

6 Palmetto Drive

2072

TOWN SEWALL'S POINT FLORIDA

Permit No. _____

Date 8-24-87

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

This application must be accompanied by three 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 WILLIAM FLINT Present address 1153 NW 12TH TER. STUART
Phone 692-2472

Contractor POOLS BY GREG, INC. Address 650 BUCK HENDRY WAY
Phone 692-1419

Where licensed MARTIN CNTY. License number CC 000348

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

6 PALMETTO DR.
State the street address at which the proposed structure will be built:

Subdivision PALMETTO PARK Lot No. 13

Contract price \$ 7882⁰⁰ Cost of Permit \$ 100,00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Greg Schroeder

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

Owner William A. Flint

TOWN RECORD Date submitted 8-24-87

Approved: Dale Brown Building Inspector Date 8/25/87

Approved: _____ Commissioner Date _____

Final Approval given: _____ Date _____

Certificate of Occupancy issued _____ Date _____

2137

SFR

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER Mrs & Mrs FLINT III
 CONTRACTOR same
 LOT 13 BLOCK _____ SUB Palmetto
 NO. 3 Palmetto St. or Ave.

NO. 2137 Date Issued 4/10/87

Call 287-2455 From 8:00 A.M. - 12:00 Noon and
 1:00 P.M. - 4:00 P.M. For In

TOWN OF SEWALL'S POINT BUILDING PERMIT

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION		
3. FOOTING - SLAB	OK 4/25/87	DB
4. ROUGH PLUMBING	OK 4/23/87	DB
5. ROUGH ELECTRIC	OK 8/14/87	DB
6. LINTEL		
7. ROOF		
8. FRAMING	OK 8/14/87	DB
9. INSULATION	OK 8/14/87	DB
10. A/C DUCTS	OK 8/14/87	DB
11. FINAL ELECTRIC		
12. FINAL PLUMBING		
13. FINAL CONSTRUCTION		

- * REQUESTS FOR INSPECTIONS REQ
- * ALL WORK MUST BE IN COMPLIAN POINT ORDINANCES, THE SOUTH F OF FLORIDA ENERGY EFFICIENCY B BASED ON THE LATEST FLOOD INS
- * WORKING HOURS ARE FROM 8:00 to PORTABLE TOILET FACILITIES MUS INSPECTION.

TO CONSTRUCT Resic

REMARKS:

TREATED 6/24/87
 Baker's Pest Control
 286-1898

**MARTIN COUNTY
 PUBLIC HEALTH UNIT**

Your septic system was inspected on 8-7-3021

Approved and Cover
 Cover but hold for:

- Final Grade (see permit for specifications)
- Well Permit
- Other: Well Permit
- Do not cover, disapproved for the following reasons:
- Well and well reinspection fee _____
- Other:

Final approval will not be given until both septic and water systems are completed.

Please allow this office two working days to schedule a reinspection. If you have any questions, contact J Kelly at 287-2277.

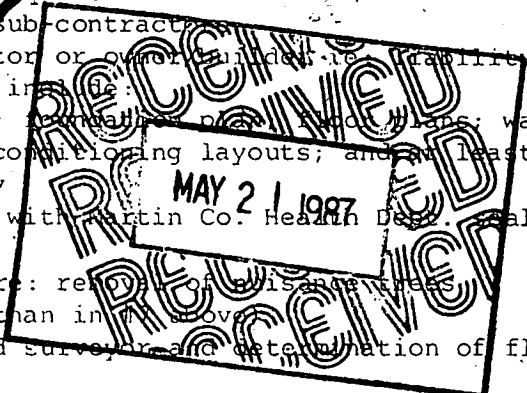
Kelly

PERMIT NUMBER 2137

DATE OF APPLICATION 5-20-87

To obtain this permit, the following are required:

1. Florida certification of builder and sub-contractors
2. Certificate of insurance from contractor or owner including liability + workers' comp.
3. Two sets of building plans which must include:
 1/4" scale building drawings; plot plan; floor plans; plumbing, electrical, wall and roof cross-sections; plumbing, electrical + air conditioning layouts; and at least two elevations
4. Recorded warranty deed to the property
5. Septic tank permit and 1 set of plans with Martin Co. Health Dept.
6. Energy code calculations
7. Notarized copy of attached affidavit re: removal of existing trees
8. Tree removal permit (for trees other than in flood zone)
9. Certificate of elevation from licensed surveyor and determination of flood zone
10. Manufacturer's schedule of windows



Owner Mr. & Mrs. William A. Flint, III Current Address 1153 NW 12TH TERR.

Telephone 692-2472 STUART, FL 33494

General Contractor William A. Flint, III Address (same)

Telephone 692-2472

Where Licensed Martin Co. License Number RC 00082

Plumbing Contractor White Ambg. License Number _____

Electrical Contractor Waters Elec. License Number _____

Roofing Contractor Simmons Rfg. License Number _____

A/C Contractor CTR A/c License Number _____

Describe the building or alteration to existing building new residence

Name the street on which the building, its front building line and its front yard will face
#6 Palmetto Dr. Subdivision Palmetto Lot 13

Building area (inside walls) 2602 Garage, carport, porch area 806

Contract price (excluding land, carpet, appliances, landscaping) 103,000

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

In addition, the following are understood by owner and contractor:

1. Building area inside walls must be a minimum of 1,500 square feet.
2. Building permit fees are \$5. per thousand dollars of the cost of the building, plus \$10. each for plumbing, electric, air conditioning and roofing. For example, a \$100,000. building x \$5. = \$500. plus \$40. (a.c., pl., el. and roof) = \$540. cost of permit.
3. If no contract is submitted as proof of cost, the permit will be based on \$60. per square foot (inside walls) and \$25. per square foot (other areas).
4. The Town has adopted the South Florida Building Code as a part of its ordinances.
5. Building permits are issued for one year's duration.
6. Construction must be started within 180 days or the permit will be subject to revocation and forfeiture of fee.
7. ALL changes in plans must be approved by the Building Department.
8. Work hours are 8: AM to 5: PM Monday through Saturday. NO SUNDAY WORK
9. Portable toilets must be on all construction sites.
10. Inspections are made Monday through Friday, 8: AM to Noon. 24 hour notice is required prior to all inspections.
11. String lines along property lines to facilitate set back inspections.
12. Before a certificate of occupancy is issued, the following are required:
 - a. An owner's affidavit of building cost (form available) - any discrepancy between the original fee and the final fee (based on the affidavit) will be adjusted.
 - b. Approval of septic tank installation by Martin Co. Health Dept.
 - c. Rough grading and clean-up of grounds.
 - d. Affidavit from licensed surveyor showing slab elevation (if in "A" flood zone). Affidavit from licensed surveyor showing elevation of piers or pilings (if in "V" zone).
 - e. Certification by a qualified engineer or architect of the structural adequacy of the building.
13. THIS SUMMARY IS NOT A SUBSTITUTE FOR TOWN ORDINANCES. APPROVAL OF THE BUILDING PLANS IN NO WAY RELIEVES THE OWNER OF CONTRACTOR FROM COMPLIANCE WITH TOWN ORDINANCES.

Contractor's Signature William A. Flint, III Owner's Signature William A. Flint, III

Approved by Building Inspector Dale Brown Date 5/27/87

Approved by Commissioner J.C. Strubell Date 5/28/88

Certificate of Occupancy Issued _____ Date _____

This Warranty Deed Made the 2nd day of February A. D. 1987 by

JOSEPH P. CANDELA

hereinafter called the grantor, to

WILLIAM A. FLINT, III AND BARBARA H. FLINT, his wife

whose postoffice address is

hereinafter called the grantee:

1153 NW 12th Terrace
Stuart, FL 33494

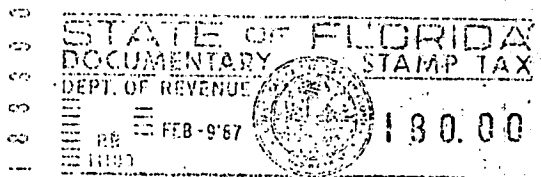
(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

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

Lot 13, PALMETTO PARK SUBDIVISION, according to the Plat thereof, recorded in Plat Book 3, page 66, Public Records of Martin County, Florida.

Subject to Taxes--Subsequent to December 31, 1986 and restrictions, reservations, easements and covenants of record.

Grantor hereby certifies that said property is not his homestead and that said property is vacant land.



Together with all the tenements, hereditaments and appurtenances thereto belonging or in any-wise 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, 1986

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Handwritten signatures of witnesses

Handwritten signature of Joseph P. Candela
JOSEPH P. CANDELA L.S.
L.S.

STATE OF *Florida*
COUNTY OF *Leon*

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared JOSEPH P. CANDELA

to me known to be the person described in and who executed the foregoing instrument and has acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this February 4, A. D. 1987

Handwritten signature of Notary Public
Notary Public My Commission Expires

This Instrument prepared by:
Address

SPACE BELOW FOR RECORDERS USE

O R BOOK 706 PAGE 2228

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. OCT 27, 1990
BORN [unclear] [unclear] [unclear]

Vertical text on left margin: STEWART COUNTY, ALABAMA

Warranty Deed

FILED FOR RECORD
MADISON COUNTY, FLA.

87 FEB 9 A 9: 33

LOUIE ... SAACS
CLERK ...
BY ELC S.C.

235 5118

FILE

O.R. BOOK 706 PAGE 2229

To

0

STUBOUT ELEVATION AND FILL CERTIFICATION

APPLICANT:

Bill Flint

LEGAL DESCRIPTION:

Lot 13 Palmtoe Park

SEPTIC TANK PERMIT NUMBER:

HP97-321

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

1. Building Permit Number: _____
2. I certify that the elevation of the top of the lowest plumbing stubout is at or above the approved elevation as shown on septic tank permit application.
Date elevation checked: _____
3. I certify that the top of the lowest building plumbing stubout is _____ feet above the crown of road.
4. I certify that all severe limited soil has been removed from an area of _____ feet by _____ feet to a minimum depth of six (6) feet below top of required stubout elevation. Submit plot plan to scale of excavated area.
Date observed: _____

NOTE:

- a. Severe limited soil includes but is not limited to hardpan, clay, silt, marl or muck.
- b. Drainfield must be centered in the excavated area. Please set stakes to identify the excavated area boundaries. Drainfield will not be approved if severe limited soils are not removed.

CERTIFIED BY: _____

Florida Professional Number: _____

Date: _____

Job Number: _____

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

William A. Flint, Sr.
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

(Signature of Environmental Health Specialist)

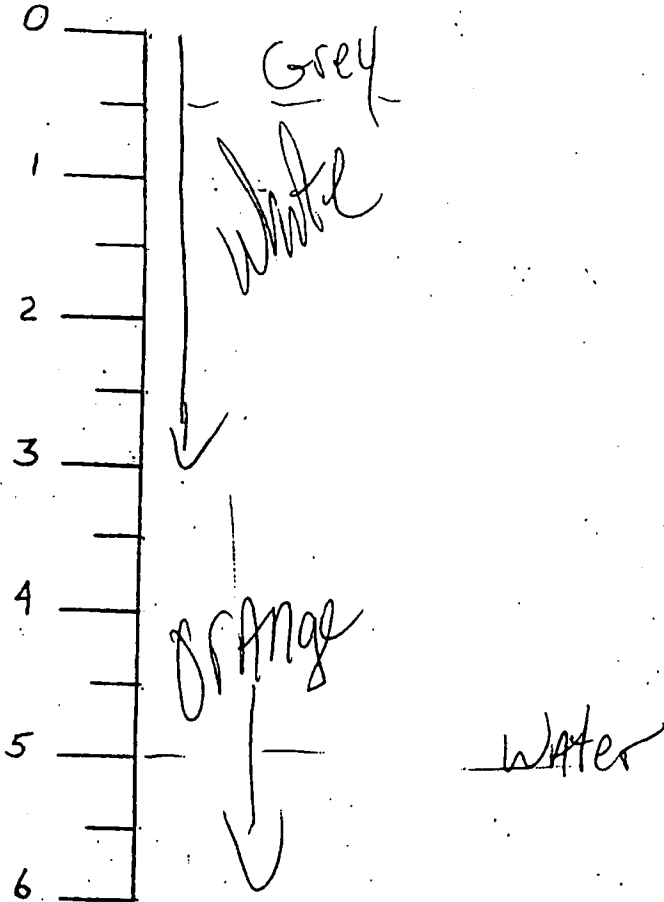
(Date)

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

APPLICANT: Bill Flint

LEGAL DESCRIPTION: Lot 13 Palmetto Park

SOIL PROFILE



USDA SOIL TYPE Paola
USDA SOIL NUMBER 6

Impervious soils are present
76' feet below natural
grade.

Present Water Depth Below Natural Grade 5' Feet.

Wet Season Range Per Soil Survey 76' Feet.

Estimated Wet Season Water Depth Below Natural Grade _____ Feet.

Indicator Vegetation Present Oak Cabbage Palm

Is Benchmark Located on Plot Plan and Present on Site? yes

Approximate Amount of Fill on Neighboring Lots N/A

Other Findings:

EVALUATION BY: Jacqueline D. Kelly
DATE: 5-18-87

MARTIN COUNTY PUBLIC HEALTH UNIT
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

1113 PALMETTO PARK SITE INFORMATION BILL FLINT
W.O.# 154 F.B. 22F PG. 77

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE A LIMITED USE NON-COMMUNITY OR OTHER PUBLIC WELL WITHIN 100 FEET OF PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC SEWER WITHIN 100 FEET OF THE PROPOSED LOT? NO
6. IS THERE A LAKE, STREAM, WETLAND, OR OTHER BODY OF WATER WITHIN 75 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
7. IS THERE A PROPOSED OR EXISTING PUBLIC WATER LINE WITHIN TEN FEET OF THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
9. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
10. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? NO
11. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDINGS OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
13. THERE IS 900 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA.

ELEVATIONS

1. CROWN OF ROAD ELEVATION 7.73 ^{NGVD} SHOW LOCATION ON PLOT PLAN.
IF ROAD IS NOT PAVED, BENCHMARK ELEVATION _____ SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 8.08 ^{NGVD}
SHOW LOCATION ON PLOT PLAN.
3. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? YES A IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? 8 NGVD 1929 (ELEVATION OPTIONAL)

NOTE: MUST BE CERTIFIED BY REGISTERED SURVEYOR OF ENGINEER IN THE STATE OF FLORIDA.

CERTIFIED BY: [Signature]
FL. PROFESSIONAL NO: 1272
DATE: 5-1-87 JOB NO: _____

SITE DIRECTIONS

ATTACH SITE LOCATION MAP OR EXPLAIN DIRECTION TO SITE BELOW

See Attached

MARTIN COUNTY PUBLIC HEALTH UNIT
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER: 4089-321

NAME OF APPLICANT: BILL FLINT

HOME PHONE: 692-2472

MAILING ADDRESS OF APPLICANT: 1153 NW 12TH TERR. STUART 33494

WORK PHONE: -

LOT 13 BLOCK - SUBDIVISION DALMETTO PARK

PLAT BOOK 3 PAGE 66 DATE SUBDIVIDED JUNE 1957

RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 3

HEATED OR COOLED AREA OF HOME 2602 SQUARE FEET

COMMERCIAL: TYPE OF BUSINESS PROPOSED - NUMBER PEOPLE -

AFFIDAVIT

I HAVE REVIEWED THIS PERMIT AND I CERTIFY THAT ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS PERMIT AND ANY APPLICABLE STATE OR COUNTY REGULATIONS.

