 2-10/F | 2-10/F | NA     | NA     | NA     | NA     |

CARPORTS AND PATIO COVERS - ATTACHED

KEY TO ABBREVIATIONS IN TABLE: NUMBER INDICATES DEPTH OF BEAM (INCHES)

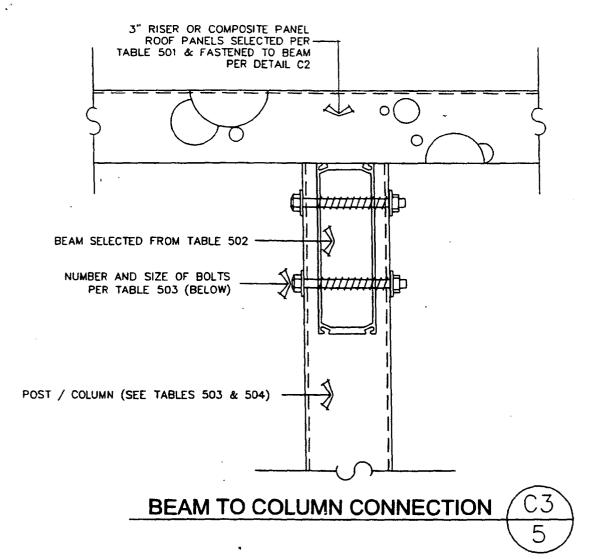
H = HOLLOW, S=SELF-MATING-BEAM, T = HOLLOW TILT

FOR THE 2X9, THE 'L' PREFIX INDICATES THE LIGHT WALL SECTION AND

THE "H' INDICATES THE HEAVIER WALL THICKNESS SECTION

A PREFIX OF '2-' INDICATES A DOUBLE BEAM (2X9H or 2X10)

FOR POST FASTENINGS AT CONCRETE AND ISOLATED FOOTING SIZES REFER TO TABLE 504 BY THE LETTER DESIGNATIONS FOLLOWING THE SLANT SIGN ("/")



| Table 503 - Post to Beam Fast | Minimum      | Bolts f     | Required   |          |
|-------------------------------|--------------|-------------|------------|----------|
| Beam / Section                | Abbreviation | Post Size   | # of Bolts | Diameter |
| 2" X 3 or 4 Hollow or Snap    | Varies       | 3"X3"X.060  | 2          | 3/8"_    |
| 2"X4" Self-Mating Beam        | 2X4 SMB      | 3"X3"X.060  | 3          | 3/8"     |
| 2"X5" Self-Mating Beam        | 2X5 SMB      | 3"X3"X.060  | 3          | 1/2"     |
| 2"X6" Self-Mating Beam        | 2X6 SMB      | 3"X3"X.060  | 3          | 5/8"_    |
| 2707 AsiEValing Deam          | TOT SMB      | SPX6PX(0700 | 4          | 5/6"     |
| 2"X8" Self-Mating Beam        | 2X8 SMB      | 3"X3"X.093  | 3          | 5/8"     |
| 2"X9" Self-Mating Beam        | 2X9L SMB     | 3"X3"X.093  | 3          | 5/8"     |
| 2"X9" Self-Mating Beam        | 2X9H SMB     | 3"X3"X.093  | 4          | 1/2"     |
| 2"X10" Self-Mating Beam       | 2X10 SMB     | 3"X3"X.093  | 4          | 5/8"     |
| Double 2"X9"(H) SMB           | 2-2X9        | 4"X4"X.125  | 2          | 3/4"     |
| Double 2"X10" SMB             | 2-2X10       | 4"X4"X.125  | 3          | 5/8"     |

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| Table 503 - Post to Beam Fas | tening       | Minimum     | Bolts I    | Required   |
|------------------------------|--------------|-------------|------------|------------|
| Beam / Section               | Abbreviation | Post Size   | # of Bolts | Diameter   |
| 2" X 3 or 4 Hollow or Snap   | Varies       | 3,X3,X060   | 2          | 3/8'       |
| 2"X4" Self-Mating Beam       | 2X4 SMB      | 3"X3"X.060  | 3          | 3/8"       |
| 2"X5" Self-Mating Beam       | 2X5 SMB      | 3"X3"X.060  | 3          | 1/2'       |
| 2'X6' Self-Mating Beam       | 2X6 SMB      | 3"X3"X.060  | 3          | _5/8'      |
|                              | 2X75VB       | \$7X\$7X030 | A          | <b>8</b> 8 |
| 2'X8" Self-Matting Beam      | 2X8 SMB      | 3"X3"X.093  | 3          | 5/8'       |
| 2'X9' Self-Mating Beam       | 2X9L SMB     | 3'X3'X 093  | 3          | 5/8"       |
| 2'X9' Self-Mating Beam       | 2X9HSMB      | 3'X3'X 093  | 4          | 1/2"       |
| 2'X10" Self-Mating Beam      | 2X10 SMB     | 3'X3'X093   | 4          | 5/8"       |
| Double 2'X9'(H) SMB          | 2-2X9        | 4"X4"X 125  | 2          | 3/4"       |
| Double 2'X10' SMB            | 2-2X10       | 4"X4"X 125  | 3          | 5/8"       |

| POST F | ASTENINGS TO CON                   | CRETE AND ISC |                        | Table 504                |                      |                                 |          |
|--------|------------------------------------|---------------|------------------------|--------------------------|----------------------|---------------------------------|----------|
|        |                                    |               | Size of Double         | Size of Double           | Angle to             |                                 |          |
| LOAD   | Isolated                           | Minimum       | 6063-T6 Angles         | 6061-T6 Angles           | Column               | Concrete                        | Assembly |
| NDEX#  | Footing Size                       | Post          | Required (Note #1)     | Required (Note #1)       | Bolts                | Anchors                         | Capacity |
|        | <u>2' - 0" X 2' - 0" X 2' - 0"</u> |               | 2" X 3" X 5/16"        | 2" X 3" X 1/4"           | 2 Each 3/8" Dia      | 2 Each 5/16" Dia X 2" Embedment | 1,200    |
| 夏      | <i>7-4×7-4×7-6</i>                 | SXSX CS AMEX  | 242 X2472 XX           | PX PX W                  | Zeas WZDIa           | . 2 Bert We Di XV Entrelment    | 1,629    |
| С      | 2' - 8" X 2' - 8" X 2' - 8"        | 3"X3"X.093"   | 2-1/2" X 2-1/2" X 1/2" | 2-1/2" X 2-1/2" X 3/8"   | 2 Each 1/2" Dia      | 2 Each 1/2" Dia X 3" Embedment  | 2,855    |
| D      | 3' - 0" X 3' - 0" X 3' - 0"        | 3"X3"X.125"   | 2-1/2" X 2-1/2" X 1/2" | 2-1/2" X 2-1/2" X 3/8"   | 2 Each 5/8" Dia      | 2 Each 5/8" Dia X 6" Embedment  | 4,050    |
| E      | 3' - 4" X 3' - 4" X 3' - 2"        | 4"X 4"X 125"  | 2-1/2" X 2-1/2" X 5/8" | 2-1/2" X 2-1/2" X 1/2"   | 3 Each 1/2" Dia      | 2 Each 3/4" Dia X 7" Embedment  | 5,272    |
| F      | 3' - 8" X 3' - 8" X 3' - 8"        | 4"X4"X.125"   | Bury Column into Con   | crete per detail or Site | Specific Engineering | ·                               | 7,394    |
| G      | 4' - 0" X 4' - 0" X 4' - 0"        | 4"X4"X.125"   | Bury Column into Con   | crete per detail or Site | Specific Engineering |                                 | 9,600    |

Chapter 5 - CARPORTS AND PATIO COVERS - ATTACHED

Note #1: Size of angle legs may vary, so long as, concrete anchors are within 1" of outside face of vertical angle leg and vertical leg can accommodate bolts specified. Length of angle is considered to be equal to the size of the column specified. solated Concrete Footing Note: Footings of 3' - 0" and above require reinforcement in top (and bottom).

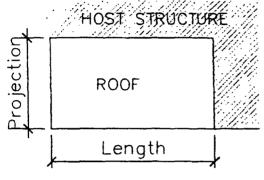
COLUMN SELECTION: USING TABLE 502 FOR BEAM SIZE AND POST SPACING, SELECT COLUMN FROM 504 USING CONNECTION INDEX IN TABLE 502, THEN SELECT COLUMN BY TABLE 503 BY BEAM SIZE AND USE HEAVIER OF THE TWO.

#### Chapter 5 - CARPORTS AND PATIO COVERS - ATTACHED

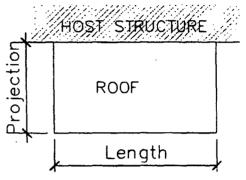
#### INTRODUCTION

LOADS APPLIED TO THE ROOF PANELS AND ROOF SUPPORT BEAMS DEPEND UPON THE SHAPE OF THE ROOF AND ITS ATTACHMENT TO ADJACENT SOLID WALLS.

TYPE I ROOF PANEL AND BEAM SPAN TABLES ARE TYPICAL AND CAN BE APPLIED TO ANY SHAPE (TYPE I IS DEFINED AS "PARTIALLY ENCLOSED" WITH A GCpi OF 0.55). TYPE II SPAN TABLES CAN BE APPLIED IF, AND ONLY IF, THE ROOF IS ATTACHED ON ONE SIDE ONLY AND THE LENGTH OF THE ROOF DOES NOT EXCEED THE TABLULAR VALUE IN TABLE 500. (TYPE II IS DEFINED BY THE FBC AS "ENCLOSED" WITH A GCpi OF 0.18).



SAMPLE SHAPE 1
(BOUNDED ON MORE THAN ONE SIDE BY HOST, MAY NOT BE TYPE II)



SAMPLE SHAPE 2 (BOUNDED ON ONE SIDE BY HOST, MAY BE TYPE II)

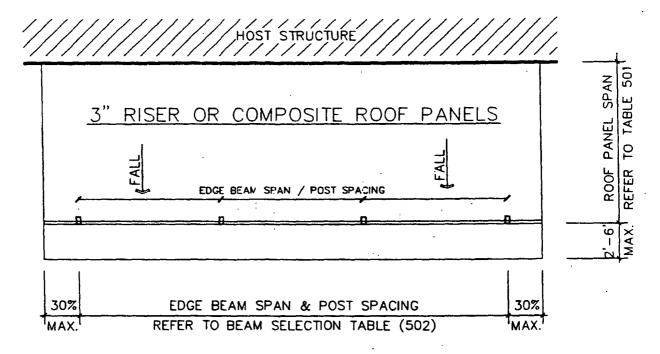
| SHAPE TABLE - Attached Covers TABLE 500 (This table applies only to projects attached to host on one side only) |                            |     |    |     |     |     |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------|----------------------------|-----|----|-----|-----|-----|--|--|--|--|
| TABULAR VALUES ARE MAXIMUM LENGTHS FOR TYPE II                                                                  |                            |     |    |     |     |     |  |  |  |  |
|                                                                                                                 | Mean Roof Height (in feet) |     |    |     |     |     |  |  |  |  |
| Projection                                                                                                      | 7                          | 8   | 9  | 10  | 11  | 12  |  |  |  |  |
| 6                                                                                                               | 33                         | 45  | 37 | 38  | 39  | 41  |  |  |  |  |
| 7                                                                                                               | 36                         | 548 | 40 | 42  | 43  | 45  |  |  |  |  |
| 8                                                                                                               | 38                         | 31  | 43 | 45  | 47  | 48  |  |  |  |  |
| 9                                                                                                               | 40                         | 48  | 46 | 48  | 50  | 49  |  |  |  |  |
| TO TO                                                                                                           | 42                         | 45  | 48 | 51  | 53  | 52  |  |  |  |  |
| 11                                                                                                              | 43                         | 47  | 50 | 53  | 56  | 55  |  |  |  |  |
| 12                                                                                                              | 45                         | 49  | 52 | 55  | 58  | 58  |  |  |  |  |
| 13                                                                                                              | 46                         | 50  | 54 | 57  | 60  | 61  |  |  |  |  |
| 14                                                                                                              | 47                         | 51  | 55 | 59  | 62  | 63  |  |  |  |  |
| 15                                                                                                              | 48                         | 53  | 57 | 61  | 64  | 65  |  |  |  |  |
| 16                                                                                                              | 49                         | 54  | 58 | 62  | 66  | 65+ |  |  |  |  |
| 17                                                                                                              | 50                         | 55  | 59 | 63  | 65+ | 65+ |  |  |  |  |
| 18                                                                                                              | 51                         | 56  | 61 | 65  | 65+ | 65+ |  |  |  |  |
| 19                                                                                                              | 52                         | 57  | 62 | 65+ | 65+ | 65+ |  |  |  |  |
| 20                                                                                                              | 52                         | 58  | 63 | 65+ | 65+ | 65+ |  |  |  |  |

How to use this table: Find projection (in feet) and Mean Roof Height of cover under consideration. Covers with lengths less than tabular value should be

TOWN OF SEWALL'S POINT evaluated 'as Type II'; when the length of the cover equals or exceeds the

BUILDING DEPARTMENT

**FILE COPY** 

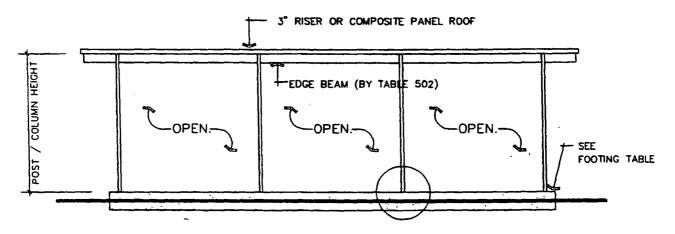


# PLAN VIEW - ATTACHED COVER (SHED TYPE)

FOR ALLOWABLE SPANS, DETERMINE ROOF TYPE, THEN REFER TO: TABLE 501 FOR ROOF PANEL SPANS TABLE 502 FOR EDGE BEAMS

#### NOTES:

- 1) MAXIMUM EDGE BEAM CANTILEVER IS 30% OF ALLOWABLE SPAN FOR SELECTED EDGE BEAM
- 2) MAXIMUM ROOF PANEL CANTILEVER IS 2' 6"



FRONT ELEVATION - SHED TYPE ATTACHED COVER

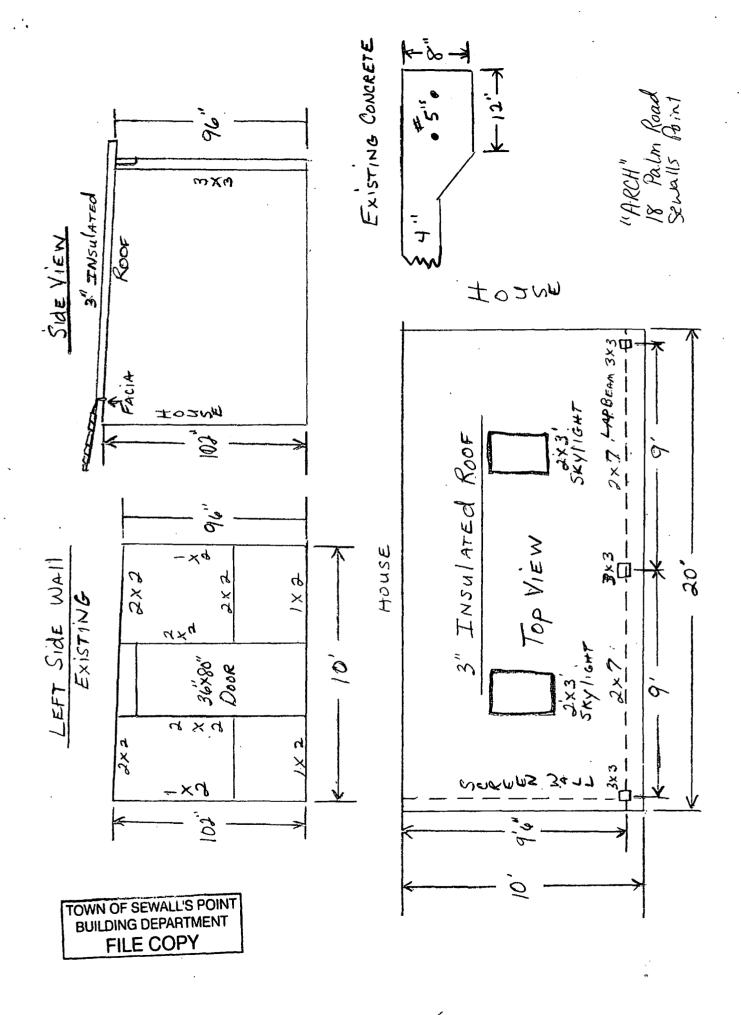
TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY

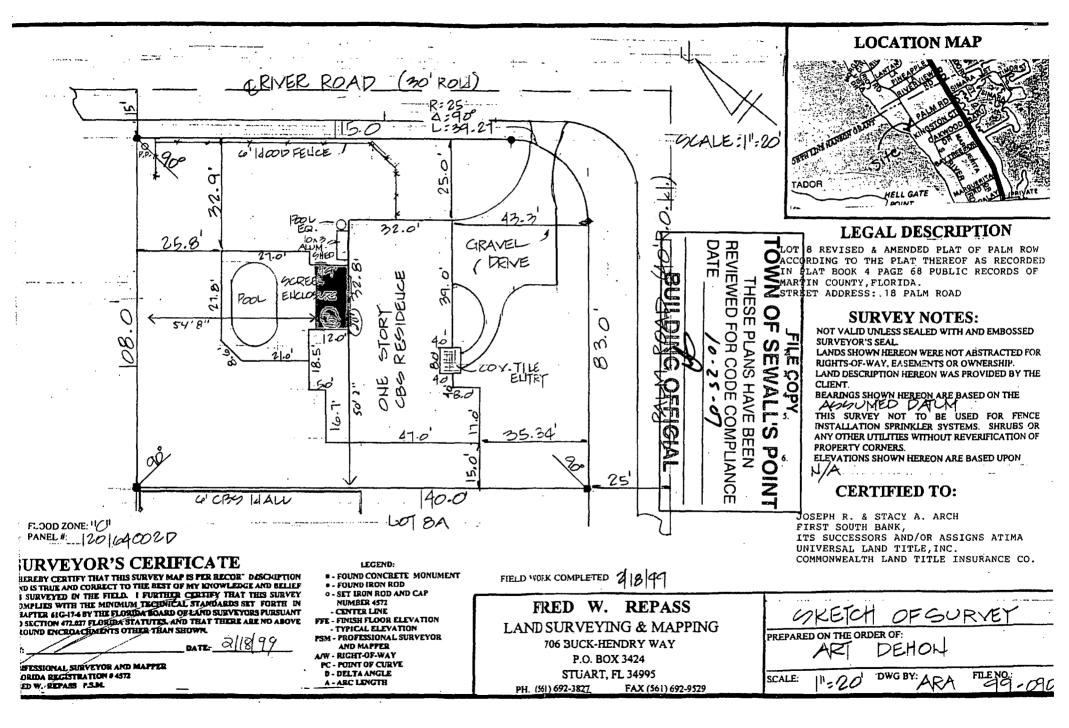
# Chapter 5 - CARPORTS AND PATIO COVERS - ATTACHED

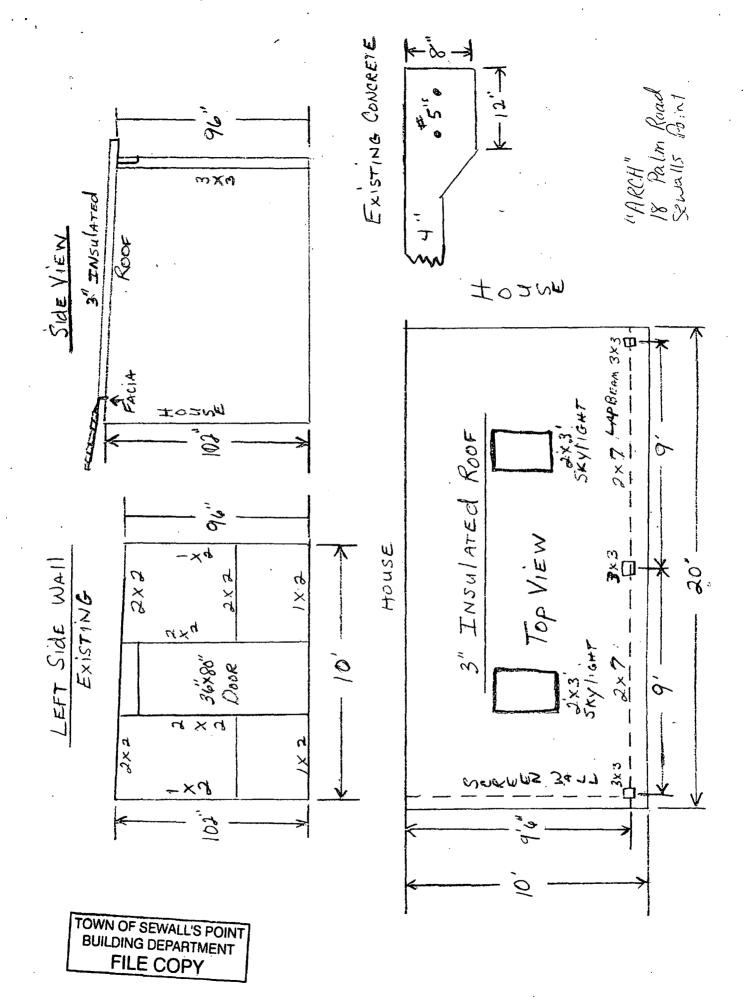
| Allowable Roof Panel Spans for Attached Type II Covers Table 501 |             |          |              |               |        |  |  |  |  |
|------------------------------------------------------------------|-------------|----------|--------------|---------------|--------|--|--|--|--|
| TYPE II Table 501d 130 MPH Wind Zone Exposure B                  |             |          |              |               |        |  |  |  |  |
|                                                                  | Design      | Р        | anel or SI   | kin Thickness |        |  |  |  |  |
| Industry Standard Products                                       | Load (psf)  | 0.024    | 0.032        | 0.036         | 0.040  |  |  |  |  |
| 3" Standing Seam (Riser) by 5 Rib                                | 32.1        | 5'-11"   | 8'-6"        | 8'-10"        | 9'-8"  |  |  |  |  |
| 3" Composite (1 lb EPS Core X Skin Thickness)                    | 30.9        | 9'-8"    | 11'-4"       | n/a           | n/a    |  |  |  |  |
| 4" Composite (1 lb EPS Core X Skin Thickness)                    | 30.9        | 10'-8"   | 12'-7"       | n/a           | n/a_   |  |  |  |  |
| 6" Composite (1 lb EPS Core X Skin Thickness)                    | 30.9        | 12'-8"   | 13'-8"_      | n/a           | n/a_   |  |  |  |  |
| 3" Composite (2 lb EPS Core X Skin Thickness)                    | 30.9        | 11'-4"   | 12'-3"       | n/a           | n/a    |  |  |  |  |
| 4" Composite (2 lb EPS Core X Skin Thickness)                    | 30.9        | 12'-7"   | 13'-6"       | n/a           | n/a    |  |  |  |  |
| 6" Composite (2 lb EPS Core X Skin Thickness)                    | 30.9        | 13'-8"   | 15'-5"       | n/a           | n/a_   |  |  |  |  |
| TYPE II Table 501e 140 MPH Wind Zone Exposure B                  |             |          |              |               |        |  |  |  |  |
| •                                                                | Design      | F        | anel or Si   | kin Thickn    | ess    |  |  |  |  |
| Industry Standard Products                                       | Load (psf)  | 0.024    | 0.082        | 0.036         | 0.040  |  |  |  |  |
| 3" Standing Seam (Riser) by 5 Rib                                | 37.2        | 5'-6"    | Maggo        | 8'-3"         | 8'-11" |  |  |  |  |
| T' Composto (1.16.4PS Care X Skin Thickness)                     | 35.8        | <u> </u> | 100-00       | n/a           | n/a    |  |  |  |  |
| 4" Composite (1 lb EPS Core X Skin Thickness)                    | 35.8        | 10'-2"   | 11'-11"      | n/a           | n/a    |  |  |  |  |
| 6" Composite (1 lb EPS Core X Skin Thickness)                    | 35.8        | 12'-0"   | 13'-1"       | n/a           | n/a    |  |  |  |  |
| 3" Composite (2 lb EPS Core X Skin Thickness)                    | 35.8        | 10'-9"   | 11'-8"       | n/a           | n/a    |  |  |  |  |
| 4" Composite (2 lb EPS Core X Skin Thickness)                    | 35.8        | 11'-11"  | 12'-10"      | n/a           | n/a    |  |  |  |  |
| 6" Composite (2 lb EPS Core X Skin Thickness)                    | 35.8        | 13'-1"   |              | n/a           | n/a    |  |  |  |  |
| TYPE II Table 501f 150 MP                                        | H Wind Zo   |          |              | sure B        |        |  |  |  |  |
|                                                                  | Design      | F F      | Panel or S   | kin Thickn    | ess    |  |  |  |  |
| Industry Standard Products                                       | Load (psf)  | #        | 0.032        | 0.036         | 0.040  |  |  |  |  |
| 3" Standing Seam (Riser) by 5 Rib                                |             | 5'-2"    | 7'-4"        | 7'-8"         | 8'-5"  |  |  |  |  |
| 3" Composite (1 lb EPS Core X Skin Thickness)                    |             | 8'-9"    | 10'-3"       | n/a           | n/a    |  |  |  |  |
| 4" Composite (1 lb EPS Core X Skin Thickness)                    | 41.1        | 9'-8"    | 11'-5"       | n/a           | n/a    |  |  |  |  |
| 6" Composite (1 lb EPS Core X Skin Thickness)                    | <del></del> | 11'-6"   | 12'-6"       | n/a_          | n/a    |  |  |  |  |
| 3" Composite (2 lb EPS Core X Skin Thickness)                    |             | 10'-3"   | 11'-2"       | n/a           | n/a    |  |  |  |  |
| 4" Composite (2 lb EPS Core X Skin Thickness)                    |             | 11'-5"   | <del> </del> | n/a           | n/a    |  |  |  |  |
| 6" Composite (2 lb EPS Core X Skin Thickness)                    | 41.1        | 12'-6"   | 14'-1"       | n/a           | n/a    |  |  |  |  |

Deflection Limits L/60 for Standing Seam and L/120 for Composite Panels.

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT FILE COPY









898 SW Butterfly Terrace Port Saint Lucie, FL 34953 (772) 621-9133 • Fax (772) 621-9134

FL License #RA13067272



Town of Sewall's Point

September 25, 2007

Scope of work: Relocate central A/C equipment from outside rooftop. Install new 3 Ton-split system, central A/C system. Size based on existing A/C equipment.

#### Installation Includes:

- New concrete pad.
- 7/8" copper lines ran overhead with cover.
- Properly insulated and supported condensate line.
- Float switches (in-line and auxiliary) to prevent condensate overflow in case of back-up.
- Condenser to be hurricane fastened down to concrete pad.
- All work sealed and secured per FL BLDG, and Mech. Codes.



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

VERIFICATION OF CONTRACTOR PERMIT

| BUILDING PERMIT MUMBER: 8720                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OWNERS NAME: JOSEPH ARCH                                                                                                                                                                         |
| CONSTRUCTION ADDRESS: 18 PAIM ROAD, SEWAII'S POINT                                                                                                                                               |
| PERMIT TYPE: XRESIDENTIALCOMMERCIAL                                                                                                                                                              |
| ELECTRIC                                                                                                                                                                                         |
| FOR GAS OR ELECTRIC: TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER                                                                                                                         |
| SCOPE OF WORK: 1Abors Material for Wiring Alc System                                                                                                                                             |
| VALUE OF CONSTRUCTION S 1127.00                                                                                                                                                                  |
| LOW VOLTAGE                                                                                                                                                                                      |
| TYPE OF EQUIPMENT:SECURITYVACUUMSOUND SYSTEMLANDSCAPEOTHER                                                                                                                                       |
| SCOPE OF WORK:VALUE                                                                                                                                                                              |
| IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES. |
| SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR                                                                                                                                           |
| TELEPHIONE NOI 772-546-2292 PAX NOI 772-546-2122                                                                                                                                                 |
| · ·                                                                                                                                                                                              |
| MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC 13001299                                                                                                                        |
| ** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT, A PENALTY FEB WILL, BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.          |
| ***VERIFICATION OF PARCEL CONTROL NUMBER***                                                                                                                                                      |
| OWNER'S FULL NAME AS STATED ON DEED: TOSEPH R AND STACY A. ARCH                                                                                                                                  |
| PARCEL CONTROL #: 133841005 000 000 805                                                                                                                                                          |
| SUBDIVISION: Alm Row Revised & Anended LOTH & BLK: THASE:                                                                                                                                        |
| SITE ADDRESS: 18 PAIM ROAD                                                                                                                                                                       |
| SEND OR FAX TO: TOWN OF SEWALL'S BUILDING DEPARTMENT                                                                                                                                             |
| Page 4                                                                                                                                                                                           |

#### CERTIFICATE OF INSURANCE

The company indicated below curtifies that the insurance afforded by the policy or policies numbered and described below is in force as of the effective date of this certificate. This Certificate of Insurance does not exend, extend, or otherwise alter the Terms and Conditions of Insurance coverage cuntained in any policy numbered and described below.

CERTIFICATE HOLDER:

SEMELLS POINT TOWN HALL 1 SEMELLS POINT NO SEMELLS POINT, FL. 34996 INSURED;

BARTON ELECTRIC , INC PO MOX 868

HORE SCOND, FL 33475-0968

|                      | POLICY NUMBER     | POLICY     | POLICY     | VTILIBALL TO BINILL                    |
|----------------------|-------------------|------------|------------|----------------------------------------|
| TYPE OF INSURANCE    | & DESUING CO.     | EFF. DATE  | IEXP. DATE | (*LDITS AT INCEPTION)                  |
| LIABILITY            | 77-84-675621-3003 | 1 06-25-07 | 1 06-25-08 | }                                      |
| (X) Liability and    | Nationalde        | l          | 1          | Amy One Occurrence 8 1,000,000         |
| Medical Expense (    | MITUAL            | 1          | 1          | 1                                      |
| [X] Personal and     | INSUNANCE CO.     | 1          | ł          | Any One Person/Org \$ 1,000,00         |
| Advertising Injury   |                   | ŧ          | 1          | l                                      |
| (X) Medical Expenses |                   | 1          | 1          | ANY ONE PERSON \$ 5,00                 |
| (X) Fire Legal       |                   | i          | 1          | 1 Any One Fire or Explosion \$ 100,00  |
| Liability            |                   | 1          | 1          | 1                                      |
| •                    |                   | ı          | 1          | General Aggregate* 4 2,000,00          |
|                      |                   | ł          | 1          | Prod/Cutp Ops Aggregate"   \$ 1,000,00 |
| ( ) Other Lisbility  |                   | L          | 1          |                                        |
| AUTOMOBILE LIABILITY | 77-BA-675821-3001 | 1 06-25-07 | 1 06-25-08 | I                                      |
| (X) BUSINESS AUTO    | NATIONATE         | 1          | 1          | Bodily Injury                          |
| 1                    | MITUAL FIRE       | 1          | 1          | (Each Person) \$                       |
| (X) Owned            | INSURANCE CO.     | 1          | 1          | (Each Accident) \$                     |
| (X) Hired            | 1                 | 1          | 1          | Property Damage                        |
| (X) Man-O-med        | <b>,</b>          | 1          | 1          | (Each Aculdent) \$                     |
| ł                    | l                 | ι          | t          | ) Combined Single Limit \$ 1,000,00    |
| DICESS LIABILITY     |                   | 1          | !          | Bach Occurrence \$                     |
|                      | l                 | 1          | 1          | Prod/Comp Ope/Disease                  |
| [ ] Crobrella Pour   | 1                 | ı          | 1          | Aggregate* 9                           |
|                      |                   | 1          | 1          | STATUTORY LIMITS                       |
| ( ) Workers'         | 1                 | 1          | 1          | BODILY THJURY/ACCIDENT 6               |
| Compensation         | 1                 | 1          | •          | Bodily Injury by Disease               |
| and                  | l                 | l .        | 1          | EACH IMPLOYES 5                        |
| [ ] Dmployers'       | 1                 | 1          | 1          | Bodily Injury by Disease               |
| Mability             | 1                 | ı          | 1          | POLICY LIMIT \$                        |

Should any of the above described policies be cancelled before the expiration date, the insurance company will endeavor to mail written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability upon the

company, its agents, or representatives.

Effective Date of Certificate: 06-25-2007 Date Certificate Issued: 10-02-2007

Authorized Representative: Countersigned at:

GREG SPENCER

DESCRIPTION OF OPERATIONS/LOCATIONS

VERICLES/RESTRICTIONS/SPECIAL ITEMS

10750 SE FEDERAL HIGHWAY HORE SOUND, FL 33455-492

C00/70012

....

COMMERCIAL POLICY CHANGE REQUEST

PACE: 1

POLICY NUMBER: 77 AC675821-3003

POLICYHOLDER NAME: BARTON ELECTRIC , INC

CHANGE EFFECTIVE ORTE: 10/02/07
POLICY EFFECTIVE DRIE: 06/25/07
POLICY EXPIRATION DATE: 06/25/08

THIRD PARTY CHANCES:

CHANCED ADDITIONAL INSURED: TYPE: OWNERS,

TYPE: CHEERS, LESSEES OR CONTRACTORS

ESMALLS POINT TOWN MALL 1 8 SEMALLS POINT RD SEMALLS POINT, FL 34996-6736

DEAR POLICYHOLDER,

THIS IS A COPY OF THE COMPANY RECORD OF YOUR RECENT ABOUTET TO CHANGE YOUR INSURANCE.

