

15 Palmetto Drive

TOWN OF SEWALL'S POINT - FLORIDA

Application For Building Permit

Owner W. Gustafson Present Address _____ Phone _____

Architect _____ Address _____

General Contractor F. Stuart Gillespie Address Sewalls Point Phone 787 8885

Where Licensed _____ License No. _____

Plumbing Contractor Howard Bros Where Licensed _____ No. _____

Electrical Contractor Krause & Crane Where Licensed _____ No. _____

Property Location Palmetto S/O Subdivision _____ Lot No. 6

Lot Dimensions 150 x 134.77 Lot Area 20250 Sq. Ft. 4

Purpose of Building Residence Type of Construction CBS

Building Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches)

Outside of Walls 2066 Inside of Walls 1900

Street or Road building will front on Palmetto

Clearances - Front 35 Back 55 West Side 48 East Side 15 River _____

Well Location S/W corner Septic Tank Location N.E. corner

Building elevation (By Ordinance Definition) _____

Contract Price (Include Plumbing, Electrical, Air Conditioning) 38000.⁰⁰

| <u>PERMIT FEE</u> | <u>New Home</u> | <u>Additions</u> | <u>Others</u> |
|---|-----------------|------------------|---------------|
| General (\$3.00 per \$1000 or Fraction) | <u>190.00</u> | _____ | _____ |
| Plumbing (Flat Fee) | <u>\$10.00</u> | <u>\$3.00</u> | _____ |
| Electrical (Flat Fee) | <u>\$10.00</u> | <u>\$3.00</u> | _____ |
| Total (To be paid by General Contractor or Owner) | <u>\$210.00</u> | _____ | _____ |

SIGNED: - General Contractor or Owner F. Stuart Gillespie

Building Inspector Comments: Chad Winger

FOR TOWN RECORDS: Date Drawings submitted 11/10/71
 Date Permit approved 11/12/71
 Date Permit Fee paid 11/12/71
 Date First Inspection _____
 Date Final Inspection _____
 Date Occupancy approved _____

296

385
1900
42

3766

REROOF

TAX FOLIO NO.

3766

DATE 3-27-95

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

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

Owner Jennie Gustafson Present address 15 Palmetto Dr.

Phone 283-4589

Contractor Cardinal Address _____

Phone _____

Where licensed _____ License number _____

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: Re-Roof

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

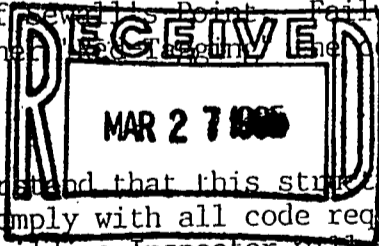
15 Palmetto Dr

Subdivision Palmetto Lot Number H Block Number _____

Contract price \$ 12,100.00 Cost of permit \$ 100.00

Plans approved as submitted N/A Plans approved as marked _____

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



Contractor _____

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 Jennie Gustafson

TOWN RECORD

Date submitted _____

Approved: Rale Brown 3/27/95
Building Inspector Date

Approved: [Signature]
Commissioner Date

Final approval given: _____
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

ADMIN VARIANCE

**WRIGHT, PONSOLDT & LOZEAU
TRIAL ATTORNEYS, L.L.P.**

1000 S.E. Monterey Commons Boulevard
Suite 208
Stuart, Florida 34996
(561)286-5566 Telephone
(561)286-9102 Facsimile

Tim B. Wright
William R. Ponsoldt, Jr.
Louis E. Lozeau, Jr.

August 20, 2001

Vice Mayor Thomas P. Bausch
Town of Sewall's Point
1 South Sewall's Point Road
Sewall's Point, Florida 34996

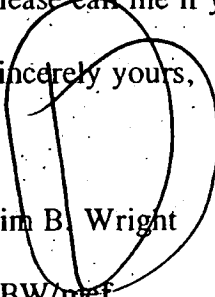
Re: Gustafson Administrative Variance

Dear Vice Mayor Bausch:

I have reviewed the administrative variance application of Mr. Gustafson and determined that it meets the requirements of the Town Code. I enclose with this letter a sealed reduced copy of the survey to attach to the variance approval and request that you execute it and provide it to Mrs. Barrow for recording by the applicant.

Please call me if you have any questions.

Sincerely yours,



Tim B. Wright

TBW/mef

Enclosure

cc: Mrs. Joan H. Barrow
Mr. Edwin B. Arnold

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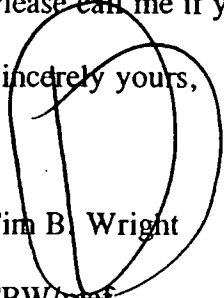
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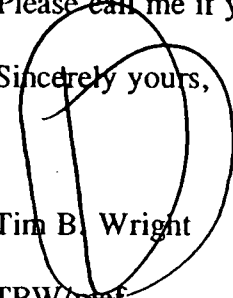
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Tim B. Wright

TBW/mef

Enclosure

cc: Mrs. Joan H. Barrow
Mr. Edwin B. Arnold ✓

APPLICATION TO THE TOWN OF SEWALL'S POINT
BOARD OF ZONING ADJUSTMENT

PLEASE TYPE OR PRINT

I, GARRICK GUSTAFSON of 86 FAIRVIEW EAST DRIVE
name of applicant address
TEQUESTA / FL 33469
city state zip

do hereby make application to the Town of Sewall's Point Board of Zoning Adjustment on the following property in Sewall's Point, legally described as:

Lot 6, Block , Subdivision PALMETTO PARK according to map of Plat Book 3 Page 66, Section , Township MARTIN COUNTY South, Range East, of the public records of Martin County, Florida, or property otherwise described by metes and bounds. (Please include current street address) (long legal description may be attached separately.)