SIGNATURE OF PROPERTY OWNER OR OWNER'S LEGALLY AUTHORIZED REPRESENTATIVE:

William A. Flint

INSTALLATION SPECIFICATIONS

SEPTIC TANK CAPACITY 1050 GALLONS

DRAINFIELD SIZE 400 SQUARE FEET

MINIMUM SETBACK REQUIRED FROM PROPERTY LINES TO DRAINFIELD ROCK IS 5

JOP OF BUILDING STUB OUT IS REQUIRED TO BE A MINIMUM ELAVATION OF

FINISH SOIL GRADE

* Not to exceed over 19" of cover over Drainfield rock

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

ISSUED BY:

Jeff Wells
ENVIRONMENTAL HEALTH SPECIALIST

DATE:

5-19-87

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

PLEASE NOTE:

1. THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE.
2. IF BUILDING STUBOUT IS MORE THAN 20 FEET FROM SEPTIC TANK AND DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.
3. IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.
4. IF ANY INFORMATION ON THIS PERMIT CHANGES, PLEASE SUBMIT AN UPDATED APPLICATION TO THIS OFFICE.
5. IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS.

Inspection Results Will be Posted on Building Permit or on Electrical Box.

FINAL INSPECTION

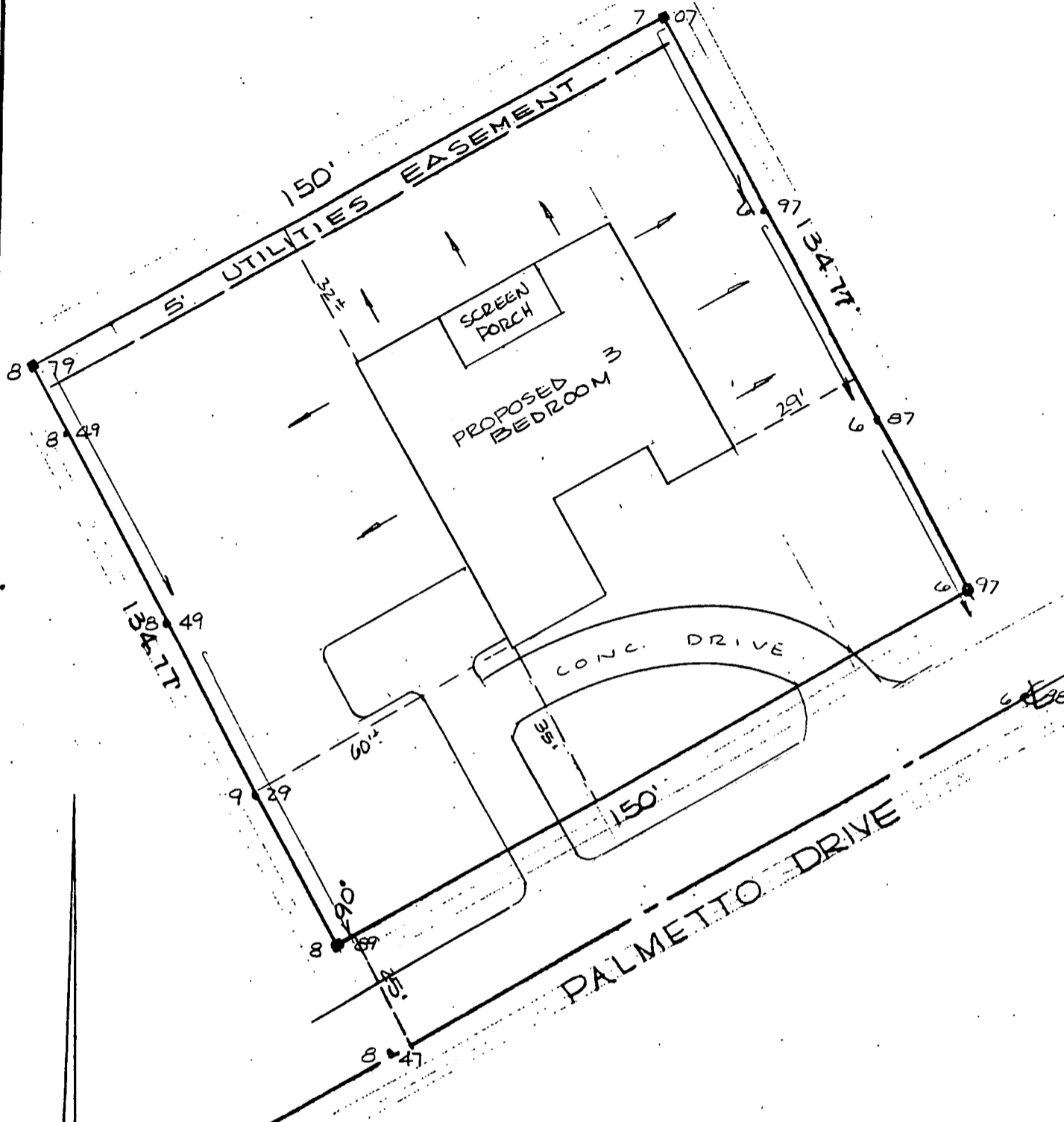
CONSTRUCTION APPROVED BY:

ENVIRONMENTAL HEALTH SPECIALIST

DATE:

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

LOCATED IN FLOOD ZONE "A-10".
 ■ - DENOTES CONC. MON.
 ELEVATIONS REFER TO NGVD.



A DRAINAGE PLAN OF
 LOT 13
 PALMETTO PARK
 MARTIN COUNTY, FLORIDA
 for
 BILL FLINT.

This survey meets the minimum technical standards for Land Surveying in Florida, as prescribed in Chapter 21HH-6, F.A.C. I hereby certify that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief. There are no encroachments unless otherwise shown.

DON WILLIAMS & ASSOCIATES, INC.
 LAND SURVEYORS
 1115 E. OCEAN BLVD. STUART, FLA. 33494
 (305) 283-2977

W.L. Williams
 W.L. WILLIAMS
 F.L.S. FLA. REG. No. 1272

F.B. 22 F Page 11 W.O. # 154

SCALE: 1" = 30'	DATE: 5-7-87	PLAT BOOK: 3	PAGE: 66
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STATE OF FLORIDA Department of Professional Regulation

CONST. INDUSTRY LICENSING BOARD
FLINT, WILLIAM ARTHUR III
FLINT BUILDERS INC
(INDIV. MUST MEET LOCAL LICENSING
REQ. PRIOR TO CONTR. IN ANY AREA)
REGISTERED RESIDENTIAL CONTRACTOR
HAS PAID THE FEE REQUIRED BY CHAPTER 489
FOR THE YEAR EXPIRING JUNE 30, 1987

SIGNATURE

William Arthur Flint
GOVERNOR
PLEASE READ IMPORTANT
INFORMATION ON REVERSE
SECRETARY OF PROFESSIONAL
REGULATION

WALLET CARD - FOLD HERE

CONSTRUCTION INDUSTRY LICENSING BOARD
POST OFFICE BOX 2
JACKSONVILLE, FL 32201

AUDIT CONTROL NO.	LICENSE NO.	BATCH NO.	FEE AMOUNT
880338	RR0048796	02985	\$.00

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY
FLINT WILLIAM A
1453 NW 12TH TERRACE
STUART, FL 33494
EXPIRES SEPTEMBER 30, 1987
AUDIT CONTROL NUMBER: 00643
CERTIFICATE NUMBER: NC00082



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS

ISSUE DATE (MM/DD/YY)

4-15-86sp

PRODUCER

R.V. JOHNSON AGENCY
P.O. BOX 26
STUART, FL 33495

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	AMERICAN STATES
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

WILLIAM A. FLINT
1153 NW 12TH TERRACE
STUART, FL 33494

COPY**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	01CL3892032	5-22-86	5-22-87	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$ 300	\$ 300
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY	\$	\$
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
	<input checked="" type="checkbox"/> PERSONAL INJURY						
	AUTOMOBILE LIABILITY				BODILY INJURY (PER PERSON)	\$	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						
	EXCESS LIABILITY				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

MARTIN COUNTY CONTRACTORS
50 KINDRED STREET
STUART, FL 33497

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 11/3/87

This is to request that a Certificate of Approval for Occupancy be issued to FLINT

For property built under Permit No. 2137 Dated 6/10/87 when completed in conformance with the Approved Plans.

William A. Flint, Jr.

Item	
1. LOT STAKES/SET BACKS	<u>6/20/87</u>
2. TERMITE PROTECTION	<u>6/24/87</u>
3. FOOTING - SLAB	<u>6/25/87</u>
4. ROUGH PLUMBING	<u>6/23/87</u>
5. ROUGH ELECTRIC	<u>8/14/87</u>
6. LINTEL	
7. ROOF	<u>8/14/87</u>
8. FRAMING	<u>8/14/87</u>
9. INSULATION	<u>8/18/87</u>
10. A/C DUCTS	<u>8/14/87</u>
11. FINAL ELECTRIC	<u>11/3/87</u>
12. FINAL PLUMBING	<u>11/3/87</u>
13. FINAL CONSTRUCTION	<u>11/3/87</u>

Signed

Approved by

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 11/3/87 date

Approved by Building Commissioner G.C. Strubbe 11-3-87 date

Utilities notified 11/3/87 FPL date

Original Copy sent to _____

(Keep carbon copy for Town files)

5706
RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3/5/02

BUILDING PERMIT NO. 5706

Building to be erected for BONNIE FLINT

Type of Permit RE-ROOF

Applied for by PACIFIC ROOFING

(Contractor)

Building Fee 120.00

Subdivision PALMETTO PARK Lot 13

Block _____

Radon Fee _____

Address 6 PALMETTO DRIVE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

138410100000013030000

Electrical Fee _____

Plumbing Fee _____

Amount Paid 120.00 Check # 8648 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 7,000.00

TOTAL Fees 120.00

Signed _____

Applicant

Signed _____

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: _____

Owner or Titleholder Name: BONNIE FLINT City: STUART State: FL Zip: 34996

Legal Description of Property: PALMETTO PARK Lot 13 Parcel Number: _____

Location of Job Site: 6 PALMETTO DRIVE Type of Work To Be Done: RE-ROOF Shingle to Shingle

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

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

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

ARCHITECT: _____ Phone Number: _____

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

ENGINEER: _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 400 Garage: _____ Covered Patios: _____ Screened Porch: _____

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

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

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

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

COST AND VALUES Estimated Cost of Construction or Improvements: \$14000.00 Estimated Fair Market Value (FMV) Prior

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

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: PACIFIC ROOFING State: FL License Number: CCC056793

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) 2001 South Florida Building Code (Structural, Mechanical, Plumbing, Gas) _____

National Electrical Code 2002 Florida Energy Code 2001

Florida Accessibility Code 2001

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

OWNER OR AGENT SIGNATURE (Required) Bonnie Flint

State of Florida, County of: Martin

This the 1 day of MARCH, 2002

by Rob Austin who is personally

known to me or produced _____

as identification. _____

My Commission Expires: _____

Notary Public James Nickerson

Notary Public _____

My Commission Expires: _____

Notary Public _____

My Commission Expires: _____

Notary Public _____

My Commission Expires: _____

CONTRACTOR SIGNATURE (Required) [Signature]

On State of Florida, County of: Martin

This the 1 day of MARCH, 2002

by RICHARD J. GAMES who is personally

known to me or produced _____

as identification. _____

My Commission Expires: _____

Notary Public James Nickerson

Notary Public _____

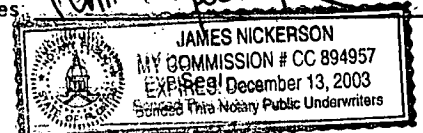
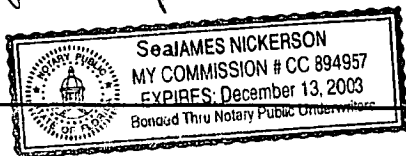
My Commission Expires: _____

Notary Public _____

My Commission Expires: _____

Notary Public _____

My Commission Expires: _____



ACORD CERTIFICATE OF LIABILITY INSURANCE

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

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

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

INSURERS AFFORDING COVERAGE

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

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

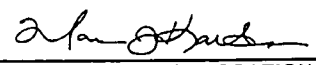
RECEIVED

COVERAGES

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

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

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

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
TOWN OF SEWALLS POINT ATTN: ED ARNOLD 1 SOUTH SEWALLS POINT ROAD STUART, FL 34996		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE Mark Kasten/DEBBIE 

CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NO. / DATE
WC2-27518-326136
1/30/02 1:25:43 PM

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

INSURERS AFFORDING COVERAGE

INSURER A: National Fire Insurance Company of Hartford
 INSURER B: **REVOKED**
 INSURER C:
 INSURER D:
 INSURER E:

INSURED
 Pacific Roofing Corporation
 803 South East Dixie Hwy
 Stuart, FL 34994
 fax: 561-283-9505

COVERAGES

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

INSR LTB	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPO AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	CARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC249189627	1/28/02	9/1/02	X W.C. STAT. TORY LIMITS PER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER \$				LIMIT \$ LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 1. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc.

CERTIFICATE HOLDER | **ADDITIONAL INSURED; INSURER LETTER:** | **CANCELLATION**

Town of Sewells Point
 1 S Sewells Point Road
 Stuart, FL 34996

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

AUTHORIZED REPRESENTATIVE *Kell C. B...*

BATCH NUMBER

Under the provisions of Chapter
Expatriation Act of 1954

GOMES, RICHARD JOHN
PACIFIC ROBEING CORP
PO BOX 2697
STUART



JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY

CC-C056793

RECEIVED
SEP 22 2000
BY: *[Signature]*

FILE
before

FILE

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 01-38-41-010-000-0013.0-3

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

PALMETTO PARK Lot 13

GENERAL DESCRIPTION OF IMPROVEMENT: REROOF

OWNER: BONNIE FLINT

ADDRESS: 6 PALMETTO DRIVE STUART, FL. 34996

PHONE #: _____ FAX #: _____

CONTRACTOR: PACIFIC ROOFING

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

PHONE #: 283-7663 FAX #: 283-9505

SURETY COMPANY (IF ANY) _____ STATE OF FLORIDA _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

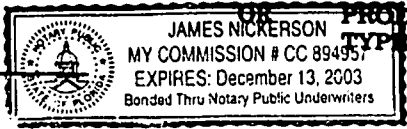
PHONE #: _____ FAX #: _____

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

Bonnie Flint
SIGNATURE OF OWNER

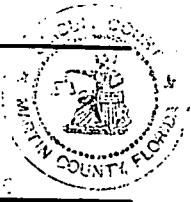
SWORN TO AND SUBSCRIBED BEFORE ME THIS 29 DAY OF OCT 192ed BY BONNIE FLINT

James Hickman
NOTARY SIGNATURE



PERSONALLY KNOWN

OR PRODUCED ID TYPE OF ID _____





MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Owens Corning
One Owens Corning Parkway
Toledo, OH 43659

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2538

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

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

Your application for Notice of Acceptance (NOA) of:

Oakridge 30 AR

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

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

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

ACCEPTANCE NO.: 01-0522.03
EXPIRES: 07/19/2006

Raul Rodriguez
Chief Product Control Division

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

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

<p>FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE DATE: <u>3/4/02</u> BUILDING OFFICIAL Gene Simmons</p>

APPROVED: 07/19/2001

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

Owens Corning

Application No.: 01-0522.03

ROOFING SYSTEM APPROVAL

Category: Roofing
Sub-Category: 07310 Asphalt Shingles
Material: Laminate

Approval Date: July 19, 2001
Expiration Date: July 19, 2006

1. Scope:

This renews a roofing system using Owens Corning Oakridge 30AR. Asphalt shingles manufactured by Owens Corning as described in this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County.

2. PRODUCT DESCRIPTION

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Oakridge 30 AR	13 1/4" x 39 3/8"	PA 110	A heavy weight, fiberglass reinforced four tab asphalt shingle.