IT PROVIDES YOU WITH TEMPORARY EVIDENCE THAT THE MAITER IS SEDIG HANDLED. THE ENDORSEMENT
CHANGING YOUR POLICY AND ANY PREMIUM ADJUSTMENT WILL BE SENT TO YOU JUST AS SOOM AS POSSIBLE.

ACENT: GREG SPENCER

DATE COMPLETED 10/02/07

| ACC                           | ORO. CERTIFIC                                                                                      | ATE OF LIABIL!                                                                                                                     | Y INSU                             | RANCE                                 | OP ID DE                                                                   | 10/03/07                        |  |  |
|-------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|----------------------------------------------------------------------------|---------------------------------|--|--|
| PRODUCIÉN                     |                                                                                                    |                                                                                                                                    | THIS CER                           | TIFICATE IS IS                        | SUED AS A MATTER                                                           | OF INFORMATION                  |  |  |
| Worker<br>P O Bo              | s Compensation Group<br>x 410                                                                      | -                                                                                                                                  | HOLDER.<br>ALTER TH                | THIS CERTIFIC<br>THE COVERAGE         | SUED AS A MATTER<br>RIGHTS UPON THE<br>ATE DOES NOT AME<br>AFFORDED BY THE | ND, EXTEND OR<br>POLICIES BELOW |  |  |
|                               | aton FL 33429-0410<br>561-392-3300 Fax: 56                                                         | 51-361-1132                                                                                                                        | NBURERS                            | INSURERS AFFORDING COVERAGE NAIC #    |                                                                            |                                 |  |  |
| INSURED                       |                                                                                                    |                                                                                                                                    | INSUPERA:                          | Bridgefield                           | Emplyora Ind                                                               |                                 |  |  |
|                               |                                                                                                    |                                                                                                                                    | INSURER IA                         |                                       |                                                                            |                                 |  |  |
|                               | Barton Blectric Inc                                                                                | s.                                                                                                                                 | NAURER C                           | · · · · · · · · · · · · · · · · · · · |                                                                            |                                 |  |  |
|                               | Barton Blectric Inc<br>P.O. Box 858<br>Robe Sound FL 3347                                          | 5                                                                                                                                  | INSUREA OX                         |                                       |                                                                            |                                 |  |  |
| COVERA                        |                                                                                                    |                                                                                                                                    | INSURER E.                         |                                       |                                                                            |                                 |  |  |
| THE POL<br>ANY REG<br>MAY PET | ACIES OF INSURANCE LISTED BELLO<br>DURIEMENT, TERM OR CONDITION O<br>RTAIN, THE INSURANCE AFFORDED | NW MAVE BEEN ISSUED TO THE INSU<br>OF ANY CONTRACT OR OTHER DOC<br>BY THE POLICIES DESCRIBED MERE<br>HAVE BEEN REDUCED BY PAID CLA | ument with Res<br>In 18 Bubject to | PECT TO WHICH T                       | HIS CENTIFICATE MAY BE                                                     | ISSUED OR                       |  |  |
| LIN MEN                       | TYPE OF INSURANCE                                                                                  |                                                                                                                                    | ONTE MILES Y                       | POLOT BUILDING                        | LIMIT                                                                      | <u> </u>                        |  |  |
|                               | DEMERAL LIMBILITY                                                                                  |                                                                                                                                    |                                    |                                       | EACH OCCURRENCE                                                            | 4                               |  |  |
|                               | COMMERCIAL GENERAL LIABILITY                                                                       | 1                                                                                                                                  |                                    | Į.                                    | PREMISES (Co occurrence)                                                   | 1                               |  |  |
| ( [                           | CLANES MADE OCCUM                                                                                  | [                                                                                                                                  |                                    | [                                     | MED EXP (Any one person)                                                   | •                               |  |  |
| [                             |                                                                                                    |                                                                                                                                    |                                    | 1                                     | PERSONAL & ADVINUORY                                                       |                                 |  |  |
|                               |                                                                                                    |                                                                                                                                    |                                    | 1                                     | GENERAL AGGREGATE                                                          | <del> </del>                    |  |  |
|                               | POUCY PRO-                                                                                         |                                                                                                                                    |                                    | Į                                     | PRODUCTB - COMMOP AGG                                                      | <del> </del>                    |  |  |
| -                             | AUTOMOGRA LIABELTY                                                                                 |                                                                                                                                    |                                    |                                       | COMBINED BAKILE LIMIT                                                      | •                               |  |  |
|                               | ALL DWINED AUTOS<br>SCHEDULED AUTOS                                                                |                                                                                                                                    |                                    | -                                     | BODILY INJURY<br>(Per person)                                              |                                 |  |  |
|                               | HIRED ALTOS  MON-CYMED ALTOS                                                                       |                                                                                                                                    |                                    |                                       | BODLY (NUTRY<br>(Per exactant)                                             | \$                              |  |  |
|                               |                                                                                                    |                                                                                                                                    |                                    |                                       | PROPERTY DAMAGE<br>(Per matident)                                          | •                               |  |  |
|                               | GARAGE LIABALITY                                                                                   | ł                                                                                                                                  |                                    | Į.                                    | AUTO ONLY - BA ACCIDENT                                                    | ļ:                              |  |  |
|                               | OTUA PNA                                                                                           |                                                                                                                                    |                                    |                                       | OTHER THAN BAACO                                                           |                                 |  |  |
|                               | EXCESSIONERIALA LIABILITY                                                                          |                                                                                                                                    |                                    |                                       | EACH OCCURRENCE                                                            | 1                               |  |  |
|                               | OCCUR CLAIMS WADE                                                                                  |                                                                                                                                    |                                    | }                                     | ABOREGATE                                                                  |                                 |  |  |
|                               | -                                                                                                  | <b>,</b>                                                                                                                           |                                    |                                       |                                                                            | 1                               |  |  |
|                               | OCOUCTIBLE                                                                                         | ]                                                                                                                                  |                                    | 1                                     |                                                                            | <u> </u>                        |  |  |
|                               | RETENTION 5                                                                                        |                                                                                                                                    |                                    | <u> </u>                              | WCEYARU I ION                                                              | <u> </u>                        |  |  |
| _ I dini Al                   | Kers Corpens <mark>ation and</mark><br>Loyers Carility                                             |                                                                                                                                    |                                    |                                       | A TORY LIMITS                                                              | <del> </del>                    |  |  |
|                               | PROPRIETORIPARTNER/SXECUTIVE<br>CERMENSON EXCLUDED?                                                | 030-36345                                                                                                                          | 06/25/07                           | 06/25/0B                              |                                                                            | 100000                          |  |  |
|                               | desglibs under<br>NAL PROVISIONS believ                                                            | ļ l                                                                                                                                |                                    |                                       | EL DIGEASS - RA EMPLOYS                                                    |                                 |  |  |
| DTHE                          |                                                                                                    |                                                                                                                                    | <u></u>                            | <del> </del>                          | EL CHERAGE - POLICY LIMIT                                                  | 1 - 300000                      |  |  |
|                               |                                                                                                    |                                                                                                                                    |                                    |                                       |                                                                            |                                 |  |  |
| DESCRIPTI                     | ON OF GREEK HONS I LOCATIONS I VEHI                                                                | CLES I EXCLUSIONS ADDED BY BUDGRES                                                                                                 | MENT / SPECIAL PR                  | OVISIONS                              | <u> </u>                                                                   |                                 |  |  |
| 1                             |                                                                                                    |                                                                                                                                    |                                    | •                                     |                                                                            |                                 |  |  |
| Į                             |                                                                                                    |                                                                                                                                    |                                    |                                       |                                                                            |                                 |  |  |
| 1                             |                                                                                                    |                                                                                                                                    |                                    |                                       |                                                                            |                                 |  |  |
| ]                             |                                                                                                    |                                                                                                                                    |                                    |                                       |                                                                            |                                 |  |  |
| CEDIL                         | ICATE HOLDER                                                                                       |                                                                                                                                    | CANCELLA                           | TON                                   |                                                                            |                                 |  |  |
| - KIN                         | MAYIF HAPAGE                                                                                       |                                                                                                                                    | CANCELLA                           |                                       | HEED POLICES SE CANCELLE                                                   | n perions the reason and        |  |  |
| l                             |                                                                                                    | SEVALL                                                                                                                             | " <b>)</b>                         |                                       | MAN WILL ENGRAVOR TO CARCELLE                                              |                                 |  |  |
| 1                             |                                                                                                    |                                                                                                                                    | 1                                  |                                       | ER HALLED TO THE LEPT, BUT                                                 |                                 |  |  |
| ]                             | Sewell's Point Tox                                                                                 | m Wali                                                                                                                             |                                    |                                       | TY OF ANY KIND UPON THE IN                                                 |                                 |  |  |
| }                             | 1 South Sawall's 5                                                                                 |                                                                                                                                    | REPRESENTAT                        | 17VES.                                |                                                                            |                                 |  |  |
| }                             | Sewall's Point PL                                                                                  | 34996                                                                                                                              | AUTHOR PO                          | EPPERENTATIVE                         |                                                                            |                                 |  |  |
| L                             | 26 (2001/08)                                                                                       |                                                                                                                                    | 770                                | <del></del>                           |                                                                            | O CORPORATION                   |  |  |

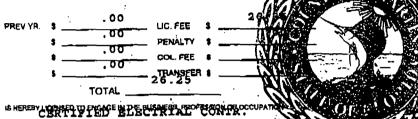
2007-200B

### MARTIN COUNTY ORIGINAL **BUSINESS TAX RECEIPT**

Larry C. O'Steen, Tax Collector, P.O. Box 8019, Stuart, FL 34995 (772) 283-5604

LOCATION: 12928 SE SUZANNE DR

CHARACTER COUNTS IN MARTIN COUNTY



AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

AND ENDING BEPTEMBER SO.

11 2006 47942.0001

The ELECTRICAL CONTRACT Named below IS CERTIETED Under the provisions of Chap Expiration date: AUG 31



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

| VERIFICATION OF CONTRACTOR PERMIT                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BUILDING PERIOT NUMBER: 8720                                                                                                                                                                     |
| OWNERS NAME: JOSEPH ARCH                                                                                                                                                                         |
| CONSTRUCTION ADDRESS: 18 Palm Rd                                                                                                                                                                 |
| PERMIT TYPE: RESIDENTIAL COMMERCIAL                                                                                                                                                              |
| ELECTRIC ROOFING  PLUMBING CONCRETE FORM AND PLACE  X BYAC MASONRY  IRRIGATION CARPENTRY  FUEL GAS OTHER (SPECIFY)                                                                               |
| FOR GAS OR ELECTRIC: TYPE OF SERVICE:NEW SERVICEEXISTING SERVICEOTHER                                                                                                                            |
| SCOPE OF WORK: Relacating and replace 3 ton BIC unit                                                                                                                                             |
| VALUE OF CONSTRUCTION'S 4900                                                                                                                                                                     |
| LOW VOLTAGE                                                                                                                                                                                      |
| TYPE OF EQUIPMENT:SECURITYVACUUMSOUND SYSTEMLANDSCAPEOTHER                                                                                                                                       |
| SCOPE OF WURK: VALUE                                                                                                                                                                             |
| IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY ACREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES. |
| Miles 120 Sutterfly Too PSI EL                                                                                                                                                                   |
| SIGNATURE OF LICENSED CONFRACTOR ADDRESS OF CONTRACTOR 34953  COMPANY OR QUALIFIER'S NAME: PIONER Cooling & Heating Inc                                                                          |
| TELEPHONE NO: 772 6219133 FAX NO: 772 6219134                                                                                                                                                    |
| ^^                                                                                                                                                                                               |
| MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: KA 130 67272/CHAV37                                                                                                                |
| ** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.           |
| ***YERIFICATION OF PARCEL CONTROL NUMBER***                                                                                                                                                      |
| OWNER'S FULL NAME AS STATED ON DEED: JOSEPH ACCH                                                                                                                                                 |
| PARCEL CONTROL #: 13384 1005 00000 805                                                                                                                                                           |
| SUBDIVISION: Palm ROW LOT: 8 BLK: PHASE:                                                                                                                                                         |
| SITE ADDRESS: 18 Paim Rd                                                                                                                                                                         |
|                                                                                                                                                                                                  |

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

| •• | • • |  | - | • | - | • |  | Pa | P.E | • |
|----|-----|--|---|---|---|---|--|----|-----|---|
|----|-----|--|---|---|---|---|--|----|-----|---|

ACORD 25 (2001/08)

:

|         | <u>, , , , , , , , , , , , , , , , , , , </u> | $\sim$      | PN.                       |                |            |                                                    | \ TE             | <u> </u>         | 1 1737 1846                                   |                                     |                                                                           | D/        | ATE (MM/DD/YYYY)         |
|---------|-----------------------------------------------|-------------|---------------------------|----------------|------------|----------------------------------------------------|------------------|------------------|-----------------------------------------------|-------------------------------------|---------------------------------------------------------------------------|-----------|--------------------------|
|         |                                               |             | KU,                       | CE             | <u> </u>   |                                                    | JAIL O           | r LIABI          | LITY INS                                      |                                     |                                                                           | 09        | 0/25/2007                |
| λ       |                                               | ТТ          |                           |                | •          | SURAN<br>BLVE                                      |                  |                  | ONLY AN HOLDER.                               | D CONFERS I                         | SUED AS A MATTER<br>NO RIGHTS UPON<br>TATE DOES NOT AN<br>AFFORDED BY THE | THE       | CERTIFICATE D, EXTEND OR |
|         |                                               |             | T LU<br>1-19              |                |            |                                                    |                  |                  | INSURERS                                      | AFFORDING CO                        | VERAGE                                                                    |           | NAIC#                    |
| เทรเ    |                                               | _           |                           |                | CO         | OLING                                              | & HEATI          | NG INC           |                                               | ANAL INDE                           |                                                                           |           |                          |
|         |                                               |             |                           |                |            |                                                    |                  |                  | INSI IRFR B                                   |                                     |                                                                           |           |                          |
|         |                                               |             |                           |                |            |                                                    | Y TERRAC         |                  | INSURER C.                                    |                                     |                                                                           |           |                          |
|         |                                               |             | PORT                      | SA.            | INT        | TOCI                                               | E, EL 34         | 953              | INSURER D.                                    |                                     |                                                                           |           |                          |
|         |                                               |             |                           |                |            |                                                    |                  |                  | INSURER E                                     |                                     |                                                                           |           |                          |
|         | VER/                                          |             |                           | SURAN          | ICE LIS    | STED BEI                                           | OW/ HAVE REEN IS | SUED TO THE INS  | SURED NAMED ARC                               | VE FOR THE POLIC                    | CY PERIOD INDICATED. N                                                    | OTW       | THSTANDING               |
| AI<br>M | IY RE                                         | QUII<br>RTA | Rement<br>In. The         | TERM<br>INSURA | OR C       | ONDITIO                                            | N OF ANY CONTR   | ACT OR OTHER I   | DOCUMENT WITH F<br>REIN IS SUBJECT T<br>AIMS. | RESPECT TO WHIC<br>TO ALL THE TERMS | H THIS CERTIFICATE MA<br>EXCLUSIONS AND CONI                              | Ý BE      | ISSÚED OR                |
| LIR     | NUU'L<br>KSRD                                 |             | TYPE                      | OF INS         | URANCE     | £                                                  | POLICY           | NUMBER           | POLICY EFFECTIVE<br>DATE (MM/DD/YY)           | POLICY EXPIRATION DATE (MM/DD/YY)   | LIM                                                                       |           |                          |
|         |                                               | GEN         | ERAL LIAI                 |                |            |                                                    |                  |                  |                                               |                                     | EACH OCCURRENCE                                                           | ÷         | 50,000                   |
|         |                                               | $\hat{}$    | COMMER                    |                |            | JABILITY<br>OCCUR                                  |                  |                  |                                               |                                     | PREMISES (Ea occurence)                                                   | 3         | 5,000                    |
| Α       |                                               | $\vdash$    | ```                       | MSMAD          | <u>د</u> ا | 7 OCCUR                                            | GL 90648         |                  | 02/22/07                                      | 02/22/08                            | MED EXP (Anyone person) PERSONAL & ADV INJURY                             | 1 -       | 500,000                  |
| • •     |                                               | $\vdash$    |                           |                |            |                                                    |                  |                  | 02, 22, 0                                     | 02, 22, 00                          | GENERAL AGGREGATE                                                         |           | ,000,000                 |
|         |                                               | GEN         | L AGGREC                  | SATE LIM       | IT APPLI   | ES FER                                             |                  |                  |                                               |                                     | PRODUCTS - COMPANY AGG                                                    | 1,5       | <del>00,000</del>        |
|         |                                               |             | POLICY                    | FYE<br>JE      | ੂੰ [       | Loc                                                |                  |                  |                                               |                                     |                                                                           |           |                          |
|         |                                               | AUT         | OMOBILE I                 |                | ′          |                                                    |                  |                  |                                               |                                     | COMBINED SINGLE LIMIT<br>(Ea accident)                                    | 1         |                          |
|         |                                               |             | ALL OWN                   |                |            |                                                    |                  |                  |                                               |                                     | BODILYNAJRY<br>(Per person)                                               | 1         |                          |
|         |                                               |             | HIRED AU                  |                | os         |                                                    | :                |                  |                                               |                                     | BODILYNJURY<br>(Peraccident)                                              | 1         |                          |
|         |                                               |             |                           |                |            |                                                    |                  |                  |                                               |                                     | PROPERTY DAMAGE<br>(Peractidant)                                          | 3         |                          |
|         |                                               | GAR         | AGE LIABI                 | LITY           |            |                                                    |                  |                  |                                               |                                     | AUTO ONLY: EA ACCIDENT                                                    | 1         |                          |
|         |                                               | $\square$   | ANYAUTO                   | 1              |            |                                                    |                  |                  |                                               |                                     | OTHER THAN EA ACC                                                         | +         |                          |
|         |                                               | EXC         | ESS/UMB/                  | RELLA LI       | IABILITY   | <del>,                                      </del> |                  |                  | _                                             | ·                                   | EACH OCCURRENCE                                                           | \$.       |                          |
|         |                                               |             | OCCUP                     |                | CLAR       | MSMADE                                             |                  |                  |                                               |                                     | AGGREGATE                                                                 | 1         |                          |
|         |                                               | L           |                           |                |            |                                                    |                  |                  |                                               |                                     |                                                                           | 1         |                          |
|         |                                               | Щ           | DECUCH                    | ELE            |            |                                                    |                  |                  |                                               |                                     |                                                                           | - 15      |                          |
|         |                                               | Ш           | RETENTIO                  |                | £          |                                                    |                  |                  |                                               |                                     | WCSTATIL OTH                                                              | \$        |                          |
|         |                                               |             | COMPENI<br>COMPENI        |                | #1D        |                                                    |                  |                  |                                               |                                     | ELLEACH ACCIDENT                                                          | 1,        |                          |
|         |                                               |             | TORPARTNES<br>SER EXCLUES |                | E          |                                                    |                  |                  |                                               |                                     | EL. DISEASE - EA EMPLOYES                                                 |           |                          |
|         |                                               |             | e under<br>Povicions      | helmu          |            |                                                    |                  |                  |                                               |                                     | EL DISEASE-POLICYLMIT                                                     | 4:        |                          |
|         | OTHE                                          | R           |                           |                |            |                                                    |                  |                  |                                               |                                     |                                                                           |           |                          |
|         |                                               |             |                           |                |            |                                                    |                  |                  |                                               |                                     |                                                                           |           |                          |
|         |                                               |             |                           |                |            | SIVEHICLE                                          |                  | ED BY ENDORSEMEN | T/SPECIAL PROVISION                           | s                                   |                                                                           |           |                          |
| F-12.   | 394 ch                                        | (- n -      | re un                     | DEB            |            |                                                    |                  |                  | CANCELLAT                                     | 'ION                                |                                                                           |           |                          |
| UE      | VIII.                                         | CA          | E HOI                     | LUEK           |            |                                                    |                  |                  |                                               |                                     | ED POLICIES BE CANCELLED                                                  | BEFO      | RE THE EXPIRATION        |
|         |                                               |             | TOWN                      | OF             | SEV        | WALLS                                              | POINT            |                  |                                               | •                                   | R WILL ENDEAVOR TO MAIL                                                   |           |                          |
|         |                                               |             | 1 SE                      | WA'L!          | LS I       | POINT                                              | RD               |                  |                                               |                                     | NAMED TO THE LEFT, BUT FA                                                 |           |                          |
|         |                                               |             | SEWA<br>FAX               |                |            |                                                    | т 34996          |                  | IMPOSE NO OBL                                 |                                     | OF ANY KIND UPON THE INS                                                  | URER,     | ITS AGENTS OR            |
|         |                                               | ı           |                           |                |            |                                                    |                  |                  | AUTHORIZED REP                                | PRESENTATIVE                        | Dorales S                                                                 | )<br>اعمد | U                        |
| AC      | ORD                                           | 25 (2       | 2001/08                   | )              |            |                                                    | <del></del>      |                  |                                               |                                     | X 16-(a) COLO                                                             | /12CH     | J.ATION 1988             |

| ACOR<br>PRODUCER                                | D CERTIFIC                                           | TATE OF LIAE                                                                                                        |                                            |                                                                                                                                                                                                             |                                             |              |  |  |  |
|-------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------|--|--|--|
| PRODUCER                                        | Sw OFICIAL                                           | DATE OF LIAL                                                                                                        | BILITY INS                                 | SURANC                                                                                                                                                                                                      | Ε                                           | 9/26/2007    |  |  |  |
| Assurance Ag<br>One Century<br>750 E. Golf I    | Centre                                               | (847) 797-5700                                                                                                      | ONLY AND<br>HOLDER.                        | 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. |                                             |              |  |  |  |
| 750 E. Golf (<br>ichaumburg,                    |                                                      |                                                                                                                     | ine inco                                   | LECTRING COM                                                                                                                                                                                                |                                             | 11410 #      |  |  |  |
|                                                 | amett Business Servic                                | es. I I C                                                                                                           | <del> </del>                               | AFFORDING COVI                                                                                                                                                                                              |                                             | NAIC#        |  |  |  |
|                                                 | 66 Dundee Road                                       | 10, 220                                                                                                             | <del></del>                                | INSURER A: ARCH Insurance Company INSURER B                                                                                                                                                                 |                                             |              |  |  |  |
| _                                               | ulte 201                                             |                                                                                                                     | INSURER C:                                 | <del></del>                                                                                                                                                                                                 |                                             |              |  |  |  |
| N                                               | orthbrook, IL 60062-                                 |                                                                                                                     | INSURER D:                                 |                                                                                                                                                                                                             |                                             |              |  |  |  |
|                                                 |                                                      |                                                                                                                     | INSURER E:                                 |                                                                                                                                                                                                             |                                             |              |  |  |  |
| COVERAGES                                       |                                                      |                                                                                                                     |                                            |                                                                                                                                                                                                             |                                             |              |  |  |  |
| ANY REQUIRE<br>MAY PERTAIN                      | EMENT, TERM OR CONDITION<br>I, THE INSURANCE AFFORDE | .OW HAVE BEEN ISSUED TO TH<br>NOF ANY CONTRACT OR OTHE<br>ED BY THE POLICIES DESCRIBE<br>AY MAVE BEEN REDUCED BY P. | ER DÖÇUMENT WITH R<br>ED HEREIN IS SUBJECT | RESPECT TO WHICH                                                                                                                                                                                            | THIS CERTIFICATE MAY E                      | BE ISSUED OR |  |  |  |
| IER ADO'U<br>TR INSRD                           | TYPE OF INSURANCE                                    | POLICY NUMBER                                                                                                       | POLICY EFFECTIVE<br>DATE (MM/DD/YY)        | POLICY EXPIRATION<br>DATE (MINDDITY)                                                                                                                                                                        | LIMIT                                       | 8            |  |  |  |
| GENER                                           | RAL LIABILITY                                        |                                                                                                                     |                                            |                                                                                                                                                                                                             | EACH OCCURRENCE                             | s            |  |  |  |
| C                                               | OMMERCIAL GENERAL LIABILITY                          |                                                                                                                     |                                            |                                                                                                                                                                                                             | DAMAGE TO RENTED<br>PREMISES (Ea occurence) | 8            |  |  |  |
|                                                 | CLAIMS MADE OCCUR                                    |                                                                                                                     |                                            |                                                                                                                                                                                                             | MED EXP (Any one person)                    | 5            |  |  |  |
|                                                 |                                                      | j                                                                                                                   |                                            |                                                                                                                                                                                                             | PERSONAL & ADVINJURY                        | 8            |  |  |  |
| _                                               |                                                      |                                                                                                                     |                                            |                                                                                                                                                                                                             | GENERAL AGGREGATE                           | 8            |  |  |  |
| _   <del>                                </del> | AGGREGATE LIMIT APPLIES PER: OLICY PRO-              |                                                                                                                     |                                            |                                                                                                                                                                                                             | PRODUCTS - COMPIOP AGG                      | <u>\$</u>    |  |  |  |
| AUTON                                           | MOBILE LIABILITY                                     |                                                                                                                     |                                            |                                                                                                                                                                                                             | COMBINED SINGLE LIMIT                       | \$           |  |  |  |
|                                                 | NY AUTO<br>LL OWNED AUTOS<br>CHEDULED AUTOS          |                                                                                                                     |                                            |                                                                                                                                                                                                             | SODILY INJURY<br>(Fer person)               | s            |  |  |  |
|                                                 | RIPED AUTOS                                          |                                                                                                                     |                                            |                                                                                                                                                                                                             | BODILY INJURY<br>(Per accident)             | \$           |  |  |  |
|                                                 |                                                      |                                                                                                                     |                                            |                                                                                                                                                                                                             | PROPERTY DAMAGE<br>(Per accident)           | 5            |  |  |  |
| GARA                                            | GE LIABILITY                                         |                                                                                                                     |                                            |                                                                                                                                                                                                             | AUTO ONLY - EA ACCIDENT                     | \$           |  |  |  |
| A                                               | NY AUTO                                              |                                                                                                                     |                                            |                                                                                                                                                                                                             | OTHER THAN EA ACC                           |              |  |  |  |
|                                                 |                                                      |                                                                                                                     |                                            | <del> </del>                                                                                                                                                                                                | 200                                         | \$s          |  |  |  |
|                                                 | SS/UMBRELLA LIABILITY CLAIMS MADE                    |                                                                                                                     |                                            |                                                                                                                                                                                                             | AGGREGATE                                   | \$           |  |  |  |
|                                                 | CCAIMS MADE                                          |                                                                                                                     |                                            | ļ                                                                                                                                                                                                           | AGGREGATE                                   | 8            |  |  |  |
|                                                 | DEDUCTIBLE                                           |                                                                                                                     |                                            |                                                                                                                                                                                                             |                                             | s            |  |  |  |
|                                                 | RETENTION \$                                         |                                                                                                                     |                                            |                                                                                                                                                                                                             |                                             | \$           |  |  |  |
|                                                 | COMPENSATION AND                                     |                                                                                                                     |                                            |                                                                                                                                                                                                             | X WC STATU- OTH-                            |              |  |  |  |
| A EMPLOYERS                                     | B' LIABILITY<br>ETOR/PARTNER/EXECUTIVE               | 41WC14936300                                                                                                        | 6/30/2007                                  | 6/30/2008                                                                                                                                                                                                   | E,L. EACH ACCIDENT                          | \$ 1,00      |  |  |  |
| OFFICERME                                       | MBER EXCLUDED?                                       |                                                                                                                     |                                            |                                                                                                                                                                                                             | E.L. DISEASE - EA EMPLOYEE                  |              |  |  |  |
| If yes, describ<br>SPECIAL PR                   | os under<br>OVISIONS below                           |                                                                                                                     |                                            |                                                                                                                                                                                                             | E.U. DISEASE - POLICY LIMIT                 | 3 1,00       |  |  |  |
| OTHER                                           |                                                      |                                                                                                                     |                                            |                                                                                                                                                                                                             |                                             |              |  |  |  |
| DESCRIPTION OF                                  | OPERATIONS / LOOATIONS / VEHI                        | CLEB/EXCLUSIONS ADDED BY END<br>Bation Policy, an Alternate E                                                       | ORBEMENT / SPECIAL PR                      | DVIBIONS                                                                                                                                                                                                    |                                             |              |  |  |  |



ALEX SINK
CHIEF FINANCIAL OFFICER

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

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

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

EFFECTIVE DATE:

09/20/2007

EXPIRATION DATE: 09/19/2009

PERSON:

**EWING** 

MICHAEL

J

FEIN:

753142727

BUSINESS NAME AND ADDRESS:

PIONEER COOLING AND HEATING INC

898 SW BUTTERFLY TERRACE

PORT SAINT LUCIE

FL 34963

#### SCOPES OF BUSINESS OR TRADE:

1- DUCTS - HTG & A/C 5538

2- MAINTENANCE

3- HEATING & AIR CONDITIONING

IMPORTANT: Pursuant to Chapter 440. 06(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of

## OCCUPATIONAL TAX RECEIPT CITY OF PORT ST. LUCIE

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

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

TERM: October 1,

**20**06 to September 30.

**20**07

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

This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that the licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this business.

LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS.

VALID AT THIS BUSINESS ADDRESS ONLY.