FOR TRUST OF JENNIE D. GUSTAFSON

15 PALMETTO DRIVE, SEWALL'S POINT

(SEE ATTACHED LEGAL DESCRIPTION)

for the purpose of SECTION 82-274 of CODE OF LAWS & ORDINANCES
(indicate the specific section of Zoning Regulations, Zoning Resolution, Zoning Ordinance)

RELATIVE TO 35 FOOT FRONT SET-BACK (34.89') AND 15 FOOT SIDE SET-BACK (14.88') - (SEE ATTACHED DRAWING)

Variances

To authorize upon appeal such variance from the terms of the zoning ordinance as will not be contrary to the public interest when, owing to special conditions, a literal enforcement of the provisions of the zoning ordinance would result in unnecessary and undue hardship.

In order to authorize a variance, an application must be submitted and a public hearing must be held which demonstrates to the satisfaction of the Board of Zoning Adjustment that the following six criteria, as contained in the Code of the Town of Sewall's Point, have been met:

1. That special conditions and circumstances exist which are peculiar to the land, structure or building involved and which are not applicable to other lands, structures, or buildings in the same zoning district.

2. That the special conditions and circumstances do not result from the actions of the applicant.

3. That granting the variance requested will not confer on the applicant any special privilege that is denied by this ordinance to other lands, buildings or structures in the same zoning district.

4. That literal interpretation of the provisions of the ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same zoning district under the terms of the ordinance and would work unnecessary and undue hardship on the applicant.

5. That the variance granted is the minimum variance that will make possible the reasonable use of the land, building or structure.

6. That the grant of the variance will be in harmony with the general intent and purpose of the ordinance and that such variance will not be injurious to the area involved or otherwise detrimental to the public welfare.

In granting any variance, the Board of Adjustment may prescribe appropriate conditions and safeguards in conformity with this ordinance. Violation of such conditions and safeguards, when made a part of the terms under which the variance is granted, shall be deemed a violation of the ordinance.

The Board of Adjustment may prescribe a reasonable time limit within which the action for which the variance is required shall be begun or completed or both.

No non-conforming use of the neighboring lands, structures or buildings in the same district and no permitted use of lands, structures or buildings in other districts shall be considered for the issuance of a variance.

The Town shall post Notice of Public Hearing on the property for which the variance is sought and upon the Town Hall bulletin board at least 15 days prior to the date of the hearing. The Town will also see to the publication of the Notice of Hearing in a newspaper of general circulation printed in Martin County, Florida, at least fifteen (15) days prior to the date of the public hearing. All costs thereby incurred by the Town shall be reimbursed to the Town by the applicant, or charged against the applicant's cost deposit. The Applicant, at his expense, must send Notice to property owners of record within 300 feet of the subject property in accordance with the guidelines attached, to be mailed by certified mail, return receipt requested, no later than FIFTEEN (15) DAYS PRIOR TO THE DATE OF THE HEARING.

CERTIFICATION

The Applicant hereby certifies that the information which he/she has provided on and together with this application is correct and accurate to the best of his/her knowledge and belief. The Applicant also certifies that existing deed restrictions or

covenants on this property will be adhered to and that if this request is granted, all necessary permits will be obtained and that all orders, resolutions, codes, conditions, rules, regulations and ordinances pertaining to the use of the above-described property will be complied with. The Applicant further certifies that he/she has read all of the above and the Guide to Preparation of Application for Board of Zoning Adjustment and will comply therewith, understanding that failure to do so may result in a denial of the request or administrative dismissal of the application.

Dated this 13th day of MAY, 1992001



Signature of Applicant or
Applicant's Attorney

.....

86 Fairview East Drive
Tequesta, Florida 33469
561-747-2448; 561-744-3513 (Fax)

Garrick Gustafson

May 13, 2001

Board of Zoning Adjustment
Sewall's Point Town Hall
Sewall's Point, Florida

Ref; Zoning Adjustment Application for Lot 6, Palmetto Park subdivision

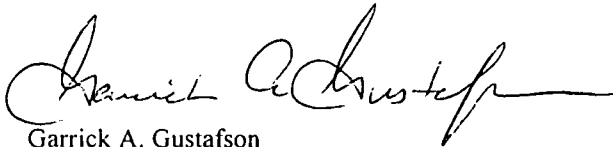
Dear Sir or Madam:

I, Garrick Gustafson, am owner of Lot 8 of the Palmetto Park subdivision. Being the lot adjacent and nearest to the set-back lot violation of Lot 6 of the Palmetto Park subdivision, I would like to indicate that the violation of the 15 foot set-back is so small (14.88 feet rather than the required 15 feet) that it is of insignificant consequence to my or any other property value.