3. LIMITATIONS:

- 3.1. Fire classification is not part of this acceptance, refer to a current Approved Roofing Materials Directory for fire ratings of this product.
 3.2. Shall not be installed on roof mean heights in excess of 33 ft.

4. INSTALLATION:

- 4.1 Shingles shall be installed in compliance with Miami-Dade County Product Control Shingle Installation Procedure No. 115.
 4.2 Flashing shall be in accordance with Section 9.3 Option "B" (step-flashings) of Miami-Dade County Product Control Shingle Installation Procedure No. 115.
 4.3 The manufacturer shall provide clearly written application instructions.
 4.4 Exposure and course layout shall be in compliance with Detail 'A', attached.
 4.5 Nailing shall be in compliance with Detail 'B', attached.

5. LABELING:

- 5.1 Shingles shall be labeled with the Miami-Dade Logo or the wording "Miami-Dade County Product Control Approved".

6. BUILDING PERMIT REQUIREMENTS:

- 6.1 Application for building permit shall be accompanied by copies of the following:
 6.1.1 This Notice of Acceptance
 6.1.2 Any other document required by Building Official or the Applicable Code in order to properly evaluate the installation of this system.

Page 2

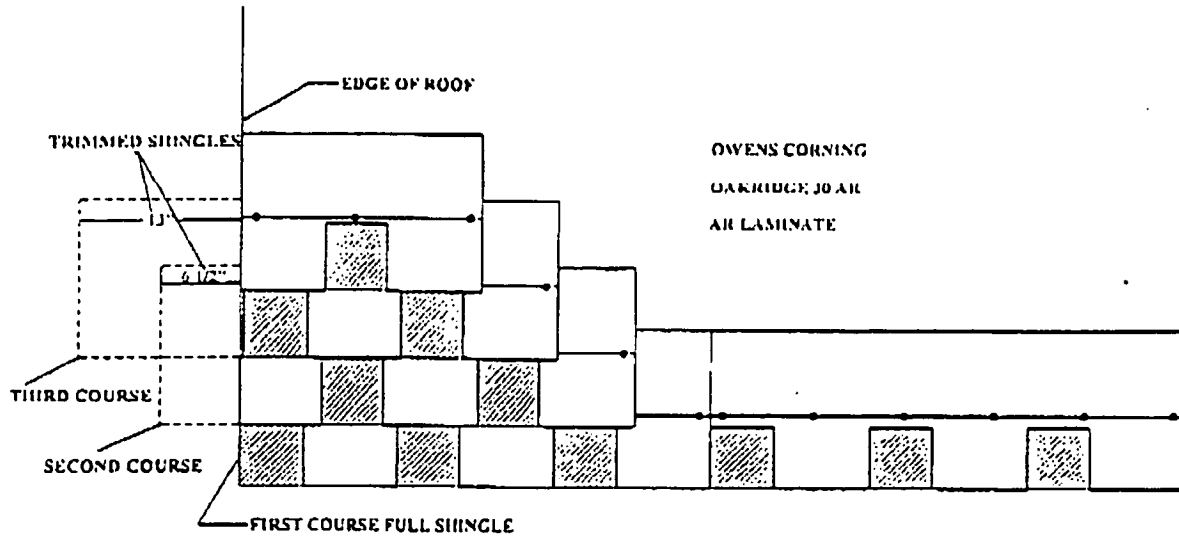


Frank Zuloaga, RRC
 Roofing Product Control Examiner

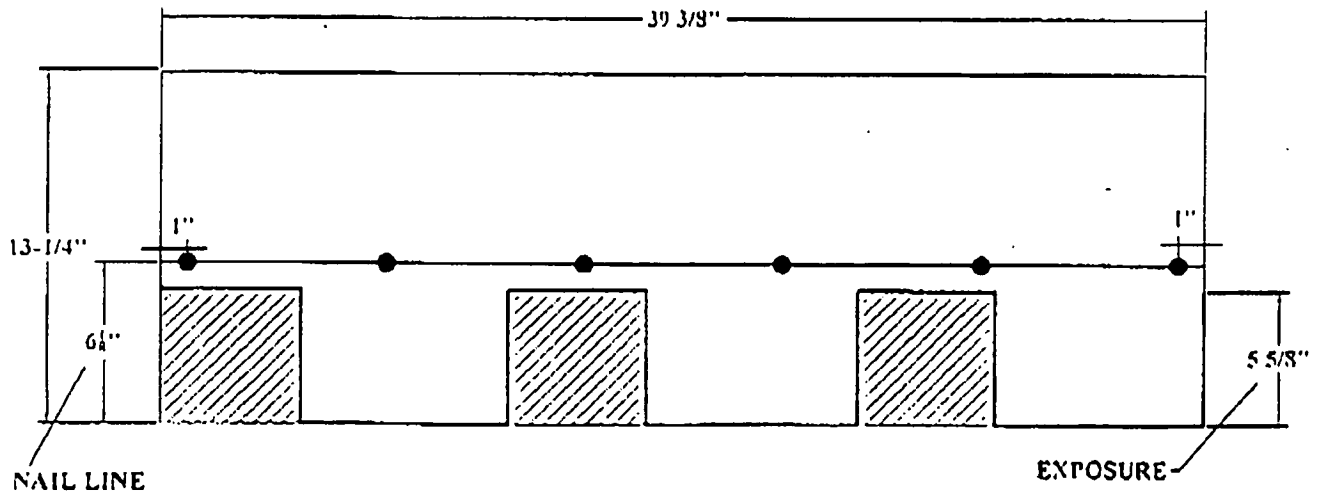
OWENS CORNING

Acceptance No. 01-0522.03

DETAIL A



DETAIL B



OWENS CORNING
FASTENING PATTERN & PHYSICAL DIMENSIONS

OAKRIDGE 30 AR LAMINATE

Frank Zuloaga, RRC
Roofing Product Control Examiner

OWENS CORNING

Acceptance No. 01-0522.03

NOTICE OF ACCEPTANCE, STANDARD CONDITIONS

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

END OF THIS ACCEPTANCE

Page 4



Frank Zuloaga, RRC
Roofing Product Control Examiner

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

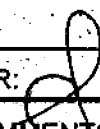
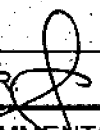



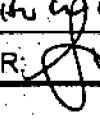
Date of Inspection: Mon Wed Fri 3-5, 2003 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6908	WILBERDING 2 PALAMA WAY WILBERDING	STRAPPING ENGINEERING	Passed	(New height?) INSPECTOR:
6168	SKINNER 15 PALMETTO DRIVE O/B	MINOR REPAIRS FINAL	Passed	Efficient down Final close INSPECTOR:
TREE	SHARFI 73 N. Sewall St Rd	TREE		no access, gate INSPECTOR:
6127	CLARKE 33 FIELDWAY DRIVE PAR ONE CONST.	FOOTER	Passed	INSPECTOR:
5706	FLINT 6 PALMETTO DRIVE PACIFIC	ROOF FINAL	Passed	Final close? INSPECTOR:
5708	SMALL 62 S. RIVER ROAD PACIFIC	ROOF FINAL		→ Roday INSPECTOR:
6131	PFEIFFER 104 HENRY SEWALL WAY BUFORD	FOOTING (Stem wall)	Passed	INSPECTOR:
OTHER:	WEDER 49 N. RIVER ROAD STACUZZI	STUCCO - FINAL		

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5068	WINER	INSULATION	Done Monday 3/4	
(5)	19 RIDGELAND LEAR		PASSED	INSPECTOR: 
5585	Perron	Pool Bl. Final	Failed	
(8)	4 Palomas Way Orange wood			INSPECTOR: 
5391	Pettinas	Seale only	FAILED	$\sim 10^8 \checkmark / 10^{10}$
(4)	117 Henry Sewalls way JAC	260 8725 John	Gene $\rightarrow 2^{\infty}$	INSPECTOR:
T/R	Andrews	Dead Tree	Passed	
(9)	33 N Sewalls Pt. Rd. Owner			INSPECTOR: 
5631	HART.	PLUMBING UNDERG.	Passed	
(7)	41 S. RIDGE Rd Wmchip.	BEAM + COLUMNS.	Passed	INSPECTOR: 
5706	FUNTI	SHEATHING	Passed	CALL ROB
(2)	6 PALMETTO DR. PACIFIC			263-0116 INSPECTOR: 
5693	BREWER	FLAT DECK	Passed	(Cold glue ??)
(1)	12 COPAIR STUMP.	SHEATHING		(med bit uger) INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~Mon~~ ~~Wed~~ ~~Fri~~ ~~Sat~~ ~~Sun~~, 2009 Page 1 of .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	177 S. SEWALLS Pt Rd Adelphia Cable High Point Circle	Service Charge ADELPHIA CABLE	OK	8:30 called FPL to: to INSPECTOR: <i>[Signature]</i>
5501.	ALMAN 3 SUMMER LA- ALMAN	ROUGH A/C + PLUMBING.	Passed	INSPECTOR: <i>[Signature]</i>
5572	Doss 85 S. RIVER RD. CARDINAL	ROOF FINAL.	Passed	INSPECTOR: <i>[Signature]</i>
5488	JUSTICE. 18. MIDDLE RD. TWIN POOL	Pool Final CALL HOLLY C 201-0185		changed to 3/11 Owner will drop of keys INSPECTOR: <i>[Signature]</i>
5100	FLINT 6 PALMETTO. DR PACIFIC	T Tag/Metal.	Passed	INSPECTOR: <i>[Signature]</i>
5708	SMAA 62 S. RIVER RD. PACIFIC ROBERTS → 263-0116.	TIG TAG	Passed	9:00 INSPECTOR: <i>[Signature]</i>
5381	NARROW Bay Plaza. Roof Man	Final PETER - 719 8737.		→ changed to 3/17 INSPECTOR: <i>[Signature]</i>

OTHER: _____

8984

REPLACE

GARAGE DOOR



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	8984	DATE ISSUED:	AUGUST 22, 2008
SCOPE OF WORK:	REPLACE GARAGE DOOR		
CONDITIONS:			
CONTRACTOR:	TREASURE COAST GARAGE DOOR		
PARCEL CONTROL NUMBER:	013841010000001303	SUBDIVISION	PALMETTO PK - LOT 13
CONSTRUCTION ADDRESS:	6 PALMETTO RD		
OWNER NAME:	FLINT		
QUALIFIER:	MARK WAGNER	CONTACT PHONE NUMBER:	879-0487

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

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

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

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE: 8-12-08
TOWN OF SEWALL'S POINT

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

Permit Number: _____

OWNER/TITLEHOLDER NAME: Barbara Flint Phone (Day) 772-770-0420 (Fax) _____

Job Site Address: 60 Palmetto Rd City: Stuart State: FL Zip: 34994

Legal Desc. Property (Subd/Lot/Block) Palmetto Park Lot 13 Parcel Number: 01-38-41-010-000-00130-8

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

Scope of work: Replacement of Overhead Garage Door 14 x 7

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

COST AND VALUES:
Estimated Value of Construction or Improvements: \$ 1448.00
(Notice of Commencement required over \$2500)
Estimated Fair Market Value prior to Improvement: \$ _____
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)

Has a Zoning Variance ever been granted on this property?
YES _____ (YEAR) _____ NO X
(Must include a copy of all variance approvals with application)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company TREASURY Coast Guard Phone 772-879-0487 Fax 772-879-0261

Street: 906 S.W. Billie Green St. City: Stuart State: FL Zip: 34983

State Registration Number: 12879-0487 State Certification Number: _____ Municipality License Number: _____

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

ENGINEER Doug Dackley Lic. # PE-119090 Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

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

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

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

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS ORIGINALLY COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF: FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5. I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.
*****A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS*****

OWNER OR AUTHORIZED AGENT SIGNATURE (required)
Barbara H. Flint

CONTRACTOR SIGNATURE (required)
Mark Wagner

State of Florida, County of: Martin
This the 7th day of August, 2008

On State of Florida, County of: _____
This the 1st day of August, 2008

by Barbara H. Flint who is personally known to me or produced PO# E458

by MARK WAGNER who is personally known to me or produced _____

as identification. Valerie Meyer

As identification. Shanna Yderienzo

My Commission Expires: _____
Seal

My Commission Expires: _____
Seal

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 05.04.4) OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



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

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 8/18/08

BUILDING OFFICIAL

TABLE 1609.6D

ADJUSTMENT FACTOR FOR BUILDING HEIGHT AND EXPOSURE, (z)

MEAN ROOF HEIGHT (feet)	EXPOSURE		
	B	C	D
15	1.00	1.21	1.47
20	1.00	1.29	1.55
25	1.00	1.35	1.61
30	1.00	1.40	1.66
35	1.05	1.45	1.70
40	1.09	1.49	1.74
45	1.12	1.53	1.78
50	1.16	1.56	1.81
55	1.19	1.59	1.84
60	1.22	1.62	1.87

For SI: 1 foot = 304.8mm.

FORMULA FOR DESIGN PRESSURES

Example: 25 ft mean roof height, exposure C
 16 X 7 Door 140mph.

Pressure	Exposure C multiplier	Req. Design Pressure
29.7	X 1.35	= +40.095
-33.1	X 1.35	= -44.685

Garage Door must be rated at +40.1/-44.68 minimum. **This formula must be completed for exposure C:**

Pressure	Exposure C multiplier	Req. Design Pressure
<u>29.7</u>	X <u>1.21</u>	= <u>35.93 (+)</u>
<u>33.1</u>	X <u>1.21</u>	= <u>40.05 (-)</u>

TABLE 1609.6E

GARAGE DOOR WIND LOADS FOR A BUILDING WITH A MEAN ROOF HEIGHT OF 30 FEET LOCATED IN EXPOSURE B (psf)

EFFECTIVE WIND AREA		Basic Wind Speed V (mph - 3 second gust)							
Width (ft)	Height (ft)	85	90	100	110	120	130	140	150
Roof Angle 0-10 degrees									
8	8	10.5 -11.9	11.7 -13.3	14.5 -16.4	17.5 -19.9	20.9 -23.6	24.5 -27.7	28.4 -32.2	32.6 -36.9
10	10	10.1 -11.4	11.4 -12.7	14.0 -15.7	17.0 -19.0	20.2 -22.7	23.7 -26.6	27.5 -30.8	31.6 -35.4
14	14	10.0 -10.7	10.8 -12.0	13.3 -14.8	16.1 -17.9	19.2 -21.4	22.5 -25.1	26.1 -29.1	30.0 -33.4
Roof Angle > 10									
9	7	11.4 -12.9	12.8 -14.5	15.8 -17.9	19.1 -21.6	22.8 -25.8	26.7 -30.2	31.0 -35.1	35.6 -40.2
16	7	10.9 -12.2	12.3 -13.7	15.2 -16.9	18.3 -20.4	21.8 -24.3	25.6 -28.5	29.7 -33.1	34.1 -38.0

For SI: 1 Square foot = 0.929 Sqm, 1mpg = 0.447 m/s, 1psf = 47.88 N/sqm.

1. For effective areas or wind speeds between those given above the load may be interpolated, otherwise use the load associated with the lower effective area.
2. Table values shall be adjusted for height and exposure by multiplying by adjustment coefficients in Table 1606.2D.
3. Plus and minus signs signify pressures acting toward and away from the building surfaces.
4. Negative pressures assume door has 2 feet of width in building's end zone.

1609.6.5.1 Garage doors. Pressures from Table 1609.6E. for wind loading actions on garage doors for Buildings designed as enclosed shall be permitted.