Business Address: 898 SW BUTTERFLY TERR

Classification:

CONT CONTRACTOR

Issued to:

PIONEER COOLING & HEATING INC

898 SW BUTTERFLY TERR

PORT ST LUCIE, FL 34953

Business/Lic. 120908 / 07-1026681

Fee:

115.77

Discount:

0.00

**BUSINESS LICENSE COORDINATOR** 

PAYMENT RECEIPT

176 / 039 Ywhite



# **Martin County Building Department**

900 SE Ruhnke Street Stuart, Fl 34994 (772) 288-5482 Fax (772) 288-5911

EWING, MICHAEL J PIONEER COOLING & HEATING INC 898 SW BUTTERFLY TER PSL, FL 34953

**\C#** 

#### STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#10708310074

DATE BATCH NUMBER LICENSE NBR
08/31/2007 060780621 RA13067272

The CLASS A AIR CONDITIONING CONTRACTOR Named below HAS REGISTERED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2009 (INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

EWING, MICHAEL J
PIONEER COOLING AND HEATING INC
898 SW BUTTERFLY TER
PORT SAINT LUCIE FL 34953

CHARLIE CRIST GOVERNOR

DISPLAY AS REQUIRED BY LAW

HOLLY BENSON SECRETARY

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



MARTIN COUNTY, FLORIDA Construction Industry Licensing Board Certificate of Competency

#### HARV CONTRACTOR

License Number CHAV3714 Expires: 30-SEP-2009

EWING, MICHAEL J PIONEER COOLING & HEATING INC 898 SW BUTTERFLY TER PSL, FL 34953

| 1           | <u>4C(</u>             | <u> </u>        | D <sub>™</sub> CERTIFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ATE OF LIA                                     | (BILITY IN                                                 | <b>ISURAN</b>                                                                | CE "                                                                                                                                       | 06/08/07                                                                                                       |
|-------------|------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| PR          | ODUC                   | ER /            | Better Deal Auto Ins.<br>026 SW Bayshore Slvd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ······································         | ONLY A                                                     | ND CONFERS NO                                                                | UED AS A MATTER OF INFO                                                                                                                    | FICATE                                                                                                         |
|             |                        | í               | ort St. Luide, FL 34933                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                                            |                                                                              | ITE DOES NOT AMEND, EX<br>IFFORDED BY THE POLICE                                                                                           |                                                                                                                |
|             | P                      | wise (          | 72)871-7764 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ax (772)671-9134                               | INSURERS A                                                 | AFFORDING COVE                                                               | RAGE                                                                                                                                       | MAIC #                                                                                                         |
| <b>10</b> 1 | URED                   | iΔ              | TITUDE 27 ROCFING CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 20                                             | : INSURER A:                                               | AMERICAN SAF                                                                 | ETY INSURANCE CO                                                                                                                           |                                                                                                                |
|             |                        |                 | 6 SE Pace Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ME                                             | INSURER B:                                                 |                                                                              | • • • • • • • • • • • • • • • • • • • •                                                                                                    |                                                                                                                |
|             |                        |                 | Strucie, Fl. 34984                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                | INSURER C:                                                 |                                                                              |                                                                                                                                            | ļ                                                                                                              |
|             |                        | 1               | o Charles, FF Charles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | INSURER D                                                  |                                                                              |                                                                                                                                            | !<br>                                                                                                          |
|             |                        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | INSURER E:                                                 |                                                                              |                                                                                                                                            | <del> </del>                                                                                                   |
|             | VER/                   |                 | OF INSURANCE LISTED HAVE BEEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ISSUED TO THE INSURED                          | INSURER F:                                                 | THE POLICY PERIO                                                             | D NEW CATED MOTWETHSTAM                                                                                                                    | L                                                                                                              |
| A:<br>M     | vy rec<br>Ay per       | WIRE            | ENT, TERM OR CONDITION OF ANY<br>THE INSURANCE AFFORDED BY TH<br>REGATE LIMITS SHOWN MAY HAVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CONTRACT OR OTHER DO<br>E POLICIES DESCRIBED H | OCUMENT WITH RESI<br>EREIN IS SUBJECT T                    | PECT TO WHICH THI                                                            | S CERTIFICATE MAY BE ISSUE                                                                                                                 | IDOR .                                                                                                         |
|             | AOD'L<br>INSRU         |                 | TYPE OF MININAMOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | POLICY NUMBER                                  | PCL:CYEFFECTIVE                                            | POLICY EXPIRATION                                                            | LIMITO                                                                                                                                     |                                                                                                                |
| F.V         | INGRE                  | CEI             | ERAL LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | DATESMINISTE                                               | i OATE (MAGOI) 1                                                             | EACHOCOURRENCE                                                                                                                             | 300,000                                                                                                        |
|             | İ                      |                 | MAKERCIAL GENERAL LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 00486901                                       | 11/30/05                                                   | 11/30/07                                                                     | DAMAGE TO RENTED<br>PREMISES (En occurence)                                                                                                | 50,000                                                                                                         |
| A           | [ [ ]                  | إلى             | CLAINS MADE TO CCCUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ;                                              |                                                            | İ                                                                            | MED EXP (Any one person) PERSONAL & ADV INJURY                                                                                             | 300,000                                                                                                        |
| •           | ٠.١                    |                 | acceptance to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con |                                                | i                                                          | į                                                                            | GENERAL AGGREGATE                                                                                                                          | 600 000                                                                                                        |
|             |                        | ب               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                            |                                                                              | PRODUCTS - COMPIOP AGG                                                                                                                     | 300,000                                                                                                        |
|             |                        | GEN             | AGGREGATE LIMIT APPLIES PER-<br>DLICY DROJECT DLICO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <br>                                           |                                                            | 1                                                                            |                                                                                                                                            |                                                                                                                |
| <del></del> |                        | -               | ANY AUTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                            |                                                                              | COMBINED SINGLE LIMIT<br>(En accident)                                                                                                     |                                                                                                                |
|             | ĺ                      | تنا             | ALL UWNEC AUTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                            |                                                                              | BODILY INJURY                                                                                                                              |                                                                                                                |
| В           |                        |                 | SCHEDULED ALITOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                                            | 1                                                                            | (Per person)                                                                                                                               |                                                                                                                |
|             |                        |                 | HIRED AUTOS<br>NON OWNED AUTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                                              |                                                            |                                                                              | (Per accident)                                                                                                                             |                                                                                                                |
|             |                        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                       |                                                            | <u> </u>                                                                     | PROPERTY DAMAGE<br>(Per accident)                                                                                                          |                                                                                                                |
|             |                        | GAL             | nde Liability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | !                                              |                                                            | i                                                                            | AUTO ONLY - EA ACCIDENT                                                                                                                    |                                                                                                                |
| C           | ()                     |                 | ANY AUTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                            |                                                                              | OTHER THAN EA ACC                                                                                                                          |                                                                                                                |
|             |                        | EXC             | 288 LIABILTIY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ;<br>1                                         |                                                            | İ                                                                            | EACH OCCURRENCE                                                                                                                            |                                                                                                                |
| D           |                        |                 | DOGUR CLAIMS MADE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                                            |                                                                              | ACGREGATE                                                                                                                                  | And the second second second second second second second second second second second second second second seco |
|             |                        | <u> </u>        | DEDUCTIBLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                | :                                                          |                                                                              | }                                                                                                                                          |                                                                                                                |
|             |                        |                 | RETENTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | !<br>!                                         | <u> </u>                                                   | i                                                                            |                                                                                                                                            |                                                                                                                |
|             | WOR                    | OVER            | OMPENIATION AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | ;                                                          | į                                                                            | TORY LIMITS DIN                                                                                                                            | <b>,</b>                                                                                                       |
| E           |                        |                 | ETOR / PARTNER / EXECUTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                                            | į                                                                            | E.L. EACH ACCIDENT                                                                                                                         |                                                                                                                |
|             |                        |                 | EMBER EXCLUDED?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <br>                                           | •                                                          | !<br>!                                                                       | E.L. DISEASE - EA EMPLOYEE                                                                                                                 |                                                                                                                |
|             |                        |                 | CVISIONS below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ;<br>; ,                                       | ļ                                                          | !<br>                                                                        | E.L. DISEASE - POLICY LIMIT                                                                                                                | 4                                                                                                              |
| _           | OTHE                   | <b>R</b>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | !<br>:                                         | į                                                          | !<br>!                                                                       |                                                                                                                                            |                                                                                                                |
| -           | C 1915-7               |                 | THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF TH | MR / MYC) USIDER ADDS                          | NY ENDOSESSE                                               | / EFECTOR PROVISE                                                            |                                                                                                                                            |                                                                                                                |
| F           | Ifyee.<br>SPEC<br>OTHE | doose<br>IAL PE | e-under                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FRE - EXCLUSIONS ADDEL                         | D SY ENDORGENSH'T                                          | / EPECINE PROVISI                                                            | E.L. DISEASE - POLICY LIMPT                                                                                                                |                                                                                                                |
| CE          | RTIFK                  | CATE            | TOWN OF SEWALL'S POINT<br>I SOUTH SEWALL'S PT RD<br>SEWALL'S POINT, FL 34990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                | EXPERTION OA<br>30 QAYE<br>THE LEPT, BUT<br>OF ANY MIND UP | THE ABOVE DESC<br>TE THEREOF, THE II<br>WINTTEN HOTICE '<br>PAILURE TO DO SO | RIBED POLICES SE CARCELU<br>BRUND INBURER WILL ENDEA!<br>TO THE CENTRICATE HOLDER<br>SHALL IMPOSE NO OBLIGATIO<br>TO AGENTS OR REPRESENTA! | VOR TO MAIL<br>NAMED TO<br>ON OR LIABILITY                                                                     |
|             |                        |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                            |                                                                              | Donat File                                                                                                                                 | Balancia est                                                                                                   |
|             |                        |                 | FAX220-4765                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                            |                                                                              | S ACOND COMP                                                                                                                               |                                                                                                                |
| -           | -010                   | 9/. /2          | 11 /11R)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                            |                                                                              | SUACORD CORP                                                                                                                               | UNA HUN 1366                                                                                                   |

1: 379' P PAGE 04

| (          | 46                | OR                 | . CER                                           | TIF                 | ICATE OF LIAB                                                                                                                           | ILITY INS                                        | URANC                                                                                                                                                                                                       | F 1:                                                 | CONTRIDATE NO. / DATE<br>LC07- 4300733-541564<br>/ 1/2307 |  |  |  |
|------------|-------------------|--------------------|-------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------|--|--|--|
| 141<br>De3 | phpo<br>60<br>Jan | dant Ri<br>Dallar  | ok Services<br>Parkway 85<br>5254<br>96 (972) 7 | 00                  |                                                                                                                                         | ONLY AN                                          | THIS CERTIFICATE IS INCUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COMPARGE AFFORDED BY THE POLICIES BELOW. |                                                      |                                                           |  |  |  |
| Ĵ          | ب                 | (972)              | 04-4480                                         |                     |                                                                                                                                         |                                                  | insurers appording coverage                                                                                                                                                                                 |                                                      |                                                           |  |  |  |
|            | IT                |                    | l/d/f:<br>ROOFING COR                           | þ                   |                                                                                                                                         |                                                  | apanion ?roye                                                                                                                                                                                               | exty and Cosusity i                                  | naurance Comp                                             |  |  |  |
|            | -                 | P PAC              |                                                 |                     |                                                                                                                                         | INSURER B.                                       | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                       |                                                      |                                                           |  |  |  |
|            |                   |                    | IE, FL 3498<br>45   Pak: (                      |                     | 873-2;42                                                                                                                                | NSURER D.                                        |                                                                                                                                                                                                             |                                                      |                                                           |  |  |  |
| • • • •    |                   |                    | 1                                               |                     |                                                                                                                                         | NSURER E:                                        |                                                                                                                                                                                                             |                                                      |                                                           |  |  |  |
| CO         | <b>Z</b> I        | AGES               |                                                 |                     |                                                                                                                                         |                                                  |                                                                                                                                                                                                             |                                                      |                                                           |  |  |  |
| A          | NY I              | reguere<br>Pertan, | Dent, term or<br>The Mourance                   | APPO                | BELOW HAVE BEEN IBBUED TO THE IN<br>MITON OF ANY CONTRACT OR OTHE<br>MOED BY THE POLICIES DESCRIBED IN<br>MAY HAVE BEEN REDUCED BY PAID | r document with<br>Teresh is subject t<br>Clarin | RESPECT TO WRIT:<br>10 ALL THE TERMS,                                                                                                                                                                       | STAIR CRETTPICATE MAY                                |                                                           |  |  |  |
| 盂          |                   | ענו                | OF INBLIBATOR                                   |                     | POLICY HUMBER                                                                                                                           | THE RESERVE                                      | <b>医型型型型</b>                                                                                                                                                                                                | LWD                                                  | 3                                                         |  |  |  |
|            | 68                | NERAL L            | PALTY                                           |                     |                                                                                                                                         |                                                  |                                                                                                                                                                                                             | EACH COOURRENCE                                      | 3                                                         |  |  |  |
|            | Н                 |                    | CNL GENERAL : AS                                |                     |                                                                                                                                         | 1                                                |                                                                                                                                                                                                             | FIRE DAMAGE (Any One Fire)                           | :                                                         |  |  |  |
|            | Н                 | مناهم              | ema                                             | cun                 |                                                                                                                                         | 1                                                |                                                                                                                                                                                                             | RED Ers (Null and Institut)                          | 3                                                         |  |  |  |
|            | Н                 |                    |                                                 | <u></u>             |                                                                                                                                         | 1                                                | }                                                                                                                                                                                                           | PERSONAL & ADVINGURY                                 | <u>*                                    </u>              |  |  |  |
|            | پيا               |                    | ATE UNIT APPLIES                                | ~                   |                                                                                                                                         |                                                  |                                                                                                                                                                                                             | GENERAL ADGREGATE                                    |                                                           |  |  |  |
|            | 3                 | POLICY             |                                                 | 76.PC               |                                                                                                                                         | ļ                                                |                                                                                                                                                                                                             | PRODUCTS - COMPIOP AGG                               | 3                                                         |  |  |  |
|            | 7                 |                    | UNSTLITY                                        | ~                   |                                                                                                                                         |                                                  |                                                                                                                                                                                                             | COMBRED BUIGLE LIMIT<br>Es accento                   | •                                                         |  |  |  |
|            |                   | 1                  | BOTUA CE<br>BOTUA DE                            |                     | •                                                                                                                                       |                                                  |                                                                                                                                                                                                             | BODILY INJURY<br>(Per person)                        | •                                                         |  |  |  |
|            |                   | MOHOW              | 60 W103                                         | j                   |                                                                                                                                         |                                                  |                                                                                                                                                                                                             | SCORLY BURY<br>(Per president)                       |                                                           |  |  |  |
|            | Ц                 |                    |                                                 |                     | · · · · · · · · · · · · · · · · · · ·                                                                                                   |                                                  |                                                                                                                                                                                                             | PROPERTY DAMAGE<br>(Per excidence)                   |                                                           |  |  |  |
|            | <b> </b>          | A405 UI            | LITY .                                          | - 1                 |                                                                                                                                         |                                                  |                                                                                                                                                                                                             | ALITO CHLY - EX ACCIDENT                             |                                                           |  |  |  |
|            | Н                 | ANY AU!            |                                                 |                     |                                                                                                                                         |                                                  |                                                                                                                                                                                                             | OTHER THAN EA ACC                                    | -                                                         |  |  |  |
| _          |                   | CEEDS LIA          | UTY                                             |                     |                                                                                                                                         | <del> </del>                                     |                                                                                                                                                                                                             | EACH COCURRENCE                                      | 5                                                         |  |  |  |
|            | $\Box$            | OCCUR              | CLAMB M                                         | NOE                 |                                                                                                                                         | 1                                                |                                                                                                                                                                                                             | ACCRECATE                                            | •                                                         |  |  |  |
|            |                   |                    |                                                 |                     |                                                                                                                                         |                                                  |                                                                                                                                                                                                             |                                                      | î                                                         |  |  |  |
|            |                   | DEPUCT             | 48                                              |                     |                                                                                                                                         |                                                  |                                                                                                                                                                                                             |                                                      | 6                                                         |  |  |  |
|            | Ш                 | RETENT             |                                                 | _                   |                                                                                                                                         |                                                  |                                                                                                                                                                                                             | V 1                                                  | 3                                                         |  |  |  |
|            | WC                | ACCUMENT           | DEPENSATION AND                                 | '                   | WC77779990401                                                                                                                           | 04/01/2007                                       | 34/01/2008                                                                                                                                                                                                  | X WC STATE OTH                                       | 1000000                                                   |  |  |  |
| A          |                   |                    |                                                 |                     |                                                                                                                                         |                                                  |                                                                                                                                                                                                             | EL BACH ACCIDENT                                     | 4 4 10 10 10 10 10 10 10 10 10 10 10 10 10                |  |  |  |
|            | l                 |                    |                                                 | - 1                 |                                                                                                                                         | }                                                |                                                                                                                                                                                                             | ELL DISEASE - BA BMPLOYER ELL DISEASE - POLICY LINET | 1000000                                                   |  |  |  |
|            | -                 | MER                |                                                 |                     |                                                                                                                                         | <del> </del>                                     | <del></del>                                                                                                                                                                                                 | EL MORNOZ-POLOF LIMIT                                |                                                           |  |  |  |
|            | H                 |                    | ł                                               | ļ                   |                                                                                                                                         | 1                                                | i                                                                                                                                                                                                           | LARITO                                               |                                                           |  |  |  |
|            | H                 |                    |                                                 |                     |                                                                                                                                         | 1                                                |                                                                                                                                                                                                             | LIMITS                                               | 8                                                         |  |  |  |
| l.<br>is i | Thi<br>not<br>loy | provi              | ificate rand<br>ded for any<br>AMS leased       | ins<br>empl<br>to i | ELEMENTAL WHOM ADDED BY SMOORBARE in effect, provided the cooyee for which the client ATITUDE 27 ROOFING CORP. THEE ROSTER.             | lient's accour                                   | it is in good<br>ing wages to                                                                                                                                                                               | standing with AMS<br>o AMS. Applies to               | Coverage                                                  |  |  |  |
| CE         |                   | ICATE              | HOLDER                                          | ADD                 | MONAL MOURID, RIGURDA LIETTRA                                                                                                           | CANCELLA                                         | non                                                                                                                                                                                                         |                                                      | _                                                         |  |  |  |
| Y          | 7110              | TACTE              |                                                 |                     |                                                                                                                                         | BROULD MY OF                                     | THE ABOVE PERCENTS                                                                                                                                                                                          | POLICIES DE CANCIELED DE                             | PORE THE EXPENSION                                        |  |  |  |
|            |                   |                    |                                                 |                     |                                                                                                                                         |                                                  |                                                                                                                                                                                                             | MILL SHOEAVOR TO HAL                                 | •                                                         |  |  |  |
|            | T                 | אס אנשכ            | JEWALLS POL                                     | NT                  |                                                                                                                                         | 1                                                |                                                                                                                                                                                                             | YAMBO TO THE LEFT, BUT FAI                           |                                                           |  |  |  |
|            |                   |                    | JEWALLS POT                                     |                     | OYD                                                                                                                                     |                                                  |                                                                                                                                                                                                             | IS ANY IGNO CHON THE MA                              | l.                                                        |  |  |  |
|            | Si                | EWALLS             | POINT, FL 3                                     | 1996                | ¥736                                                                                                                                    | SEPTEMBITATIV                                    | n                                                                                                                                                                                                           |                                                      |                                                           |  |  |  |
| AC         | 380               | 28-8 (             | 1697                                            |                     |                                                                                                                                         |                                                  |                                                                                                                                                                                                             | O ACORD DO                                           | RPORATION 1988                                            |  |  |  |



# **Martin County Building Department**

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

DESSEWFFY, RICHARD LATITUDE 27 ROOFING CORP 2865 SE PACE DR PS1, FL 34984

#### NOTICE TO ALL CONTRACTORS

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

#### PROHIBITED ACTIVITIES:

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

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

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



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

#### RIDOFING CONTRACTOR

License Number CRFG3686 Expires: 30-SEP-07

DESSEWFFY RICHARD

LATITUDE 27 ROOFING CORP

2886 SE PACE DR

PSL, FL 3498



#### TATE OF FLORIDA

EPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ONSTRUCTION INDUSTRY LICENSING BOARD 940 NORTH MONROE STREET ALLAHASSEE

(850) 487-1395

DESEMFFY, RICHARD
LATITUDE 27 ROOFING CORP
288 SE PACE DRIVE
PORT SAINT LUCIE FL FL 34984



AC# 333440! STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

RC29027112

08/10/07 060771572

REGISTERED ROOFING CONTRACTOR DESSEWFFY, RICHARD LATITUDE 27 ROOFING CORP (INDIVIDUAL MUST MEST ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch. 489 L07081000639 Empiration data: AUG 31, 2009

#### DETACH HERE

333440

#### STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#10708100083

BATCH NUMBER LICENSE NBR

08/10/2007 060771572 RC29027112

The ROOFING CONTRACTOR

Named below HAS REGISTERED

Under the provisions of Chapter 489 78.

Expiration date: AUG 31, 2009 (INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIDE TO CONTRACTING IN ANY AREA)

DESSEWFFY RICHARD LATITUSE 27 ROOFING CORP 2006 SE HACE DRIVE PORT SAINT LUCIE FL

برابد وزور

FL 34984

CHARLIE CRIST

HOLLY BENSON SECRETARY



## CITY OF PORT ST. LUCIE LOCAL BUSINESS TAX RECEIPT

TERM: October 1. 2007 to September 30.

This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax. Valid only when all state and local regulated trade licenses / competency cards are valid for the current fiscal year as required by law. THIS RECEIPT MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS

VALID AT THIS BUSINESS ADDRESS ONLY

Business Tax 120028 / 08-1024278

Fee:

121.55

Discount:

0.00

issued to: LATITUDE 27 ROOFING CORP 2886 SE PACE DRIVE

Business Address: 2888 SE PACE DRIVE

PORT ST LUCIE FL 34984

CONT CONTRACTOR

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

Hisports

Classification:

LOCAL BUSINESS TAX RECEIPT 121.55 Late Fees: 0.00 Total this payment :

CITY OF FORT ST. LUCIE

This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax and provided the necessary documentation (if required ) for this business. Valid only when all state and local regulated trade licenses / competency cards are valid for the current fiscal year as required by law.

> THIS RECEIPT MUST BE EXHIBITED COMPRESSION OF YOUR PLACE OF BUSINESS 30, 2008

Classification:

Issued to: THIS 18 ACREC MOTHER DAM PAID AND IS NOT REGULATORY IN NATURE 2886 SE PACE DRIVE

PORT ST LUCIE FL 34984

LOCAL BUSINESS TAX RECEIPT

CITY OF PORT STATUSIE ON A

Fees: 121.55 Late Fees: 0.00 Total this payment: 121.55

| FACILITIES (                                                   |                                                                                                                                                       | CAL BUSINESS TAX RECEIPT  C, ST. LUCIE COUNTY TAX COLLECTOR  0 EMPLOYEES  1 | ACCOUNT 1761-2003000<br>EXPIRES September 30 | -                  |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------|--------------------|
| BUSINESS<br>BUSINESS<br>NAME<br>DBA NAME<br>MAILING<br>ADDRESS | Richard Dessewffy DBA  Latitude 27 Roofing Corp Richard Dessewffy DBA Richard Dessewffy DBA Richard Dessewffy 2886 SE Pace Dr Port St Lucie, FL 34984 | COLLECTION OF SERVICE COUNTY 1905                                           | RENEWAL NEW RECEIPT TRANSFER- ORIGINAL TAX   | \$11.80            |
| BUSINESS<br>LOCATION                                           | 2886 SE Pace Dr<br>City of Pt St Lucie                                                                                                                | CIE CO                                                                      | ENALTY<br>COLLECTION COST                    | \$11.80<br>\$11.80 |

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.

STATE REO'D LIC NO: City Limits Only

Pursuant to State Law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning August 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 definquent and subject to a definquency 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.

P03000066354

07/17/2007 99-20070717-047724 11.80 Check

#### TOWN OF SEWALL'S POINT Building Department - Inspection Log Date of Inspection: Mon Wed Fri 2007 Page OWNER/ADDRESS/CONTR. VAN PROSCHOL MANL/DOEDEN INSPECTION TYPE RESULTS NOTES/COMMENTS: V045 8642 PLUM & ETEC. auna / BUILDER. ROUGH NE. Knavon INSPECTOR: OWNER/ADDRESS/CONTR RESULTS NOTES/COMMENTS PERMIT FAIL 8222 ums ONST) DEC LINA INSPECTOR: PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: Ilna I INSPECTOR OWNER/ADDRESS/CONTR PERMIT INSPECTION TYPE RESULTS NOTES/COMMENTS Shedding 4 INSPECTOR: OWNER/ADDRESS/CONTR. INSPECTION TYPE NOTES/COMMENTS: INSPECTOR INSPECTION TYPE NOTES/COMMENTS: PERMIT OWNER/ADDRESS/CONTR. RESULTS INSPECTOR: NOTES/COMMENTS: PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS R INSPECTOR: COMPACTION agom planti wa:30



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

# **CORRECTION NOTICE**

| ADDRESS:                        | 18                      | PALM                  | RO.                                                                     |
|---------------------------------|-------------------------|-----------------------|-------------------------------------------------------------------------|
| I have this d                   | ay inspec<br>g violatio | eted this structure a | and these premises and have found<br>bunty, and/or State laws governing |
| NOT                             | PE                      | ANUNG                 | ISSING EDGE                                                             |
|                                 | 'S, N                   | REIN.                 | SYECT FEE                                                               |
|                                 |                         |                       | #45/10/107                                                              |
|                                 |                         |                       | Cash                                                                    |
| until the abo<br>call for an in | ve violatio             |                       | Il be concealed upon these premises<br>When corrections have been made, |
| DATE:                           | 10/1                    |                       | INSPECTOR                                                               |

DO NOT REMOVE THIS TAG

Building Department - Inspection Log

|         | spection: Mon | Wed        | Fri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0-01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , 200 <b>7</b>                        | Page of         |
|---------|---------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------|
| ERMIT   | OWNER/ADDRESS | CONTR.     | INSPECTION 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS                               | NOTES/COMMENTS: |
| 801     | Cummuin       | Q\\        | GOD PON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | NEXHEDULE       |
| 1       | 85 S/w        | who        | Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | . Ays:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | rusement                              | PASS            |
|         | EliasMo       |            | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | INSPECTOR:      |
| ERMIT   | OWNER/ADDRESS | S)CONTR.   | INSPECTION '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RESULTS                               | NOTES/COMMENTS: |
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| <u></u> | Latitud       | <u>u27</u> | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L.                                    | INSPECTOR:      |
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| PERMIT  | OWNER/ADDRES  | S/CONTR.   | INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RESULTS                               | NOTES/COMMENTS: |
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| PERMIT  | OWNER/ADDRES  | SS/CONTR.  | INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TYPE"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RESULTS                               | NOTES/COMMENTS: |
|         |               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and the same of the same of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |
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| PERMIT  | OWNER/ADDRE   | SS/CONTR.  | INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RESULTS                               | NOTES/COMMENTS: |
|         | ·             |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |
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| ļ       |               |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |
| OTHER   | :             |            | ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |
| OTHER   | :             |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |

Building Department - Inspection Log

Date of Inspection: Mon Fri 10-2\_\_\_, 2007 Page of

|        | Special: Block       |                 | _, 200 / | 1 age           |
|--------|----------------------|-----------------|----------|-----------------|
| ERMIT  | OWNER/ADDRESS/CONTR. | INSPECTION TYPE |          | NOTES/COMMENTS: |
| 535    | Stark                | poteel concrete | Pass !   |                 |
| m      | 875 River Pd         | wall-radiu      | ouder.   |                 |
| 11.,   | mil                  | (see letter) un | uplano   | INSPECTOR:      |
| ERMIT  | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS  | NOTES/COMMENTS: |
| 589    | Hardin               | tunt pouch      | ()       |                 |
|        | 275 liver ld         | te beam         | (XV.     | <u> </u>        |
|        | Station              |                 |          | INSPECTOR:      |
| ERMIT  | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS  | NOTES/COMMENTS: |
| 3720   | Wych                 | dry-in          | 7 5      | -C174KX-A/C-    |
|        | 18 talm Rd           | 0               | 1883     | - Fremmit       |
|        | Latitude 27          | Jee 12845       |          | INSPECTOR:      |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS  | NOTES/COMMENTS: |
|        | ·                    |                 |          |                 |
|        |                      |                 |          |                 |
|        | ·                    |                 |          | INSPECTOR:      |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS  | NOTES/COMMENTS: |
|        |                      |                 |          |                 |
|        |                      |                 |          |                 |
|        |                      |                 |          | INSPECTOR:      |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS  | NOTES/COMMENTS: |
|        |                      |                 |          |                 |
|        |                      |                 |          |                 |
|        |                      |                 |          | INSPECTOR:      |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS  | NOTES/COMMENTS: |
|        |                      |                 |          | ·               |
|        |                      |                 |          |                 |
|        |                      |                 |          | INSPECTOR:      |
| OTHER  |                      |                 |          |                 |
|        |                      |                 |          |                 |
|        |                      |                 |          |                 |
|        |                      |                 |          |                 |



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

## **CORRECTION NOTICE**

| ADDRESS:                                              | 18         | PALM            | RD            |                                        |                   |
|-------------------------------------------------------|------------|-----------------|---------------|----------------------------------------|-------------------|
| the following same.                                   | violations | s of the City,  |               | premises and have<br>for State laws go |                   |
| FINAL                                                 | poor       | <i></i>         |               |                                        |                   |
| FLAT                                                  | PECK       | CAP.            | SHEET         | - HAS                                  |                   |
| SEVER                                                 | AL'        | FISH "          | moun          | 450                                    |                   |
| LAPS                                                  | £.         | AT DE           | ip en         | GE,                                    |                   |
|                                                       | _          | ESHION          |               |                                        |                   |
| PRI                                                   | PE         | DbE.            |               |                                        |                   |
|                                                       |            |                 |               |                                        |                   |
|                                                       |            |                 |               |                                        |                   |
| ,                                                     |            |                 |               |                                        |                   |
|                                                       |            |                 |               |                                        | <del></del>       |
| You are hereby<br>until the above<br>call for an insp | violation  | that no work sl | nall be conce | ealed upon these prections have bee    | emises<br>n made, |
| 7                                                     | •          | •               |               | INSPECTOR                              |                   |

DO NOT REMOVE THIS TAG

Building Department - Inspection Log

| Date of Ir | aspection: Mon Wed   | Fri 10-0                                | _, 200 <b>7</b> | Page of         |
|------------|----------------------|-----------------------------------------|-----------------|-----------------|
| PERMIT     | OWNER/ADDRESS/CONTR. |                                         |                 | NOTES/COMMENTS: |
|            |                      |                                         | 4/1/0           | Str. de         |
|            | 18 Relm Rd           | - 0.0                                   |                 |                 |
|            | Lotitule 27          |                                         |                 | INSPECTOR:      |
| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE                         | RESULTS         | NOTES/COMMENTS: |
| 8718       | Busha                | haming                                  | PASS            |                 |
| m 1951     | 10 Palm Ct           | 0                                       |                 | 011/            |
| 1 1/1/1    | OB                   |                                         |                 | INSPECTOR:      |
| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE                         | RESULTS         | NOTES/COMMENTS: |
| 7371       | O'Conno'O            | Final                                   | PHS             | CLOSE           |
|            | 14 Emarita Nay       | selfeletor                              |                 |                 |
| 5          | Tutte food           | papers -                                |                 | INSPECTOR       |
| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE                         | RESULTS         | NOTES/COMMENTS: |
| 8716       | Werb -               | Tinal-                                  | PHS             | (102E           |
|            | 2 Staucie Ct         |                                         |                 |                 |
| 6          | T.C Tence            |                                         |                 | INSPECTOR       |
| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE                         | RESULTS         | NOTES/COMMENTS: |
| 6987       | Desantis.            | Tenal dock                              | 1455            | CUSE /          |
|            | 735 Kiver Ed         |                                         |                 |                 |
| 3          | 0/3                  |                                         |                 | INSPECTOR       |
| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE                         | RESULTS         | NOTES/COMMENTS: |
| 7631       | Secontió             | tenal-                                  | PA55            | Clost,          |
| 1          | 735 leverts          | Cobblestone                             |                 |                 |
| 14         | us suige             | driveway                                |                 | INSPECTOR:      |
| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE                         | RESULTS         | NOTES/COMMENTS: |
| ļ          |                      |                                         |                 |                 |
|            |                      |                                         |                 |                 |
| <u>L</u>   |                      |                                         |                 | INSPECTOR:      |
| OTHER:     | 1                    |                                         |                 |                 |
|            | 107 HENRY SO         | WHIL                                    |                 |                 |
|            |                      | *************************************** |                 |                 |

Building Department - Inspection Log

| Date of In  | spection: Mon Wed    | □Fri 10-10              | _, 200 <b>7</b> | Page_         | of A         |
|-------------|----------------------|-------------------------|-----------------|---------------|--------------|
| PERMIT      | OWNER/ADDRESS/CONTR. | INSPECTION TYPE         | RESULTS         | NOTES/CO      | MMENTS:      |
| 6179        | Larsen               | Tinal_                  | PASS            | Ca            | ose -        |
| 9           | 11 Kantana La        |                         |                 |               | $\sim$       |
| PERMIT      | OWNER/ADDRESS/CONTR. | INSPECTION TYPE         | RESULTS         | INSPECTOR     |              |
|             | NA N                 | 1. A A.                 | NV/-/           | NOTES/CO      |              |
| 8690        | 14 CC                | -Knon-making            | PHOS            | Cu            | 188          |
| 7           | 165 Sevullo          |                         |                 |               |              |
| <i> </i>    | Duffwood             | LIVE DE COMICA I COMICA |                 | INSPECTOR     |              |
| PERMIT      | OWNER/NODRESS/CONTR. | INSPECTION TYPE         | RESULTS         | NOTES/CO      | MMENIS:      |
| 200         | Morales              | that-duk                | 1000            |               | 76           |
| 1.          | 10 N Rugerin         | ,                       | PHS             | Ch            | 0501/        |
| 4           | Driftwood            |                         |                 | INSPECTO      |              |
| PERMIT      | OWNER ADDRESS/CONTR. | INSPECTION TYPE         | RESULTS         | NOTES/CO      |              |
| 0245        | water .              | dry                     | FAIL            | WILL          | RECHERY      |
| F           | 200 Killeyween       | )                       |                 |               | $\sim$       |
| 5           | Stive Conway         |                         | <del> </del>    | INSPECTO      |              |
| PERMIT      | OWNER/ADDRESS/CONTR  | INSPECTION TYPE         | RESULTS         | NOTES/CO      | OMMENTS:     |
| 8595        | 171-2-12-27          | tinal                   | PASS            | $\mathcal{O}$ | OSE          |
| 1 a         | 100 N. Sewalls F     | Ł                       |                 |               | 0.4          |
|             | luggist sons         |                         |                 | INSPECTO      |              |
| PERMIT      | OWNER ADDRESS/CONTR. | INSPECTION TYPE         | RESULTS         | NOTES/CO      | OMMENTS:     |
| [180]       | Cimmung_             | Insulation              | PHI             | 7             | <del></del>  |
|             | 835 River Rd         | talment                 | <u> </u>        |               | $-\Delta A/$ |
| 6           | Elias Man            | <del>d</del>            |                 | INSPECTO      |              |
| PERMIT      | OWNER/ADDRESS/CONTR. | INSPECTION TYPE         | RESULTS         | NOTES/C       | OMMENTS:     |
| SAME SE     | ) Williams           | - Lenal Wolf            | 1 gray          | 2             | 1080-1       |
|             | 18 ralm Cd           |                         |                 |               | $\sim M/$    |
|             | Katitude 27          |                         |                 | INSPECTO      | (R: )        |
| OTHER       |                      |                         |                 |               |              |
| -           |                      |                         |                 |               |              |
| <del></del> |                      |                         |                 |               |              |

**Building Department - Inspection Log** Wed Date of Inspection: Mon Fri 2007 OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: MAURICE 349-0727 INSPECTOR NOTES/COMMENTS: RESULTS INSPECTOR: OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: PERMIT OWNER/ADDRESS/CONTR. NOTES/COMMENTS: INSPECTOR: PERMIT NOTES/COMMENTS: OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS INSPECTOR: PERMIT NOTES/COMMENTS: OWNER/ADDRESS/CONTR. INSPECTOR: PERMIT OWNER/ADDRESS/CONTR. **INSPECTION TYPE** RESULTS NOTES/COMMENTS: INSPECTOR: OTHER:

# PATIO COVER 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

|                                                                                                                                                                                                                                        |                                                                                                                                                             | JN 13 KEQUINED FO                                                                                                            |                                                                                                        |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| PERMIT NUMBER: 8                                                                                                                                                                                                                       | 8751                                                                                                                                                        | DATE ISSUED:                                                                                                                 | OCTOBER 26, 200                                                                                        | 07                                                                                              |
| SCOPE OF WORK: P                                                                                                                                                                                                                       | PATIO COVER REPAIR                                                                                                                                          |                                                                                                                              |                                                                                                        |                                                                                                 |
| CONDITIONS:                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                                                                              |                                                                                                        | •                                                                                               |
| CONTRACTOR:                                                                                                                                                                                                                            | CHARLES LAW CONSTR                                                                                                                                          | RUCTION                                                                                                                      |                                                                                                        |                                                                                                 |
| PARCEL CONTROL NU                                                                                                                                                                                                                      | UMBER: 133841005                                                                                                                                            | 5000000805                                                                                                                   | SUBDIVISION                                                                                            | PALM ROW-LOT 8                                                                                  |
| CONSTRUCTION ADD                                                                                                                                                                                                                       | ORESS: 18 PALM R                                                                                                                                            | RD :                                                                                                                         |                                                                                                        |                                                                                                 |
| OWNER NAME:   ARCI                                                                                                                                                                                                                     | Н                                                                                                                                                           |                                                                                                                              |                                                                                                        |                                                                                                 |
| QUALIFIER: CHAP                                                                                                                                                                                                                        | RLES LAW                                                                                                                                                    | CONTACT PHO                                                                                                                  | NE NUMBER:                                                                                             | 219-0770                                                                                        |
| PAYING TWICE FOR IMP WITH YOUR LENDER OR CERTIFIED COPY OF THE DEPARTMENT PRIOR TO NOTICE: IN ADDITION TO APPLICABLE TO THIS PRO ADDITIONAL PERMITS RE DISTRICTS, STATE AGENCE 24 HOUR NOTICE REQUIR CALL 287-2455 - 8:00A             | R AN ATTORNEY BEFORE RECORDED NOTICE O THE FIRST REQUES O THE REQUIREMENTS OPERTY THAT MAY BE FEQUIRED FROM OTHER CIES, OR FEDERAL AGEN RED FOR INSPECTIONS | DRE RECORDING YOUR E OF COMMENCEMENT. TED INSPECTION. OF THIS PERMIT, THERE OUND IN PUBLIC RECORD GOVERNMENTAL ENTITY NCIES. | MOTICE OF COMINUST BE SUBMIT  MAY BE ADDITION DS OF THIS COUNT TIES SUCH AS WATE                       | TTED TO THE BUILDING  NAL RESTRICTIONS TY, AND THERE MAY BE OR MANAGEMENT  BE AVAILABLE ON SITE |
| UNDERGROUND PLUMBING UNDERGROUND MECHANICAL STEM-WALL FOOTING SLAB ROOF SHEATHING TIE DOWN /TRUSS ENG WINDOW/DOOR BUCKS ROOF DRY-IN/METAL PLUMBING ROUGH-IN FRAMING FINAL PLUMBING FINAL MECHANICAL FINAL ROOF  ALL RE-INSPECTION FEES | S AND ADDITIONAL INS                                                                                                                                        | FOOTING TIE BEAM/O WALL SHEA INSULATIO LATH ROOF TILE I ELECTRICAL GAS ROUGI METER FIN. FINAL ELEC FINAL GAS BUILDING F      | DUND GAS DUND ELECTRICAL  COLUMNS ATHING IN-PROGRESS L ROUGH-IN H-IN AL TRICAL FINAL  LL BE CHARGED TO | THE PERMIT HOLDER. TO RECEIVE A SUCCESSFUL                                                      |

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.