To address the 6 criteria for an adjustment application, I submit the following:

1. **Special conditions** – In 1972 when the house was to be built, the Sewall's Point building department required the house to be repositioned on the lot, recommending that it be moved 8 feet to the East, in order to accommodate the planned River Road. The contractor made a slight error (about 1 inch) in positioning the house to its current location.
2. **Result from Actions of Applicant** - Intent was to comply with the building codes always.
3. **Special Privilege** - No special privileges are foreseen.
4. **Undue hardship** - Correcting the mistake will cause undue hardship.
5. **Minimum Variance** - The variance requested is the minimum required as the house has existed for 29 years with no complaints.
6. **Variance in Harmony** – The granting of the variance is within the intent and purpose of the ordinance of the Town of Sewall's Point and is insignificant in nature.

Sincerely,



Garrick A. Gustafson

Attached: Legal Description of Lot 6 Palmetto Park subdivision
 Site survey of Lot 6 by Steven Brown
 Warranty Deed for Mrs W. A. Gustafson (Jennie Gustafson)



LOCATION MAP

LEGAL DESCRIPTION

PARCEL ONE:

Lot 6, PALMETTO PARK, according to the Plat thereof as recorded in Plat Book 3, Page 66, Public Records of Martin County, Florida.

RESERVATION AND EXCEPT:

That portion of Lot 6 of Palmetto Park in Martin County, Florida, according to the Plat thereof filed in Plat Book 3, Page 66, records of said Martin County, described as follows:

Beginning at the Southwesterly corner of said Lot 6; thence North 27°22'00" West a distance of 134.77 feet to the Northwesterly corner of said Lot 6; thence North 62°38'00" East along the Northerly line of said lot a distance of 15.00 feet; thence South 27°22'00" East a distance of 35.27 feet to the beginning of a curve concave Northeastly, having a radius of 235.00 feet; thence Southeastly a distance of 47.08 feet along said curve through a central angle of 11°28'42" to a reverse curve concave Southwestly, having a radius of 265.00 feet; thence Southeastly a distance of 53.09 feet along said curve through a central angle of 11°28'42" to the Southerly line of said Lot; thence South 62°38'00" West to the POINT OF BEGINNING.

AND

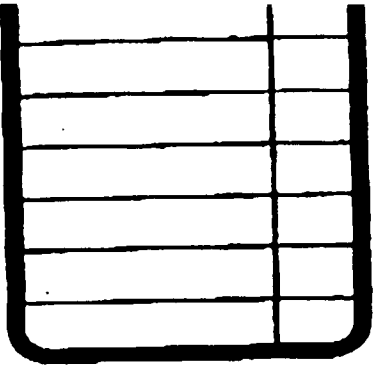
PARCEL TWO:

A parcel of land lying in Section 12, Township 38 South, Range 41 East, being a portion of Lot 6 as shown on the plat of Palmetto Park, as recorded in Plat Book 3, Page 66, Public Records of Martin County, Florida, being more particularly described as follows:

For a point of reference, commence at the Northwesterly corner of said Lot 6; thence North 62°38'00" East along the Southerly right-of-way line of Palmetto Drive as shown on said plat a distance of 11.92 feet to the point of beginning of the herein described parcel of land; thence continue North 62°38'00" East along said right-of-way line a distance of 3.08 feet; thence leaving said right-of-way South 27°22'00" East a distance of 35.27 feet to the point of curvature of a curve concave to the Northeast and having a radius of 235.00 feet; thence Southeastly along the arc of said curve through a central angle of 11°28'43" a distance of 47.08 feet to a point of reverse curvature of a curve concave Southwest having a radius of 265.00 feet; thence Southeastly along the arc of said curve through a central angle of 11°28'43" a distance of 53.09 feet to a point of cusp with a tangent curve concave to the Southwest having a radius of 207.50 feet, common tangent bears South 27°22'00" East; thence Northwesterly along the arc of said curve through a central angle of 14°58'40" a distance of 207.50 feet to a point of reverse curvature of a curve concave to the Northeast, and having a radius of 177.50 feet; thence Northwesterly along the arc of said curve through a central angle of 14°58'41" a distance of 46.04 feet to the point of tangency; thence North 27°22'00" West distance of 35.27 feet to the point of beginning of the herein described parcel of land.

| | | | |
|--|--|--|--|
| BAG BNS BNO BLS BOP B/W CS SECT SET LB. SET L.P. S/T S/W S S/T S/D | RADIAL RAILROAD SPIKE RANGE REGISTERED LAND SURVEYOR REINFORCED CONCRETE PIPE RIGHT OF WAY SANITARY SEWER SECTION SET 5/8" IRON BAR & CAP #4048 SET 1/2" NAIL & WASHER #4048 S/T SEPTIC TANK SIDEWALK S S/T S/D | T TCB TOE TWP TRANS TYP UDE U/D UP WM WV W WPP | TANGENT TEMPORARY CONSTRUCTION EASEMENT TOP OF BANK TOE OF SLOPE TOWNSHIP TRANSFORMER TYPICAL UTILITY & DRAINAGE EASEMENT UTILITY EASEMENT UNDERGROUND UTILITY POLE WATER METER WATER VALVE WEST WOOD POWER POLE |
|--|--|--|--|

NOTES:
 Copy of description as furnished by Client.
 As shown hereon were not abstracted for easements and/or
 -of-way of record.
 bearings are referenced to the north line of the subject property
 as S 62°38'00" W and all others relative thereto.
 locations shown hereon are relative to National Geodetic Vertical
 of 1929, and are based on a bench mark.
 are no above ground encroachments, unless otherwise shown.
 National Flood Insurance Program designation as indicated on