Field Survey

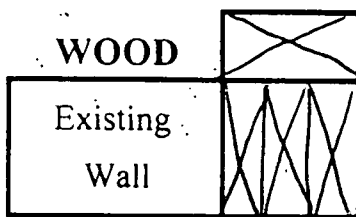
Date: 7/30/08	
Customer:	Phone:
Owner: Bonnie Flint	Phone: 772-270-0420
Address: Le Palmetto Dr.	Fax:
Sewall's Point Fl	Cell:

319.55

W x H	MFG	Model	Zone	Exp.	Design P.S.F	Test P.S.F
16 x 7	HORMANN GALCO	DFP	140	C	136/-44	154/-67
X						
Wall Construction		Vertical Jambs		Header		Spring Pad
CMU (Wood) Other		2 x 6		2 x 6		N/A
Required Anchors		#	3 Below			

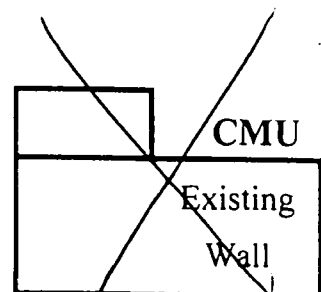
Wood Jamb Attachment To Structure

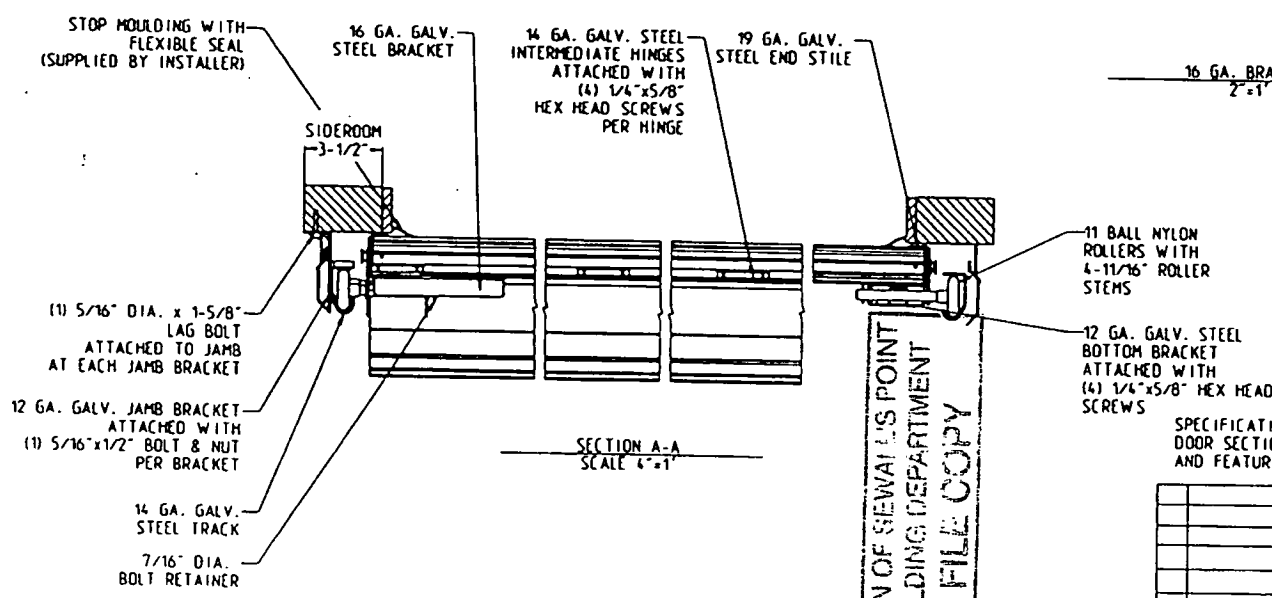
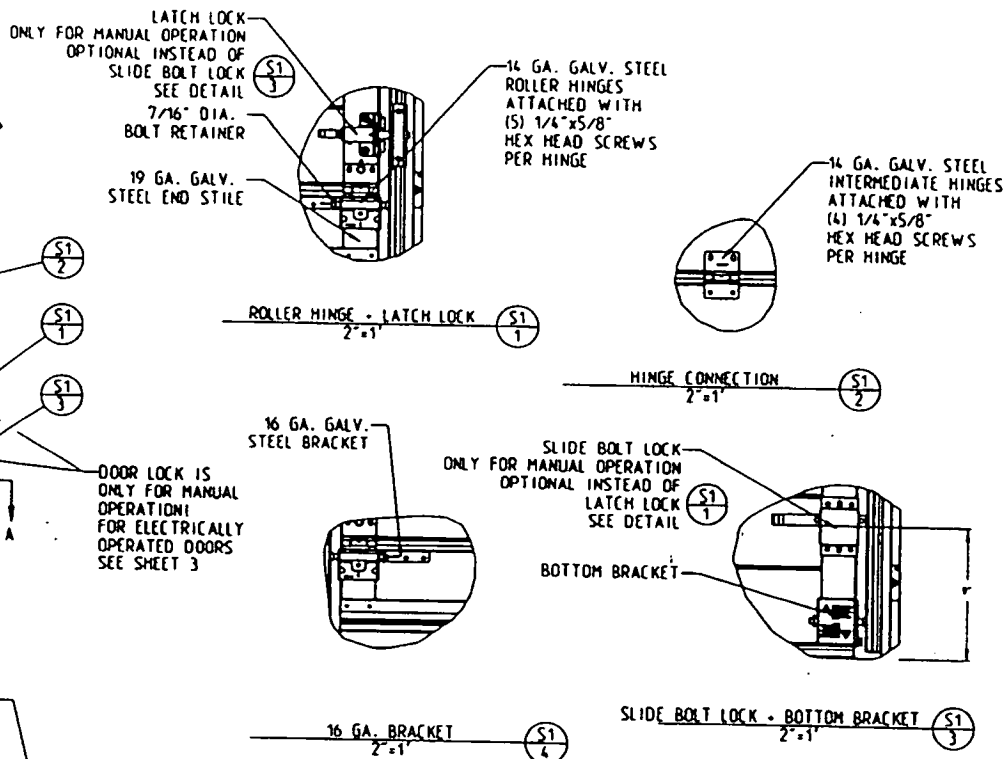
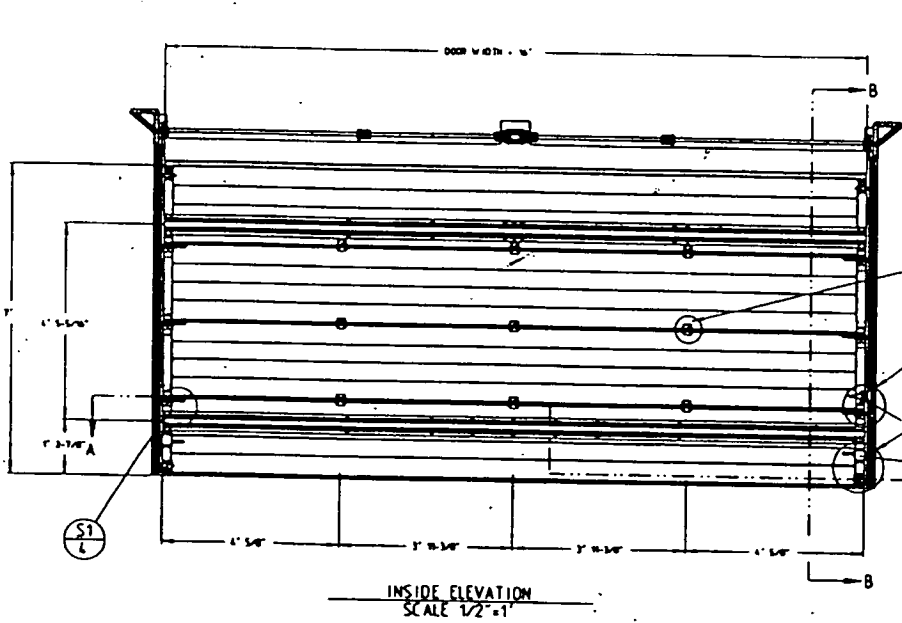
- (# 1) For attachment of jambs to cast in place concrete, Use 3/8" x 5". Install bolts a maximum of 6" from each end and at 24" on center. Anchors must have a minimum of 2-1/2" embedment into concrete.
- (# 2) For attachment to hollow block, use 1/4" diameter tapcon anchors. Install a pair of anchors a maximum of 6" from each end and a pair at 12" on center. The pair of anchors should be approximately 3" center-to-center. Anchors must have a minimum of 1-1/4" embedment into hollow block.
- (# 3) Attach tracks to wood frame with 5/16" x 1" lags & additional track brackets (as required) to secure thru existing 2" x 6" jamb with minimum of 1 1/2" embedment into existing stud wall.



FLOOR PLAN
INTERIOR

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY





DESIGN LOADS

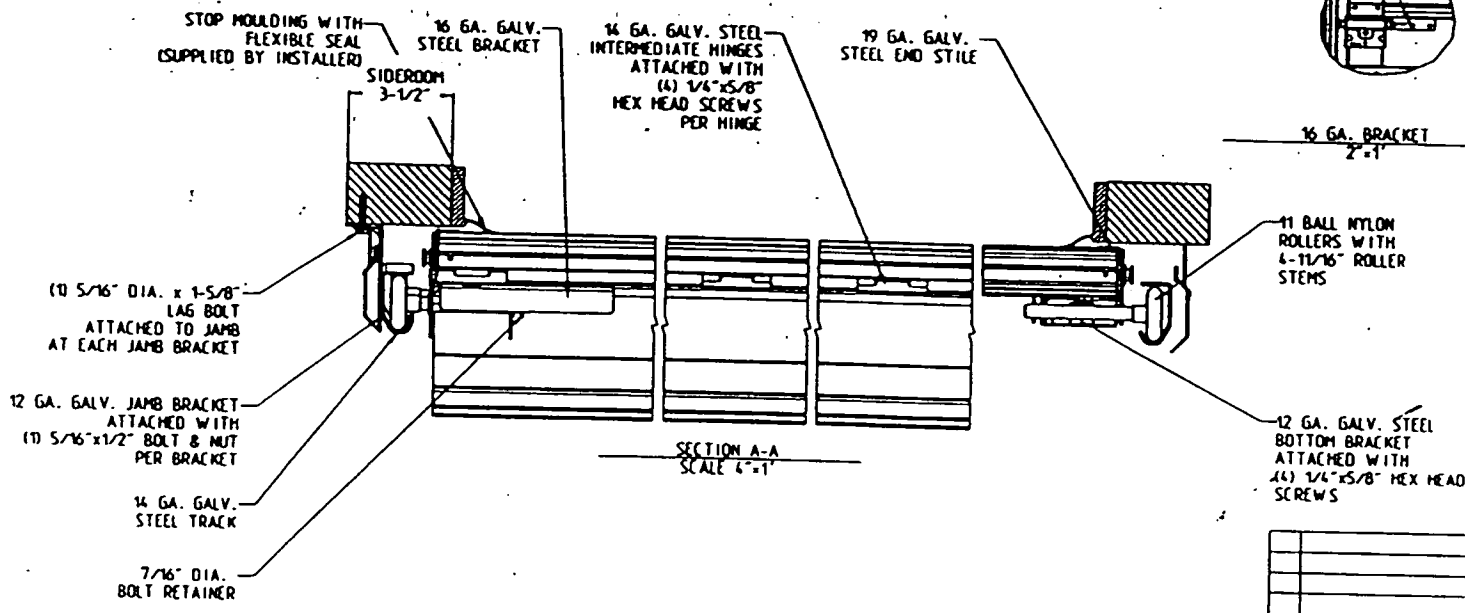
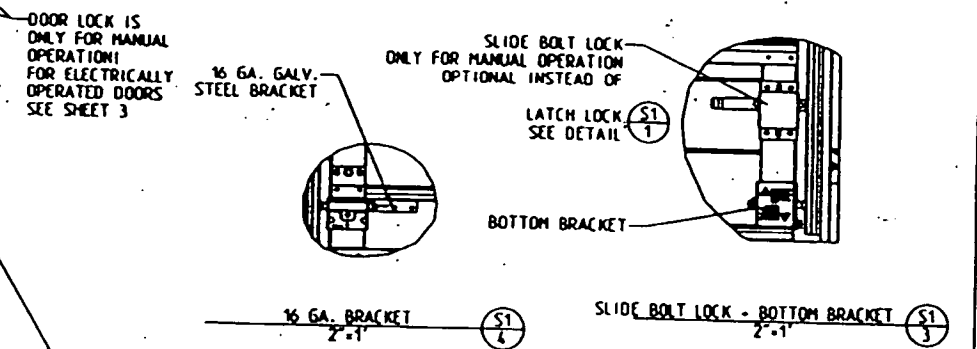
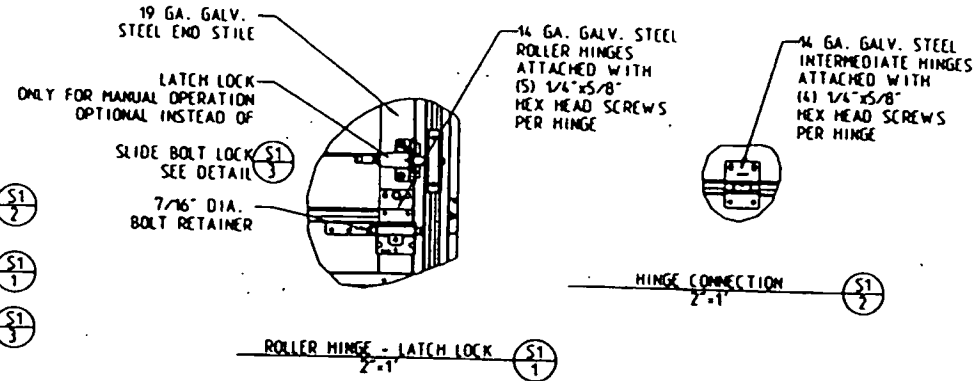
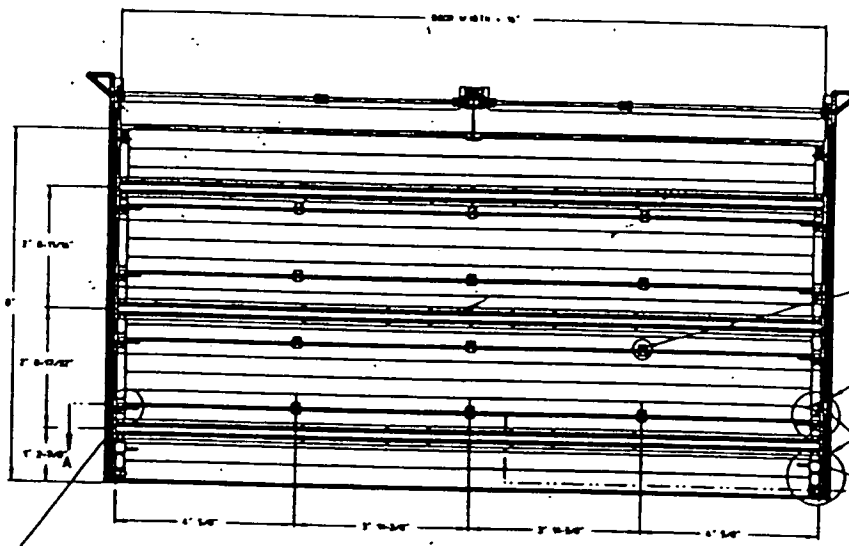
36,600	PSF
44,700	PSF
TEST LOADS	
54,900	PSF
67,050	PSF

THIS DRAWING IS VALID FOR THE DESIGNS OFP, DSP, DLP, DCP-S, DCP-L, DRP

SPECIFICATIONS AND NOTES
 DOOR SECTIONS ARE OF 26 GA. (0.0159") ROLL FORMED STEEL AND FEATURING AN EVENLY FILLED POLYURETHANE CORE.