#### NOTICE OF COMMENCEMENT TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 TAX FOLIO #: 2046842 COUNTY OF \_\_\_ THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN ACCORDANCE WITH CHAPTER 713, FLORIDA STATUTES, THE FOLLOWING INFORMATION PROVIDED IN THIS NOTICE OF COMMENCEMENT. SR. -38 - 41-005-000-00080-PK 021 COUNTY LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): Revised + Amende 3" Insulat GENERAL DESCRIPTION OF IMPROVEMENT: JUSCOL. OWNER NAME: Palm Risad 5,010,011.S PHONE NUMBER: 9.19 - 1073 - 10105 FAX NUMBER: INTEREST IN PROPERTY: \_ NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): CONTRACTOR: ADDRESS: PHONE NUMBER: \_ 772-1031-41 FAX NUMBER: SURETY COMPANY (IF ANY): ADDRESS: PHONE NUMBER: FAX NUMBER: BOND AMOUNT: \_ LENDER/MORTGAGE COMPANY: ADDRESS: PHONE NUMBER: FAX NUMBER: PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (a) 7., FLORIDA STATUTES: ADDRESS: FAX NUMBER: PHONE NUMBER: IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUES. FAX NUMBER: PHONE NUMBER: EXPIRATION DATE OF NOTICE OF COMMENCEMENT: (THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DAT) WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AND COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 715-15, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A PROPERTY OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE FIRST OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE FIRST ON THE POSTED ON THE POSTED ON THE PO SPECIFIED). PAGES IS A TRUE OF THE ORIGINAL BEFORE COMMENCING WORK OR REPORDING YOUR NOTICE OF COMMENCEMENT. SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER POPEGOING SIGNATORY'S TITLE/OFFICE THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED REFORE ME THIS

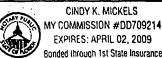
NAME OF PERSON TYPE OF AUTHORITY ENAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN VOR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED

PERMIT #:

STATE OF

NAME:



| RECEIVED                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE: 10-23-07 TOWN OF SEWALL'S POINT TOWN OF SEWALL'S POINT                                                                                                                                                                                     |
| Date: 10 /15/07 BUILDING PERMIT APPLICATION Permit Number:                                                                                                                                                                                       |
| OWNERITITLEHOLDER NAME: Joes Ph ARCH Phone (Day) 919-673-6657 (Fax) 919-859-1098                                                                                                                                                                 |
| Job Site Address: 18 PALM ROAD . City: Sewalls Point State: FL zip: 34996                                                                                                                                                                        |
| Legal Desc. Property (Subd/Lov/Block) Palm Row Rpvised + Amended Parcel Number: 13-38-41-005-000-00080-5                                                                                                                                         |
| Owner Address (if different): 2316 Oxford Rd. NC 27608 City: Raleigh State: NC Zip: 27608                                                                                                                                                        |
| scope of work: 3" Insulated Roof (FREE Standing Patrio Roof) attached to House                                                                                                                                                                   |
| WILL OWNER BE THE CONTRACTOR? COST AND VALUES: (Required on ALL permit applications)                                                                                                                                                             |
| (If yes, Owner Builder questionnalie must accompany application)  Estimated Value of Improvements: \$ 4662.00  (Notice of Commencement required When over \$2500 poor to first inspection)                                                       |
| FOR ADDITIONS AND REMODELS IN FLOOD HAZARD AREAS ONLY:                                                                                                                                                                                           |
| Has a Zoning Variance ever been granted on this property? SUBJECT PROPERTY IS LOCATED IN FLOOD ZONE: Y A8 X YES (YEAR) NO Estimated Fair Market Value prior to improvement S                                                                     |
| (Must include a copy of all variance approvals with application). (Fair Market Value of the Primary Structure only Minus the land value)  RRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION                                           |
| CONTRACTOR/Company Charles Law Construction Phone 219-0770 Pax: 781-3824                                                                                                                                                                         |
|                                                                                                                                                                                                                                                  |
| Street 8942 SW Banneville Rd city Stuat State FC Zip 3499)                                                                                                                                                                                       |
| State Registration Number: CGCO 47 134_State Certification Number: Municipality License Number:                                                                                                                                                  |
| ARCHITECT Lic# Phone Number.                                                                                                                                                                                                                     |
| Street City State Zip:  ENGINEER Roboth Monosour PE Lic# AAF Phone Number: 305-822-3141                                                                                                                                                          |
| Street 2100 W. 76th Street Ste. 311 City Haleah State FL Zip 33016                                                                                                                                                                               |
| AREA SQ. FOOTAGE (W SEWER & ELECTRIC): Living: Garage: / Covered Patios: Screened Porch:                                                                                                                                                         |
| Cerport Total Under Roof 200 Sq. FF Wood Deck: Accesson Building                                                                                                                                                                                 |
| CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural; Mechanical, Plumbing, Gas): 2004 (W/2008 Rev.)                                                                                                                |
| National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004                                                                                                                                 |
| NOTICES TO OWNERS AND CONTRACTORS:  1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.                                                                                        |
| WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.  2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR                          |
| PROHIBIT: THE WORK APPLIED FOR IN YOUR BUILDING PERMITTIT IS:TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC.     |
| RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALUS POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTIFIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES:                                    |
| 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.                           |
| THIS PERMIT WILL BECOME NULL AND YOUD IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR                                                                                                                                 |
| WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED, ADDITIONAL FEES WILL BE ASSESSED ON ALL NUCL AND VOID PERMITS: REF. FBC 2004 W/ 2006 REVISIONS BECT: 105.4:1, 105.4:1, 105.4:1, 105.4:1.1:-55   |
| I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY<br>KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.                  |
| *****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS******                                                                                                                                                                                |
| OWNER OF AUTHORIZED AGENT SIGNATURE (required)                                                                                                                                                                                                   |
| State of Florida, County of:On State of Florida, County of:                                                                                                                                                                                      |
| This the 22 day of October 2007 This the 22 day of October 2007                                                                                                                                                                                  |
| by Joseph Arch who is personally by Charles Law who is personally known to me or produced Dersonally Known                                                                                                                                       |
| as identification.  As identification.                                                                                                                                                                                                           |
| Notary Public Notary Public                                                                                                                                                                                                                      |
| My Commission Expires: April 2, 2009                                                                                                                                                                                                             |
| 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 PROMPTLYI  CINDYK, MICKELS |
| MY COMMISSION #DD709214                                                                                                                                                                                                                          |
| Bonded through 1st State Insurance  ALITHOR Rended through 1st State Insurance  ALITHOR Rended through 1st State Insurance                                                                                                                       |

MY COMMISSION #DD709214 EXPIRES: APRIL 02, 2009 b Z8E T84744 Bonded through 1st State Insurance



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

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

## **Summary**

0

## Parcel Info Summary

Land Residential

Improvement Commercial

Image

Sales & Transfers
Assessments →

Taxes →

Exemptions → Parcel Map →

Full Legal →

# Search By

Parcel ID

Owner

Address
Account #
Use Code

Legal Description

Neighborhood

Sales Map → Parcel ID Unit Address

13-38-41-005-000-00080-5 18 PALM RD SerialIndex ID Order

**Commercial Residential** 

27813Owner

r

1

#### Summary

**Property Location 18 PALM RD** 

**Tax District** 

2200 Sewall's Point 27813

Account # Land Use

101 0100 Single Family

Neighborhood Acres 120400 0.344

Legal Description Property Information

PALM ROW REVISED & AMENDED

LOT 8

Owner Information Owner Information

ARCH, JOSEPH R & STACY A

Mail Information 2316 OXFORD RD RALEIGH NC 27608

Assessment Info

Market Land Value \$290,000 Market Impr Value \$239,660 Market Total Value \$529,660

# Site Functions Property Search

Contact Us On-Line Help County Home Site Home County Login **Recent Sale** 

**Sale Amount \$205,000** 

**Sale Date** 2/19/1999 **Book/Page** 1372 2667

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

Legal disclaimer / Privacy Statement

Data updated on 10/17/2007



PAGE 02/02

(2) 0.03 Oate: 6/25/2007 10:04 AM Page: 5 or

|                                           |                  |                                | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del></del>                                                                                                           | <del>~~</del>                                                                                                                                                                                              |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
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|                                           | AC               | ORD                            | CERTIFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CATE OF LIABILIT                                                                                                      | TY INSU                                                                                                                                                                                                    | RANCE                 | OP TO LC<br>LANCO~1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 06/25/07            |
| AR<br>K2<br>52                            | NN 1             | insu<br>10 <b>RBE</b> :<br>Lan | TANA RO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | 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 |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HCATE<br>TEND OR    |
|                                           |                  |                                | 33462-1625<br>582-4101 Fax:5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 61-586-8061                                                                                                           | INSURERS AFFORDING COVERAGE                                                                                                                                                                                |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAIC #              |
| INSL                                      | REO              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       | INSURER A                                                                                                                                                                                                  | FAA. HUNGHORS COMPROS | FACTOR J b a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |
|                                           |                  | CH                             | RLES LAW CONSTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RUCTION, INC.                                                                                                         | INSURER C:                                                                                                                                                                                                 | 6PD-COSTINGSE: 184    | HAAMIS STOUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |
|                                           |                  |                                | HARLES LAW CONS<br>RLES LAW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STRUCTION II                                                                                                          | INSCURED C                                                                                                                                                                                                 |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|                                           |                  | ₽.0                            | BOX 7753                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | NEURER U:                                                                                                                                                                                                  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|                                           |                  | ~~                             | THE 11 33460                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                       | INSURFA E.                                                                                                                                                                                                 |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
| CO                                        | VERA             | GE3                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                            |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
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|                                           |                  | •3€€€                          | ATE I IMITS SHOWN MAY HAVE E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SEEN REDUCEO BY PAID OLAIME.                                                                                          | onnev besternoe                                                                                                                                                                                            | TENT IN LEVEL STATE   | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |
| LTR.                                      | PISKU            |                                | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | POLICY NUMBER                                                                                                         | DATE (MIMODITY)                                                                                                                                                                                            | DATE (MIMODATY)       | LRUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                   |
| _                                         |                  | <del></del> -                  | LABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | 48 / 4 / 4 / 5                                                                                                                                                                                             | 0.7.5.45              | BACH OCCURRENCE THANKER TO RETITED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$1,000,000         |
| B                                         | i l              | A COM                          | MERCIAL GENERAL LINEURITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 04G1000666523                                                                                                         | 03/11/07                                                                                                                                                                                                   | 03/11/08              | PREMISEE (E. occurence)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1700,000            |
|                                           |                  | لــنل ــ                       | CLAIME MADE X OCCUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                                                                                                                     |                                                                                                                                                                                                            |                       | MED EXP (Any one person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ COD COD          |
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|                                           | {                |                                | STROATE LIMIT APPLIES PER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                                                                                                                     |                                                                                                                                                                                                            | !                     | STATION ANSWED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | £2,000,000          |
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|                                           |                  |                                | C ANED VITOR<br>D VITOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       |                                                                                                                                                                                                            |                       | (Set Months)<br>PODE'A RATIONA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
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|                                           | L                | CARACE                         | LULLITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       | •                                                                                                                                                                                                          |                       | ALITO CILLY - EA ACCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3                   |
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|                                           | 1                | EXCESS/                        | MBRSUL LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del>                                     </del>                                                                      |                                                                                                                                                                                                            |                       | EACH DECURFENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8                   |
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|                                           | r                |                                | 2 NOTEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       |                                                                                                                                                                                                            |                       | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>.</u> . ,        |
| _                                         | Ware             | ESS COM                        | PENSATION AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       |                                                                                                                                                                                                            |                       | ANG ZUXTON I CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |
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|                                           |                  |                                | SILYHUNGAEVECTURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | HIGH SE XXXVIII BY SHEAVA                                                                                             |                                                                                                                                                                                                            |                       | EL DIZEASC - CA EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
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| ER                                        | TIPICA           | ATE HO                         | LOER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       | CANCELLATIO                                                                                                                                                                                                | ON .                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
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| TOWN OF SEWALL'S POINT BUIDING DEPARTMENT |                  |                                | NOTICE TO THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CERTETICATE HOLDER                                                                                                    | NAMES TO THE LEST, SUT FAR.                                                                                                                                                                                | URE TO DO TO SHAUL    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |
|                                           | (                | ONE S.                         | SEWALL'S POINT RO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DAD                                                                                                                   | Į.                                                                                                                                                                                                         |                       | OF ANY KIND UPON THE INSURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |
|                                           |                  | EWAL                           | LS POINT, FLORIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A 34996                                                                                                               | REPRESENTATIV                                                                                                                                                                                              |                       | the second of the bear and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the |                     |
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| PROBLEGR                                                | ASSOCIATES ING                                                    |                                                                                                                             | THIS CERT                                                               | MFICATE 18 188<br>D CONFERS N                                               | UED AS A MATTER OF HIGHTS UPON THE ATE COES NOT AMERICATE PORDED BY THE POLICE                                                               | E CERTIFICATE        |
| 525 W LAN                                               |                                                                   |                                                                                                                             | ALTER THE                                                               | COVERAGE AF                                                                 | PORDED BY THE POLIC                                                                                                                          | IES BELOW.           |
| LANTANA                                                 |                                                                   | FL 33462                                                                                                                    | COMPANY                                                                 | COMPANIES A                                                                 | FFORDING COVERAGE                                                                                                                            |                      |
| 26770                                                   |                                                                   |                                                                                                                             |                                                                         | DA W.C. JUA                                                                 | ·                                                                                                                                            |                      |
| MUNEO                                                   |                                                                   |                                                                                                                             | COMPANY                                                                 |                                                                             |                                                                                                                                              |                      |
| CHARL                                                   | ES LAW CONSTRUCT                                                  | ION, INC                                                                                                                    | 9                                                                       |                                                                             |                                                                                                                                              |                      |
| II POR                                                  | x 7793                                                            |                                                                                                                             | COMPART                                                                 |                                                                             |                                                                                                                                              |                      |
| ,                                                       | P FL 33468                                                        |                                                                                                                             | COMPANY                                                                 | ,                                                                           |                                                                                                                                              |                      |
|                                                         | ı                                                                 |                                                                                                                             | D                                                                       |                                                                             |                                                                                                                                              |                      |
| THIS IS TO C<br>INDICATED,<br>CENTIFICATE<br>EXCLUSIONS | ertify that the polk<br>cotvithstanding any<br>way be issued or m | CHES OF INSURANCE LISTED BELOW REQUIREMENT, TERM OR CONOITS AY PERTAIN, THE INSURANCE AFFO CH POLICIES, LIMITS SHOWM MAY HA | HAVE BEEN ISSUE<br>ON OF ANY CONT<br>SEPEN BY THE PO<br>VE BEEN REDUCE! | ED TO THE INSURI<br>RACT OR OTHER I<br>LICIES DESCRIBED<br>DBY PAID CLAIMS. | ED NAMED ABOVE FOR THE<br>OCCUMENT WITH RESPECT<br>OF HEREIN ES BUBLECT TO                                                                   | E POLICY PERIOD      |
| ATR TWE                                                 | e of member                                                       | Pottoy gringer                                                                                                              | DATE (NEW DUTY)                                                         | POLICY EXPRINTEDS DATE (************************************                | UART                                                                                                                                         | <del>3</del>         |
| GENERAL LE                                              | BILITY                                                            |                                                                                                                             |                                                                         |                                                                             | GENERAL AGGREDATE                                                                                                                            | 3                    |
| COMM                                                    | BUCKET GENERAT FIVERILLA                                          |                                                                                                                             |                                                                         |                                                                             | FROOLETS-COMPION AGG.                                                                                                                        | s                    |
|                                                         | LAIMS MADE OCCUR.                                                 |                                                                                                                             |                                                                         | •                                                                           | PERSONAL B ADY INJURY                                                                                                                        | 18                   |
| CMME                                                    | '8 & CONTRACTOR'S PROT.                                           |                                                                                                                             |                                                                         |                                                                             | FIRE DAMAGE (Any one flor)                                                                                                                   | 5                    |
| !                                                       |                                                                   |                                                                                                                             | )                                                                       | 5                                                                           | MSD. BORNEE Any and pored                                                                                                                    | 5                    |
| ANY ANA                                                 | · ·                                                               |                                                                                                                             |                                                                         |                                                                             | COMPRED SINGLE                                                                                                                               | 3                    |
| ALL OW                                                  | NED ALTOG                                                         |                                                                                                                             |                                                                         |                                                                             | BICOILY INDURY (Por Paracit)                                                                                                                 | ¢ .                  |
| HIRED A                                                 | LED AVIDS                                                         |                                                                                                                             | 1                                                                       | }                                                                           | ·                                                                                                                                            | <del></del>          |
| 1 - 1                                                   | MED AUTOB .                                                       |                                                                                                                             |                                                                         |                                                                             | (Per Accident)                                                                                                                               | <b>€</b>             |
|                                                         |                                                                   |                                                                                                                             |                                                                         |                                                                             | PROPERTY DAMAGE                                                                                                                              | 6                    |
| CONTACT MAN                                             | eurr .                                                            |                                                                                                                             |                                                                         | !                                                                           | AUTO ONLY - SA ACOIDBUT                                                                                                                      | 6                    |
| AM AU                                                   | ro '                                                              |                                                                                                                             | }                                                                       | •                                                                           | OTHER THAN AUTO ONLY:                                                                                                                        |                      |
|                                                         |                                                                   |                                                                                                                             |                                                                         |                                                                             | AGGERGATE.                                                                                                                                   | S                    |
| SICESS LIAB                                             | บาง                                                               |                                                                                                                             | <del> </del>                                                            |                                                                             | EACH DOCUMENCE                                                                                                                               | s                    |
| <u> </u>                                                | LA PORM                                                           |                                                                                                                             | }                                                                       |                                                                             | AGIGREGATE                                                                                                                                   | 3_                   |
|                                                         | HAN WHERELLA FORM                                                 |                                                                                                                             |                                                                         |                                                                             |                                                                                                                                              |                      |
| A SHIPLOYOP'S                                           | OMPENSATION AND                                                   | (UB-4214816-2-07)                                                                                                           | 08-12-07                                                                | 06-12-08                                                                    | STATUTORY UNITE                                                                                                                              | HAC                  |
| THE PROPRE                                              | TOPU [***                                                         | MINIMUM PREMIUM POLICY                                                                                                      |                                                                         |                                                                             | EACH ACCIDENT                                                                                                                                | 200,000              |
| PARTMERS/EX<br>OFFICERS AR                              | BOUTIVE X NOT                                                     |                                                                                                                             |                                                                         |                                                                             | DISEASE POLICY LIMIT                                                                                                                         | 500,000<br>6 100 000 |
| OTHER                                                   |                                                                   | PHICLES/RESTRICTIONS/SPECIAL (TERIS                                                                                         |                                                                         |                                                                             |                                                                                                                                              | [6 100,00¢           |
| TMIS RE                                                 | PLACES ANY PRIOR                                                  | CERTIFICATE ISSUED TO TH                                                                                                    | E CERTIFICATE                                                           | E HOLOER AFFE                                                               | <u>cting warkers</u> con                                                                                                                     | COVERAGE.            |
| TOW<br>ONE<br>SEW                                       | HCL. THE WAY                                                      | INT BUIDING DEPARTMENT<br>ROAD                                                                                              | SHOULD ANY<br>EXPLINATION<br>10 DAYS<br>LET, BUT FAI<br>LIMBILITY OF A  | OF THE ADOMS SEE<br>DATE THEREOF, TO<br>WHAT THE HO<br>TURNE YO HAN, SUE    | CRUDED POLICIED BE CANCE<br>IN ESSUMO COMPANY VILL<br>INC. TO THE CENTRICATE HOR<br>IN MOTICE WALL IMPOSE IN<br>CHEFFURY, ITS AGENTS ON REPR | CONDUCTION OF        |
| acontess;                                               | The second second                                                 |                                                                                                                             |                                                                         |                                                                             | (0,0000.00                                                                                                                                   | POR TIGHT            |

#### SIAIL UF FLURIDA



#### department of business and professional regulation

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

(850) 487-1395

LAW, CHARLES FRANCIS CHARLES LAW CONSTRUCTION INC II P O BOX 7753 JUPITER FL 33468



STATE OF FLORIDA AC# 269278 DEPARTMENT OF EUSINESS AND PROPESSIONAL REGULATION

CGC047434

-08/02/06-050854244

CERTIFIED GENERAL CONTRACTOR CHARLES LAW CONSTRUCTION INC. IT

18 CERTIFIED mider the provinces of chi489 ps. Equation 0400 AUG 31, 2008 106080201291

#### DETACH HERE

# STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#106080201290

BATCH NUMBER LICENSE NBR

08/02/2006 050854244 CGC047434

The GENERAL CONTRACTOR Named below IS CERTIFIED

Under the provisions of Chapter 489 FS Expiration date: AUG 31, 2008

CHARLES FRANCIS

CHARLES LAW CONSTRUCTION INC II 506 KANNADU PL JUPITER FL 33477

JEB BUSH GOVERNOR PAGE 02/03

NISPLAY AS RECHIRED BY HAW

SIMONE MARSTILLER SECRETARY

7727813824 10/24/2007 01:44



Quick Links: I'm looking for int

| baselie & Paperson Carde | ticle Curter  | Form Curker | Alexand Line                            | <b>Horoca</b> | LOCALISM & HOUSE FRAME BANKS   |
|--------------------------|---------------|-------------|-----------------------------------------|---------------|--------------------------------|
| Detail Paym              | ent           | ·           | <del>-</del>                            | <del></del>   |                                |
| Account Ye               | ar 2001       | ]           |                                         | ,             | Account Number 5635            |
| Business Receipt Details |               |             | <u> </u>                                |               |                                |
| Fee Class CONTRA         | ACTOR         |             |                                         | Receipt Stat  | us ACTIVE                      |
| Owner Name1 LAW CH       | ARLES FRANCIS |             | E                                       | Business Nam  | e1 CHARLES LAW CONSTRUCTION IN |
| Owner Name2              |               |             | 8                                       | Business Nam  | e2                             |
| City Limits NO           | ]             |             |                                         | State C       | ert CGC047434                  |
| Fee Period One Yea       | ır            |             |                                         | Number        | Of 1                           |
| Orig Issue Dt 10/11/20   | 00 REI        | NEWED       |                                         | Expiration Da | ate 09/30/2008                 |
| Business Type1 GENER/    | AL CONTRACTOR |             |                                         | Business Typ  | e2                             |
| Business Address         |               |             |                                         |               |                                |
| Address1 506 XAN         | IADU PLACE    |             |                                         | Addres        | s2                             |
| City JUPITER             | }             |             |                                         | Sta           | ate FL Zipcode 33468           |
| Phone Number (000)000    | -0000         |             |                                         |               |                                |
| Mailing Address          |               |             |                                         |               |                                |
| Address1 506 XAN         | ADU PLACE     |             |                                         | Address       | 32                             |
| Gity JUPITER             | <b>\</b>      |             |                                         | Sta           | ite FL Zipcode 33477-6443      |
| Phone Number (000)000    | -0000         |             | 100 100 100 100 100 100 100 100 100 100 | 150 110       |                                |

All content © 2007 Tax Collector, Palm Beach County | Disclaimer

# CHARLES LAW CONSTRUCTION, INC. II

P.O. Box 29 Paim City, FL 34991

Stuart: (772) 219-0770

Jupiter: (561) 741-1990 LICENSED & INSURED CONTRACTOR CGC047434

Fax: (772) 781-3824

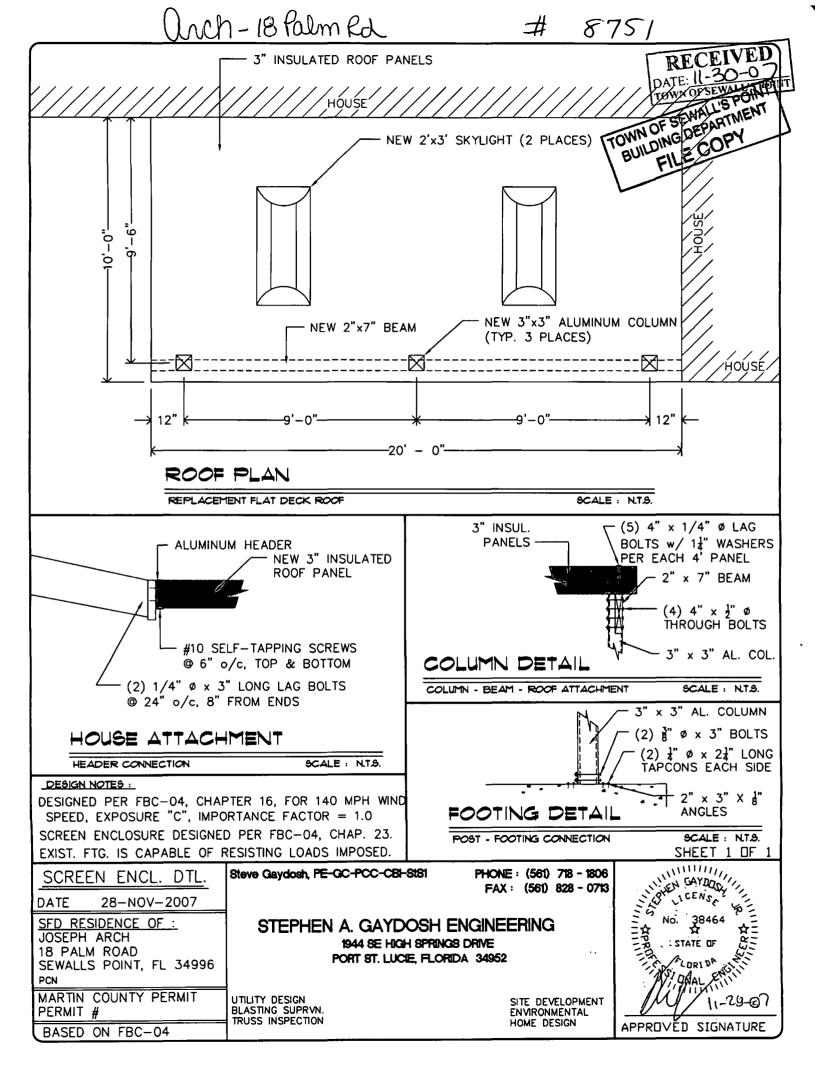
email: allquality@bellsouth.net

| ATE: | 10 | 1 | / | 2 | 07 |
|------|----|---|---|---|----|
|      | ·  |   |   |   |    |

| Ź | Order | Quot |
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PATIO/CARPORT COVERS SCREEN ENCLOSURES FLORIDA ROOMS DOORS
REMODELING WINDOWS ALUMINUM BUILDING PRODUCTS SIDING PAVERS

| RESIDENT                                                                                                                                                    | AL COMMERCIAL                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| CUSTOMER JIII ARCL                                                                                                                                          | DEVELOPMENT:                                                   |
| ADDRESS 18 PA/M Rd.                                                                                                                                         | QUOTE GOOD FOR DAYS                                            |
| SEWALLS POINT                                                                                                                                               | TERMS: 1/3 DOWN                                                |
| PHONE 919-673-6657                                                                                                                                          | BALANCE UPON COMPLETION                                        |
| CEIL                                                                                                                                                        | APPROX. SHIP DATE:                                             |
| FAX 919-859-1098                                                                                                                                            |                                                                |
|                                                                                                                                                             |                                                                |
| REPLACE (6)-KOOF SE                                                                                                                                         | ECTIONS AND (2) WALL SECTIONS                                  |
| l                                                                                                                                                           | CTTOWS AND CO WOTEL SECTIONS                                   |
| DF 18/14 SCREEN.                                                                                                                                            |                                                                |
| k (                                                                                                                                                         |                                                                |
|                                                                                                                                                             | STRUCTURAL GUTTER WITH (1)                                     |
| A 3x4 D/s. CUT BE                                                                                                                                           | AMS TO FIT NEW GUTTER                                          |
| (A)                                                                                                                                                         |                                                                |
| INSTALL 3" INSULA                                                                                                                                           | ored ROOF 20' X 10' WHERE ROW                                  |
|                                                                                                                                                             | GUTTER, BEAM, POST, HEADER.                                    |
|                                                                                                                                                             |                                                                |
| INST4// 2 - SKY//                                                                                                                                           | GHTS CENTERED IN ROOM                                          |
|                                                                                                                                                             |                                                                |
|                                                                                                                                                             |                                                                |
|                                                                                                                                                             |                                                                |
|                                                                                                                                                             |                                                                |
| FINAL PRICE IS PREDICATED ON SUPERVISORS APPROVAL LIMITED WARRANTY; Charles Law Construction, Inc. II, warrants that it v                                   | will remain or employed all                                    |
| defects in workmanship and materials, which under normal use appear &                                                                                       | are called to the Company's Total 400 d.                       |
| attention within 1 year after the installation. This warranty is limited, how replacement of materials or workmanship which in the Companies opinion        | are defective, and will not                                    |
| apply to any defect or damage resulting from misuse, neglect, atterations, caused by fire, windstorm, flood, act of God, or any other casualty. This w      | accident, or to damage warranty is in lieu of all Deposit 2000 |
| other expressed or impled warranties of the Company, including any implie<br>ability or fitness for any particular purpose. This warranty is non-transfer   | ad warranty of merchant-<br>rable, Buver must pay              |
| balance in full upon substantial completion of the work or issuance of a Cl<br>inspection and approval if applicable. Buyer agrees to pay all Attorney feet | 0, or government authority                                     |
| owed to Charles Law Construction, Inc. II. & Sub-Contractors 18% annual                                                                                     |                                                                |
| charged for all money outstanding. Buyer is liable for any damage from w<br>Charles Law Construction, Inc. II. & Sub-Contractors. Example: driveways,       | grass & landscaping, roofs,                                    |
| paint, walls, windows, septic tanks, sewers, electrical, plumbing, mechanic walks, sprinkler systems, pool decks, patio surfaces, etc. Because of mino      | cal, soffits, fascia, side or work not completed,              |
| buyer cannot hold back final payment, Minor work will be called punch ou in approximately 30-day period. Buyer will not interfere white work is in pr       | rt work & will be completed                                    |
| Purchaser acknowledges receipt of a copy of this contract. Deposit received                                                                                 | d also binds this contract.                                    |
| You, the buyer may cancel this transaction within 3 business days from day                                                                                  | te of order. Charles Law Construction, Inc. II.                |





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

## **CORRECTION NOTICE**

| ADDRESS: 18 PACM ROAD                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.  FINAL PATIO COUED  |
| REAM TO COCUMAL CONNETTINA)                                                                                                                                                    |
| IS NOT PER APPROVED                                                                                                                                                            |
| ENGR. DETAILS SUBMITTED                                                                                                                                                        |
|                                                                                                                                                                                |
|                                                                                                                                                                                |
|                                                                                                                                                                                |
|                                                                                                                                                                                |
|                                                                                                                                                                                |
| You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection. |
| DATE:                                                                                                                                                                          |
| INSPECTOR                                                                                                                                                                      |

DO NOT REMOVE THIS TAG

# TOWN OF SEWALL'S POINT

**Building Department - Inspection Log** 

| Date of In | spection: Mon Wed    | Fri 1-14        | _, 2007 | Page of           |
|------------|----------------------|-----------------|---------|-------------------|
| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS:   |
|            |                      | Hinal           | THIO    | <b>)</b>          |
| $\Omega$   | 18 falm Rd           |                 |         | a N/              |
|            | Charles Low Const    |                 |         | INSPECTOR:        |
| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS:   |
| 3589       | Harden               | turo            | FAIL    |                   |
| フ          | 275 Reverld          |                 | PAS     | REINSPECTED SAME  |
| $\supset$  | Stration             |                 |         | INSPECTOR:        |
| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS:   |
| 3706       | Dennison             | Final           | PHSS    |                   |
| 1          | 49 W HighPt          |                 |         |                   |
| ١,         | Jolding Shutter      |                 |         | INSPECTOR:        |
| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS:   |
| 3740       | HBASSOC              | Haming away     | cla     |                   |
| Λ.         | 3118 SE Ocean        | Alower          | PASS    |                   |
| kn         | RUM                  | & R. Brums      | MASS    | INSPECTOR         |
| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS:   |
| 3586       | grachino             | Terial          | FAIC    |                   |
| 1          | 19 Simara            | (demo)          |         |                   |
| 4          | Eddie Huggins        |                 |         | INSPECTOR:        |
| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS:   |
| Nee        |                      | Tree -          |         |                   |
|            | 30 Rystista          |                 | p and   |                   |
|            | 65                   |                 | , ,,,   | INSPECTOR:        |
| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: / |
| 8593       | Jano                 | Tinal-berm      | MASS    | 7                 |
|            | 124N Scuraces        |                 |         | M                 |
|            | Serafini             |                 |         | INSPECTOR:        |
| OTHER:     | U                    |                 |         |                   |
|            |                      |                 |         |                   |
|            |                      |                 |         |                   |



# **TOWN OF SEWALL'S POINT**

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

# **CORRECTION NOTICE**

| ADDRESS:                                        | y inspected | this structure | e and these p |                |           |
|-------------------------------------------------|-------------|----------------|---------------|----------------|-----------|
| the following same.                             |             | •              | -             | or State laws  | governing |
| REVISE                                          | PE<br>VET   | TAIL C         | <u> 13/5</u>  | 10<br>VECT 10. |           |
| NEED !                                          |             |                |               |                |           |
| OF                                              | compo       | IS/TE          | DANEL         | , 70<br>ASCIA, |           |
|                                                 |             | BULL           |               |                |           |
| You are hereby until the above call for an insp | violations  |                |               | -              | -         |
| DATE://_                                        | 19/07       | <u> </u>       |               | INSPECTO       |           |

DO NOT REMOVE THIS TAG

OVERTIE - 434-4313 WHEN.