BOUNDARY SURVEY
 PREPARED FOR: BEELITZ
 STEPHEN J. BROWN, INC.
 SURVEYORS • DESIGNERS • LANDPLANNERS • CONSULTANTS
 619 EAST 5TH STREET; STUART, FLORIDA 34994
 (561) 288-7176

DRAWN
 S. J. B.
 CHECKED
 S. J. B.
 DATE
 4/9/01
 SCALE
 1" = 20'
 JOB NO.
 1994-154-01
 SHEET
 ONE

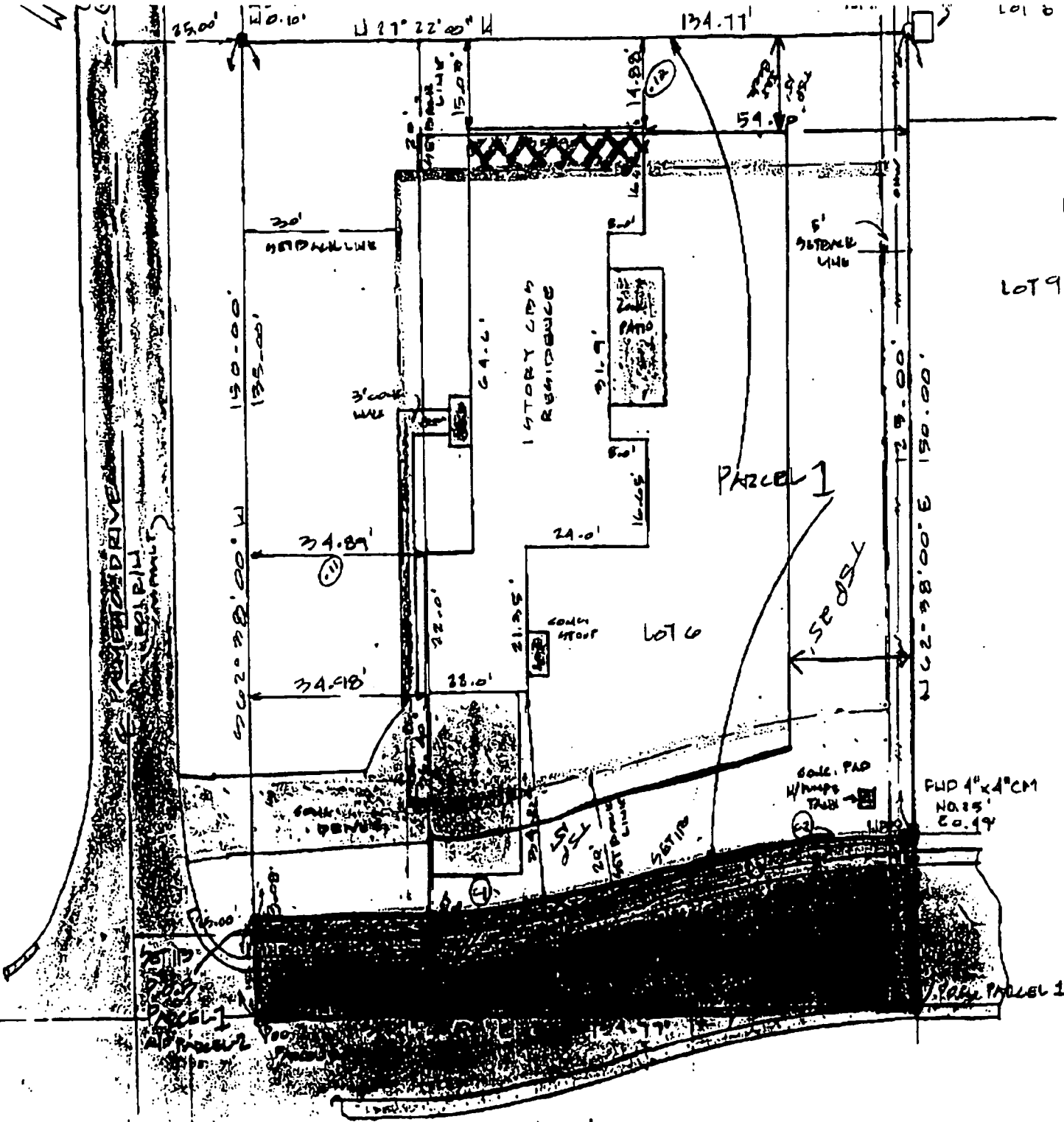
CURVE DATA

(1)
 R = 236.00'
 $\Delta = 11^\circ 20' 42''$
 L = 47.07'

(2)
 R = 265.00'
 $\Delta = 11^\circ 28' 43''$
 L = 53.09'

(3)
 R = 207.50'
 $\Delta = 14^\circ 58' 40''$
 L = 54.24'
 CHORD = 78.51' @ $51^\circ 19' 19''$

(4)
 R = 177.50'
 $\Delta = 14^\circ 58' 41''$
 L = 46.40'



APR-10-2001

21:06

MCCARTHY SUMMERS & A1

561 283 1803

P.05/15

LOT 8

LOT 9

134.11'

$N 77^\circ 22' 20'' W$

25.00'