TOWN OF SEWAL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

HURRICANE						
DOUBLE-SKINNED DOOR 36.6 PSF						
DOOR WIDTH 16'						
HURRICANE						
DESIGN DRP NO.	DATE NOV 21 2005	SIZE A2	DRAWN BY BOYD	CHECKED BY FROESE	DATE MAR 16 2005	PROJ. NO. 23053465
REV	DESCRIPTION OF REVISIONS	DATE	BY			



SECTION A-A
SCALE 4"-1"

DESIGNER: []		DATE: []		SCALE: []	
CHECKED BY: []		DATE: []		SCALE: []	
REVISED BY: []		DATE: []		SCALE: []	
DESCRIPTION OF REVISIONS:		DATE:	BY:	BY: []	
				WINDWARD ARCHITECTS, INC. 23053465	
DOUBLE SKINNED DOOR 36.6 PSF DOOR WIDTH 16" HURRICANE				SHEET 2 OF 4	

26 GA. MIN. EXTERIOR SKIN WITH G-90 GALV. POLYESTER TOP COAT (MIN. 0.000984")

14 GA. GALV. TOP ROLLER BRACKET ATTACHED WITH (4) 1/4"x5/8" HEX HEAD SCREWS PER BRACKET.
12 GA. GALV. ADJUSTABLE SLIDE BRACKET ATTACHED WITH (1) 5/16"x1/2" BOLT & NUT PER BRACKET.

(2) 5/16" DIA. x 1-5/8" LAG BOLT ATTACHED TO JAMB AT EACH MOUNTING BRACKET

PANEL WINDOW CONSISTING OF AN INSIDE AND OUTSIDE FRAME. GLAZING 0.63" AND OPTIONAL 0.118" AND DECORATIVE IMAYS OPTIONAL (NO STATIC INFLUENCE)

(1) 5/16" DIA. x 1-5/8" LAG BOLT ATTACHED TO JAMB AT EACH JAMB BRACKET

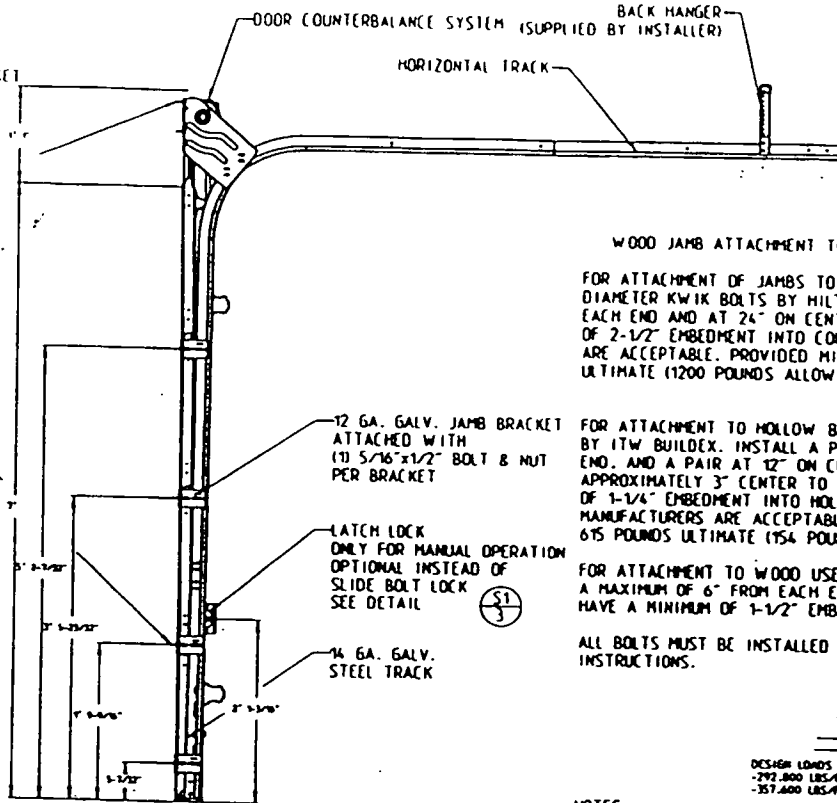
14 GA. GALV. STEEL ROLLER HINGES ATTACHED WITH (5) 1/4"x5/8" HEX HEAD SCREWS PER HINGE

5-1/2"x4-9/16"x19 GA. GALV. STEEL REINFORCEMENT TRUSS ATTACHED WITH 1/4"x5/8" HEX HEAD SCREWS AT EACH HOLE. SEE SHEET ONE

SLIDE BOLT LOCK ONLY FOR MANUAL OPERATION OPTIONAL INSTEAD OF LATCH LOCK SEE DETAIL (S1)

12 GA. GALV. STEEL BOTTOM BRACKET ATTACHED WITH (4) 1/4"x5/8" HEX HEAD SCREWS

CONTINUOUS EPDM SEAL



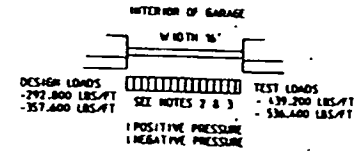
WOOD JAMB ATTACHMENT TO STRUCTURE

FOR ATTACHMENT OF JAMBS TO CAST IN PLACE CONCRETE. USE 3/8" DIAMETER KWIK BOLTS BY HILTI. INSTALL BOLTS A MAXIMUM OF 6" FROM EACH END AND AT 24" ON CENTER. ANCHORS MUST HAVE A MINIMUM OF 2-1/2" EMBEDMENT INTO CONCRETE. ANCHORS BY OTHER MANUFACTURERS ARE ACCEPTABLE. PROVIDED MINIMUM PULLOUT CAPACITY IS 4500 POUNDS ULTIMATE (1200 POUNDS ALLOWABLE) IN 1"=2000 PSI CONCRETE.

FOR ATTACHMENT TO HOLLOW BLOCK. USE 1/4" DIAMETER TAPCON ANCHORS BY ITW BUILDEX. INSTALL A PAIR OF ANCHORS A MAXIMUM OF 6" FROM EACH END, AND A PAIR AT 12" ON CENTER. THE PAIR OF ANCHORS SHOULD BE APPROXIMATELY 3" CENTER TO CENTER. ANCHORS MUST HAVE A MINIMUM OF 1-1/4" EMBEDMENT INTO HOLLOW BLOCK. ANCHORS BY OTHER MANUFACTURERS ARE ACCEPTABLE. PROVIDED MINIMUM PULLOUT CAPACITY IS 615 POUNDS ULTIMATE (154 POUNDS ALLOWABLE).

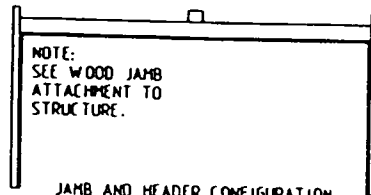
FOR ATTACHMENT TO WOOD USE 5/16" DIAMETER LAG BOLTS. INSTALL BOLTS A MAXIMUM OF 6" FROM EACH END, AND AT 12" ON CENTER. ANCHORS MUST HAVE A MINIMUM OF 1-1/2" EMBEDMENT INTO WOOD STRUCTURE.

ALL BOLTS MUST BE INSTALLED IN ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS.



TRACK CONFIGURATION FOR 4 SECTIONS

TRACK CONFIGURATION SCALE 1"=1'



JAMB AND HEADER CONFIGURATION SCALE 1/4"=1'

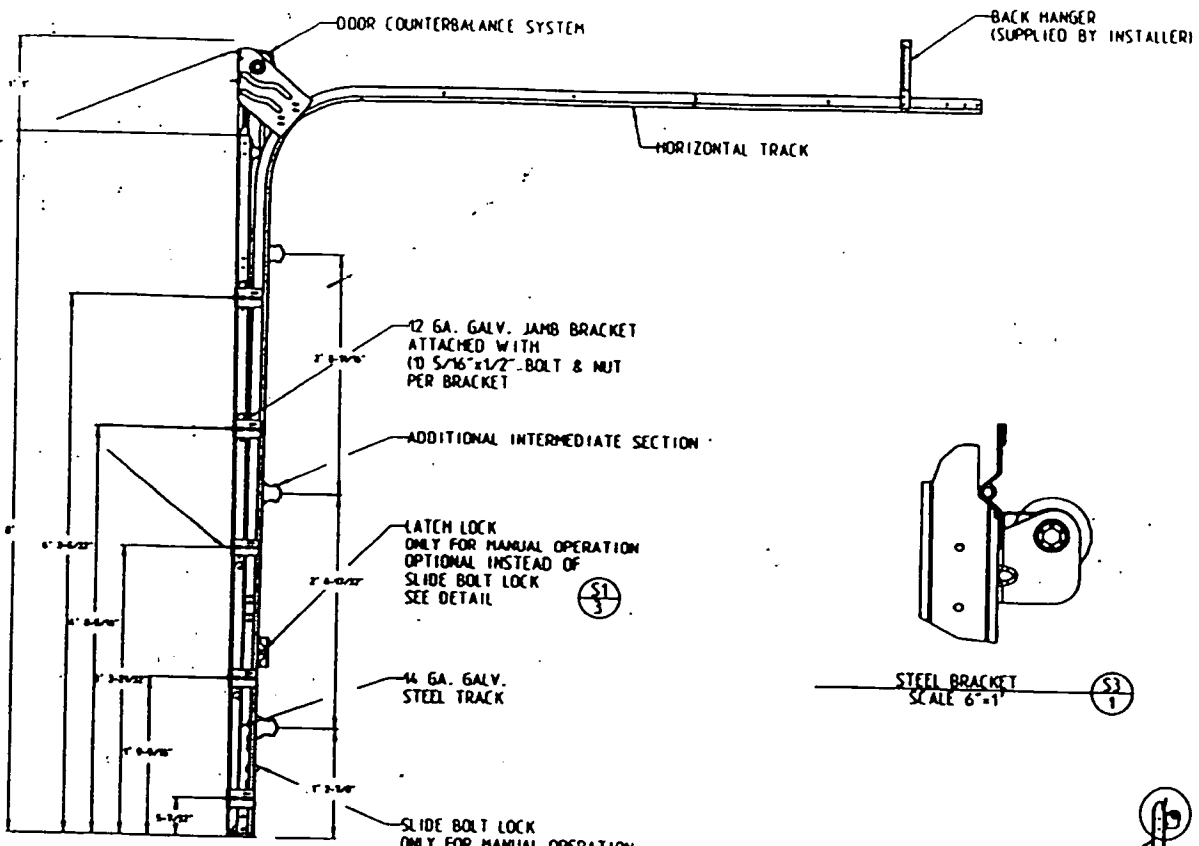
NOTE: SEE WOOD JAMB ATTACHMENT TO STRUCTURE.

NOTES:

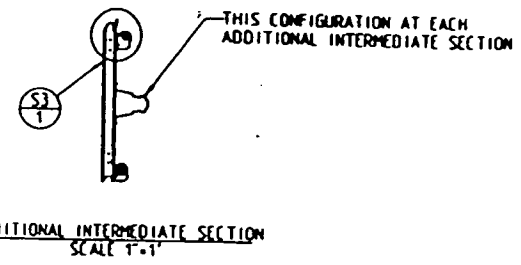
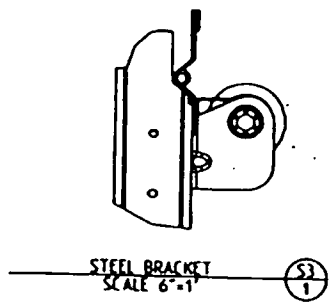
1. ALL THE LOAD FROM THE DOOR IS TRANSFERRED TO THE VERTICAL TRACK. FROM THE TRACK THE LOAD IS TRANSFERRED TO THE VERTICAL JAMBS AND MOUNTING BRACKET. THE HORIZONTAL JAMB OR HEADER RECEIVES NO PORTION OF THE LOAD TRANSFERRED FROM THE DOOR.
2. EACH VERTICAL JAMB RECEIVES MAXIMUM DESIGN LOAD OF: -292.800 LBS/FT & -357.600 LBS/FT
3. EACH VERTICAL JAMB RECEIVES MAXIMUM TEST LOAD OF: -439.200 LBS/FT & -536.400 LBS/FT
4. ALL FASTENERS USED TO SECURE JAMBS MUST BE COUNTERSUNK TO PROVIDE A FLUSH MOUNTING SURFACE.
5. SUPPORTING STRUCTURAL ELEMENTS SHALL BE DESIGNED BY A REGISTERED PROFESSIONAL ENGINEER FOR WIND LOADS INDICATED ON THIS DRAWING IN ADDITION TO OTHER LOADINGS.

SECTION B-B SCALE 1/4"=1'

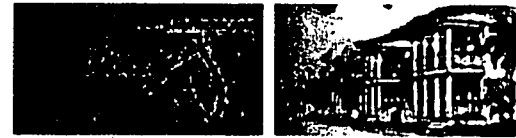
		73 CHILLICUM WAY, MEMPHIS, TENNESSEE 38103	
DOUBLE SKINNED DOOR 36.6 PSF DOOR WIDTH 16' HURRICANE			
SIZE: A2 DESIGN DRW. NO.: DATE:	DRAWN BY: BSH DATE: NOV 21 2005	CHECKED BY: PRODUCE DATE: MAR 10 2006	DRAWING NUMBER: 73053465 SHEET 1 OF 1



TRACK CONFIGURATION FOR 5 SECTIONS
 TRACK CONFIGURATION
 SCALE 1"=1'



		H HURRICANE DOOR CO.	
		<small>ESTABLISHED BY EMERGENCY MEAT, VANDER, TENNESSEE 1900S</small>	
		DOUBLE SKINNED DOOR 36.6 PSF	
		DOOR WIDTH 16'	
		HURRICANE	
DATE	DESIGNED BY	DATE	REVISED BY
REV	DESCRIPTION OF REVISIONS	DATE	BY
		SIZE	BRAND BY
		AZ	
		DATE	BY
		BRAND NAME NUMBER	
		23053465	
		SHEET	OF 1



DCA HOME ABOUT DCA DCA PROGRAMS CONTACT DCA

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Product Approval
USER: Public User

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

- ▶ COMMUNITY PLANNING
- ▶ HOUSING & COMMUNITY DEVELOPMENT
- ▶ EMERGENCY MANAGEMENT
- ▶ OFFICE OF THE SECRETARY

FL # FL8345
 Application Type New
 Code Version 2004
 Application Status Approved
 Comments
 Archived

Product Manufacturer General American Door
 Address/Phone/Email 5050 Baseline Rd
 Montgomery, IL 60538
 (630) 859-3000 ext 175
 j.campbell@hoermann-gadco.com

Authorized Signature James Campbell
 j.campbell@hoermann-gadco.com

Technical Representative
 Address/Phone/Email

Quality Assurance Representative
 Address/Phone/Email

Category Exterior Doors
 Subcategory Sectional Exterior Door Assemblies

Compliance Method Evaluation Report from a Florida Registered Architect or a
 Licensed Florida Professional Engineer
 Evaluation Report - Hardcopy Received

Florida Engineer or Architect Name who developed the Evaluation Report Doug Barkley
 Florida License PE-49090
 Quality Assurance Entity Intertek Testing Services NA Inc
 Validated By John E. Scates, PE

Certificate of Independence [FL8345_R0_COI_independence.pdf](#)

Referenced Standard and Year (of Standard)	Standard	Year
	ANSI/DASMA 108	2002
	ASTM E1886/E1996	2002
	ASTM E330	2002

Equivalence of Product Standards Certified By

Sections from the Code

Product Approval Method Method 1 Option D

Date Submitted 02/28/2007
 Date Validated 03/13/2007
 Date Pending FBC Approval 03/14/2007
 Date Approved 03/29/2007

Summary of Products		
FL #	Model, Number or Name	Description
8345.1	DSP	UPTO 16' WIDE PER DRAWING Z3053465
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: +36.6 /-44.7 Other: Maximum Size: 16' wide x 8' tall. Maximum Panel Size: 16' wide x 21" tall. Large Missile Impact Resistant as defined by ASTM E1886/E1996.		Installation Instructions FL8345_R0_IL_Z3053465.pdf Verified By: Doug Barkley 49090 Evaluation Reports FL8345_R0_AE_evaluation.pdf

DCA Administration

Department of Community Affairs
 Florida Building Code Online
 Codes and Standards
 2555 Shumard Oak Boulevard
 Tallahassee, Florida 32399-2100
 (850) 487-1824, Suncom 277-1824, Fax (850) 414-8436

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Product Approval Accepts:





TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 6 PALMETTO

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.