# TOWN OF SEWALL'S POINT

Building Department - Inspection Log

|              | Mon                                         | Wed                                                                                                  | Fri                                                                                                                                  | 11-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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|              | OWNER/A  OWNER/A  OWNER/A  OWNER/A  OWNER/A | OWNER/ADDRESS/O  OWNER/ADDRESS/O  OWNER/ADDRESS/O  OWNER/ADDRESS/O  OWNER/ADDRESS/O  OWNER/ADDRESS/O | IB falm Rd Claules four OWNER/ADDRESS/CONTR.  OWNER/ADDRESS/CONTR.  OWNER/ADDRESS/CONTR.  OWNER/ADDRESS/CONTR.  OWNER/ADDRESS/CONTR. | IB-falm Ra (Nine)  Claules Law (Nine)  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. INSPECTION  OWNER/ADDRESS/CONTR. 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# TOWN OF SEWALL'S POINT Building Department Inspection Log Date of Inspection: Mon Wed Fri , 2007 Page OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR: INSPECTION TYPE PERMIT OWNER/ADDRESS/CONTR RESULTS NOTES/COMMENTS: INSPECTOR: INSPECTION TYPE RESULTS NOTES/COMMENTS INSPECTOR! OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR: NOTES/COMMENTS: INSPECTION TYPE RESULTS empmeter INSPECTOR NOTES/COMMENTS: INSPECTION TYPE RESULTS INSPECTOR: NOTES/COMMENTS: PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS INSPECTOR: OTHER:

# 9003 REMODEL FLORIDA ROOM



# 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 NUMBE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PERMIT NUMBER: 9003 DATE ISSUED: SEPTEMBER 15, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |             |             | 2008           |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|-------------|----------------|--|--|--|--|
| SCOPE OF WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C: REMODEL I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LORIDA ROOM   |             |             |                |  |  |  |  |
| CONDITIONS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CONDITIONS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |             |             |                |  |  |  |  |
| CONTRACTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | GEORGE J C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | С             |             |             |                |  |  |  |  |
| PARCEL CONTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OL NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1338410050000 | 000805      | SUBDIVISION | PALM ROW –LOT8 |  |  |  |  |
| CONSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 18 PALM RD    |             |             |                |  |  |  |  |
| OWNER NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DESTEPHAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |             |             | ,              |  |  |  |  |
| QUALIFIER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | GEORGE CASTL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | E             | CONTACT PHO | NE NUMBER:  | 772-286-7049   |  |  |  |  |
| PAYING TWICE FO<br>WITH YOUR LEND!<br>CERTIFIED COPY (<br>DEPARTMENT PRI<br>NOTICE: IN ADDITIONAL PERM<br>ADDITIONAL PERM<br>DISTRICTS, STATE A<br>24 HOUR NOTICE R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO THE FIRST REQUESTED INSPECTION.  NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.  24 HOUR NOTICE REQUIRED FOR INSPECTIONS – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY |               |             |             |                |  |  |  |  |
| REQUIRED INSPECTIONS  UNDERGROUND PLUMBING UNDERGROUND GAS UNDERGROUND MECHANICAL UNDERGROUND ELECTRICAL STEM-WALL FOOTING FOOTING SLAB TIE BEAM/COLUMNS ROOF SHEATHING 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 MECHANICAL ROUGH-IN GAS ROUGH-IN FRAMING METER FINAL FINAL PLUMBING METER FINAL FINAL PLUMBING FINAL FINAL GAS FINAL ROOF BULDING 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.

| KECELVEIX                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LIGINAL OF DEVENOUS LICENSES                                                                                                                                                                                                                                                                                                                                                                                                                    | of Sewall's Point                                                                                                                                                                                                                                                                                                                                                                                                     |
| Date:BOILDING                                                                                                                                                                                                                                                                                                                                                                                                                                   | PERMIT APPLICATION Permit Number:                                                                                                                                                                                                                                                                                                                                                                                     |
| Job Site Address: 18 Mum Road                                                                                                                                                                                                                                                                                                                                                                                                                   | City: Sewc//s Pt. State: FC Zip:                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1+ Amended Parcel Number: 13-38-41-005-000-0000-                                                                                                                                                                                                                                                                                                                                                                      |
| Owner Address (if different): 5775 Collins Air PHO                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Scope of work: Redace Florion Room wee                                                                                                                                                                                                                                                                                                                                                                                                          | DE Frame W/Block + NEW WINDOWS                                                                                                                                                                                                                                                                                                                                                                                        |
| WILL OWNER BE THE CONTRACTOR?                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (If yes, Owner Builder questionnaire must accompany application) YESNO                                                                                                                                                                                                                                                                                                                                                                          | COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$                                                                                                                                                                                                                                                                                                                            |
| Has a Zoning Variance ever been granted on this property?                                                                                                                                                                                                                                                                                                                                                                                       | Is subject property located in flood hazard area? VA9A8X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:                                                                                                                                                                                                                                                                                                       |
| YES(YEAR)NO(Must include a copy of all variance approvals with application)                                                                                                                                                                                                                                                                                                                                                                     | Estimated Fair Market Value prior to improvement: \$                                                                                                                                                                                                                                                                                                                                                                  |
| George J. Castle                                                                                                                                                                                                                                                                                                                                                                                                                                | INC. Phone: 772-286-7049 Fax: 772-286-7053                                                                                                                                                                                                                                                                                                                                                                            |
| CONTRACTORICOMPANY GENERAL CONTRACTING                                                                                                                                                                                                                                                                                                                                                                                                          | 1 NC. Phone: 7/1-286-7047 Fax: 7/1-286-703                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 | City: Stuart State: Fl. Zip34996                                                                                                                                                                                                                                                                                                                                                                                      |
| State Registration Number: 66 · 8 · 3 · 2 · 8 · 2 · State Certification                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| PROJECT SUPERINTENDANT: Pat Mc Cornic                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ARCHITECT                                                                                                                                                                                                                                                                                                                                                                                                                                       | Lic.#: Phone Number:                                                                                                                                                                                                                                                                                                                                                                                                  |
| Street: Protect Familiers                                                                                                                                                                                                                                                                                                                                                                                                                       | City: State: Zip:                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 | City: Hose Sours State: FL Zip:3345                                                                                                                                                                                                                                                                                                                                                                                   |
| AREA SQ. FOOTAGE (W /SEWER & ELECTRIC): Living: 214  Carport: Total Under Roof 2564 56                                                                                                                                                                                                                                                                                                                                                          | I4_ Garage: 420                                                                                                                                                                                                                                                                                                                                                                                                       |
| CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida National Electrical Code: 2005 Florida Energy Code: 2004                                                                                                                                                                                                                                                                                                                                  | Building Code - Res., Build, Mech., Plmb., Fuel Gas): 2004 (W/2006 Rev.) Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004                                                                                                                                                                                                                                                                           |
| WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTOR 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED REST. PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RES. RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S PO. GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DIS. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SU. PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AF | RICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR STRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC DINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER TRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. UBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A TER 24 MONTHS PER TOWN ORDINANCE 50-95. |
| WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 1<br>WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF.<br>I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNIS                                                                                                                                                                                                                                                                                  | AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR 80 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.15. HED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY BLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.                                                                                                       |
| OWNER SIGNATURE (required)  State of Florida, County of:  Dade                                                                                                                                                                                                                                                                                                                                                                                  | REQUIRED ON ALL BUILDING PERMITS*****  GONTRACTOR SIGNATURE (required)  On State of Frarida, County of: AN OLL TO                                                                                                                                                                                                                                                                                                     |
| This the St day of Maus , 200 X by 10 Seph A Destribution who is personally known to me or produced DU MICHAELA ROMAN as identification.  MICHAELA ROMAN Public EXPIRES: June 22, 20                                                                                                                                                                                                                                                            | this the day of 1 200 who is personally known a me on produced  As identification and the state of florida                                                                                                                                                                                                                                                                                                            |
| My Commission Expires: 6 SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED                                                                                                                                                                                                                                                                                                                                                                       | My Con mission Repires: Winnisaph PD 625394                                                                                                                                                                                                                                                                                                                                                                           |



# 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:           | 9003                    |                                       |             |      |           |  |  |  |  |
|--------------------------|-------------------------|---------------------------------------|-------------|------|-----------|--|--|--|--|
| ADDRESS                  | 18 PALM RD              |                                       |             |      |           |  |  |  |  |
| DATE:                    | 9/15/08                 | SCOPE:                                | REMODEL     | FLO  | RIDA ROOM |  |  |  |  |
|                          |                         |                                       |             |      |           |  |  |  |  |
| SINGLE FAMILY OR         | ADDITION /REMOI         | DEL Dec                               | lared Value | \$   | 23000     |  |  |  |  |
|                          |                         |                                       |             |      |           |  |  |  |  |
| Plan Submittal Fee (\$3  | 350.00 SFR, \$175.00    | Remodel <                             | \$200K)     | \$   |           |  |  |  |  |
| (No plan submittal fee   | when value is less that | an \$100,000                          | 0)          |      |           |  |  |  |  |
| Total square feet air-co | onditioned space: (@    | \$110.25 pe                           | er sq. ft.) | s.f. |           |  |  |  |  |
|                          |                         |                                       |             |      |           |  |  |  |  |
| Total square feet non-   | conditioned space: (@   | ) \$51.60 pe                          | r sq. ft.)  | s.f. |           |  |  |  |  |
|                          |                         |                                       |             |      |           |  |  |  |  |
| Total Construction Va    | lue:                    |                                       |             | \$_  |           |  |  |  |  |
|                          |                         |                                       |             |      |           |  |  |  |  |
| Building fee: (2% of c   | onstruction value SFF   | or >\$200K                            | ()          | \$   |           |  |  |  |  |
| Building fee: (1% of c   |                         |                                       |             |      | 230       |  |  |  |  |
| Total number of inspec   | ctions (Value < \$200k  | () @\$75 ea                           | . 4         | \$   | 300       |  |  |  |  |
|                          |                         |                                       |             |      |           |  |  |  |  |
| Radon Fee (\$.005 per    | sq. ft. under roof):    |                                       |             | \$   |           |  |  |  |  |
|                          |                         |                                       |             |      |           |  |  |  |  |
| DBPR Licensing Fee:      | <del></del>             | · · · · · · · · · · · · · · · · · · · |             | \$   | ·         |  |  |  |  |
| Road impact assessme     | nt: (.04% of construct  | <u></u>                               | 9           |      |           |  |  |  |  |
| Martin County Impact     | Fee:                    |                                       |             | \$   |           |  |  |  |  |
|                          |                         |                                       |             |      |           |  |  |  |  |
| TOTAL BUILDING           | PERMIT FEE:             |                                       |             | \$   | 539       |  |  |  |  |
|                          | _                       |                                       |             |      |           |  |  |  |  |

|                |                                                                                                                 | and the second and a second second second second | and the colonial things all the first the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st |
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| ACCESSORY      | anomonium - ; - miniminium |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | GEORGE J CASTLE                                                                                                 | •                                                | 1007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Total number c | GENERAL CONTRACTING INC                                                                                         |                                                  | 63-1114/670                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                | 854 STAFFORD DR<br>STUART, FL 34996                                                                             | 9/15/08 Day                                      | te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Road impact as | TOWN OF OTHER                                                                                                   | , ,                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | Pay to the Order of TOWN OF SEWALL                                                                              | 'S POINT 1 S                                     | 530 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| TOTAL ACC      | God of the 1                                                                                                    | 160                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | 102-hadrad thirty he                                                                                            | 2 4 102 Do                                       | ollars in Security Features                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                | RIVERSIDE BANK                                                                                                  | $\mathcal{A}$                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| , i            | RIVERSIDE NATIONAL BANK OF FLORIDA 1-800-741-3283 FLOY 2 ( VV .                                                 | $\mathcal{A}(\mathcal{A})$                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

**\*10000824283**\*\*

10670111421

Prepared by and return to: Joseph D. Grosso, Jr., Esq.

Joseph D. Grosso, Jr., P.A. 614 SE Central Parkway Stuart, FL 34994 772-220-3496 File No.: 08-133 INSTR # 2098829

OR BK 02343 PG 1385

P9s 1385 - 1386; (2pas)

RECORDED 08/01/2008 10:06:36 AM

MARSHA ENING

CLERK OF HARTIN COUNTY FLORIDA

DEED DOC TAX 3,076.50

RECORDED BY Y Gorney

[Space Above This Line For Recording Data]

# Warranty Deed

This Warranty Deed made this 30th day of June, 2008 between Joseph R. Arch and Stacy A. Arch, his wife whose post office address is 2316 Oxford Road, Raleigh, NC 27608 grantor, and Joseph A. DeStephan, a single man whose post office address is 5775 Collins Ave., PH 6, Miami, FL 33140 grantee:

(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

WITNESSETH, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Martin County Florida to-wit:

Lot 8, AMENDED AND REVISED PLAT OF PALM ROW, according to the Plat thereof, recorded in Plat Book 4, Page 68, Public Records of Martin County, Florida.

Parcel Identification Number: 13-38-41-005-000-00080-50000

SUBJECT TO restrictions, reservations, covenants, conditions, limitations, and easements of record; taxes for the year 2008 and the years subsequent thereto; and all applicable laws, ordinances, and governmental regulations, including, without limitation, zoning and building codes and ordinances.

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

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

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2007.

IN WITNESS WHEREOF, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

JAA SAA

| Witness Name: Prester Mahan  Witness Name: Prester Mahan  Witness Name: | Joseph R. Arch  Stacy A. Arch  (Seal)                                               |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Witness Name:                                                           |                                                                                     |
| State of North Carolina County of Wake                                  |                                                                                     |
| who follows managed by Imagem on C. I have madecad a drivered of        | 27 day of June, 2008 by Joseph R. Arch and Stacy A. Arch, icense as identification. |
| [Notary Seal]                                                           | Notary Public Printed Name: Donald R. Steichen  My Commission Expires: 12-21-2010   |



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

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# Summary

Parcel Info

Summary Land

Residential **Improvement** Commercial

**Image** 

Sales & Transfers Assessments →

Taxes →

Exemptions -> Parcel Map →

Full Legal →

Parcel ID **Unit Address** 

13-38-41-005- 18 PALM RD 000-00080-5

SerialIndex Order

**Commercial Residential** 

27813Address

0

1

Summary

Property Location 18 PALM RD Tax District 2200 Sewall's Point

Account # 27813

Land Use 101 0100 Single Family

Neighborhood 120400 Acres 0.344

**Legal Description Property Information** 

PALM ROW REVISED & AMENDED LOT 8

Search By

Parcel ID Owner

**Address** Account #

Use Code Legal Description

Neighborhood

Sales Map → Owner Information Owner Information

**DESTEPHAN JOSEPH A** 

Assessment Info

**Front Ft. 0.00** 

Recent Sale

**Sale Amount \$439,500** 

Sale Date 6/30/2008 Book/Page 2343 1385

Mail Information

**MIAMI FL 33140** 

5775 COLLINS AVE PH 6

Market Land Value \$290,000

Market Impr Value \$239,660

Market Total Value \$529,660

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Legal disclaimer / Privacy Statement

Data updated on 08/21/2008







# TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Scwall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-220-4765

# VERIFICATION OF CONTRACTOR

| BUILDING PERMIT NUMBER:                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.                                                   |
| OWNERS NAME: TOC DESTERITORS                                                                                                                                                                     |
| CONSTRUCTION ADDRESS: 18 Palm Ross Swalls Port FC                                                                                                                                                |
| PERMIT TYPE: RESIDENTIAL COMMERCIAL                                                                                                                                                              |
| ELECTRIC PLUMBING HVAC IRRIGATION FUEL GAS                                                                                                                                                       |
| TYPE OF SERVICE:NEW SERVICE X EXISTING SERVICE OTHER                                                                                                                                             |
| SCOPE OF WORK: REMOVAL RECEPTACUE                                                                                                                                                                |
| VALUE OF CONSTRUCTION S / , OOO                                                                                                                                                                  |
| LOW VOLTAGE                                                                                                                                                                                      |
| TYPE OF EQUIPMENT:SECURITYVACUUMSOUND SYSTEMLANDSCAPEOTHER                                                                                                                                       |
| SCOPE OF WORK:                                                                                                                                                                                   |
| IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES. |
| Martin Angelough 10100 3. W. TARZAN TER. SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR                                                                                                  |
| COMPANY OR QUALIFIER'S NAME: MTTA CLECTRIC INC. EC 900/402  TELEPHONE NO: 283-1090 FAX NO: 597-4994                                                                                              |
| TELEPHONE NO: 283-1090 FAX NO: 397-4994                                                                                                                                                          |
| MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC 0061402                                                                                                                         |
| ** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.           |
| ***VERIFICATION OF PARCEL CONTROL NUMBER***                                                                                                                                                      |
| OWNER'S FULL NAME AS STATED ON DEED: TOSEPH A. DESTEPHAN                                                                                                                                         |
| PARCEL CONTROL #: 13-38-41-005-000-00080-5                                                                                                                                                       |
| SUBDIVISION: Palm Row LOT: 8 BLK: PHASE:                                                                                                                                                         |
| SITE ADDRESS: 18 Palm ROAD Senalls Point FL                                                                                                                                                      |
|                                                                                                                                                                                                  |

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

|           |          |          |          |             |              | (a      |
|-----------|----------|----------|----------|-------------|--------------|---------|
| 2/2 afigu | :waze: L | 80-6-dəs | 5867053; | : BNOT& GNA | CASTLE BRICK | :v8 Jna |

Contractor List Page 1 of 1



Home | Departments | Other Govt. | e-Services | Residents | Visitors | Business | News | Events | Contact | Help

| Contractor Lis         |                        | Displa                  | ny 15 • <b>€</b> Go    |        | <u> </u>                                        | · · · · · · · · · · · · · · · · · · · | <del></del> ·                   | (Reset)                   |
|------------------------|------------------------|-------------------------|------------------------|--------|-------------------------------------------------|---------------------------------------|---------------------------------|---------------------------|
| Name 🗈                 | Company                | License Type            | License & Exp          | Status | Address                                         | Phone                                 | Liability & Exp                 | Wk Comp & Exp             |
| ANZALONE,<br>MARTIN JR | MTA<br>ELECTRIC<br>INC | ELECTRICAL<br>CERTIFIED | EC0001402<br>31-AUG-10 | ACTIVE | 10100 SW<br>TARZAN TER<br>PALM CITY FL<br>34990 | 772-597-<br>4922 772-<br>597-4994     | STEPHEN<br>SCIENZO<br>19-JUN-09 | WAIVER ON WC<br>29-APR-09 |

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# TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-220-4765

# SUBCONTRACTORS LIST

RESIDENTIAL, ADDITIONS, COMMERCIAL George Ocas + Ce APPLICANT'S NAME BLDG. PERMIT# MAILING ADDRESS

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

|        |             | TYPE             | COMPANY NAME    | LICENSE NUMBER |
|--------|-------------|------------------|-----------------|----------------|
|        | CFO         | CONCRETE - FORM  |                 |                |
|        | C'FI        | - FINISH         |                 |                |
|        | ВМ          | BLOCK MASON      |                 |                |
| ĺ      | C'B         | COLUMS & BEAMS   |                 |                |
|        | CA          | CARPENTRY ROUGH  | MT F. TEPATRICK | CGC 1504935    |
|        | GD          | GARAGE DOOR      |                 |                |
|        | DH          | DRYWALL - HANG   | skinners Drage  | 5003020        |
| Λ      | DF          | - FINISH         | summer property | SP03024        |
|        | IN          | INSULATION       |                 | ·              |
|        | LA          | LATHING          |                 |                |
|        | FI          | FIREPLACE        |                 |                |
|        | PAV         | PAVERS           |                 |                |
|        | AL          | ALUMINUM         |                 |                |
|        | LP          | LP GAS           |                 |                |
|        | PAV         | PAINTING         |                 |                |
|        | PL          | PLASTER & STUCCO |                 | 100            |
|        | ST          | STAIRS & RAILS   | 2450            | , and          |
|        | RO          | ROOFING          | da. 67          |                |
|        | $TM^{\sim}$ | TILE & MARBLE    | 100             |                |
| Y      | , WD        | WINDOWS & DOORS  | MJ Fitz PARRICK | C&C1504935.    |
| , [    | PLÚ         | * PLUMBING       |                 | ,              |
| , [    | AC          | * HARV           |                 | ·              |
| ١Į     | EL          | * ELECTRICAL     | MTA Electric    | EC0001402      |
| $\sim$ |             |                  |                 |                |

Page 1



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

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

REQUIRES SEPARATE VERIFICATION FORMS.

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

SIGNATURE OF CONTRACTOR
(OR OWNER BUILDER IF APPLICABLE)

STATE OF COUNTY OF Commission to Do State of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of Line of



# Business Professional



#### Logged in as CASTLE, GEORGE JOSEPH

Maintain/Renew This License

2:21:03 PM 9/2/2008

**Account Summary** 

**Primary Address** 

Street: 854 STAFFORD DRIVE Phone: 7722867049

E-mail:\*

**STUART** City:

CASTLE854@HOTMAIL.COM

\* Providing us with your e-mail address will allow

us to respond to you more quickly.

State: FLORIDA

34996-3607

 $\square$ ØĐ,

If you hold multiple DBPR licenses, click here to request to merge your online accounts.

The licenses and applications that appear below are currently supported by the DBPR Online services system.

**License Summary** 

To work with a specific license or view your continuing education requirements for that license, click on Maintain/Renew\_This License below.

license #2 CGC060792 Status:

**Current, Active** (Expires: -- 08/31/2010

Profession: Certified General Contractor

CGC Rank:

Modifiers: Bldg Code Core Course Credit ()

Qualified Business License Required (02/20/2004)

License #: CGC050981 Status: **Null and Void** 

Expires: 06/30/1992

**Profession: Certified General Contractor** 

CGC Rank:

License #: CPC1457737

Status: **Current, Active** 

08/31/2010 Expires:

Profession: Certified Pool/Spa Contractor

Rank:

Qualified Business License Required (07/14/2008) Modifiers:

Commercial Pool/Spa Contractor (07/14/2008)

**Application Summary** 

To View application information, click View Application Checklist

Application #: 4466

Status:

**Certified Specialty Contractor** 

Profession: Application

Request Exam

Type: Date Filed:

12/12/2006

Application #: 10230

Status: **Approved** 



# Business Professional



# Logged in as CASTLE, GEORGE JOSEPH

2:34:14 PM 9/2/2008

1 6 5 6 6 6 6 6 6 6 6 6

# **License Detail**

# License Information

License Type: Certified General Contractor
Rank: Certified General Contractor

License Number:

CGC060732

Status: Expires:

**Current, Active 08/31/2010** 

# **Renewal Actions**

# **STEPS TO RENEW:**

- 1.
- 2. Pay charges
- **3.** Submit renewal for processing (required)

## **Other Actions**



🗿 Log On

### Public Services

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## **■** User Services

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11:15:52 AM 8/27/2008.

Data Contained In Search Results Is Current As Of 08/27/2008 11:18 AM.

#### **Search Results**

Please see our glossary of terms for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

| License<br>Type                    | Name                                  | Name<br>Type | Number/<br>Rank            | Status/Expires             |
|------------------------------------|---------------------------------------|--------------|----------------------------|----------------------------|
| Certified<br>General<br>Contractor | AWS<br>BUILDING &<br>EQUIPMENT<br>INC | DBA          | CGC1504935<br>Cert General | Current, Active 08/31/2008 |
|                                    | Main Address*:                        | 3001 S.W. V  | ITTORIO ST. PORT           | T ST. LUCIE, FL 34953      |

Certified General

FITZPATRICK, Primary MICHAEL J.

CGC1504935 Current, Active Cert General

08/31/2008

Main Address\*: 3001 S.W. VITTORIO ST. PORT ST. LUCIE, FL 34953





#### \* denotes

Contractor

Main Address - This address is the Primary Address on file. Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses). License Location Address - This is the address where the place of business is physically located.

| Terms of Use | | Privacy Statement |

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|-----------------------|--------------------------|-----------------------|----------------------|--------|----------------------------------------------------|------------------|-------------------------|------------------------|
| Search SP0302         | 24                       | Display 1             | 15 • <b>(</b> Go)    |        |                                                    |                  |                         |                        |
| Name                  | Company                  | License Type          | License & Exp        | Status | Address                                            | Phone            | Liability & Exp         | Wk Comp & Exp          |
| SKINNER,<br>CHARLES W | SKINNER'S<br>DRYWALL INC | DRYWALL<br>CONTRACTOR | SP03024<br>30-SEP-09 | ACTIVE | 1304 SW<br>PINETREE<br>TRAIL<br>STUART FL<br>34997 | 772-221-<br>8153 | STUART INS<br>09-JAN-09 | EASTGUARD<br>01-JAN-09 |
| Spread Sheet          |                          |                       |                      |        |                                                    |                  |                         | 1 - 1                  |

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# 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

# PRODUCT APPROVAL CHECKLIST

| Permit Type:                                                |                                       | Permit l               | Number:                           | Date                                                        |                           |
|-------------------------------------------------------------|---------------------------------------|------------------------|-----------------------------------|-------------------------------------------------------------|---------------------------|
| Owner's Name: Joe /                                         | DESTEPHAN                             | 15                     | Job Site Location: <u>/</u>       | s Pc/m Doso Sewall                                          | S Post FR                 |
| Design Professional Name                                    | A/E:                                  | n Br                   | eterback Engl                     | reers                                                       |                           |
| Rule 9 B-72 requires the follo                              | owing informatic                      | on as promi            | algated by the Florida Building   | Commission. In the event that information of the affidavit. | ation required for produc |
| approval has been incorporat                                | ed in to the plan                     |                        | don's of general notes, simply in | indicate page number on the arridavit.                      |                           |
| Product                                                     | Model Nu                              |                        | Manufacturer                      | Evaluation Agency                                           | Expiration Date           |
| Windows                                                     | on plans                              | page                   | 30                                | ·                                                           |                           |
| Exit Doors                                                  |                                       |                        |                                   |                                                             |                           |
| Garage Doors                                                |                                       |                        |                                   |                                                             |                           |
| Ridge Vents                                                 |                                       |                        |                                   |                                                             |                           |
| Soffits                                                     |                                       |                        |                                   |                                                             |                           |
| Skylights                                                   |                                       |                        |                                   |                                                             |                           |
| Shutters                                                    |                                       |                        |                                   |                                                             |                           |
| Roofing Materials                                           |                                       |                        |                                   |                                                             |                           |
| Panel Walls                                                 |                                       |                        |                                   |                                                             |                           |
| Structural Components and Cladding                          | onplans                               | page                   | 50                                |                                                             |                           |
| New/Alternative Materials                                   |                                       |                        |                                   |                                                             |                           |
|                                                             |                                       |                        |                                   |                                                             |                           |
|                                                             |                                       |                        |                                   |                                                             |                           |
|                                                             |                                       |                        |                                   |                                                             |                           |
|                                                             |                                       |                        |                                   |                                                             | <del></del>               |
| In accordance with the Florid evaluation as required by the | la Architects and<br>Florida Building | d Engineers<br>3 Code. | s product approval system, this   | affidavit certifies that I have performe                    | d the building envelope   |
|                                                             |                                       |                        | ./                                |                                                             |                           |
| Architect/Engineer Signature                                | e & Seal                              | <del></del>            | FL Certification/Regist           | tration Number                                              |                           |

# NOTICE OF COMMENCEMENT

| PER   | MIT #:                                                                        | TAX FOLIO #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STA   | TE OF FLORIDA                                                                 | COUNTY OF MARTIN .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ACC   | UNDERSIGNED HEREBY GIVES NOT<br>ORDANCE WITH CHAPTER 713, FLOR<br>IMENCEMENT. | TICE THAT IMPROVEMENT WILL BE MADE TO CERTAIN REAL PROPERTY, AND IN PRICE STATUTES, THE FOLLOWING INFORMATION IS PROVIDED IN THIS NOTICE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| LEG   | AL DESCRIPTION OF PROPERTY (A                                                 | AND STREET ADDRESS IF AVAILABLE):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| GEN   |                                                                               | EMENT Replace wood Frame at BLOCK + new windows                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OWN   | NER NAME: DE DESTEPHI                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       | PHONE NUMBER: 305 - 53                                                        | 13 Ave PIFG Man. PL 33140<br>3-3434 FAX NUMBER: -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|       | EREST IN PROPERTY: IE AND ADDRESS OF FEE SIMPLE TIT                           | TLE HOLDER (IF OTHER THAN OWNER):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CON.  | TRACTOR: George J Co                                                          | Astle General Contracting Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|       |                                                                               | and Drive Stuart Florida 34996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SURF  | STATE OF FLOR                                                                 | RIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|       | ADDRESS: MARTIN COUNT                                                         | ERTIFY THAT THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTE IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTES IN THE EXCHAUTE |
|       | BOND AMOUNT: FOREGOING                                                        | THSTR # 2102637                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| LENC  | DERMORTGAGE COMPANISCORREGT (                                                 | COPY OF THE ORIGINAL. S OR BK 02347 PG 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| •     | ADDRESS: MARSHA PHONE NUMBER: BY TAKE                                         | RECORDED 08/26/2008 01:05:28 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PERS  | ONS WITHIN THE STATE OF FLORID                                                | D.C.  MARSHA EWING  DESCRIPTION OF THE MARTIN COUNTY FLORIDA  TO BY SECTION 713.13 (1) (a) 7., FLORIDA STATUTES ORDED BY Y Gorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NAMI  |                                                                               | INCOME AND AND AND AND AND AND AND AND AND AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|       | ADDRESS:<br>PHONE NUMBER:                                                     | FAX NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ΙΝ ΑΓ | DDITION TO HIMSELF OR HERSELF, O                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       | IDA STATUES:                                                                  | TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|       | IE NUMBER:                                                                    | FAX NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|       | RATION DATE OF NOTICE OF COMMI                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| •     | ,                                                                             | ROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| CONS  | IDERED IMPROPER PAYMENTS UND                                                  | S MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE DER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| THEJ  | IOB SITE BEFORE THE FIRST INSPI                                               | ECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN OR RECORDING YOUR NOTICE OF COMMENCEMENT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|       | Joseph A. Dot                                                                 | Men                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SIGNA | ATURE OF OWNER OR OWNER'S A                                                   | AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SIGN/ | ATORY'S TITLE/OFFICE                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| THE F | OREGOING INSTRUMENT WAS ACK                                                   | NOWLEDGED BEFORE ME THIS 15th DAY OF August, 20 08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| BY: _ | Joseph A. Destephons                                                          | Ouner FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|       | NAME OF PERSON                                                                | TYPE OF AUTHORITY  NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|       | ONALLY KNOWN OR PRODUCE                                                       | E TO THE STANDARD OF THE STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STANDARD STAND |
| TYPE  | OF IDENTIFICATION PRODUCED                                                    | LDL D231-481-68-421-0 NOTARY SIGN THIREY SEAL PIRES: June 22, 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|       |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