150.00'
 135.00'

50.20' @ $78^\circ 00' W$
 34.89'

(1)

(2)

(3)

(4)

1 STORY Cdn RESIDENCE

PARCEL 1

LOT 6

FWD 4" x 4" CM
 NO. 25
 CO. 19

Parcel 1

163401

WARRANTY DEED
STATE OF FLORIDA

This Warranty Deed Made the 20th day of October A. D. 19 71 by
HAROLD J. BOWEN and MAUD ANN BOWEN, his wife,

hereinafter called the grantor, to

WESLEY A. GUSTAFSON and JENNIE D. GUSTAFSON, his wife,

whose postoffice address is 100 LARANA TERRACE, Apt. 5, North Palm Beach, Florida 33408
hereinafter called the grantees;

(Whether said grantees are "single" or "joint" tenants at the time of this instrument and whether their interests are "several" or "joint" shall be determined by the law of the State of Florida.)

Witnesseth: That the grantor, for and in consideration of the sum of \$ 10.50 and other valuable considerations receipt whereof is hereby acknowledged, hereby grants, conveys, transfers, releases, conveys and confers unto the grantees, all that certain land situate in County, Florida, viz:

LOT 6 OF PALMETTO PARK, according to plat thereof, recorded in Plat Book 3, Page 66, Public Records of Martin County, Florida

SUBJECT to restrictive covenants for Palmetto Park as recorded in Deed Book 93, Page 456, public records of Martin County, Florida.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in any way appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantees 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 whatsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 19 70.

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:

Shirley D. Edminister
Shirley D. Edminister

Harold J. Bowen
Harold J. Bowen
Maud Ann Bowen
Maud Ann Bowen

STATE OF NEW YORK
COUNTY OF CHATEAUG

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

Harold J. Bowen and Maud Ann Bowen, his wife,

to me known to be the persons described in and who executed the foregoing instrument and THEY acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State aforesaid this 20th day of October A. D. 19 71.

ROBERT COOPER, Notary Public for the State of New York, My Comm. Expires 12/31/72

Obad done by HAROLD J. BOWEN, Maud Ann Bowen, 100 Larana Terrace, North Palm Beach, Florida

CLIENT'S COPY

LAW OFFICES

BROOKMYER, HOCHMAN, PROBST & NADEAU, P.A.

GARDENS PLAZA

3300 PGA BOULEVARD, SUITE 500

PALM BEACH GARDENS, FLORIDA 33410

TELEPHONE (561) 624-2110

FACSIMILE (561) 624-2425

STUART OFFICE

BY APPOINTMENT ONLY

TELEPHONE (561) 223-4030

GARY BROOKMYER

ELLIOT F. HOCHMAN

DANIEL J. PROBST

Board Certified

Wills, Trusts, and Estates

Master of Laws in Taxation

DONNA NADEAU ADAMS

MASTER CALENDAR

Activity _____

Calendar for _____

Routing WPU

Date Calendars 11-6-01

By Whom WPU

Client(s) copied _____

November 2, 2001

Via Facsimile

1-561-220-4765

and regular mail

Mr. Tim Wright

Town of Sewall's Point

1 South Sewall's Point Road

Sewall's Point, Florida 34996

Re: Town of Sewall's Point/Gustafson

Dear Mr. Wright:

Per your request, this letter is being sent to you to chronologically review the documentation and events taking place that may be of interest to you with regard to the reason we need the corrective deed signed.

1. The legal description contained in that certain Quit - Claim Deed dated April 6, 1989, from the Town of Sewall's Point, a Florida municipal corporation, to Jennie D. Gustafson, recorded on May 5, 1989, in Official Records Book 810, page 580, of the Public Records of Martin County, Florida (copy attached), was incorrect.

2. The Survey by Stephen J. Brown, Inc., Job No. 1994-154-01, dated April 9, 2001 (copy attached), has the same legal description as the above-mentioned Quit - Claim Deed.

3. It was discovered that the above-mentioned Quit-Claim Deed contained an incorrect legal description for curve 3 per the survey, according to the Commitment issued by Lawyers Title, effective May 29, 2001 (copy attached).

Page 2
November 2, 2001
Mr. Tim Wright

4. Adrienne V. Schmitz, Esq. drafted a correction to the legal description on the above-mentioned Quit - Claim Deed on her August 15, 2001 fax to us (copy attached).

5. "The title problem was created because the Quit Claim Deed from the Town of Sewall's Point dated 4-6-89, recorded 5-5-89 in OR 810, page 580, contained an incorrect legal description. It appears that the distance of "207.50" feet used in the legal description in that Quit Claim Deed 8 lines from the bottom was incorrect." per correspondence from Alan Hale (title examiner), to Adrienne V. Schmitz, Esq., dated August 16, 2001 (copy attached).

6. The attached facsimile dated September 6, 2001, from Adrienne V. Schmitz, Esq. contains a revised survey (also attached) approved by the title examiner and the Commonwealth revised Commitment (also attached).

7. The corrective deed we prepared and sent to you was approved by Adrienne and Lawyers Title Insurance Co. (copy of approval attached).

8. The differences between the above-mentioned Quit - Claim Deed and the new deed we are requiring are marked by a redlined/strikeout copy attached.

9. Also, I have also attached a copy of the Jennie Dee Gustafson Personal Residence Trust created February 9, 1998, now listed as a Grantee on the deed.