GAR. DOOR

NO ACCESS - OWNER
NOT HOME

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: 10/3

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-3, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8984	FLYING DUTCHMAN	Gar Door	FAIL	NO ACCESS
2	6 PALMETTO	(9:00 A.M)	FAIL	REINSPECTED
		220-0420	(CLOSE)	INSPECTOR: <i>JW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8996	Rosken	Final	PASS	CLOSE
1	144 N Sewalls			
	Coastline			INSPECTOR: <i>JW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
9006	Durno	electric rough	PASS	
	30 N River Rd			
	Muline			INSPECTOR: <i>JW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

9905

A/C CHANGEOUT



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	9905	DATE ISSUED:	10-17-2011
SCOPE OF WORK:	A/C Replacement		
CONTRACTOR:	Jensen Beach A/C		
PARCEL CONTROL NUMBER:	01-38-41-010-000 00130-3	SUBDIVISION	Palmetto PK Lot 13
CONSTRUCTION ADDRESS:	6 Palmetto Road		
OWNER NAME:	Barbara Flint		
QUALIFIER:	Greg Hall	CONTACT PHONE NUMBER:	334-3200

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

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

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

INSPECTIONS

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

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

**Martin County, Florida
Laurel Kelly, C.F.A**
generated on 10/14/2011 2:15:54 PM EDT
Summary

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
01-38-41-010-000-00130-3	17766	6 PALMETTO RD, SEWALL'S POINT	\$369,330	10/8/2011

Owner Information

Owner(Current)	FLINT BARBARA H
Owner/Mail Address	6 PALMETTO DR STUART FL 34996
Sale Date	11/15/2000
Document Book/Page	1519 2124
Document No.	JKL
Sale Price	0

Location/Description

Account #	17766	Map Page No.	SP-04
Tax District	2200	Legal Description	PALMETTO PARK LOT 13
Parcel Address	6 PALMETTO RD, SEWALL'S POINT		
Acres	.4640		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120200 Heritage P, Palmtto Pk,Rdglnd,

Assessment Information

Market Land Value	\$150,000
Market Improvement Value	\$219,330
Market Total Value	\$369,330



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

A/C PERMIT APPLICATION

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

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

- ✓ 1 Copy Completed permit application
- ✓ 2 Copies of the following:
 - ✓ a. Manufacturer's data sheet to include make, model, seer/eer, tonnage, electrical requirements, refrigerant piping size, and AHR listing page.
 - ✗ Replacing ductwork requires Manual D layout plan with grille sizes
 - ✗ Replacing entire system including ductwork requires Manual J and Energy calculations.
 - ✓ d. Condenser tie down and Air Handler mounting details
 - ✓ e. A/C change out affidavit

~~COMMERCIAL APPLICATIONS ADDITIONALLY REQUIRE~~

~~2 Copies A/C Stand NOA or Engineers letter to retrofit to existing mounts.~~

~~Smoke Detectors in supply duct for units over 2000 CFM~~

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 9905

Date: 10-14-2011

OWNER/TITLEHOLDER NAME: Barbara Flint Phone (Day) 220-0420 (Fax)

Job Site Address: Le Palmetto Rd. City: Seawall State: FL Zip: 34994

Legal Description: Palmetto Park Lot 13 Parcel Control Number: 01-350-010-000-00130-3

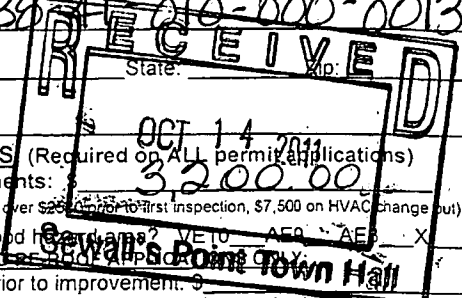
Owner Address (if different): City: State: Zip:

SCOPE OF WORK (PLEASE BE SPECIFIC):

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

Has a Zoning Variance ever been granted on this property? YES (YEAR) NO (Must include a copy of all variance approvals with application)

COST AND VALUES (Required on ALL permit applications) Estimated Value of Improvements: 3,200.00 (Notice of Commencement required when over \$25,000 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? YES NO AEP AEP-X FOR ADDITIONS, REMODELS AND REPAIRS. Estimated Fair Market Value prior to improvement: (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION



Construction Company: Jensen Beach Air Conditioning Phone: 334-3200 Fax: 334-3201

Qualifiers name: Greg Hall Street: 940 NE Dixie Hwy City: Jensen Beach State: FL Zip: 34957

State License Number: CAC014451 OR: Municipality: License Number:

LOCAL CONTACT: Greg Hall Phone Number: 772-334-3200

DESIGN PROFESSIONAL: Fla. License#

Street: City: State: Zip: Phone Number:

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Storage:

Carpport: Total under Roof Elevated Deck: Enclosed area below BFE* (Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.)

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007 National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCLUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES. 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95. 4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1. 105.4.1.1 - .5.

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

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

OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S.) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED) X Barbara H. Flint State of Florida, County of: Martin On This the 14th day of October, 2011 by Barbara Flint who is personally known to me or produced As identification: ANN-MARIE S. BASLER Notary Public, State of Florida My Commission Expires: June 25, 2012 My Commission Expires:

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.) X Barbara H. Flint State of Florida, County of: MARTIN On This the 14th day of October, 2011 by Greg Hall who is personally known to me or produced As identification: C. McGowan Notary Public My Commission Expires: June 25, 2012

CRYSTAL MCGOWAN MY COMMISSION # DD800866 EXPIRES JUNE 25, 2012 Florida Notary Service.com (407) 398-0153

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

NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (A/C \$7,500.00)

PERMIT #: _____ TAX FOLIO #: _____

STATE OF FLORIDA _____ COUNTY OF MARTIN

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

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

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

CONTRACTOR: _____
ADDRESS: _____
PHONE NUMBER: _____ 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:

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

FLORIDA STATUTES: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

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

SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

SIGNATORY'S TITLE/OFFICE _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 20____

BY: _____ AS _____ FOR _____
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION _____

TYPE OF IDENTIFICATION PRODUCED _____ NOTARY SIGNATURE/ SEAL _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

(Signature of Natural Person Signing Above)

Air Distribution System Test Report

For use when part of an Air Distribution System has been replaced (voluntary test for use with N1100.0.2)

**THE FINAL INSPECTION MUST BE APPROVED
BEFORE THIS FORM CAN BE FILED WITH THE BUILDING DEPARTMENT**
The air distribution system leakage test may be performed before or after the final inspection date.

Owner: _____	Contractor name: _____
Street address: _____	Jurisdiction: _____
City: _____	Permit No.: _____
Zip: _____	Final inspection date: _____

Air Distribution System Leakage Test Results

Line	System	Duct Leakage
1	System 1	cfm25 _(out or tot) circle test type
2	System 2	cfm25 _(out or tot) circle test type
3	System 3	cfm25 _(out or tot) circle test type
4	System 4	cfm25 _(out or tot) circle test type
	Use appropriate calculation method	
5		Sum lines 1-4
6	<u>Total House Duct System Leakage</u> When there is only one system or when all systems have been replaced	Divide by _____ = _____ (Qn, out or tot) (total conditioned floor area) (circle test)
OR		
7	<u>Replacement system duct system leakage</u> When there are multiple systems and only one or some of the systems have been replaced	Divide Line 5 by _____ = _____ % Leakage, (out or tot) (total rated air handler flow) (circle test)

I have tested the air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.) in accordance with methods found in:

- N1110.A.2 of the Florida Building Code-Residential
- 13-610.A.2 of the Florida Building Code: Energy
- Sub-Appendix 13-2C, C5.2.2.1.1 of the Florida Building Code: Energy

The replaced system is leak-free and is therefore compliant with N1100.0.2 and Form 1100B
 uses existing ductwork and is therefore compliant with N1100.0.2, exception 2

I possess the qualifications found in the selected citation to perform this work.

Signature: _____ Date: _____

Printed Name: _____

FL BERS Rater Certification #: _____

(or) DPBR Mechanical License #: _____

(or) T&B Certification # and issuing organization
or jurisdictional recognition:

For Building Department use only:	
Form received by: _____	Date: ____/____/____



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

Air Conditioning Change out Affidavit

Residential Commercial _____
 Package Unit _____ Yes No (Use Condenser side of form below for equipment listing)
 Duct Replacement _____ Yes No - Refrigerant line replacement _____ Yes No
 Flushing Existing Refrigerant lines Yes _____ No - Adding Refrigerant Drier Yes _____ No
 Rooftop A/C Stand Installation _____ Yes No - Curb Installation _____ Yes No
 Smoke Detector in Supply (over 2000 CFM) _____ Yes No

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: <u>RHEEM</u> Model# <u>RHLHM3017</u>	Condenser: Mfg: <u>RHEEM</u> Model# <u>14AJN30A01</u>
Volts <u>240</u> CFM's _____ Heat Strip <u>7</u> Kw _____	Volts <u>230</u> SEER/EER <u>16</u> BTU's <u>29,200</u>
Min. Circuit Amps <u>41</u> Wire gauge _____	Min. Circuit Amps <u>18</u> Wire gauge _____
Max. Breaker size <u>45</u> Min. Breaker size <u>41</u>	Max. Breaker size <u>30</u> Min. Breaker size <u>25</u>
Ref. line size: Liquid <u>310</u> Suction <u>314</u>	Ref. line size: Liquid <u>310</u> Suction <u>314</u>
Refrigerant type <u>R410A</u>	Refrigerant type <u>R410A</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) _____	Left/Right/Rear/Front/Roof _____
Access: _____	Condensate Location _____

(Contractor must provide ladder if required)

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: _____ Model# _____	Condenser: Mfg _____ Model# _____
Volts <u>240</u> CFM's _____ Heat Strip <u>7</u> Kw _____	Volts <u>230</u> SEER/EER _____ BTU's _____
Min. Circuit Amps _____ Wire gauge _____	Min. Circuit Amps _____ Wire gauge _____
Max. Breaker size _____ Min. Breaker size _____	Max. Breaker size _____ Min. Breaker size _____
Ref. line size: Liquid _____ Suction _____	Ref. line size: Liquid _____ Suction _____
Refrigerant type <u>R22</u>	Refrigerant type <u>R22</u>
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) _____	Left/Right/Rear/Front/Roof _____
Access: _____	Condensate Location _____

Certification:

I herby certify that the information entered on this form accurately represents the equipment installed and further affirm that this equipment is considered matched as required by FBC - R (N)1107 & 1108

Signature [Signature]

Date 10-14-2011



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011.

Certificate of Product Ratings

AHRI Certified Reference Number: 3412355 Date: 10/14/2011

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 14AJM30

Indoor Unit Model Number: RHLL-HM3617+RCSL-H*3617

Manufacturer: RHEEM MANUFACTURING COMPANY

Trade/Brand name: RHEEM 14AJM SERIES

Manufacturer responsible for the rating of this system combination is RHEEM MANUFACTURING COMPANY

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	29200
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

©2011 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 129630742802437108

THE METAL SHOP

Custom Metal Manufacturer

Consulting Engineer

Douglas W. Lowt, P.E.

FLA# 13355

1206 Millennium Parkway

Brandon, FL 33511

ANCHOR CLIPS Installer's Guide

WARNING - HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING

PART NUMBER

#771 (4 pk)

#772 (106 box)

#770 (4 pk including hardware)

CONSTRUCTION

16 gauge galvanized steel, G-90 rated for corrosion coastal applications.

PACKAGING DETAILS

All anchor clips are supplied as per package quantities described above.

INSTALLATION

Minimum of 4 clips required per condenser unit.
Minimum of 2 #14 x 3/4" screws with neoprene washer required to fasten clip to condenser unit.
1/4" x 1 3/4" Tapcon screw required to fasten clip to condenser pad.

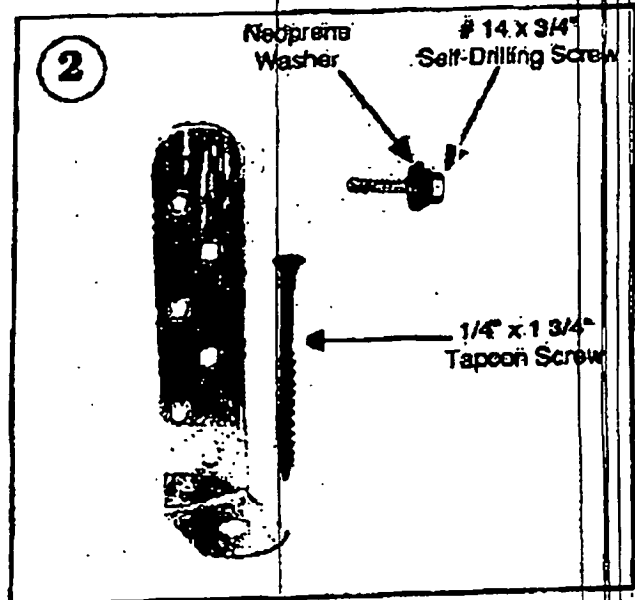
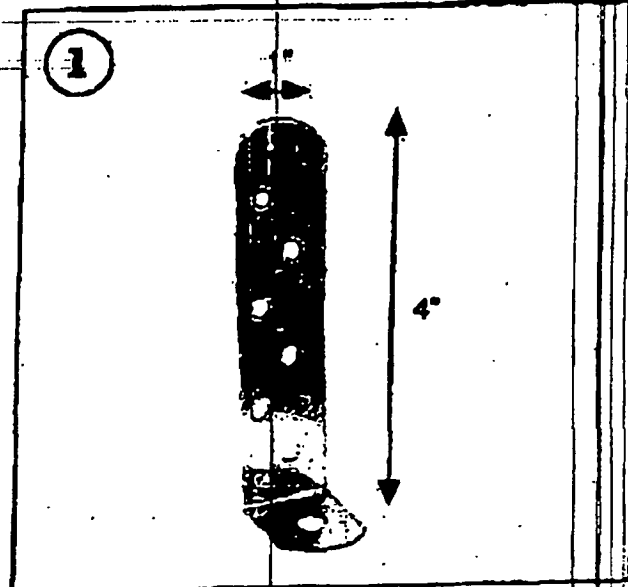
Locate the anchor clips to fit comfortably between condenser unit and pad.
Adjust clip accordingly to fit on condenser unit and screw together, at the same time ensuring that the base of the clip is still in contact with the pad.
All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit.
Suitable for ground mounted units.
Anchor clip design meets requirements of The Florida Building Code 2007 (Building) chapter 301.12 for wind resistance up to 140 MPH.