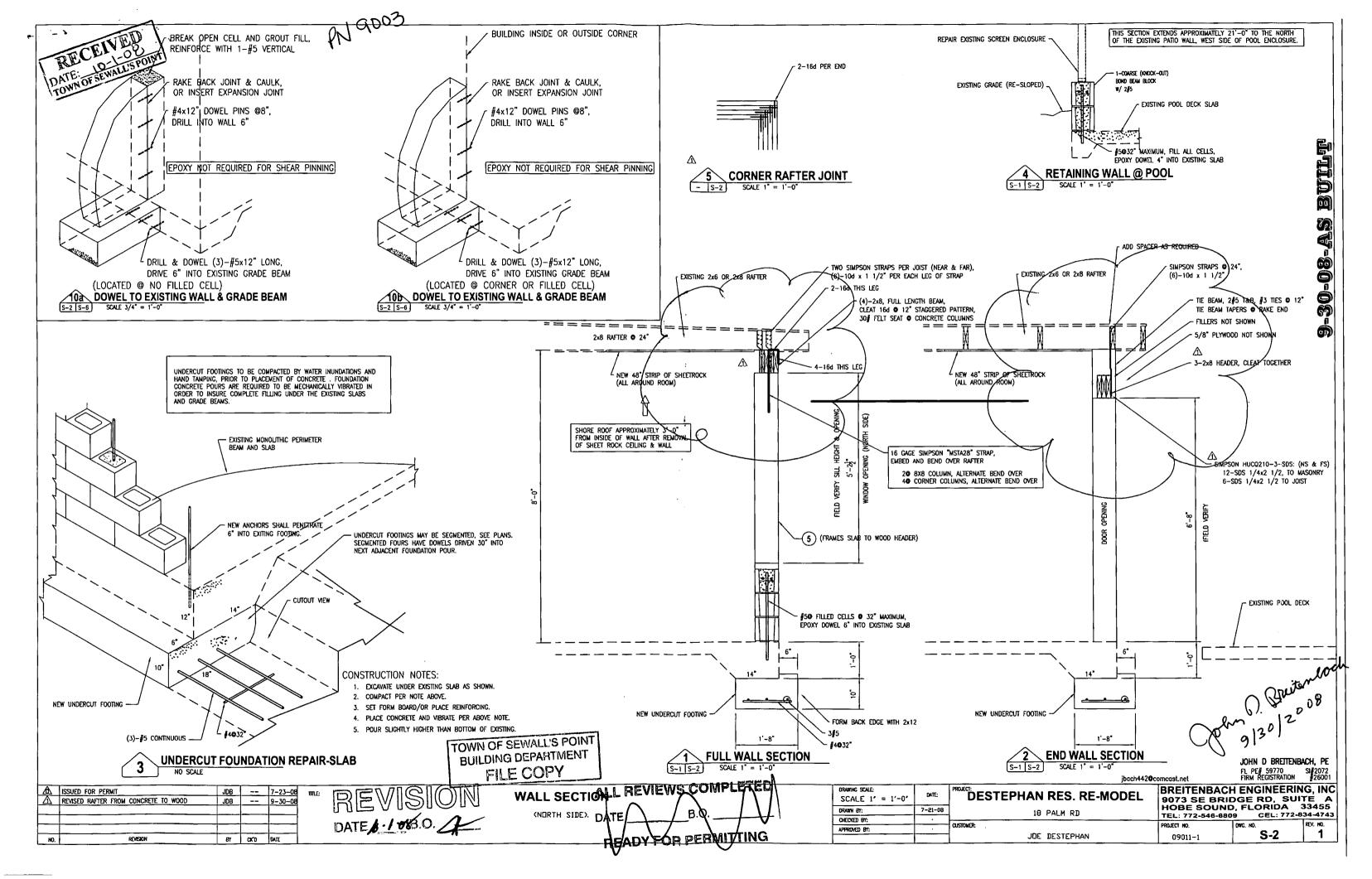


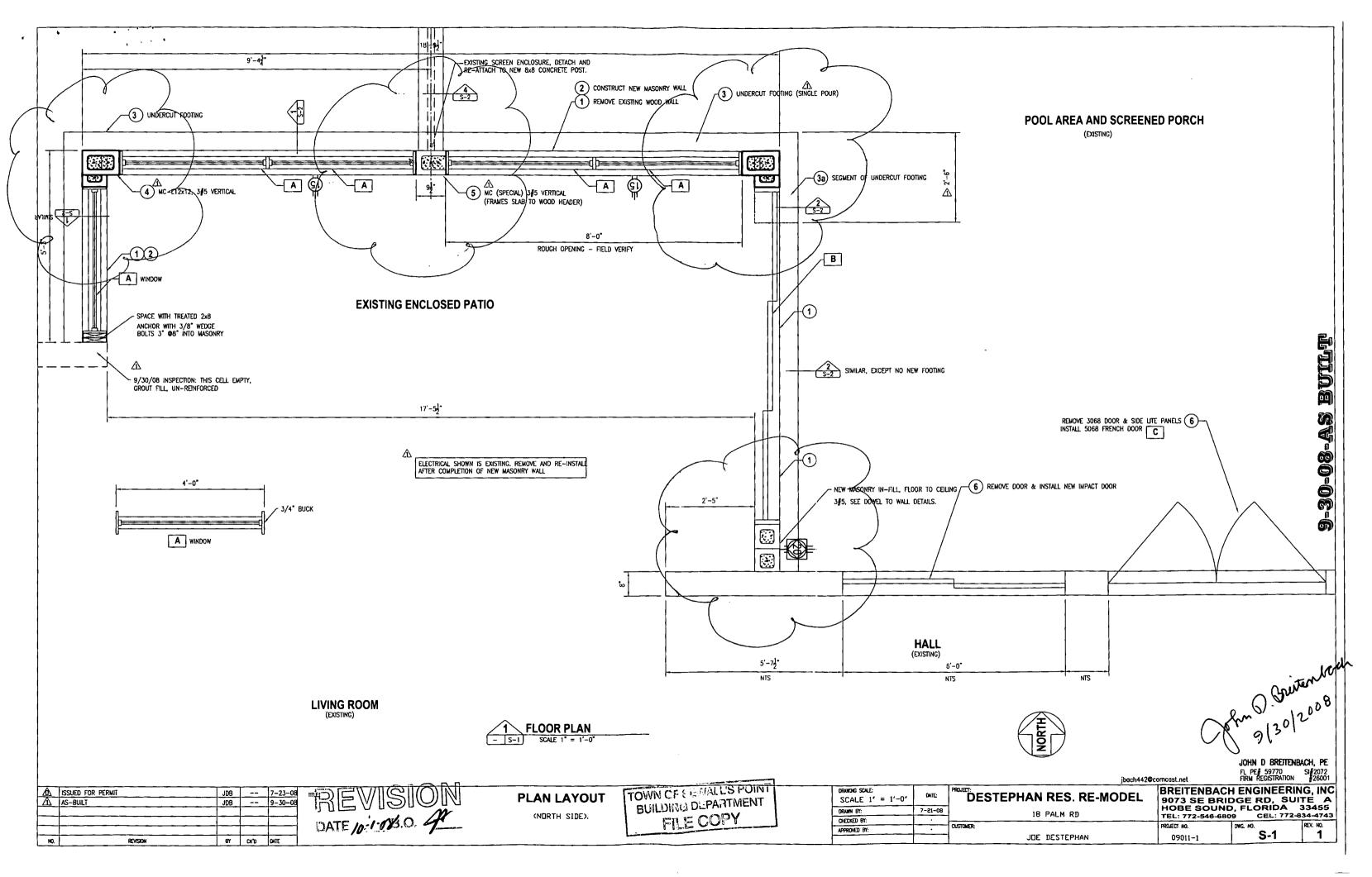
# TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-2204765



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

| JOB ANDDRESS: 18 balm Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PLEASE CHECK ONE OF THE FOLLOWING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CONDITION OF INSPECTION APPROVAL (Needed for an inspection)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| REVISIONS (Changes to an issued permit)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ****ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| DINGRIUMONOFICENTION OF CASE REPORTED TO SEE SENDER OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF  |
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| DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YESNOVALUE \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PHONE NUMBER: 772-286- 70 49 FAX NUMBER: 772-286-7053                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| PHONE NUMBER: 2/2-266 /077 FAX NUMBER: 7/27 266-700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| FOR OFFICE USE ONLY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Reviewed by: Date: Approve Deny                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Additional conditioned spacesq. ft. @ \$104.65 per sq. ftx2%=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Additional non-conditioned spacesq. ft. @ \$ 48.90 per sq. ftx 2% =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Other declared value increase (must be based on value not cost) x 2% =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Other additional fees: Revision review fee: Pages @ \$25.00/Page 50 ***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Radon Fee Professional Regulation Fee Road impact assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| TOTAL ADDITIONAL BUILDING PERMIT FEE \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Applicant notified by: Walerie 10-1-08 3:25Pm Date: Parola 108 CK#528 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |







# TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-2204765

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

| PROJECT NAME DEST                                              | PHANS REMODEZBLDG. PERMIT#OCCUPANCY TYPE                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADDRESS 18 Palm                                                | Poso OCCUPANCY TYPE                                                                                                                                                                                                                                                                                                                                                                  |
| Sewalls Point                                                  | FL CONST. TYPE BLOCK / BEAM                                                                                                                                                                                                                                                                                                                                                          |
|                                                                | STATEMENT                                                                                                                                                                                                                                                                                                                                                                            |
| structural portion of the Buil also certify that the structura | hy knowledge and belief, these plans and specifications have been designed to comply with the applicable ding Codes as amended, adopted, and enforced by The Town of Sewall's Point Building Department. I components, systems, and related elements provide adequate resistance to the wind loads and forces e provisions. I herby accept responsibility for the structural design. |
|                                                                | DESIGN PARAMETERS AND ANALYSIS                                                                                                                                                                                                                                                                                                                                                       |
| CODE EDITIONS:                                                 | 2004 FLORIDA BUILDING CODE W/2006 REVISIONS CHAPTER 6 OF ASCE 7-02  ON Plans PAGE SO                                                                                                                                                                                                                                                                                                 |
| BUILDING DESIGN AS:                                            |                                                                                                                                                                                                                                                                                                                                                                                      |
| BASIC WIND SPEED:                                              | EAST OF TURNPIKE 140 MPH 3 SECOND GUST                                                                                                                                                                                                                                                                                                                                               |
| BUILDING CATEGORY I_                                           | IIIV                                                                                                                                                                                                                                                                                                                                                                                 |
| WIND IMPORTANCE/USE F                                          | ACTOR                                                                                                                                                                                                                                                                                                                                                                                |
| INTERNAL PRESSURE COE                                          | FFICIENT                                                                                                                                                                                                                                                                                                                                                                             |
| GARAGE DOOR DESIGN PR                                          | ESSURE+psf (positive)psf (negative)                                                                                                                                                                                                                                                                                                                                                  |
| DOOR DESIGN PRESSURE (                                         | INT. ZONE)+psfpsf (END ZONE)+psfpsf                                                                                                                                                                                                                                                                                                                                                  |
| WINDOW DESIGN PRESSUI                                          | RE (INT. ZONE)+psfpsf (END ZONE)+psfpsf                                                                                                                                                                                                                                                                                                                                              |
| EXPOSURE                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |
| IMPACT PROTECTION (EX                                          | TERIOR OPENINGS): APPROVED SHUTTERS IMPACT RESIST. GLASS                                                                                                                                                                                                                                                                                                                             |
| SIMILAF                                                        | L DESIGN PRESSURES FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, AND ENVELOPE ELEMENTS MUST ALSO BE INDICATED ON CONSTRUCTION PLANS.                                                                                                                                                                                                                                                |
| As witnessed by my seal, I                                     | hereby certify that the above information is true and correct to the best of my knowledge.                                                                                                                                                                                                                                                                                           |
| NAME                                                           |                                                                                                                                                                                                                                                                                                                                                                                      |
| CERTIFICATION #                                                |                                                                                                                                                                                                                                                                                                                                                                                      |
| DATE                                                           | SEAL                                                                                                                                                                                                                                                                                                                                                                                 |
| DESIGN FIRM                                                    | <del>,</del>                                                                                                                                                                                                                                                                                                                                                                         |
| OTHER                                                          |                                                                                                                                                                                                                                                                                                                                                                                      |

LAUSON HR IMPACT





BUILDING DEFAITMENT BUILDING CODE COMPLIANCE OFFICE (BCCO) COPY

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

www.buildingcodeonlinc.com

# NOTICE OF ACCEPTANCE (NOA)

Lawson Industries, Inc. 8501 NW 90th SL Medley, FL 33166

PRODUCT CONTROL DIVISION

+- 70 PSf

SCOPE:

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

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

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

DESCRIPTION: Series "HS-8700" Aluminum Horizontal Sliding Window (L.M.I.)

APPROVAL DOCUMENT: Drawing No.W02-07, titled "HS-8700 Alum. Horizontal Sliding Window", sheets 1 through 5 of 5, dated 1/21/02 with revision C dated 11/16/06, prepared by Al-Parcoq Corporation, signed and sealed by Humayoun Faroog, P.E. bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large Missile Impact Resistant

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

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

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

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

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

This NOA renews & revises NOA # 02-0227.05 and consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by Jaime D. Gascon, P.E.



NOA No 06-0406.09 Expiration Date: April 11, 2012 Approval Date: February 15, 2007

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| 24"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0.08 0.08 0.0<br>0.09 0.08 0.0<br>0.00 0.02 0.0                                                                                                                               |
| 34"         4         70.0         70.0         80.0         80.0         80.0         80.0         90.0         70.0         70.0         70.0         82.0         80.0         80.0         80.0         80.0         90.0         70.0         70.0         70.0         80.0         80.0         80.0         90.0         70.0         70.0         70.0         70.0         80.0         80.0         80.0         80.0         90.0         80.0         90.0         70.0         70.0         70.0         70.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.0         80.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0.09 0.08 0.0<br>0.00 0.09 0.0<br>0.08 0.08 0.0                                                                                                                               |
| 48° 35° 6 70.0 70.0 60.0 60.0 80.0 80.0 80.0 90.0 70.0 70.0 70.0 70.0 70.0 80.0 80.0 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0.01 0.09 0.<br>0.08 0.09 0.                                                                                                                                                  |
| 80' 6 70.0 70.0 80.0 60.0 00.0 90.0 80.0 90.0 70.0 70.0 70.0 70.0 70.0 80.0 80.0 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.08 0.09                                                                                                                                                                     |
| 72" 6 70.0 70.0 50.0 50.0 74.8 74.8 74.8 74.8 70.0 70.0 70.0 70.0 70.1 79.1 80.0 80.0 74.8 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | - I                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8 74.6 74.8                                                                                                                                                                   |
| 2/" A TOO 700 SOO SOO SOO SOO SOO SOO SOO TOO TOO TOO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               |
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| 15" 4 70.0 70.0 60.0 60.0 80.0 50.0 60.0 80.0 70.0 70.0 70.0 70.0 80.0 80.0 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.08 0.08 0.                                                                                                                                                                  |
| 48" 8 70.0 70.0 60.0 60.0 00.0 00.0 70.0 70.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.08 0.08 0                                                                                                                                                                   |
| 6 66.2 66.2 60.0 60.0 662 66.2 98.2 66.2 70.0 70.0 70.0 70.0 50.0 80.0 80.0 68.2 66.2 66.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2 66.2 65.2                                                                                                                                                                   |
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| 53-1/8 6 70.0 70.0 60.0 60.0 80.0 90.0 80.0 90.0 70.0 70.0 70.0 70.0 80.0 80.0 80.0 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               |
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| 74                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |
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A = NO. OF ANCHURS PER HEAD & SILL

THESE CHARTS ARE FOR FRAME SILL WITH ABD-ON RISER FOR STANDARD SILL WHIT EXTERIOR(+) LOADS TO FO.0 PSF

NOTE: GLASS CAPACITIES ON THIS SHEET ARE BASED ON ASTM E1300-98 (60 SEC. WIND)





drewling na. WO2-07

chast 2 of 5

AL-FAHOOQ CORPORATION
ENGINEERS, PANNERS & PRODUCT DESIGN
1225 GW 07 AR
NAWI, FLOREN 33174
TEL (205) 284-8100 FAX (202) 202-8979

# Lawson Industries, Inc.

# NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

### A. DRAWINGS

- Manufacturer's die drawings and sections.
- 2. Drawing No. W02-07, titled "HS-8700 Alum. Horizontal Sliding Window", sheets 1 through 5 of 5, dated 1/21/02 with revision C dated 11/16/06, prepared by Al-Farooq Corporation, signed and sealed by Humayoun Farooq, P.E.

### B. TESTS

- 1. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
  - 2) Uniform Static Air Pressure Test, Loading per FBC TAS 202-94-
  - 3) Water Resistance Test, per FBC, TAS 202-94
  - 4) Large Missile Impact Test per FBC, TAS 201-94
  - 5) Cyclic Wind Pressure Loading per FBC, TAS 203-94
  - 6) Forced Entry Test, per FBC 3603.2 (b) and TAS 202-94

Along with marked-up drawings and installation diagram of 8 specimens of an aluminum horizontal sliding window, XO configuration, prepared by Fenestration Testing Laboratory, Inc., Test Report No. FTL-3097, dated December 6, 2001, signed and sealed by Luis Figueredo, P. E. (Submitted Under NOA# 02-0227.05)

- 2. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
  - 2) Uniform Static Air Pressure Tost, Loading per FBC TAS 202-94
  - 3) Water Resistance Test, per FBC, TAS 202-94
  - 4) Large Missile Impact Test per FBC, TAS 201-94
  - 5) Cyclic Wind Pressure Loading per FBC, TAS 203-94
  - 6) Forced Entry Test, per FBC 3603.2 (b) and TAS 202-94

Along with marked-up drawings and installation diagram of 4 specimens of an aluminum horizontal sliding window, XO configuration, prepared by Fenestration Testing Laboratory, Inc., Test Report No. FTL-3098, dated December 11, 2001, signed and sealed by Luis Figuercdo, P. E. (Submitted Under NOA# 02-0227.05)

- 3. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
  - 2) Uniform Static Air Pressure Test, Loading per FBC TAS 202-94
  - 3) Water Resistance Test. per FBC, TAS 202-94
  - 4) Large Missile Impact Test per FBC, TAS 201-94
  - 5) Cyclic Wind Pressure Loading per FBC, TAS 203-94
  - 6) Forced Entry Test, per FBC 3603.2 (b) and TAS 202-94

Along with marked-up drawings and installation diagram of 1 specimen of an aluminum horizontal sliding window, XO configuration, prepared by Fenestration Testing Laboratory, Inc., Test Report No. FTL-3364, dated January 28, 2002, signed and sealed by Luis Figueredo, P. E. (Submitted Under NOA# 02-0227.05)

Jaime D. Gascon, P.E.
Product Control Division
NOA No 6-0406.09
Expiration Date: April 11, 2012

Approval Date: February 15, 2007

# Lawson Industries, Inc.

### C. CALCULATIONS

1. Anchor Calculations and structural analysis, complying with FBC-2004, prepared by Al-Farooq Corporation, and signed and sealed by Humayoun Farooq, P.E. on 11/20/06.

Complies with ASTM E1300-98/02

# D. OUALITY ASSURANCE

Miami Dade Building Code Compliance Office (BCCO).

# E. MATERIAL CERTIFICATIONS

- Notice of Acceptance No. 05-1208.02 issued to E.I. DuPont-DeNemours for "Dupont Butacite ® PVB" dated 01/05/06, expiring on 12/11/10.
- 2. Notice of Acceptance No. 03-0421.01 issued to Solutia Inc. for "Saflex/Keepsafe Maximum" dated 05/22/03, expiring on 04/14/08
- 3. Notice of Acceptance No. 02-1205.03 issued to Security Impact Glass Holdings L.L.C. for "SAF-GLAS" dated 01/02/03, expiring on 12/16/07.

#### F. STATEMENTS

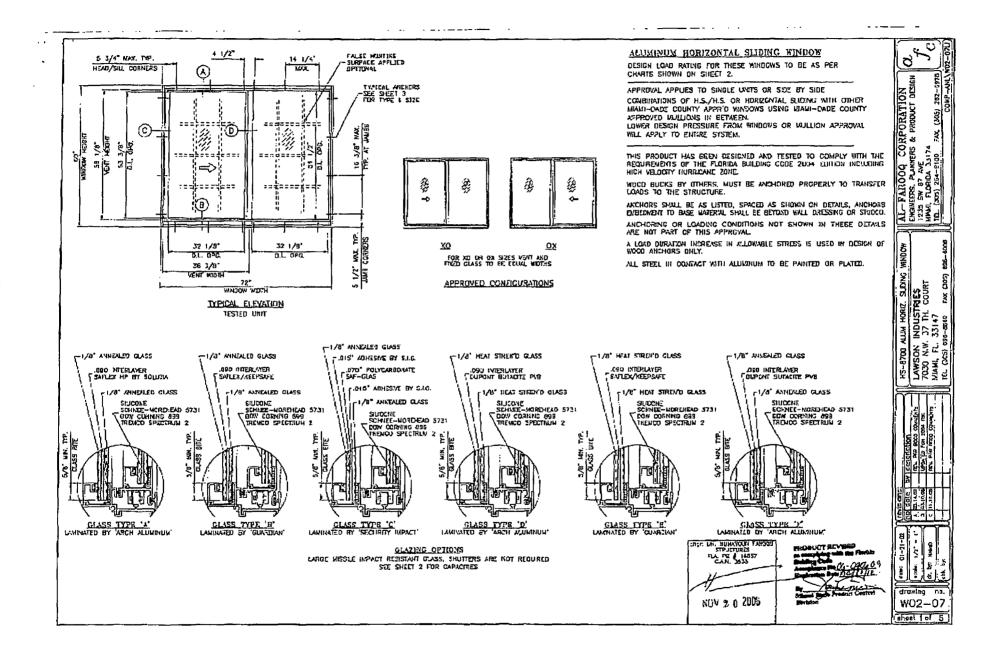
- 1. Statement letter of conformance, dated March 9, 2006 signed and sealed by Humayoun Farooq, P.E.
- 2. Statement letter of no financial interest, dated February 4, 2002, signed and sealed by Humayoun Farooq, P.E. (Submitted under NOA # 02-0227.05)
- 3. Laboratory compliance letter for Test Report No. FTL- 3097, issued by Fenestration Testing Laboratory, Inc., dated December 14, 2001, signed and sealed by Luis A. Figueredo, P.E. (Submitted under NOA # 02-0227.05)

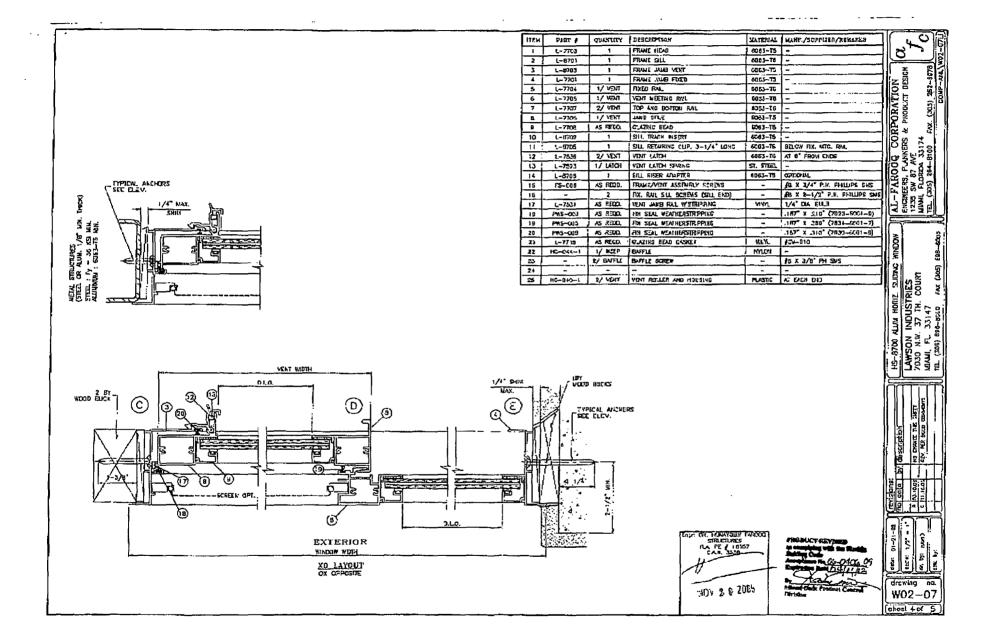
#### G. OTHER

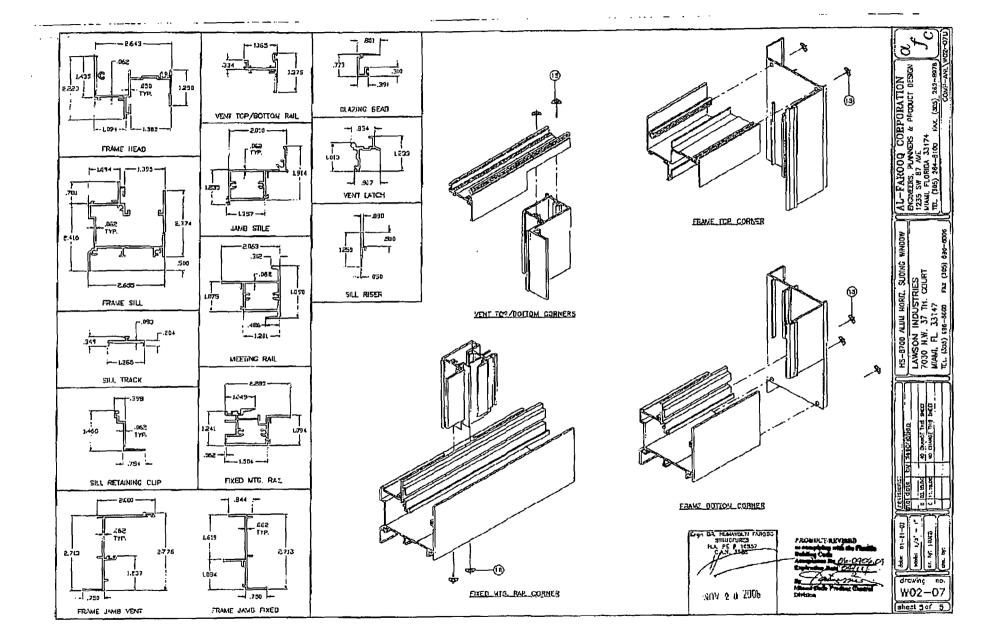
1. Letter from the consultant stating that the product is in compliance with the Florida Building Code (FBC)

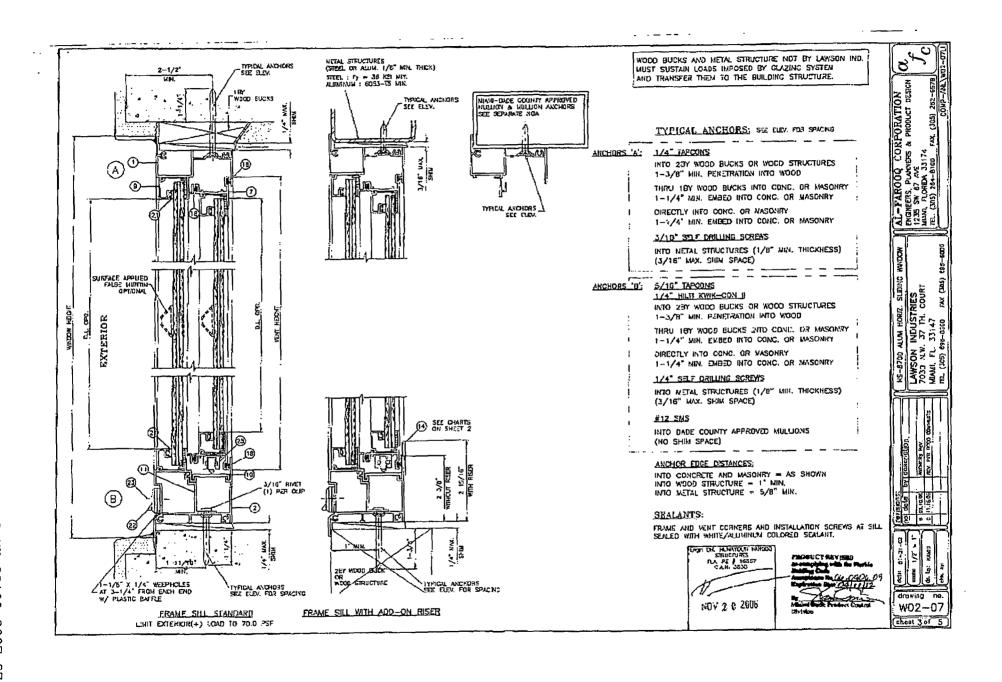
Jaime D. Gascon, P.E. Product Control Division NOA No 06-0406.09

Expiration Date: April 11, 2012 Approval Date: February 15, 2007









5 56D IM

MLAMIDADE

MIAMI-DADE COUNTY, FLORIDA MBTRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE (BCCO) PRODUCT CONTROL DIVISION

140 WEST FLAGLER STREET, SUITE 1603 TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

MIAMI, FLORIDA 33130-1563 (305) 375-2901 FAX (305) 375-2908 www.buildingcodconline.com

NOTICE OF ACCEPTANCE (NOA)=II

E.S. Windows 5220 NW 72nd Ave. Bay #4 Miami, FL 33166

+70 PSF/-90

SCOPE:

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

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

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

DESCRIPTION: Series 4000 Aluminum Sliding Glass Door -LMI

APPROVAL DOCUMENT: Drawing No. W03-100, titled "Series-4000 Aluminum Sliding Patio Door (LMI), sheets 1 through 7 of 7, prepared by Al-Farcoq Corporation, dated 11/08/03 and last revised on 09-20-2006, signed and sealed by Dr. Humayoun Faroog, P.B., bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

# MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved", unless otherwise noted herein. RENEWAL of this NOA shall be considered after a renewal application has been filed and there has been no change in the applicable building code negatively affecting the performance of this product.

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

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

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

This NOA revises NOA # 04-1117.05 consists of this page 1 and evidence page E-1, as well as approval document mentioned above.

The submitted documentation was reviewed by Ishaq I. Chanda, P. E.

NOA No 06-0606.02 Expiration Date: March 18, 2009 Approval Date: October 12, 2006 Page 1

C//400#2// U3 'ADJATJ

### E.S. Windows

## NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

- A. DRAWINGS (transferred from file # 04-1117.05)
  - 1. Manufacturer's die drawings and sections.

    Drawing No. W03-100, titled "Series-4000 Aluminum Sliding Patio Door (LMI), sheets 1 through 7 of 7, prepared by Al-Parooq Corporation, dated 11/08/03 and last revised on 09-20-2006, signed and sealed by Humayoun Farooq, P.E.
- B. TESTS (transferred from file # 04-1117.05)
  - 1. Test reports on 1) Air Infiltration Test, per FBC, TAS 202-94
    - 2) Uniform Static Air Pressure Test, Loading per FBC, TAS 202-94
    - 3) Water Resistance Test, per FBC, TAS 202-94
    - 4) Large Missile Impact Test per FBC, TAS 201-94
    - 5) Cyclic Wind Pressure Loading per FBC, TAS 203-94
    - 6) Forced Entry Test, per FBC 2411 3.2.1 and TAS 202-94

Along with marked-up drawings and installation diagram of an Aluminum Sliding Glass Door, prepared by Fenestration Testing Laboratory, Inc., Test Report No(s). FTL-3908; dated 10/09/03, FTL-3909, dated 09/26/03, FTL-3910, dated 09/30/03 and FTL-4287, dated 09/22/04, signed and scaled by Joseph Chan, P.E. and Test Report No. FTL-4287, dated 09/22/04, signed and scaled by Edmundo Largaespada, P.E.

#### C. CALCULATIONS

- 1. Anchor verification calculation dated 06-03-06, complying w/ FBC 2004, prepared by Al-Farooq Corporation, signed and sealed by Dr. Humayoun Farooq, P.E.
- Calculations, and structural analysis, prepared by Al-Farooq Corporation, dated 11/07/03, signed and sealed by Dr. Humayoun Farooq, P.E. (file # 04-1117.05)
- 3. Glazing complies with ASTME-1300-98 & -02.

#### D. QUALITY ASSURANCE

1. Miami Dade Building Code Compliance Office (BCCO).

#### E. MATERIAL CERTIFICATIONS

- 1. Notice of Acceptance No. 01-1204.01 issued to "E.L DuPont DeNemours" for "Sentry Glass ® Plus" dated 01/17/02, expiring on 01/14/07.
- 2. Notice of Acceptance No. 05-1208.02 issued to "E.I. DuPont DeNemours" for "Dupont Butacite ® PVB", expiring on 12/11/10.

#### F. STATEMENTS

- 1. Statement letter of compliance w/FBC-2004, signed by Dr. Humayoun Farooq, P.E.
- 2. Statement letter of compliance and of no financial interest, dated 05/22/06, signed and sealed by Dr. Humayonn Farooq, P.E.