10. Finally, I have enclosed another original corrective Warranty Deed together with another preaddressed, prestamped envelope, for convenience, which needs to be executed by the Town of Sewall's Point. It is a duplicate of the one we sent you on September 25, 2001.

Please advise me of the following:

1. The date and time of your next Commission meeting.
2. The date the original corrective deed will be executed and available.

Per my secretary's telephone conversation with Mr. Garrick A. Gustafson yesterday, they need to close by the 15th of this month at the latest, therefore we need to expedite this matter if at all possible.

Page 3
November 2, 2001
Mr. Tim Wright

We would all appreciate any assistance you can give us.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Probst", written over a horizontal line.

Daniel J. Probst

DJP/cl

Enclosures

cc: Adrienne V. Schmitz, Esq. via facsimile (832-5722)
Thomas A. Fogt, Esq. via facsimile (561-286-3303)
Mr. Garrick A. Gustafson via facsimile (744-3513)

LAW OFFICES
BROOKMYER, HOCHMAN, PROBST & NADEAU, P.A.
 GARDENS PLAZA
 3300 PGA BOULEVARD, SUITE 500
 PALM BEACH GARDENS, FLORIDA 33410
 TELEPHONE (561) 624-2110
 FACSIMILE (561) 624-2425

GARY BROOKMYER
 ELLIOT F. HOCHMAN
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 Board Certified
 Wills, Trusts, and Estates
 Master of Laws in Taxation
 DONNA NADEAU ADAMS

STUART OFFICE
 BY APPOINTMENT ONLY
 TELEPHONE (561) 223-4030

November 9, 2001

Via Facsimile
1-561-220-4765

Mr. Tim Wright
 Town of Sewall's Point
 1 South Sewall's Point Road
 Sewall's Point, Florida 34996

MASTER CALENDAR
 Activity _____
 Calendar for _____
 Routing TBW
 Date of and by 11/12/2001
 By Whom DJP
 Client(s) copied _____

Re: Town of Sewall's Point/Gustafson

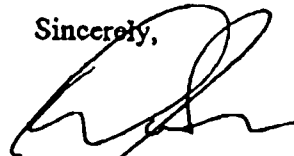
Dear Mr. Wright:

This letter is being sent to you to follow up on our requests in our letter to you dated November 2, 2001. Please advise me of the date and time of your next Commission meeting and the date the original corrective deed will be executed and available.

Once again, according to Mr. Garrick A. Gustafson they were attempting to close on this by November 15, 2001.

We would all appreciate any assistance you can give us.

Sincerely,


 Daniel J. Probst

CLIENT'S COPY

DJP/cl

cc: Adrienne V. Schmitz, Esq. via facsimile (832-5722)
 Thomas A. Fogt, Esq. via facsimile (561-286-3303)
 Mr. Garrick A. Gustafson via facsimile (744-3513)

WRIGHT, PONSOLDT & LOZEAU
TRIAL ATTORNEYS, L.L.P.

1000 S.E. Monterey Commons Boulevard
Suite 208
Stuart, Florida 34996
Telephone: (561) 286-5566
Facsimile: (561) 286-9102
E-Mail: timwright@wpltrialattorneys.com

1000 S.E. Monterey Commons Boulevard

Tim B. Wright
William R. Ponsoldt, Jr.
Louis E. Lozeau, Jr.

December 10, 2001

Mr. Thomas A. Fogt
700 Colorado Avenue
Stuart, Florida 34994

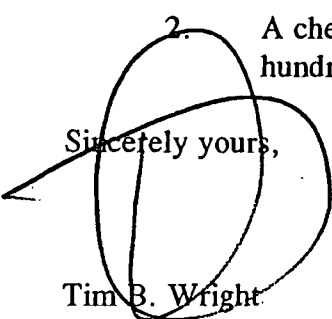
Re: Town of Sewall's Point; Quit Claim Deed to Gustafson

Dear Tom:

I enclose with this letter the original quit claim deed on the referenced matter. You and/or the closing agent for the transaction are instructed to hold this deed in trust until the following conditions have been met:

1. The special warranty deed to the Town has been recorded in the Martin County, Florida, public records; and
2. A check has been delivered, payable to the Town of Sewall's Point, for six hundred sixty two dollars and fifty cents (\$662.50).

Sincerely yours,


Tim B. Wright

TBW/mcf
Enclosure

cc: Mayor Robert M. Wienke
Mrs. Joan H. Barrow

QUIT CLAIM DEED

TOWN OF SEWALL'S POINT, a Florida municipal corporation, the Quitclaimor, whose mailing address is One South Sewall's Point Road, Sewall's Point, Florida 34996, in consideration of the sum of One Dollar (\$1.00) received from JENNIE D. GUSTAFSON, individually, and JENNIE DEE GUSTAFSON, GARRICK A. GUSTAFSON and JAMES W. GUSTAFSON, AS TRUSTEES OF THE JENNIE DEE GUSTAFSON PERSONAL RESIDENCE TRUST, DATED FEBRUARY 9, 1998, with the power and authority to protect, conserve and to sell, or to lease, or to encumber, or otherwise to manage and dispose of the real property described herein, whose mailing address is 86 Fairview Drive East, Tequesta, FL 33469, the Quitclaimee, hereby on this 10th day of December, 2001, quitclaims to the Quitclaimee, all of the interest of the Quitclaimor in the real property located in Martin County, Florida, described as:

A parcel of land lying in Section 12, Township 38 South, Range 41 East, being a portion of Lot 6 as shown on the plat of Palmetto Park, as recorded in Plat Book 3, Page 66, of the Public Records of Martin County, Florida, being more particularly described as follows:

For a point of reference, commence at the Northwesterly corner of said Lot 6; thence North 62°38'00" East along the Southerly right of way line of Palmetto Drive as shown on said Plat a distance of 11.92 feet to the point of beginning of the herein described parcel of land; thence continue North 62°38'00" East along said right of way line a distance of 3.08 feet; thence leaving said right of way South 27°22'00" East a distance of 35.27 feet to the point of curvature of a curve concave to the Northeast and having a radius of 235.00 feet; thence Southeasterly along the arc of said curve through a central angle of 11°28'43" a distance of 47.08 feet to a point of reverse curvature of a curve concave Southwest having a radius of 265.00 feet; thence Southeasterly along the arc of said curve through a central angle of 11°28'43" a distance of 53.09 feet to a point of cusp with a tangent curve concave to the Southwest having a radius of 207.50 feet, common tangent bears South 27°22'00" East; thence Northwesterly along the arc of said curve having a radius of 207.50 feet through a central angle of 14°58'40" a distance of 54.24 feet to a point of reverse curvature of a curve concave to the Northeast, and having a radius of 177.50 feet; thence Northwesterly along the arc of said curve through a central angle of 14°58'41" a distance of 46.04 feet to the point of tangency; thence North 27°22'00" West a distance of 35.27 feet to the Point of Beginning of the herein described parcel of land.

Leslie Robert Evans & Associates, P.A.

214 Brazillan Avenue, Suite 200
Palm Beach, Florida 33480

Phone: (561) 832-8288

Fax: (561) 832-5722

e-mail address: brad@lrevanspa.com

FAX COVER SHEET

CONFIDENTIAL COPY

Date: November 30, 2001

This transmission is being sent from: **BRADLEY A. PESS**

PLEASE DELIVER TO:

Name: **Tim Wright, Esq.**

Telecopy Number: **561-286-9102**

Name:

Telecopy Number:

Name:

Telecopy Number:

Name:

Telecopy Number:

No. of pages including cover: **4**

Message: **RE: Gustafson and Town of Sewall's Point**

Mr. Wright: Attached please find the deed into Mr. and Mrs. Gustafson and a copy of Mr. Gustafson's death certificate. I hope this satisfies what you are looking for. Please let Mr. Fogt know if the deeds he created are acceptable.

CONFIDENTIALITY NOTE

This facsimile contains privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone (call collect) and return the original facsimile to us at the above address via the U.S. Postal Service. We will reimburse you for the postage. Thank you.

If you do not receive all pages, please call sender immediately.

233350

CERTIFICATE OF DEATH

Department of Health and Rehabilitative Services
Florida Health Department

FLORIDA

STATE FILE NO.

1. Type, date, place of death, and cause of death to be furnished by the physician or other qualified person.

| | | | | | | | |
|---------------|-------|---------------------|--------------|----------------|----------|------------------------|---------------|
| DECEASED | | WESLEY A. GUSTAFSON | | Sex | Male | REGISTRAR'S NO. | |
| Age at death | 66 | Date of birth | Mar. 5, 1909 | Place of birth | Illinois | Date of death | July 16, 1975 |
| Color of skin | White | Place of death | Jensen Beach | Occupation | Medical | Signature of Registrar | |

2. Name, address, and telephone number of the person to whom the certificate is to be furnished.

| | | | |
|-----------|--------------|------------------------|-----------------------------------|
| Name | Jonson Beach | Address | 15 Palmetto Drive, Sewall's Point |
| City | Jensen Beach | County | St. Johns |
| State | Florida | Zip | 33457 |
| Telephone | 455-74-0489 | Signature of Informant | Jennie Robinson |

3. Name, address, and telephone number of the informant.

| | | | |
|-----------|----------------|------------------------|--------------------|
| Name | Axel Gustafson | Address | Victoria - Johnson |
| City | Jensen Beach | County | St. Johns |
| State | Florida | Zip | 33457 |
| Telephone | | Signature of Informant | Jennie Robinson |

4. Name, address, and telephone number of the funeral home.

| | | | |
|-----------|---|------------------------|-----------------|
| Name | North Shore Garden of Memories Cemetery | Address | Stuart, Florida |
| City | Stuart | County | St. Johns |
| State | Florida | Zip | 34994 |
| Telephone | | Signature of Informant | Jennie Robinson |

5. Name, address, and telephone number of the physician or other qualified person.

| | | | |
|-----------|---------------------------|------------------------|-----------------|
| Name | Dr. Myocardial Infarction | Address | |
| City | | County | |
| State | | Zip | |
| Telephone | | Signature of Informant | Jennie Robinson |

6. Name, address, and telephone number of the hospital or other institution.

| | | | |
|-----------|---|------------------------|-----------------|
| Name | North Shore Garden of Memories Cemetery | Address | Stuart, Florida |
| City | Stuart | County | St. Johns |
| State | Florida | Zip | 34994 |
| Telephone | | Signature of Informant | Jennie Robinson |