FEATURES

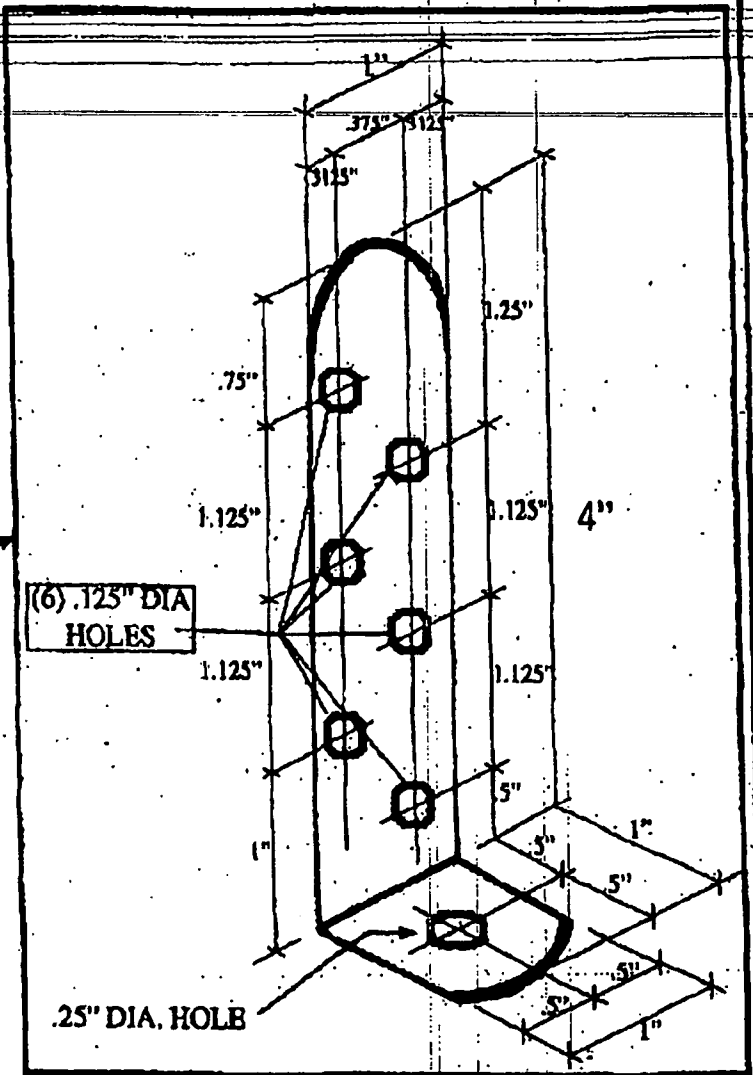
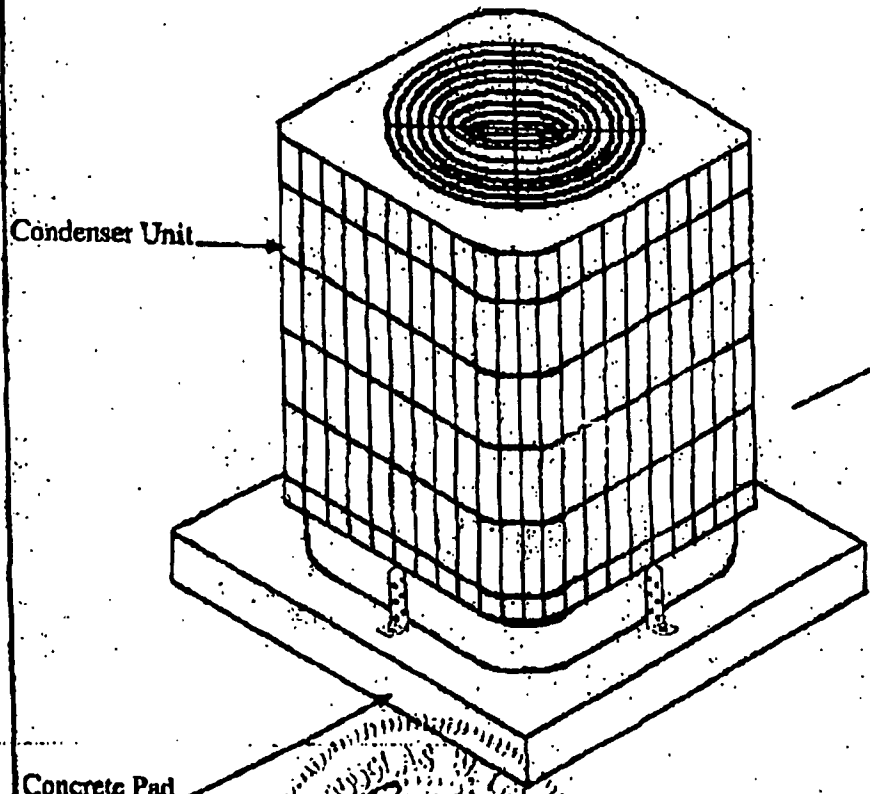
The use of "sized to fit" screw holes compared to slots means that security is never compromised. A tight, secure fit between pad and condenser ensures security for the condenser and offers great assurance during extreme weather conditions.

NOTE

Above installation instruction suitable for up to 5 ton units.



#771 (aka) #772 100 lb Anchor Clip



Metal thickness = 16 gauge

<p>The Metal Shop 1139 Eldridge Street Clearwater Fl. 33755</p>	<p>Ph: (727) 441-2492 Fax: (727) 442-8493 Web: www.metalsshop.org</p>	<p>Consulting Engineer: Douglas W. Lowe, P.E. FLA # 13355 1206 Millenium Parkway Brandon, Fl. 33511</p>	<p>Revision Date: 2/14/08</p>	<p>Drawn by: K.P.R. Scale - Not to scale</p>	<p>Page: 1 of 1</p>
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PRINTED ON 11/11/08

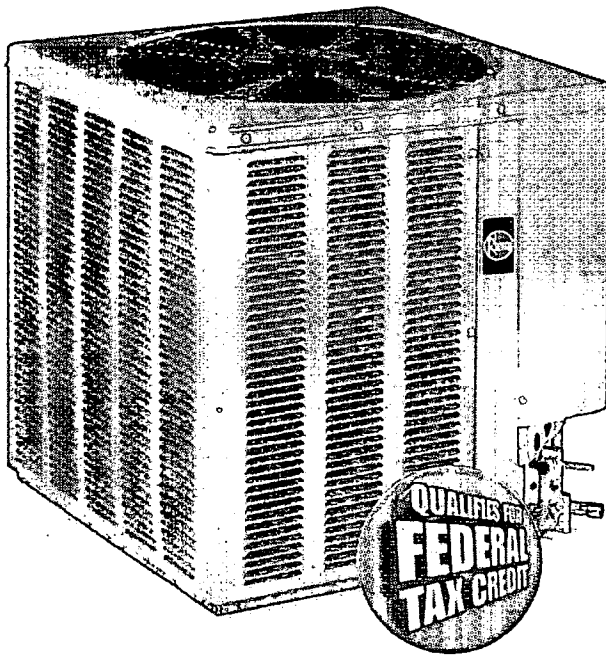


Featuring
Industry Standard
R-410A Refrigerant

R-410A



14.5 SEER VALUE SERIES CONDENSING UNITS



*"Visit www.Rheem.com
for complete details."*

14AJM-

14.5 SEER Models

Efficiencies up to 17 SEER/13.50 EER

Nominal Sizes 1 1/2 to 5 Tons

[5.28 kW] to [17.6 kW]

Nine Models

Cooling Capacities

19,600 to 56,500 BTU/HR

[5.74 to 16.56 kW]

Features

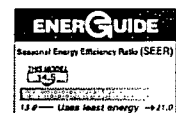
- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)

Applications

Outdoor condensing unit designed for ground level or rooftop installations. These units offer comfort and dependability for single, multi-family and light commercial applications.

Accessories

- Low Pressure Control (RXAC-A07)
- High Pressure Control (RXAB-A07)
- Low Ambient Control (RXAD-A08)
- Compressor Time Delay Control
- Crankcase Heater
- Sound Enclosure



"Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet ENERGY STAR criteria. Ask your Contractor for details or visit www.energystar.gov."

Electrical and Physical Data

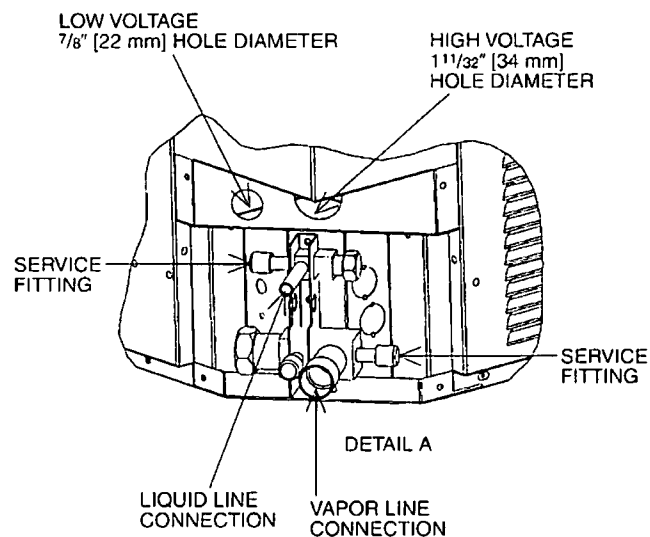
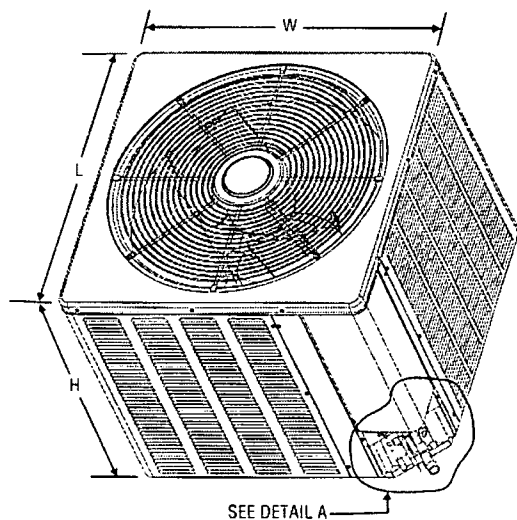
Model No. 14AJM	ELECTRICAL							PHYSICAL					
	Phase Frequency [Hz] Voltage [Volts]	Compressor		Fan Motor Full Load Amperes (FLA)	Minimum Circuit Ampacity Amperes	Fuse or HACR Circuit Breaker		Outdoor Coil			Refrigerant Per Circuit Oz. [g]	Weight	
		Rated Load Amperes (RLA)	Locked Rotor Amperes (LRA)			Minimum Amperes	Maximum Amperes	Face Area Sq. Ft. [m ²]	No. Rows	CFM [L/s]		Net Lbs. [kg]	Shipping Lbs. [kg]
Rev. 3/11/2010													
18	1-60-208/230	9/9	48	0.8	12/12	15/15	20/20	16.39 [1.52]	1	2805 [1324]	112 [3175]	154 [69.9]	171 [77.6]
24	1-60-208/230	13.5/13.5	58.3	0.8	18/18	25/25	30/30	16.39 [1.52]	1	2805 [1324]	105.6 [2994]	154 [69.9]	171 [77.6]
30	1-60-208/230	12.8/12.8	64	1.4	18/18	25/25	30/30	16.39 [1.52]	1	2915 [1376]	112 [3175]	157 [71.2]	175 [79.4]
36	1-60-208/230	16.7/16.7	79	1.9	23/23	30/30	35/35	21.85 [2.03]	1	3435 [1621]	130.4 [3697]	181 [82.1]	201 [91.2]
42	1-60-208/230	17.9/17.9	112	2.8	26/26	30/30	40/40	21.85 [2.03]	1	3550 [1675]	145.12 [4114]	205 [93]	225 [102.1]
48	1-60-208/230	21.8/21.8	117	2.8	31/31	40/40	50/50	21.85 [2.03]	2	4310 [2034]	216 [6124]	249 [112.9]	269 [122]
49	1-60-208/230	19.9/19.9	109	1.9	27/27	35/35	45/45	21.85 [2.03]	2	3615 [1706]	213 [6039]	249 [112.9]	269 [122]
56	1-60-208/230	21.4/21.4	135	1.9	29/29	35/35	50/50	21.85 [2.03]	2	3615 [1706]	241 [6832]	254 [115.2]	274 [124.3]
60	1-60-208/230	26.4/26.4	134	2.8	36/36	45/45	60/60	21.85 [2.03]	2	4310 [2034]	240 [6804]	254 [115.2]	274 [124.3]

NOTE: Factory Refrigerant Charge includes refrigerant for 15 feet of standard line set.

Unit Dimensions

Model No. 14AJM	Unit Dimensions		
	Width "W" Inches [mm]	Length "L" Inches [mm]	Height "H" Inches [mm]
18, 24, 30	31 ⁵ / ₈ [803]	31 ⁵ / ₈ [803]	27 ³ / ₈ [695]
36, 42, 48, 49, 56, 60	31 ⁵ / ₈ [803]	31 ⁵ / ₈ [803]	35 ³ / ₈ [899]

[] Designates Metric Conversions



Condensing Unit Refrigerant Line Size Information

Liquid Line Sizing (R-410A)														
System Capacity	Liquid Line Connection Size (Inch I.D.)	Line Size (Inch O.D.) (mm)	Liquid Line Size – Outdoor Unit Above Indoor Coil (Cooling Only—Does not apply to Heat Pumps)						Liquid Line Size – Outdoor Unit Below Indoor Coil					
			Total Equivalent Length—Feet [m]						Total Equivalent Length—Feet [m]					
			25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]	25 [7.62]	50 [15.24]	75 [22.86]	100 [30.48]	125 [38.10]	150 [45.72]
			Minimum Vertical Separation—Feet [m]						Maximum Vertical Separation—Feet [m]					
1 1/2 Ton	3/8" [9.53]	1/4 [6.35]	0	0	0	0	8 [2.44]	24 [7.32]	25 [7.62]	40 [12.19]	25 [7.62]	9 [2.74]	N/A	N/A
		5/16 [7.94]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	62 [18.90]	58 [17.68]	53 [16.15]	49 [14.94]
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	75 [22.86]	72 [21.95]	70 [21.34]	68 [20.73]
2 Ton	3/8" [9.53]	1/4 [6.35]	0	3 [0.91]	29 [8.84]	55 [16.76]	81 [24.69]	108 [32.92]	23 [7.01]	N/A	N/A	N/A	N/A	N/A
		5/16 [7.94]	0	0	0	0	0	0	25 [7.62]	36 [10.97]	29 [8.84]	23 [7.01]	16 [4.88]	9 [2.74]
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	72 [21.95]	70 [21.34]	68 [20.73]	65 [19.81]
2 1/2 Ton	3/8" [9.53]	1/4 [6.35]	0	14 [4.27]	56 [17.07]	98 [29.87]	N/A	N/A	25 [7.62]	N/A	N/A	N/A	N/A	N/A
		5/16 [7.94]	0	0	0	0	0	0	25 [7.62]	49 [14.94]	38 [11.58]	27 [8.23]	17 [5.18]	6 [1.83]
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	68 [20.73]	65 [19.81]	62 [18.90]	58 [17.68]
3 Ton	3/8" [9.53]	5/16 [7.94]	0	0	0	0	0	9 [2.74]	25 [7.62]	50 [15.24]	37 [11.28]	22 [6.71]	7 [2.13]	N/A
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	68 [20.73]	63 [19.20]	58 [17.68]	53 [16.15]
3 1/2 Ton	3/8" [9.53]	5/16 [7.94]	0	0	0	16 [4.88]	35 [10.67]	54 [16.46]	25 [7.62]	23 [7.01]	4 [1.22]	N/A	N/A	N/A
		3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	43 [13.11]	36 [10.97]	30 [9.14]	24 [7.32]
4 Ton	3/8" [9.53]	3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	46 [14.02]	38 [11.58]	30 [9.14]	22 [6.71]	15 [4.57]
		1/2 [12.57]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	56 [17.07]	55 [16.76]	53 [16.15]	52 [15.85]
5 Ton	3/8" [9.53]	3/8" [9.53]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	56 [17.07]	44 [13.41]	32 [9.75]	20 [6.10]
		1/2 [12.57]	0	0	0	0	0	0	25 [7.62]	50 [15.24]	75 [22.86]	81 [24.69]	79 [24.08]	76 [23.16]

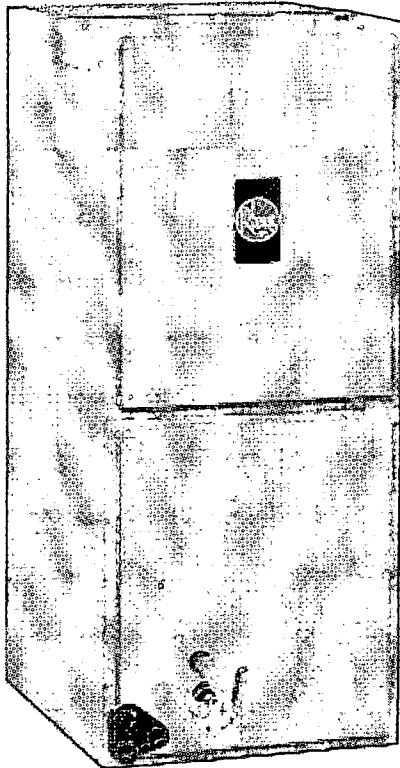
NOTES: *Standard line size
N/A = Application not recommended.