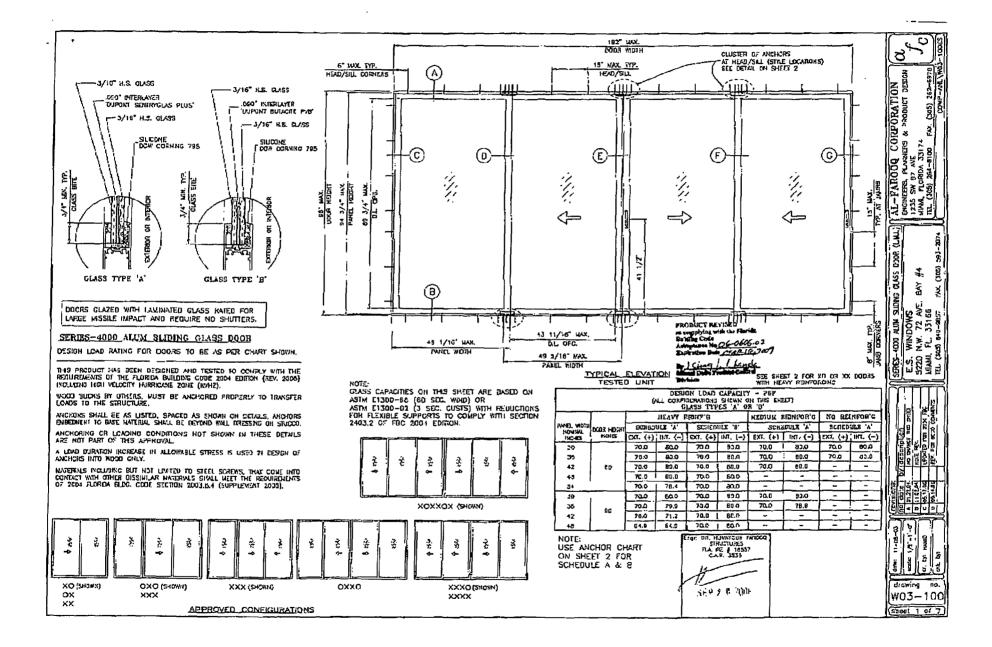
#### G. OTHER

- 1. This NOA revises # 04-1117.05 (# 03-1208.02)
- 2. Letter from the consultant stating that the product is in compliance with the Florida Building Code. (#04-1117.05)

Ishaq I. Chanda, P. E.
Product Control Examiner
NOA No 06-0606.02

Expiration Date: March 18, 2009 Approval Date: October 12, 2006

E - 1

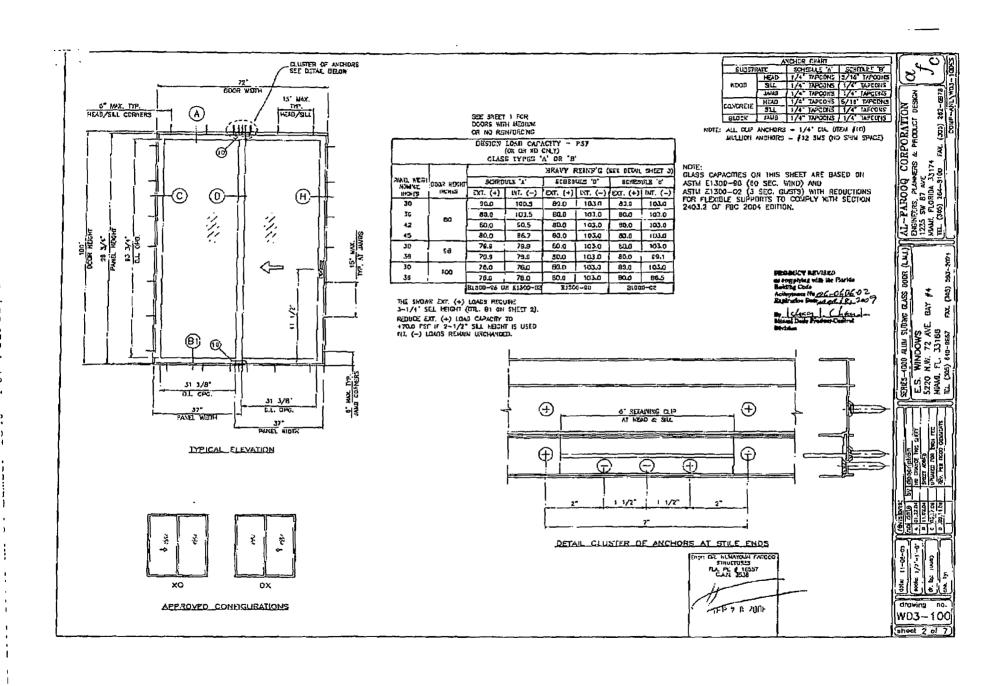


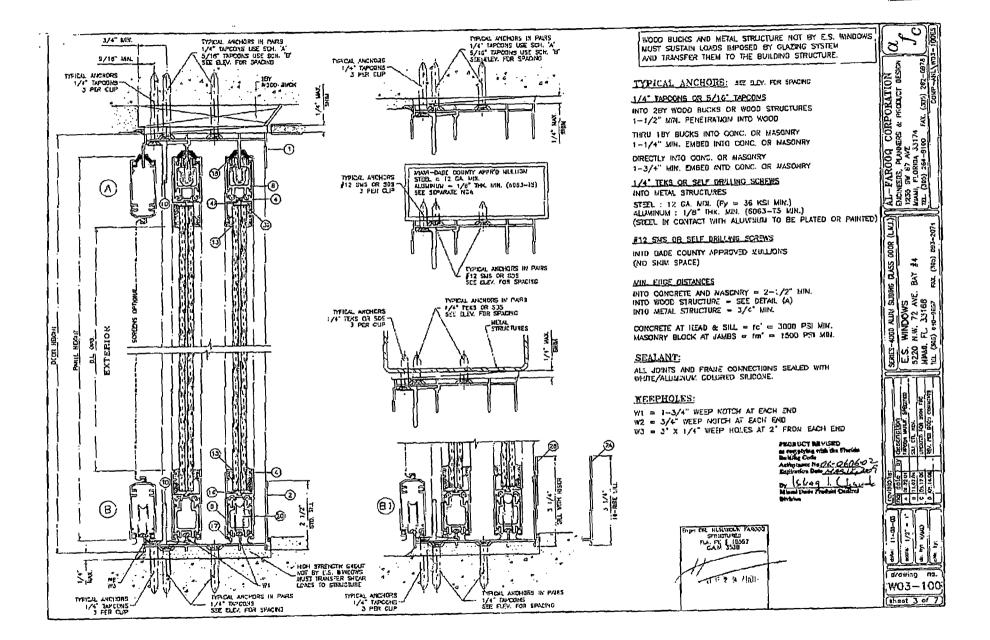
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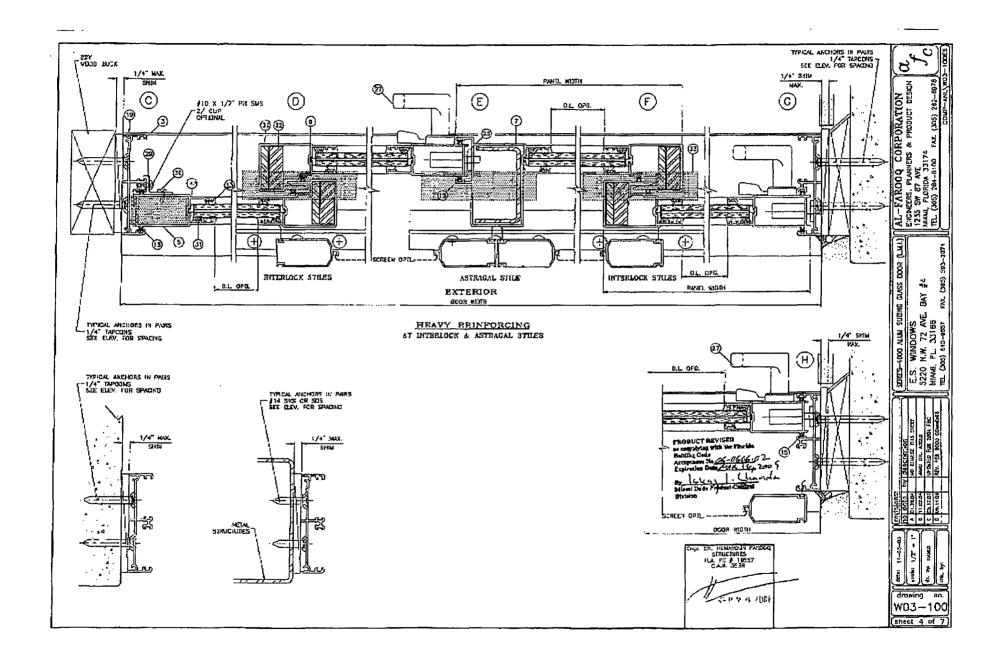
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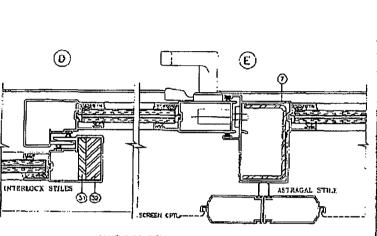
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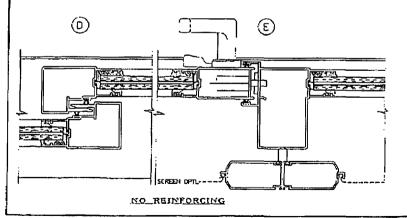








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|----|------|-----------|---|-----------------|--------|
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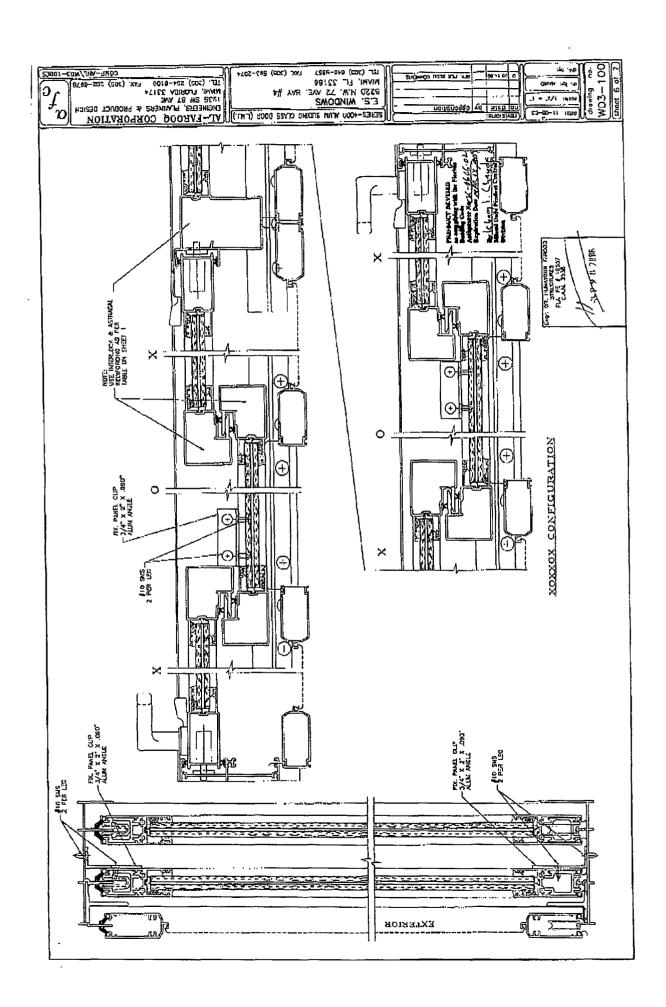


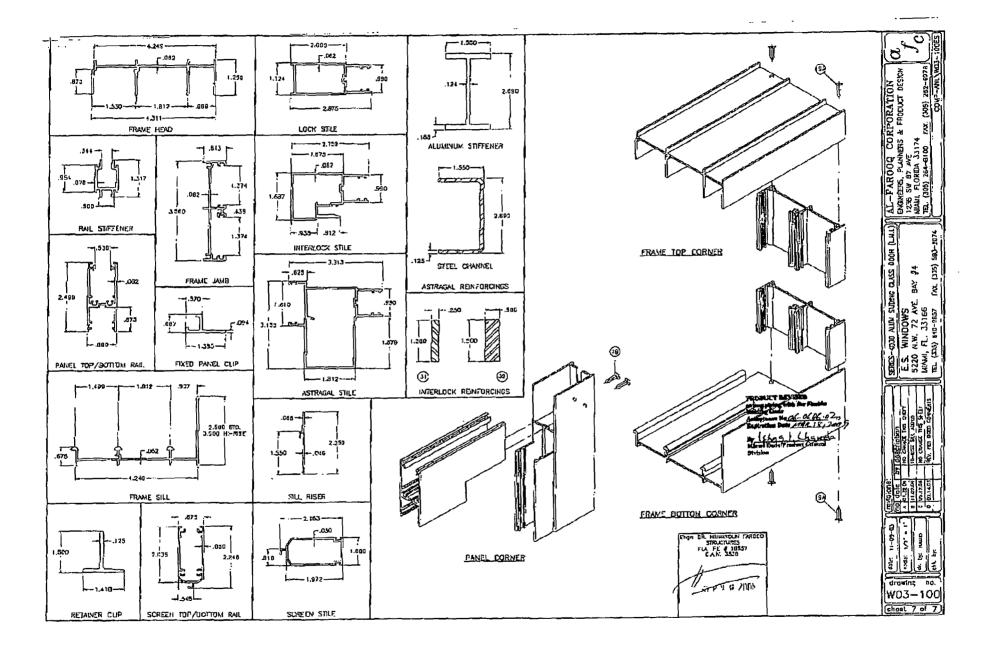
| CTEH # | F TDAT             | <b>GRYMMAIA</b> | DEEDCHEP TROM                    | WATERIAL     | HANY SUPPLIER OF NAMES            |
|--------|--------------------|-----------------|----------------------------------|--------------|-----------------------------------|
| 1      | £5-4001-1          | 1               | FORME HEAD                       | 6033-til     | -                                 |
| 2      | E5-40172-1         | 1               | STD. FRANE SILL                  | 6053-13      | -                                 |
| 2A     | -                  | 1               | HI-FUSE FRAME SILL               | 6053-75      |                                   |
| 3      | ES-4033-1          | )               | IKME IMB                         | 6053-73      | [-                                |
| 4      | ES-4034→1          | 2/ PANEL        | JAR NOTICE DIA POT               | 6783-75      | -                                 |
| 5      | ES~4005-1          | AS REOD.        | LOCK STRE                        | 6283-75      | -                                 |
| 6      | DS-4005-1          | AS RECD.        | INTERLOCK                        | 6083-T5      | -                                 |
| 7      | E5-4037-1          | AS REQD.        | PEHALE ASTRAÇAL                  | 6083-T5      | -                                 |
| В      | £5-4908            | AS RECO.        | TOP & BOTTOM RAIL STOFFERER      | 6353~T6      | -                                 |
| 3      | ES-4009            | 2/ l'AKEL       | PANEL GUDE (TOP CHLY)            | CELOGN       | NOT SHOWS                         |
| 10     | ES-4010            | 2/ FAHEL        | RETARLER CLIP, 6" LONG           | 6863-75      | -                                 |
| 13     | ES-4013            | AS REGO.        | GLAZING WEDGE                    |              | _                                 |
| 14     | ES-4014            | AS REGO.        | BUTTOM RAIL GLASS STOP           | NECPRENE     |                                   |
| 144    | ES-4019            | AS REOD.        | SLIDCHE STOP                     | HEGPRENE     |                                   |
| 15     | W22241NG           | AS REGO.        | STILE & JAME WSTRIPFING          |              | GLASS PAVELS, BUTBAFAB            |
| 18     | 02X6476K           | AS RECO.        | TOP RAIL WISTERPING              | <del>-</del> | CLASS PANSLS, ULTHAFAB            |
| 17     | ES-4015            | AS RECD.        | BOTTOM RAL WSTREPING             | V.NM.        | CASS PARELS                       |
| 10     | \$10X1-1/4" PH SWS | 8/ PWEL         | PAREL ASSY SCREWS                | -            | CLASS PANES                       |
| 194    | #10001" FH SWS     | 2/ 03RHEA       | FRAME ASSY SCREWS                | -            | -                                 |
| 20     | TA-35-1935-42BI    | 2/ MON. PAREL   | GLASS PAVEL ROLLER ASSY.         | ST. STEEL    | 1-1/4" O.D. WHEELS                |
| 21     | /10X1-1/4" PH SVS  | 1/ 6013         | RO'LER INST. SOREYS              | _            | CLASS PANELS ONLY                 |
| 23     | 2302~1053          | 1/ NOW PAND     | HIGHTEE LOCK                     | ST. STEEL    | -                                 |
| 24     | -                  | 2/ LOCK         | LOCK SISTALLATION SCHEW          | -            | \$5-32 X 1/2" FH MS, ST. STEEL    |
| 25     | 537                | 1/ LOCK         | LOCK STRIKE PLATE                | PLATED STEEL | -                                 |
| 58     | \$10 PH ENS        | 2/ LOCK         | STRIKE PLATE VOUNT, SCREN        |              | SIMONE TOK                        |
| 27     | F6232              | I/ LOCK         | INTERIOR AND EXTERIOR PULL       | -            | (3) P3-32 x 1/2" FH MS. ST. STED. |
| 28     | E54028             | AS RECUL        | SILL RISEN                       | 6(63-13      | -                                 |
| 29     | ES-4017            | 2/ PANEL        | FIXED FAMEL CLIP                 | 6063~13      | •                                 |
| 30     | #:CX1/2" PH 5HS    | 2/ 0.13         | FRED PANEL OLY FASTINES          |              | -                                 |
| 31     |                    | AS SECO.        | 1/4" X :-1/2" RENFORCING BAR     | STEEL        | -                                 |
| 32     | -                  | AS RECO.        | 1/2" X 1-1/2" RENFORCING DAR     | STEEL        | _                                 |
| 33     | -                  | AS REATH.       | 1"X4" LORE SELF ADRESNE PLE FAIL | WDOL         | AT HEAD AND SILL                  |

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Product Approval

USER: Public User

WOTH F.G. IliteInfact

Product Approval Menu > Product or Application Search > Application List > Application Detail

BCIS Home | Log In | Hot Topics | Submit Surcharge | Stats & Facts | Publications | FBC Staff | B



FL #
Application Type
Code Version
Application Status
Comments
Archived

FL6142 New 2004 Approved

Product Manufacturer Address/Phone/Email

Plastpro Inc. / Nanya Plastics Cr 9 Peach Tree Hill Road Livingston, NJ 07039 (440) 969-9773 Ext 16 RonOConnell@plastproinc.com

Authorized Signature

Ron O'Connell

RonOConnell@plastproinc.com

Technical Representative Address/Phone/Email

Quality Assurance Representative Address/Phone/Email

Category Subcategory **Exterior Doors** 

Swinging Exterior Door Assembl

Compliance Method

Evaluation Report from a Florida a Licensed Florida Professional to Evaluation Report - Hardcop

Florida Engineer or Architect Name who developed the Evaluation Report

Wendell W. Haney

Florida License PE-54158

Quality Assurance Entity National Accreditation and Mana

Quality Assurance Contract Expiration Date

Validated By L.F. Schmidt, P.E.

Certificate of Independence FL6142 RO COI Certificate of I

Referenced Standard and Year (of Standard) Standard

101/I.S. 2

Accepted Engineering Practice

**ASTM E1300** 

Equivalence of Product Standards Certified By

Sections from the Code

| Product Approval Method   | Method 1 Option D |
|---------------------------|-------------------|
| Date Submitted            | 02/28/2006        |
| Date Validated            | 03/01/2006        |
| Date Pending FBC Approval | 03/07/2006        |
| Date Approved             | 03/21/2006        |

| Su                | Summary of Products                                    |                                                                                         |                                                                                                                                                                  |  |  |  |  |  |
|-------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| FL                | . #                                                    | Model, Number or Name                                                                   | Description                                                                                                                                                      |  |  |  |  |  |
| 61                | 42.1                                                   | a. Distinction Series                                                                   | Up to 3'0 x 6'8 Single (X)<br>Glazed Fiberglass Door Ut<br>Frame                                                                                                 |  |  |  |  |  |
| A<br>A<br>Ii<br>D | mpact Resistant<br>esign Pressure:<br>ther; See INST 6 | : outside HVHZ: Yes<br>:: No                                                            | Installation Instruction FL6142_R0_II_INST 614. Verified By: Wendell W. I Created by Independent Evaluation Reports FL6142_R0_AE_EVAL_614 Created by Independent |  |  |  |  |  |
| 61                | 42.2                                                   | Up to 3'0 x 6'8 Single with<br>Inswing or Outswing - Gla<br>Utilizing the Snap Lite Fra |                                                                                                                                                                  |  |  |  |  |  |
| Li                | mits of Use                                            |                                                                                         | Installation Instruction                                                                                                                                         |  |  |  |  |  |

| Approved for us<br>Impact Resista<br>Design Pressur<br>Other: See INST                                                             |                                                                                            | FL6142 RO II INST 614 Verified By: Wendell W. I Created by Independent Evaluation Reports FL6142_RO_AE_EVAL 61 Created by Independent                            |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6142.3                                                                                                                             | c. Distinction Series                                                                      | Up to 3'0 x 6'8 Single with<br>Inswing or Outswing - Gla<br>Utilizing the Snap Lite Fra                                                                          |
| Impact Resista<br>Design Pressur<br>Other: See INST                                                                                | se outside HVHZ: Yes<br>nt: No                                                             | Installation Instruction FL6142 RO II 6142.3 IN Verified By: Wendell W. I Created by Independent Evaluation Reports FL6142 RO AE EVAL 614 Created by Independent |
| 6142.4                                                                                                                             | d. Distinction Series                                                                      | Up to 6'0 x 6'8 Double (X<br>- Glazed Fiberglass Doors<br>Frame                                                                                                  |
| Approved for u<br>Impact Resista<br>Design Pressur<br>Other: See INST                                                              |                                                                                            | Installation Instruction FL6142 R0 II INST 614 Verified By: Wendell W. i Created by Independent Evaluation Reports FL6142 R0 AE EVAL 61 Created by Independent   |
| 6142.5                                                                                                                             | e. Distinction Series                                                                      | Up to 6'0 x 6'8 Double wi<br>Inswing or Outswing - Gla<br>Utilizing the Snap Lite Fra                                                                            |
| Approved for u<br>Impact Resista                                                                                                   | Ise in HVHZ: No Ise outside HVHZ: Yes Int: No Is: +47.0/-47.0 T 6142.5 and EVAL 6142.5 for | Installation Instruction FL6142_R0_II_6142.5 If Verified By: Wendell W. Created by Independent Evaluation Reports FL6142_R0_AE_EVAL_61                           |
| Other: See INS                                                                                                                     | ze and use limitations.                                                                    | Created by Independent                                                                                                                                           |
| Other: See INS                                                                                                                     | f. Distinction Series                                                                      | Up to 3'0 x 6'8 Single (X) Glazed Fiberglass Door U                                                                                                              |
| Other: See INS any additional siz 6142.6  Limits of Use Approved for u Approved for u Impact Resista Design Pressur Other: See INS | f. Distinction Series use in HVHZ: No use outside HVHZ: Yes ant: No                        | Up to 3'0 x 6'8 Single (X)<br>Glazed Fiberglass Door U                                                                                                           |

| Impact Resista<br>Design Pressur<br>Other: See INST | se outside HVHZ: Yes<br>nt: No                 | Installation Instruction<br>FL6142 RO II INST 614.<br>Verified By: Wendell W. I<br>Created by Independent<br>Evaluation Reports<br>FL6142 RO AE EVAL 61.<br>Created by Independent |
|-----------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6142.8                                              | h. Distinction Series                          | Up to 3'0 x 6'8 Single with<br>Inswing or Outswing - Gla<br>Utilizing the Lip Lite Screv                                                                                           |
| Impact Resista<br>Design Pressur<br>Other: See INST | s <b>e outside HVHZ:</b> Yes<br>n <b>t:</b> No | Installation Instruction FL6142_RO_II_INST 614. Verified By: Wendell W. I Created by Independent Evaluation Reports FL6142_RO_AE_EVAL 61. Created by Independent                   |
| 6142.9                                              | i. Distinction Series                          | Up to 6'0 x 6'8 Double (X:<br>- Glazed Fiberglass Door t<br>Screw Frame                                                                                                            |
| Impact Resista<br>Design Pressur<br>Other: See INST | se outside HVHZ: Yes<br>nt: No                 | Installation Instruction<br>FL6142 RO II INST 614<br>Verified By: Wendell W. I<br>Created by Independent<br>Evaluation Reports<br>FL6142 RO AE EVAL 614<br>Created by Independent  |
| 6142.10                                             | j. Distinction Series                          | Up to 6'0 x 6'8 Double wit<br>Inswing or Outswing - Gla<br>Utillzing the Lip Lite Screv                                                                                            |
| Impact Resista<br>Design Pressur<br>Other: See INST | <b>se out</b> si <b>de HVHZ:</b> Yes<br>nt: No | Installation Instruction FL6142 R0 II INST 614 Verified By: Wendell W. F Created by Independent Evaluation Reports FL6142 R0 AE EVAL 61 Created by Independent                     |

| Back | Next |
|------|------|
|      | ·    |

#### DCA Administration

Department of Community Affairs
Florida Building Code Online
Codes and Standards
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100
(850) 487-1824, Fax (850) 414-8436
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**Product Approval Accepts:** 



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

## **CORRECTION NOTICE**

| ADDRESS: _ | 18            | PALM    | ND.    |                                 |           |
|------------|---------------|---------|--------|---------------------------------|-----------|
|            | violatio      |         |        | premises and<br>d/or State laws |           |
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Building Department - Inspection Log Date of Inspection: Mon Wed Fri 9-29 , 2008 OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTION TYPE OWNER/ADDRESS/CONTR. RESULTS NOTES/COMMENTS: INSPECTOR INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR QWNER/ADDRESS/CONTR. NOTES/COMMENTS RESULTS INSPECTOR: OWNER/ADDRESS/CONTR. NOTES/COMMENTS: PERMIT INSPECTION TYPE RESULTS INSPECTOR PERMIT INSPECTION TYPE RESULTS INOTES/COMMENTS: INSPECTOR: NOTES/COMMENTS: PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS INSPECTOR: OTHER:

Building Department - Inspection Log

| Date of In  | spection: Mon Wed    | 10-8            | _, 2008  | Page of         |
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| PERMIT      | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS  | NOTES/COMMENTS: |
| 9009        | Leighton             | Final           |          | . ()            |
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| 11111       | 06                   |                 |          | INSPECTOR:      |
| PERMIT      | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS  | NOTES/COMMENTS: |
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One South Sewall's Point Road Sewall's Point, Florida 34996 (772) 287-2455

#### **CORRECTION NOTICE**

| ADDRESS:                               | 18                  | PALT         | N FO.        |                |             |
|----------------------------------------|---------------------|--------------|--------------|----------------|-------------|
| I have this day the following vame.    |                     |              |              |                |             |
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| You are hereby                         | ん,<br>notified that | no work sha  | ll be concea | led upon these | e premises  |
| until the above v<br>call for an inspe |                     | е согтестеа. | w nen corre  | ctions have be | en made,    |
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Building Department - Inspection Log

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# TOWN OF SEWALL'S POINT Building Department - Inspection Log

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| 0          | 64 Namer Rd          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | OM/             |
| 1          | JMC                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | INSPECTOR:      |
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| 1008       | Jalinio              | Final                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1465    | Close           |
| 1          | 26 Sowall            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ļ       |                 |
|            | Stuart Tence         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | INSPECTOR:      |
| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS | NOTES/COMMENTS: |
| 9002       | DESIGNAUL .          | provences                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 14/1/2  |                 |
| 2          | 18 PALM PD.          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Di an   |                 |
| ے.         | CASTLE               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | INSPECTOR:      |
| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS | NOTES/COMMENTS: |
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| PERMIT     | OWNER/ADDRESS/CONTR. | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS | NOTES/COMMENTS: |
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| OTHER:     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                 |
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One South Sewall's Point Road Sewall's Point, Florida 34996 (772) 287-2455

#### **CORRECTION NOTICE**

| ADDRESS: BPALM                           | RD.                                                                         |
|------------------------------------------|-----------------------------------------------------------------------------|
| I have this day inspected this structure | re and these premises and have found<br>County, and/or State laws governing |
| ADD STRAPPING TO                         | BOTH END                                                                    |
| DANTERS -                                | FOR SWITCH                                                                  |
| SELUPTE U- KOX                           | FOR SWITCH                                                                  |
|                                          |                                                                             |
|                                          |                                                                             |
| •                                        | shall be concealed upon these premises d. When corrections have been made,  |
| DATE: 10/17                              | INSPECTOR                                                                   |
| DATE: <u>/0//7</u>                       | INSPECTOR                                                                   |

DO NOT REMOVE THIS TAG

Building Department - Inspection Log

|        |                      |                   |         | 1 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
|--------|----------------------|-------------------|---------|-------------------------------------------|
| PERMIT | OWNER/ADDRESS/CONTR. |                   | RESULTS | NOTES/COMMENTS:                           |
| 9017   | Wolcott              | Final             | PASS    | C 408E                                    |
| afer   | 32 Rivista           |                   |         |                                           |
| 068:30 |                      |                   |         | INSPECTOR:                                |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE   | RESULTS | NOTES/COMMENTS:                           |
| 8944   | memaler              | Final             | PASS    | Close                                     |
| 0      | 5 Melody             |                   |         |                                           |
| 2      | Code Red '           |                   |         | INSPECTOR                                 |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE   | RESULTS | NOTES/COMMENTS:                           |
| CE.    |                      | HEDGE ALONG       | OK      |                                           |
| . 7    | 24 N.S.P.R.          | POAD.             |         |                                           |
| 3      |                      |                   | 100     | INSPECTOR:                                |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE   | RESULTS | NOTES/COMMENTS:                           |
| 8145   | Nelson               | Tinal             | COUR    | 27551)                                    |
| 11:10  | 3 Marquerita         |                   |         |                                           |
| 11.5   | Delson Homes         |                   |         | INSPECTOR:                                |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE   | RESULTS | NOTES/COMMENTS:                           |
| Signor |                      | Kame a Del        | PAIL    |                                           |
|        | 18 talm Rd           | 9:30-10:00        | PINGER  | on The                                    |
|        | George Custle        | FAM ING ROBA BECT | PASS    | INSPECTOR:                                |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE   | RESULTS | NOTES/COMMENTS:                           |
|        |                      |                   |         |                                           |
| _      | -3M/RAMPR.           |                   |         |                                           |
|        |                      |                   |         | INSPECTOR:                                |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE   | RESULTS | NOTES/COMMENTS:                           |
| 8589   | Harden               | GUEST HOUSE       | PASS    | CUSE                                      |
|        | 275 River Rd         | FINAL             |         | 201                                       |
|        | Strateion            |                   |         | INSPECTOR:                                |
| OTHER: |                      |                   |         |                                           |
|        |                      |                   |         |                                           |
|        |                      |                   |         |                                           |

|                                                                                                                | Building                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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# **FENCE**



#### 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.

## #AFINAL INSPECTION IS REQUIRED FOR ALL PERMITS

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| SCOPE OF WORK                                                                                                                                                                                                              | ζ:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FENCE                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      | -t. ,                                                                           |                                                                                                 |
| CONTRACTOR:                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CHAPMAN F                                             | FENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                 |                                                                                                 |
| PARCEL CONTRO                                                                                                                                                                                                              | OL I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NUMBER:                                               | 133841005-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0-000805                                                                                                             | SUBDIVISION                                                                     | PALM ROW REV – L 8                                                                              |
| CONSTRUCTION ADDRESS:   18 PALM RD                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      |                                                                                 |                                                                                                 |
| OWNER NAME:                                                                                                                                                                                                                | DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STEPHAN                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      |                                                                                 |                                                                                                 |
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| WITH YOUR LENDI<br>CERTIFIED COPY OF<br>DEPARTMENT PRI<br>NOTICE: IN ADDITIONAL PERMI<br>ADDITIONAL PERMI<br>DISTRICTS, STATE A                                                                                            | ER COPT TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE | THE RECORD TO THE FIRST OTHE REQUIRED FRICIES, OR FEE | RNEY BEFORE IN ED NOTICE OF THE REQUESTED WITH THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT OF THE RESULT | RECORDING YOUR COMMENCEMENT INSPECTION. HIS PERMIT, THERE D IN PUBLIC RECORENMENTAL ENTITS.                          | MOTICE OF COMMUST BE SUBMIT  MAY BE ADDITION DS OF THIS COUNT TIES SUCH AS WATE | TTED TO THE BUILDING  VAL RESTRICTIONS TY, AND THERE MAY BE TR MANAGEMENT  BE AVAILABLE ON SITE |
| UNDERGROUND PLUMB UNDERGROUND MECHA 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 | ANICA<br>N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FOOTING TIE BEAM/O WALL SHEA INSULATIO LATH ROOF TILE ELECTRICAI GAS ROUGI METER FIN FINAL ELEC FINAL GAS BUILDING F | COLUMNS ATHING IN-PROGRESS L ROUGH-IN H-IN AL TRICAL                            | THE PERMIT HOLDER                                                                               |
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FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS

TO THE CONTRACTOR OR OWNER /BUILDER.

| ſ            | Town of Cowell's Doint                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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|              | Date: 9/17/13 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: 10633                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              | OWNER/LESSEE NAME: JOE DESTEPHON  Phone (Day) 305-584-7435 (Fax)  Job Site Address: 18 Palm Rd  City: Se walls Pt State: FL zip:  Legal Description Lot 8 Plat of Palm Row Parcel Control Number: 13-38-41-005-000-000805                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ١            | Job Site Address: 18 Palm Rd City: Se Walls Pt State: FL Zip.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|              | Legal Description Lot 8 Plat of Palm Row Parcel Control Number: 13-38-41-005-000-000805                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|              | Fee Simple Holder Name: Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|              | City: State: Zip: Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| ł            | *SCOPE OF WORK (PLEASE BE SPECIFIC): Install 115' of 6' high Board on Board wood Fonce. 4' on Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|              | WILL OWNER BE THE CONTRACTOR?  (If yes, Owner Builder questionnaire must accompany application)  Estimated Value of Improvements: \$200 € 0 (2,900 €)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ŀ            | YESNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|              | YES (YEAR) NO Estimated Fair Market Value prior to improvement: \$  (Must include a copy of all variance approvals with application)  (Fair Market Value of the Primary Structure only, Minus the land value)  PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| d            | Chapman Fence Phone: 340-7247 Fax: 340-7210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 4            | Qualifiers name: Branden Chapmanstreet: 1290 SWB1/tmwe Stc City: PSZ State: FL zip34983                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1            | State License Number: OR: Municipality: CFE Martin Co License Number: CFE 531)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|              | LOCAL CONTACT: Brand on Chapman Phone Number: 340 7347                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|              | DESIGN PROFESSIONAL: Fla. License#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|              | Street:City: D E C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ľ            | AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Storage:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|              | Carport:Total under RoofElevated Deck_OCT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| İ            | CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| $\mathbf{I}$ | National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Gode: 2010, Florida Fire Prevention Code: 2010  WARNINGS TO OWNERS AND CONTRACTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|              | WARNINGS TO OWNERS AND CONTRACTORS:  1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|              | NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.  2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|              | APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1            | 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ۱            | A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.  4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Ì            | 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, 105.4.1.15.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|              | *****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: CONTRACTOR/LICENSES/NOTARIZED SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|              | x Grandon Chan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|              | State of Florida, County of:  On This the day of day of 20 20 3 20 3 20 3 3 3 3 3 3 3 3 3 3 3 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|              | on This the day of day of october 20 20 by who is personally by brandon Chapman who is personally                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|              | known to me or produced FL Divers license                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|              | As identification. As identification. As identification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|              | My Commission Expires: My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|              | SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER \$ APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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

generated on 10/4/2013 11:46:09 AM EDT

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Parcel ID Account #

**Unit Address** 

**Market Total Website** Updated Value

13-38-41-005-000- 27813 00080-5

18 PALM RD, SEWALL'S POINT

\$323,110

9/28/2013

Owner Information

Owner(Current)

**DESTEPHAN JOSEPH A** 

**Owner/Mail Address** 

5775 COLLINS AVE PH 6

**MIAMI FL 33140** 

Sale Date

6/30/2008

**Document Book/Page** 

2343 1385

Document No.

2098829

Sale Price

439500

Location/Description

Account #

27813

Map Page No.

**SP-05** 

**Tax District** 

2200

Legal Description PALM ROW REVISED &

**AMENDED LOT 8** 

Parcel Address

18 PALM RD, SEWALL'S POINT

**Acres** 

.3440

Parcel Type

**Use Code** 

0100 Single Family

Neighborhood 120200 Heritage P, Palmtto Pk, Rdglnd,

**Assessment Information** 

**Market Land Value** 

\$175,000

**Market Improvement Value** 

\$148,110

Market Total Value

\$323,110



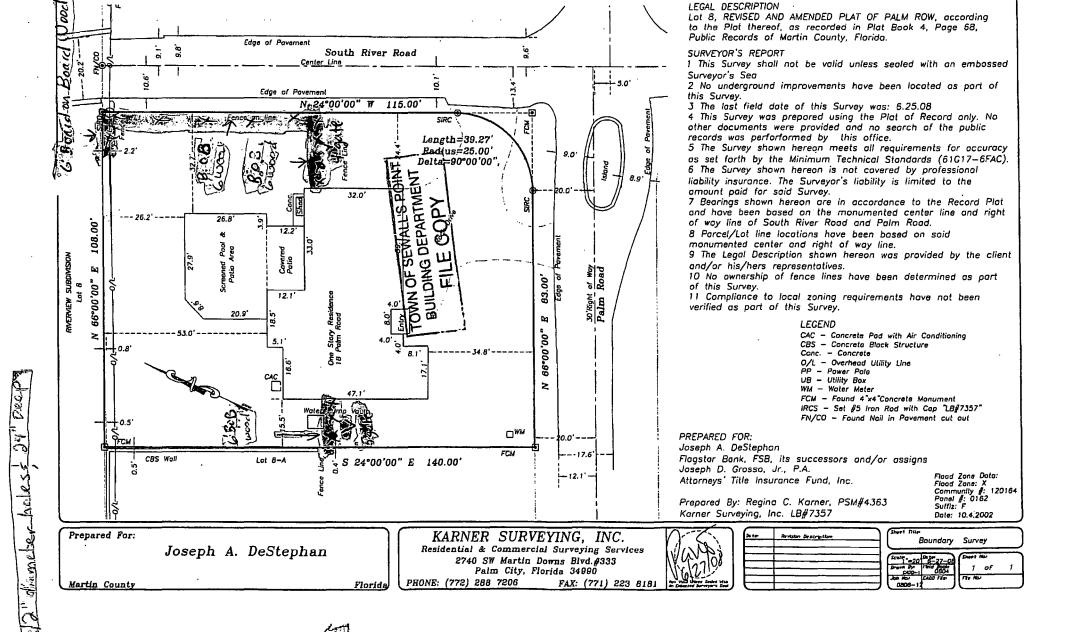


## CHAPMAN FENCE, INC. 1290 S.W. Billmore St., Suite G. Port Saint Lucie, FL 34983

Office: (772) 340-7247 • Fax: (772) 340-7210 chapmanfenceinc@bellsouth.net www.chapmanfenceinc.com
Nicole M: Chapman Brandon A. Chapman

City of Stuart: APO7050016 Martin County: CFE 5311 City of PSL: 9079 St Lucie County: 24352 City of Ft. Pierce: 00019108

| Joe Dest phan   9-11-13   Zip   Starcills   Point   FL   Fax   305-586-7425                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| ESIDENTIAL COMMERCIAL INDUSTRIAL Additional information.  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| ESIDENTIAL COMMERCIAL INDUSTRIAL Additional Information  Otto Pool (Mood) PVC Aluminium  otal Hootage   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| TIME ( ROMAGE) BOUBLE Gale(s)  Pool Barrier Removal  Yes ( Ge) No  Good Side Gate Frame  In ( Gut) ( See) Wood  Barbs Tension Wire  Up Down Top Bottom  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material Specifications  Material 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| POOL Barrier  Removal  Yes  Removal  Yes  Removal  Yes  Removal  Yes  Removal  Yes  Removal  Yes  Removal  Yes  Removal  Yes  Removal  Yes  Removal  Yes  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal  Removal 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| Pool Barrier Removal  Yes 19 (18) No  Good Side Gate Frame In (Out) SiGe) Wood Barris Tension Wire Up Down Top Bottom Good Material Specifications  Material Specifications  Material Specifications  Material Specifications  Op Rail  Down Top Bottom  Material Specifications  Material Specifications  Top Rail  Down Top Bottom  Material Specifications  Mount Top Bottom  Material Specifications  Op Rail  Down Top Bottom  Material Specifications  Top Rail  Down Top Bottom  Material Specifications  Mount Top Specifications  Top Rail  Down Top Bottom  Mount Top Specifications  Time Posts  Down Top Bottom  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top Specifications  Top 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| Civity Co.                                                        | (3) \ \<br>(2) \ \<br>(3) \ \<br>(4) \ (5) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ (6) \ |                 |
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| LAS FLED IN THIS OFFICE.                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |
| AND THUMAN CLERK                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |
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| 10 105217                                                         | <b>⋺</b> ⊑%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ~==             |
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| L PAYMENT TO CONTRACTOR BUT                                       | T.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | =               |
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| COMMENCEMENT ARE CONSIDERED YOUR PAYING TWICE FOR IMPROVEMENTS TO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2               |
| THE FIRST INSPECTION. IF YOU INTEND TO                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>?</b>        |
| DING YOUR NOTICE OF COMMENCEMENT.                                 | 88<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | نا≡             |
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| TRUE TO THE BEST OF MY KNOWLEDGE AND                              | 근눈                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ~ <u>=</u>      |
|                                                                   | 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3               |
|                                                                   | Ì₽.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>ه</u>        |
| RNEY-IN-FACT                                                      | INTANGIBLE<br>CLERK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 825 RECD 10/15/ |
|                                                                   | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 72              |
|                                                                   | 五                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>G</b>        |
|                                                                   | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>}</b> *      |
|                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ę               |
|                                                                   | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u></u>         |
| DE WHOM INSTRUMENT WAS EXECUTED                                   | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 13              |
| er license                                                        | · <b>_</b> '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | /2013           |
| C- 1140000                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |
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| •                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del>-</del> :  |
|                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4~              |
| •                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | E-S             |
|                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 03:51:44 PM     |

|   | NOTICE OF COMMENCEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
|   | TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|   | TAX FOLIO #: 13-38-41-005-000-00080-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |
|   | SYATE OF FLORIDA COUNTY OF MARTIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |
|   | THE UNDERSIGNED HERESY GIVES NOTICE THAT IMPROVEMENT WILL SE 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 PHOPERTY LAND STREET ADDRESS IF AVAILABLE!: 18 PAIR KOLLET & PIGT CT POLICE VLOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |
|   | GENERAL DESCRIPTION OF IMPROVEMENT: FUNCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
|   | OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |
| ٠ | ADDRESS: 18 YULM Rd Sewalls Points I L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |
|   | PHONE NUMBER: 305-586-7175 FAX NUMBER: N/A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |
|   | NAME AND ADDRESS OF FRE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |
|   | N/F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|   | CONTRACTOR: CHAPMAN FENCE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|   | ADDRESS: 1290 JU BIT FAI OF STC & PORT ST UCIC, FL 34983 PHONE NUMBER: 340-724 FAX NUMBER: 340-7240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
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|   | SURETY COMPANY (IF APPLICABLE, A CCPY OF THE PAYMENT BOND IS ATTACHED)  ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE ADDRESS: WIRE  |            |
|   | ADDRESS: W) PHONE NUMBER: FAX NUMBER: STATE OF PROPERTY CONTROLL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>.</u>   |
|   | BOND AMOUNT: MARTINE COLORS  THIS IS TO CERTIFY THAT THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |
|   | TENDER/MORTGAGE COMPANT: 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |
|   | PHONE NUMBER: FAX NUMBER: AND CORRECT COPY OF THE ORIGINAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |
|   | DOCUMENTAS FILED IN THIS OFFICE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | بممر       |
|   | PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OLISECTIVE TIMERAN TO LEGAL  DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (b) , FLORIDA STATUTES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |
|   | NAME: N/A 2/15/13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |
|   | NAME: 11: DATE 10(15)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |
|   | PHONE NUMBER: FAX NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Ē          |
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|   | A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 000        |
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|   | EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$0,00,    |
|   | WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3          |
|   | WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ξ          |
|   | IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5          |
|   | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 000        |
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|   | UNDER PENALTIES OF PERURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ŧ0,00,     |
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| • | SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ħ          |
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|   | SIGNATORY'S TITLE/ OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5          |
|   | THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE METHIS 24 DAY OF 507 20 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INTANGIELE |
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|   | BY: Trisiph A Dr Stephan as FOR PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$5.00     |
|   | DERSONALLY KNOWN OR DRODUCED IDENTIFICATION X TYPE OF IDENTIFICATION PRODUCED 127/05 1/6/156                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | . ₹        |
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EDUARDO LOPEZ
Notary Public - State of Florida
My Comm. Expires Jan 21, 2017
Commission # EE 866886
Bonded Through National Notary Assn.

NOTARY SIGNATURE/ SEAL

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## TOWN OF SEWALL'S POINT, FLORIDA

FILE

| Date \$124100        |                                                                                                 |
|----------------------|-------------------------------------------------------------------------------------------------|
| (1012 841            | Nº 0354                                                                                         |
| Owner                | (Contractor of Owner)                                                                           |
| Sub-division         | COME, NOME I THE CENTY                                                                          |
|                      | RU OF VARANISE                                                                                  |
| No. Of Trees: REMOVE | KIEDHIKO                                                                                        |
| N 2/-                | TITHIN 30 DAYS (NO FEE)                                                                         |
| N. 0/ =              | THIN 30 DAYS (NO FEE)                                                                           |
| REMARKS ALL DISTARDY | DYLLUG TENDANGERING STRUCTURE                                                                   |
| SPE SPEACH           | WIEST -                                                                                         |
| Signed, Stary Unch   | Signed,                                                                                         |
| y Applicant          | Town Clerk MUNI OFFICIAL                                                                        |
|                      |                                                                                                 |
|                      | C HOOT DATE COO A MAIN OR MAIN ( )                                                              |
| TOWN OF SEWALL'S P   | Call 287-2455 – 8:00 A.M12:00 Noon for Inspection work Hours 8:00 A.M 5:00 P.M.—NO SUNDAY WORK. |
| TDEE DEM             | IOVAL DEDAKIT                                                                                   |
| IVEE VEIA            | IUVAL PERMII                                                                                    |
|                      | RE: ORDINANCE 103  PROJECT DESCRIPTION                                                          |
|                      |                                                                                                 |
|                      |                                                                                                 |
|                      |                                                                                                 |
|                      | REMARKS 10/100 SUPPLEMBER -                                                                     |
|                      |                                                                                                 |
|                      | BUSEN OVER ON ELECT. SELVICE                                                                    |

APPLICATION FOR TREE REMOVAL REPLACEMENT

Permit #

Date Issued

| his 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 dentified with an estimated size and number, etc. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Amer Joe + Stary Arch Address 18 Palm Road Phone 219-0014                                                                                                                                                                                                                                                                                                                                                     |
| Contractor Monte's Tree Service Address Polm City Phone 283-8828                                                                                                                                                                                                                                                                                                                                              |
| Number of trees to be removed(list kinds of trees)                                                                                                                                                                                                                                                                                                                                                            |
| I - hickory-has I - bird of part of it fell on roof during Irone I hickory-roo<br>Number of trees to be relocated within 30 days (no fee) (list kinds of trees):                                                                                                                                                                                                                                              |
| vumber of trees to be relocated within 30 days(no fee)(list kinds of trees):                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                               |
| Sumber of trees to be replaced (list kinds of trees):                                                                                                                                                                                                                                                                                                                                                         |
| Permit Fee \$ (3.75.00 first tree plus \$10.00 - each additional tree - not to exceed \$100.00.8 5.60                                                                                                                                                                                                                                                                                                         |
| (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                                                                                                          |
| 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 they Clark  Date submitted 8-23-00                                                                                                                                                                                                                                                                                                                                                     |
| Approved by Building Inspector Date 8/25/99                                                                                                                                                                                                                                                                                                                                                                   |
| Approved by Building Commissioner Date                                                                                                                                                                                                                                                                                                                                                                        |
| Completed                                                                                                                                                                                                                                                                                                                                                                                                     |
| Date Checked by                                                                                                                                                                                                                                                                                                                                                                                               |
| THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT DESTROYED WITHOUT DESTROYED 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                                                                                                                                  |

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER,

HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?

4-black stuff Farce? Androry over roof 500 € € CHOD

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Building Department - Inspection Log
Date of Inspection: Mon DWed DFri 3-14 , 2000; Page \_\_ of

| ERMIT       | OWNER/ADDRESS/CONTR.   | INSPECTION TYPE      | RESULTS | REMARKS          |
|-------------|------------------------|----------------------|---------|------------------|
| -123        | koct                   | INSULATION           | PASSKO  |                  |
|             | 71 N-RIVER RD.         | (called in by kul)   | 4       |                  |
|             | Krown                  |                      |         |                  |
| ERMIT       | OWNER/ADDRESS/CONTR.   | INSPECTION TYPE      | RESULTS | REMARKS          |
| 217         | ZHCRO                  | TRUSS ENGRG          | 118500  | realed englisher |
|             | 124 p. SOWALCS YT. PD  | (RELECTP.)           | 3       |                  |
|             | KUKOKO                 |                      |         |                  |
| PERMIT      | OWNER/ADDRESS/CONTR.   | INSPECTION TYPE      | RESULTS | REMARKS          |
| 1885        | WOOMS                  | ITT & MTC.           | PARRO   |                  |
|             | 1165. RIVEK K.D.       | V                    | R       |                  |
| ·           | PACIFIC                |                      |         |                  |
| PERMIT      | OWNER/ADDRESS/CONTR.   | INSPECTION TYPE      | RESULTS | REMARKS          |
| 4921        | Scytragum              | D/W sexxer           | PASSLA  |                  |
|             | 109 S. SEWHLES PT. RD. |                      | 1/4     |                  |
|             | EMMICK                 |                      | '/\     |                  |
| PERMIT      | OWNER/ADDRESS/CONTR.   | INSPECTION TYPE      | RESULTS | REMARKS          |
| !           |                        |                      |         |                  |
|             | <u> </u>               |                      |         |                  |
| <del></del> |                        | ,                    |         | <u> </u>         |
| PERMIT      | OWNER/ADDRESS/CONTR.   | INSPECTION TYPE      | RESULTS | REMARKS          |
|             |                        |                      |         |                  |
|             | <del> </del>           |                      |         |                  |
|             |                        |                      |         | BEMARKS          |
| PERMIT      | OWNER/ADDRESS/CONTR.   | INSPECTION TYPE      | RESULTS | REMARKS          |
| <del></del> |                        |                      |         | -                |
|             |                        |                      |         |                  |
| L           | <u> </u>               | - MOUTE'S TRUE SERV. |         |                  |

THE 4 BANDON " ; BURGUNN - MIKE'S II

INSPECTOR (Name/Signature): .

Building Department - Inspection Log

Date of Inspection: 

Mon Wed 

Fri 

823 - , 2000; Page \_\_ of Z\_

| PERMIT   | OWNER/ADDRESS/CONTR. | INSPECTION TYPE         | RESULTS    | REMARKS                |
|----------|----------------------|-------------------------|------------|------------------------|
| 5048     | Ly don 221-0467      | electrical              | (40)       | ELECT SUB PN 5049      |
| <b>V</b> |                      | called diver & alviped. | M          | NOT ISSUED TO DIFFE &  |
|          | owner                | - he will realled after | print exim |                        |
| PERMIT   | OWNER/ADDRESS/CONTR. | INSPECTION TYPE         | RESULTS    | REMARKS                |
| 5059     | Wholen               | plywood                 | PASSED     | after lunch            |
| (4)      | 9 Knowles Rd.        | nailingSHEATHING        | E          | Oktober-in; Hotch a    |
| <u>U</u> | Cardina)             |                         |            | TA PHIC LOSP,          |
| PERMIT   | OWNER/ADDRESS/CONTR. | INSPECTION TYPE         | RESULTS    | REMARKS                |
| 4257     | Conway               | insulation              | PASSED     |                        |
|          | 4 Oak Hill Way       |                         | 8          |                        |
| (9)      | owner /              |                         |            |                        |
| PERMIT   | OWNER/ADDRESS/CONTR. | INSPECTION TYPE         | RESULTS    | REMARKS                |
| 5054     | Mike Vennis          | structure               | PASSED     | side door will         |
|          | H Bay Florist        | FRAMING-                | 8          | be unlocked            |
| 0/       | 3756 E. Ocean        | NOW TREET 101. MV. WALL |            | STURKED FUNCTION FEE   |
| PERMIT   | OWNER/ADDRESS/CONTR. | INSPECTION TYPE         | RESULTS    | REMARKS                |
| 4975     | Steinhoi             | pool deck               | PASSED     | verified is kea. Sine  |
| (2)      | 106 Hillcrest        |                         | 4          | SETRICK & TERMITE SPKI |
|          | Ararews              |                         | <u> </u>   | KEWIKEMENT CHOWNE      |
| PERMIT   |                      | INSPECTION TYPE         | RESULTS    | REMARKS                |
| 4910     | Hoge                 | dock linel              | PASSED     |                        |
| (3)      | 8 St Lucie Court     |                         | 1          |                        |
|          | Tropic               |                         |            | <u> </u>               |
| PERMIT   | OWNER/ADDRESS/CONTR. | INSPECTION TYPE         | RESULTS    | REMARKS .              |
| 5045     | Lopez                | final                   | PASSED     |                        |
| 1        | 5 Middle Pid.        | awnings                 | 9          | ļ                      |
|          | Major                | ( KELNSY BET)           | 1          |                        |

INSPECTOR (Name/Signature): -

### Sewall's Point Police Activity Report

| 2          |        | -                                                   |                                        | <del></del>                          |
|------------|--------|-----------------------------------------------------|----------------------------------------|--------------------------------------|
| Officer a  | nd #   | FOSS 025                                            | -46                                    | Date 10-02-00                        |
| Day        | MONDAY | Shift                                               | 0000-0800                              | Car# 400                             |
| Mileage    | On     |                                                     | _Mileage Off                           |                                      |
| Vehicle (  | Cond   |                                                     | _Fuel Gals                             |                                      |
| Citations  | ·      | Warning Cit                                         | ations                                 | _Arrests                             |
| Acc. Rep   | orts   | Code Viol                                           | Vacant Hou                             | use Checks                           |
| Signal     | Time   |                                                     | Remarks                                |                                      |
|            |        | ONCE THERE THEY<br>SCOTT ERWIN DIL                  | Y WAS ABLE TO S<br>L, W/M, d.o.b. 3/10 | SHOW THEIR I.D. AS<br>5/81,          |
|            |        | rc D/C #D400-785-8<br>d o b 11-18-79 Fl             | T-096-0. TIMOTH                        | 801-79-412-0.                        |
| 68         | 0330   |                                                     |                                        | STAND BY FOR FPL                     |
| Tion to    |        | MERWERWER                                           |                                        | A TOTAL TOTAL                        |
| 14         | 0510   | TU-4, SPOKE WITH<br>CONDUCTED TRA<br>BOAD AND SR A1 | FFIC CONTROL A                         | T SEWALL'S POINT<br>RE. (HIGH WINDS) |
| 49         | 0645   |                                                     | L'S POINT ROAD                         | FALSE ALARM/ NO                      |
| 10-7       | 0800   | OFF DUTY                                            |                                        |                                      |
|            |        |                                                     |                                        |                                      |
|            |        |                                                     |                                        |                                      |
|            |        |                                                     |                                        |                                      |
|            |        |                                                     |                                        |                                      |
| · <u> </u> |        |                                                     |                                        |                                      |
|            |        |                                                     |                                        |                                      |

Reviewing Officer\_

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## TOWN OF SEWALL'S POINT FILE

Building Department - Inspection Log

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|----------|-----------------------|-------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | OWNER/ADDRESS/CONTR.  | INSPECTION TYPE   | RESULTS   | REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 4909     | PULKE WILLMOA         | ROOF-TIN          | PASSED    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | 34 Coone Hice         |                   | A         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | MIKE MIRANDA (0/8)    |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PERMIT   | OWNER/ADDRESS/CONTR.  | INSPECTION TYPE   | RESULTS   | REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 4803     | Fogua                 | Temp, ever        | PASSED    | CTR. ATM RCUD 10/6/00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 6)       | 101 HENRY dauristray  |                   | 4         | 10/9/00 FPC METER DECEARS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 9        | FORLIA GASTELLETIA    |                   |           | 223-4208 "WANNE" 11:30 AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PERMIT   | OWNER/ADDRESS/CONTR.  | INSPECTION TYPE   | RESULTS   | REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 4965     | Danielson             | 2rd Hear Slab     | MSSEN     | REQUEST P.M. WSP/10/9 8.10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (2)      | 161 S. RWER           |                   | 4         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9        | Millor                |                   | 71        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PERMIT   | OWNER/ADDRESS/CONTR.  | INSPECTION TYPE   | RESULTS   | REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PEER. NN | VASQUEZ               | SITE VERIFICATION | PAROED    | PD 0366 ISSUED WIGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| T/R.     | 825. SEWAUS POINT RI. |                   | 1         | , and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second |
| (4)      | kimber smith          |                   | 1 0       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PERMIT   | OWNER/ADDRESS/CONTR.  | INSPECTION TYPE   | RESULTS   | REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|          | ARCH                  | 90M. 17/2         | MASSIND   | EMERCENCY TREE PEACH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 0351     | 100 MARA NORTO        |                   | a         | (SUPPLEMENT TO PERMIT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| (F)      | MODITE'S THEE SERVICE |                   | 8         | - BLEW DOWN ON POOREKLIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| PERNIT   | OWNER/ADDRESS/CONTR.  | INSPECTION TYPE   | RESULTS   | REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|          |                       |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PERMIT   | OWNER/ADDRESS/CONTR.  | INSPECTION TYPE   | RESULTS   | REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|          |                       |                   |           | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| -        |                       |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | <b>a</b>              |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OTHER:   | 6) TRPN 0350 SITE !   | ndrevon — nrkitæb | unck w/1  | Score of perhits of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <u></u>  | /                     |                   |           | ι                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|          | 7                     |                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

INSPECTOR (Name/Signature): \_

## TOWN OF SEWALL'S POINT Building Department - Inspection Log

| ate of In | spection: Mon Wed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | THE WG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _, 200 <b>%</b>                   | Page of                                                                                                         |
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|           | OWNER/ADDRESS/CONTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS                           | NOTES/COMMENTS:                                                                                                 |
| 6441      | BARON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ROVEH ELECTRIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 143                               | VENTUNE                                                                                                         |
|           | 25 FIEDWAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BUGHAUMBING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TAIL                              |                                                                                                                 |
|           | OB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | INSPECTOR: PAUL                                                                                                 |
| ERMIT     | OWNER/ADDRESS/CONTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS                           | NOTES/COMMENTS:                                                                                                 |
| H32       | PAWCETT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FENCE FINAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MAGE                              | Closic                                                                                                          |
|           | 20 PALM ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | File                                                                                                            |
|           | JUSTWOOD FENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | INSPECTOR: AMUL                                                                                                 |
| ERMIT     | OWNER/ADDRESS/CONTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS                           | NOTES/COMMENTS:                                                                                                 |
| 03910     | NEAGELE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FINAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1439                              | Closk                                                                                                           |
|           | 82N SEWALLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SHUTTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | file                                                                                                            |
|           | BANNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | INSPECTOR: PAUL                                                                                                 |
| ERMIT     | OWNER/ADDRESS/CONTR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS                           | NOTES/COMMENTS:                                                                                                 |
| TREE      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | REE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1749                              | [RafiBITED                                                                                                      |
|           | 28 RIO VISTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | a '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   | FARCIR                                                                                                          |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | INSPECTOR: / AUL                                                                                                |
| PERMIT    | OWNER/ADDRESS/CONTR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS                           | NOTES/COMMENTS:                                                                                                 |
| Tess      | ARCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11199                             | TREE VISERS                                                                                                     |
|           | 18 PALM ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                 |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | INSPECTOR: / AUL                                                                                                |
| PERMIT    | OWNER/ADDRESS/CONTR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS                           | NOTES/COMMENTS:                                                                                                 |
| 413       | TETTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LATHE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1965                              | MILY MILL                                                                                                       |
|           | 104 HEWRY SEWALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                 |
| DEDAGE    | OWNED (ADDDESS COMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INODE CONON ON ONLINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DESILITE                          | INSPECTOR AUC                                                                                                   |
| PERMIT    | OWNER/ADDRESS/CONTR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS                           | G-400 Tel.                                                                                                      |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FOUGHTU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | - MU                              | Compact Records                                                                                                 |
|           | ZE LIBARITO NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | JEKULE A                                                                                                        |
| 其類果实      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>国 系统关于</b>                     | INSPECTOR: FALL                                                                                                 |
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## TOWN OF SEWALL'S POINT APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

#### Tree Defined:

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

#### No permit required for:

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

#### Permit Fee:

- 1. Tree permits are \$15.00, payable in advance.
- 2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Scheffiera, 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.).

#### **Application procedures:**

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

| Owner Jos & STACY 1        | ARCH Address 18        | PALM RD        | Phone 219-001        |
|----------------------------|------------------------|----------------|----------------------|
| Contractor                 | Address                |                | Phone                |
| No. of Trees: REMOVE       | 3                      | Type:          | UNKrown              |
| No. of Trees: RELOCATI     | E WITHIN 30 DAY        | S Type:        |                      |
| No. of Trees: REPLACE      | WITHIN 30 DAY          | (S Type:       |                      |
| Written statement giving 1 | reasons: 1 free falley | hus des        | ital. lized 2 strars |
| All jeopardice in          | her street of our      | popert         | •                    |
| Signature of Applicant     | 2                      |                | Date 4-28-03         |
| Approved by Building Ins   | pector Lela OOQ        |                | Date 4/?3/3          |
| Plans approved as submit   | ted Plans appro        | ved as revised | /marked:             |

## TOWN ORSEWATES POINT

Building Department - Inspection Log

| Date of It        | Plea-tord market X Med                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | £; 2002 >                       | rege Col                                                          |
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| PERMIT            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS                         | NOTES/COMMENTS:                                                   |
| 6163              | Hicks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SPARUMBING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Parlock                         |                                                                   |
| 6                 | 7 EMBRITA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                   |
| 16                | 7 EMBRITA<br>AOVANTAGE POOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | INSPECTOR                                                         |
| PERMIT.           | OWNER/ADDRESS/CONTR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS                         | NOTES/COMMENTS:                                                   |
| 6220              | SIBSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FINAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Nobad.                          | Possou, one                                                       |
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|                   | 134 S. P. VEE ROM<br>STEVE FRONTERA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | INSPECTOR:                                                        |
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| 1300000           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OMETONIO REPORTANTALISMO.<br>LANGUAL AND AND DESTRUMBANTALISMO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                   |
| a.∎. 5555 (17°57) | 2. 11 11 11 11 11 11 11 11 11 11 11 11 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 大大河 "大汉","阿尔克斯","巴克斯","阿尔克斯","阿尔克斯",                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 医化铁波流栓 医抗二硫酸                    | [14],在17] A. Trier Tries (E. Th. Th. 1994)。 "我们的"我们",我们们是一种的"我们"。 |

PALIL 18 PACM RD. toward house pool house (in) Table lie lie lie 81 RIVER ROAD 100ts unstable nexily on fence Wastaske reads efter fall of #2. Tree is Already demogra vos leaing fence / by okled stiet. なっ、 9

## TOWN OF SEWALL'S POINT, FLORIDA

| Date MAY/              | 1€ 2003 TREE REMOVAL PERMIT Nº 1271               |
|------------------------|---------------------------------------------------|
|                        | ARCH (Contractor or Owner)                        |
| Owner                  | PAIM ROAD                                         |
| Sub-division           | , Lot, Block                                      |
| Kind of Trees          | 3 unknown-fallen/destabilized                     |
| No. Of Trees: REMOVE 3 |                                                   |
| No. Of Trees: RELOCATE | WITHIN 30 DAYS (NO FEE)                           |
| No. Of Trees: REPLACE  | WITHIN 30 DAYS                                    |
| REMARKS                |                                                   |
|                        | FEE \$                                            |
| Signed,Applicant       | Signed Leve Summers (DB)                          |
| Applicant              | Town Clerk                                        |
|                        |                                                   |
|                        |                                                   |
| OWN OF SEWALL          | Call 287-2455 - 8:00 A.M12:00 Noon for Inspection |
| AMM AL PEMBER          | WORK HOURS 8:00 A.M 5:00 P.M.—NO SUNDAY WORK.     |
| TDEE DI                | EMOVAL PERMIT                                     |
| INEE VI                |                                                   |
|                        | RE: ORDINANCE 103                                 |
|                        | PROJECT DESCRIPTION                               |
|                        |                                                   |
|                        |                                                   |
|                        |                                                   |
|                        | REMARKS                                           |
|                        | narrowny                                          |
|                        |                                                   |
|                        |                                                   |

## TOWN OF SEWALL'S POINT, FLORIDA

| APPLIED FOR BY ARCH (Contractor  Owner B PALM ROAD  Sub-division , Lot , Block   Kind of Trees REMOVE 2 HICKORY POLNCIANA  No. Of Trees: RELOCATE WITHIN 30 DAYS (NO FEE)  No. Of Trees: REPLACE WITHIN 30 DAYS  REMARKS FEE S  Signed, Applicant Signed, Lower Foundation  Town Clerk  BUILDING OF Call 287-2455 - 8:00 A.M 12:00  WORK HOURS 8:00 A.M 3:00 P.M  TREE REMOVAL PERMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |
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| Sub-division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |
| No. Of Trees: REMOVE HICKORY+ POLNCIANA  No. Of Trees: RELOCATE WITHIN 30 DAYS (NO FEE)  No. Of Trees: REPLACE WITHIN 30 DAYS  REMARKS Signed, Signed, IOWN OF SEWALL'S POINT Call 287-2455 - 8:00 A.M12:00 WORK HOURS 8:00 A.M5:00 P.M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |
| No. Of Trees: REMOVE HICKORY+ POLNCIANA  No. Of Trees: RELOCATE WITHIN 30 DAYS (NO FEE)  No. Of Trees: REPLACE WITHIN 30 DAYS  REMARKS FEE \$  Signed, Signed, Signed, FEE \$  Call 287-2455 - 8:00 A.M12:00 WORK HOURS 8:00 A.M12:00 P.M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |
| No. Of Trees: REPLACE WITHIN 30 DAYS (NO FEE)  No. Of Trees: REPLACE WITHIN 30 DAYS  REMARKS FEE \$  Signed, Signed, Signed, Signed, Clerk Building Officer  Call 287-2455 - 8:00 A.M12:00 WORK HOURS 8:00 A.M 5:00 P.M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |
| No. Of Trees: REPLACE WITHIN 30 DAYS  REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |
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| OWN OF SEWALL'S POINT Call 287-2455 - 8:00 A.M12:00 WORK HOURS 8:00 A.M 5:00 P.M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| UWN UT SEWALL'S PUINT WORK HOURS 8:00 AM - 5:00 PM-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ous (Pop) |
| TREE REMOVAL PERMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _         |
| INTER INTINIO A WE I PINIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T         |
| RE: ORDINANCE 103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |
| PROJECT DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |
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| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |
| KEMAKA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |
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