Suction Line Length/Size versus Capacity Multiplier (R-410A)								
Unit Size	1 1/2 Ton	2 Ton	2 1/2 Ton		3 Ton	3 1/2 Ton	4 Ton	5 Ton
Suction Line Connection Size	3/4" [19.05] I.D.				7/8" [22.23] I.D.			
Suction Line Run—Feet [m]	5/8" [15.88 mm] O.D. Optional 3/4" [19.05 mm] O.D. Standard*	5/8" [15.88 mm] O.D. Optional 3/4" [19.05 mm] O.D. Standard*	5/8" [15.88 mm] O.D. Optional 3/4" [19.05 mm] O.D. Standard*	7/8" [22.23 mm] O.D. Optional	3/4" [19.05 mm] O.D. Optional 7/8" [22.23 mm] O.D. Standard*	7/8" [22.23 mm] O.D. Optional 1 1/8" [28.58 mm] O.D. Standard*		
25' [7.62]	Optional Standard Optional	1.00 1.00 —	1.00 1.00 —	1.00 1.00 1.00	1.00 1.00 —	1.00 1.00 —	1.00 1.00 —	1.00 1.00 —
50' [15.24]	Optional Standard Optional	.98 .99 —	.98 .99 —	.96 .98 .99	.98 .99 —	.99 .99 —	.99 .99 —	.99 .99 —
100' [30.48]	Optional Standard Optional	.95 .96 —	.95 .96 —	.94 .96 .97	.96 .97 —	.96 .98 —	.96 .98 —	.97 .98 —
150' [45.72]	Optional Standard Optional	.92 .93 —	.92 .94 —	.91 .93 .95	.94 .95 —	.94 .96 —	.95 .96 —	.94 .97 —

NOTES: *Standard line size
Using suction line larger than shown in chart will result in poor oil return and is not recommended.

[] Designates Metric Conversions

AIR HANDLERS



AIR HANDLERS

RHLA- High Efficiency
featuring R-22 Refrigerant

RHLL- High Efficiency
featuring Earth-Friendly
R-410A Refrigerant

R-410A

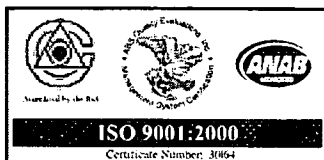
RHSA- Standard Efficiency
featuring R-22 Refrigerant

RHSL- Standard Efficiency
featuring Earth-Friendly
R-410A Refrigerant

R-410A

Features

- RHLA/RHLL feature GE's new X-13 (ECM) motor which provides enhanced SEER performance with most Rheem outdoor units.
- 1½ ton [5.3 kW] through 5 ton [17.6 kW] models are between 42½ inches [1080 to 1410 mm] tall and 22 inches [559 mm] deep.
- Versatile 4-way convertible design for upflow, downflow, horizontal left and horizontal right applications.
- Factory-installed high efficiency indoor coil.
- All models meet or exceed 330 to 400 CFM [156 to 189 L/s] per ton at .3 inches [.7 kPa] of external static pressure.
- Enhanced airflow up to .7" external static pressure.
- Sturdy construction with 1.0 inch [.24 kPa] of reinforced foil faced jacket insulation for excellent thermal and sound insulation.
- Field-installed auxiliary electric heater kits provide exact heat for indoor comfort. Kits include circuit breakers which meet UL and cUL requirements for service disconnect.



RHLA/RHLL Electrical Data – with Electric Heat

Installation of the U.L. Listed original equipment manufacturer provided heater kits listed in the table below is recommended for all auxiliary heating requirements.

Nominal Cooling Capacity Tons/ Cabinet Size	Rheem Model No.	Heater KW 208/240V	PH/HZ	No. Elements - KW Per	Type Supply Circuit Single Circuit Multiple Circuit	Circuit Amps.	Motor Ampacity	Minimum Circuit Ampacity	Maximum Circuit Protection	
1 1/2 & 2/ 17	RXBH-1724B03J/RXBH-17A03J	2.25/3.0	1/60	1 - 3.0	SINGLE	10.8/12.5	1.6	16/18	20/20	
	RXBH-1724B05J/RXBH-17A05J	3.6/4.8	1/60	1 - 4.8	SINGLE	17.3/20.0	1.6	24/27	25/30	
	RXBH-1724B07J/RXBH-17A07J	5.4/7.2	1/60	2 - 3.6	SINGLE	26.0/30.0	1.6	35/40	35/40	
	RXBH-1724B10J/RXBH-17A10J	7.2/9.6	1/60	2 - 4.8	SINGLE	34.6/40.0	1.6	46/52	50/60	
	RXBH-17A13J	9.4/12.5	1/60	3-4.17	SINGLE	45.1/52.1	1.6	59/68	60/70	
	RXBH-17A13J	3.1/4.2	1/60	1-4.17	MULTIPLE CKT 1	15.0/17.4	1.6	21/24	25/25	
		6.3/8.3	1/60	2-4.17	MULTIPLE CKT 2	30.1/34.7	0	38/44	40/45	
	RXBH-17A07C	5.4/7.2	3/60	3 - 2.4	SINGLE	15.0/17.3	1.6	21/24	25/25	
	RXBH-17A10C	7.2/9.6	3/60	3 - 3.2	SINGLE	20.0/23.1	1.6	27/31	30/35	
RXBH-17A13C	9.4/12.5	3/60	3 - 4.17	SINGLE	26.1/30.1	1.6	35/40	35/40		
2 1/2 & 3/ 17	RXBH-17A03J	2.25/3.0	1/60	1 - 3.0	SINGLE	10.8/12.5	2.7	17/19	20/20	
	RXBH-17A05J	3.6/4.8	1/60	1 - 4.8	SINGLE	17.3/20.0	2.7	25/29	25/30	
	RXBH-17A07J	5.4/7.2	1/60	2 - 3.6	SINGLE	26.0/30.0	2.7	36/41	40/45	
	RXBH-17A10J	7.2/9.6	1/60	2 - 4.8	SINGLE	34.6/40.0	2.7	47/54	50/60	
	RXBH-17A13J	9.4/12.5	1/60	3-4.17	SINGLE	45.1/52.1	2.7	60/69	60/70	
	RXBH-17A13J	3.1/4.2	1/60	1-4.17	MULTIPLE CKT 1	15.0/17.4	2.7	23/26	25/30	
		6.3/8.3	1/60	2-4.17	MULTIPLE CKT 2	30.1/34.7	0	38/44	40/45	
	RXBH-17A15J	10.8/14.4	1/60	3-4.8	SINGLE	51.9/60.0	2.7	69/79	70/80	
	RXBH-17A15J	3.6/4.8	1/60	1 - 4.8	MULTIPLE CKT 1	17.3/20.0	2.7	25/29	25/30	
		7.2/9.6	1/60	2 - 4.8	MULTIPLE CKT 2	34.6/40.0	0	44/50	45/50	
	RXBH-17A18J	12.8/17.0	1/60	3-5.68	SINGLE	61.6/70.8	2.7	81/92	90/100	
	RXBH-17A18J	4.3/5.7	1/60	1-5.68	MULTIPLE CKT 1	20.5/23.6	2.7	29/33	30/35	
		8.5/11.3	1/60	2 - 5.68	MULTIPLE CKT 2	41.1/47.2	0	52/59	60/60	
	RXBH-17A07C	5.4/7.2	3/60	3 - 2.4	SINGLE	15.0/17.3	2.7	23/25	25/25	
	RXBH-17A10C	7.2/9.6	3/60	3 - 3.2	SINGLE	20.0/23.1	2.7	29/33	30/35	
	RXBH-17A13C	9.4/12.5	3/60	3 - 4.17	SINGLE	26.1/30.1	2.7	36/41	40/45	
	RXBH-17A15C	10.8/14.4	3/60	3 - 4.8	SINGLE	30.0/34.6	2.7	41/47	45/50	
	RXBH-17A18C	12.8/17.0	3/60	3-5.68	SINGLE	35.5/41.0	2.7	48/55	50/60	
	3 1/2 & 4/ 21	RXBH-1724B05J/RXBH-24A05J	3.6/4.8	1/60	1 - 4.8	SINGLE	17.3/20.0	3.8	27/30	30/30
		RXBH-1724B07J/RXBH-24A07J	5.4/7.2	1/60	2 - 3.6	SINGLE	26.0/30.0	3.8	38/43	40/45
RXBH-1724B10J/RXBH-24A10J		7.2/9.6	1/60	2 - 4.8	SINGLE	34.6/40.0	3.8	48/55	50/60	
RXBH-24A15J		10.8/14.4	1/60	3-4.8	SINGLE	51.9/60.0	3.8	70/80	70/80	
RXBH-24A15J		3.6/4.8	1/60	1 - 4.8	MULTIPLE CKT 1	17.3/20.0	3.8	27/30	30/30	
		7.2/9.6	1/60	2 - 4.8	MULTIPLE CKT 2	34.6/40.0	0.0	44/50	45/50	
RXBH-24A18J		12.8/17	1/60	4-4.26	SINGLE	61.6/70.8	3.8	82/94	90/100	
RXBH-24A18J		6.4/8.5	1/60	2 - 4.26	MULTIPLE CKT 1	30.8/35.4	3.8	44/49	45/50	
		6.4/8.5	1/60	2 - 4.26	MULTIPLE CKT 2	30.8/35.4	0.0	39/45	40/45	
RXBH-24A20J		14.4/19.2	1/60	4-4.8	SINGLE	69.2/80	3.8	92/105	100/110	
RXBH-24A20J		7.2/9.6	1/60	2 - 4.8	MULTIPLE CKT 1	34.6/40.0	3.8	48/55	50/60	
		7.2/9.6	1/60	2 - 4.8	MULTIPLE CKT 2	34.6/40.0	0.0	44/50	45/50	
RXBH-24A25J		18.0/24.0	1/60	6-4.0	SINGLE	86.4/99.9	3.8	113/130	125/150	
RXBH-24A25J (4-ton only)		6.0/8.0	1/60	2 - 4.0	MULTIPLE CKT 1	28.8/33.3	3.8	41/47	45/50	
		6.0/8.0	1/60	2 - 4.0	MULTIPLE CKT 2	28.8/33.3	0.0	36/42	40/45	
		6.0/8.0	1/60	2 - 4.0	MULTIPLE CKT 3	28.8/33.3	0.0	36/42	40/45	
RXBH-24A07C		5.4/7.2	3/60	3 - 2.4	SINGLE	15.0/17.3	3.8	24/27	25/30	
RXBH-24A10C		7.2/9.6	3/60	3 - 3.2	SINGLE	20.0/23.1	3.8	30/34	30/35	
RXBH-24A15C		10.8/14.4	3/60	3 - 4.8	SINGLE	30.0/34.6	3.8	43/48	45/50	
RXBH-24A18C		12.8/17.0	3/60	3-2.84	SINGLE	35.6/41.0	3.8	50/56	50/60	
RXBH-24A20C*		14.4/19.2	3/60	3-3.2	SINGLE	40.0/46.2	3.8	55/63	60/70	
RXBH-24A20C		7.2/9.6	3/60	3 - 3.2	MULTIPLE CKT 1	20.0/23.1	3.8	30/34	30/35	
		7.2/9.6	3/60	3 - 3.2	MULTIPLE CKT 2	20.0/23.1	0.0	25/29	25/30	
RXBH-24A25C*		18.0/24.0	3/60	6-4.0	SINGLE	50.0/57.8	3.8	68/77	70/80	
RXBH-24A25C (4-ton only)		9.0/12.0	3/60	3 - 4.0	MULTIPLE CKT 1	25.0/28.9	3.8	36/41	40/45	
		9.0/12.0	3/60	3 - 4.0	MULTIPLE CKT 2	25.0/28.9	0.0	32/37	35/40	

- * Values only. No single point kit available.
- Supply circuit protective devices may be fused or "HACR" type circuit breakers.
- If non-standard fuse size is specified, use next size larger standard fuse size.
- If the kit is listed under both single and multiple circuits, the kit is shipped from factory as multiple circuits. For single phase application, Jumper bar kit RXBJ-A21 and RXBJ-A31 can be used to convert multiple circuits to a single supply circuit. Refer to Accessory Section for details.
- Largest motor load is included in single circuit or circuit 1 of multiple circuit.
- Heater loads are balanced on 3 PH. models with 3 or 6 heaters only.
- Electric heater BTUH - (heater watts + motor watts) x 3.414 (see airflow table for motor watts).
- No electrical heating elements are permitted to be used with "A" voltage (115V) air handler.
- J voltage (208/240V) single phase air handler is designed to be used with single or three phase 208/240V volt electric heaters. In the case of connecting 3 phase power to air handler terminal block without the heater, bring only two leads to terminal block. Cap, insulate and fully secure the third lead.
- Do not use 480V electrical heaters on 208/240V air handlers.
- Do not use 208/240V electrical heaters on 480V air handlers.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **10-20-11** Page of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9901	Demarkarian 19 Cattle Hill Stephen Conway	The Power Footer/ SLAB	Pass	INSPECTOR <i>JA</i>
9905	Final	AIC		
10 ⁰⁰	6 Palmetto JB AIC	Final	Pass	Close INSPECTOR <i>JA</i>
9808	Bartels 3 St. Lucie Ct. NIS AIC	Final AIC	Pass	Close INSPECTOR <i>JA</i>
	Donald Cook 12 Oak Hill Way	Tree	NG	INSPECTOR
	Jonnie Bracken called Cul de Sac Delano	In west 1st yard waste job		INSPECTOR
9858	Janson 132 S River R Curtis Smith	Re-roof	Pass	Close INSPECTOR <i>JA</i>
				INSPECTOR

TREE PERMITS

0212

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

PERMIT # _____
DATE ISSUED _____

This application shall include a written statement giving reasons for removal, relocation or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photographs, (superimposed with lot lines to scale), of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc..

Owner William Fluit Address 1153 NW 12th Terr Telephone 692-2472

Contractor William Fluit Address " Telephone "

Number of trees to be removed (list kinds of trees) hickory, oak, scrub
25 to 30

Number of trees to be relocated within 30 days (no fee) (list kinds of trees) _____
possibly 4 sabal palms

Number of trees to be replaced within 30 days (list kinds of trees) ∅

Permit Fee \$ _____ (\$5. for first tree plus \$1. for each additional tree - not to exceed \$25.)

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

Plans approved as submitted _____ Plans approved as marked _____

Permit good for one year. Fee for renewal of expired permit \$5.

Signature of applicant _____ Date submitted _____

Approved by Building Inspector _____ Date _____

Approved by Building Commissioner _____ Date _____

Completed _____
Date _____ Checked by _____

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

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