7. Name, address, and telephone number of the funeral home.

| | | | |
|-----------|---|------------------------|-----------------|
| Name | North Shore Garden of Memories Cemetery | Address | Stuart, Florida |
| City | Stuart | County | St. Johns |
| State | Florida | Zip | 34994 |
| Telephone | | Signature of Informant | Jennie Robinson |

8. Name, address, and telephone number of the funeral home.

| | | | |
|-----------|---|------------------------|-----------------|
| Name | North Shore Garden of Memories Cemetery | Address | Stuart, Florida |
| City | Stuart | County | St. Johns |
| State | Florida | Zip | 34994 |
| Telephone | | Signature of Informant | Jennie Robinson |

I hereby certify this to be a true and correct copy of the local Registrar's record on file in the Martin County Health Department at Stuart, Florida.

(Warning: Not valid unless raised seal of the Martin County Health Department is affixed.)

Archie McCallister, M.D.
County Health Officer & Local Registrar

July 24, 1975 Donna M. Nelson
Deputy Local Registrar

390 Mc1329

183401

This Warranty Deed Made the 20th day of October A. D. 19 71 by HAROLD J. BOWEN and MAUD ANN BOWEN, his wife,

hereinafter called the grantor, to LESLEY A. GUSTAFSON and JENNIE O. GUSTAFSON, his wife, whose postoffice address is 100 Lehane Terrace, Apt. 5, North Palm Beach, Florida 33408

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, alienates, releases, conveys and confirms unto the grantee, all that certain land situate in Martin County, Florida, to-wit:

Lot 6 of PALMETTO PARK, according to plat thereof, recorded in Plat Book 3, Page 66, public records of Martin County, Florida

SUBJECT to restrictive covenants for Palmetto Park, as recorded in Deed Book 93, Page 456, public records of Martin County, Florida.

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

To Have and to Hold, the same to, for simple forever.

And the grantor hereby warrants with said grantee that the grantor is lawfully seized of said land, in fee simple; that the grantor has good title and lawful authority to sell and convey said land; that the grantor lawfully warrants the title to said land and will defend the same against the lawful claims of all persons whatsoever; and that said land is free of all encumbrances, except those encumbrances subsequent to December 31, 1970.

In WITNESS WHEREOF, the said grantor has signed and sealed this present day and year first above written.

Harold J. Bowen and Maud Ann Bowen, his wife, with their hands and seals, in our presence.

STATE OF FLORIDA COUNTY OF CLAY ROBERT W. COOPER, CLERK, I HEREBY CERTIFY that on this day, before me, my office duly authorized in the State aforesaid and in the County aforesaid in this acknowledgment, personally appeared Harold J. Bowen and Maud Ann Bowen, his wife,

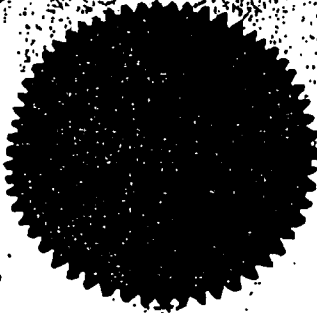
to my known to be the persons described to me who executed the foregoing instrument and they acknowledged before me that they executed the same.

ROBERT W. COOPER, WITNESS my hand and official seal to the County and State aforesaid this 20th day of OCTOBER A. D. 19 71.

ROBERT W. COOPER, Notary Public in and for the State of Florida, My Commission Expires March 31, 1972

Deed done by Harold J. Bowen, Maud Ann Bowen, his wife, Hattiesburg, Miss.

STATE OF NEW YORK
County of Chemung



I, HARRY C. SHEPARD, Clerk of the County of Chemung, and also Clerk of the County Court of said County, and of the Supreme Court, both being Clerks of Records having sworn and do hereby certify, that

whose name is subscribed to the certificate of proof, acknowledgment or affidavit of the annexed instrument in writing, was at the time of taking such proof, acknowledgment or affidavit, a NOTARY PUBLIC in and for said County, duly commissioned and sworn and authorized to take and certify the same and authorized by the Laws of said State to take the acknowledgment and proofs of deeds or conveyance for land, tenements or hereditaments in said State of New York; and further, that I am well acquainted with the hand writing of each Notary Public and verily believe the signatures to the said certificates or proof, acknowledgment or affidavit to be genuine.

I further certify that no impression of the seal of said notary is not required by law to be filed in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said County and County at Elmira, N. Y. the 20th day of

Nov. 2001
Harry C. Shepard Clerk
Deputy Clerk

1-5-1866-CF

FILED IN R. & W. T. Deane Company, Instrument, 9547678723



FILED FOR RECORD
MARTIN GRIMTY, FLA.
71 OCT 28 PM 2 38
CLERK OF CIRCUIT COURT
DAVID J. PIERCE
TALLAHASSEE, FLA.



331 012015

**TOWN OF SEWALL'S POINT ADMINISTRATIVE
VARIANCE APPLICATION FORM**

1. Owner of Property: Garrick Gustafson for Trust of Jennie Gustafson
2. Address of Property: 15 Palmetto Drive
3. Address of Applicant: 86 Fairview East Drive
4. Phone No. of Applicant: 747-2448
5. Length and Location (front, rear, side) of Encroachment (if more than one, please list separately):

34.89' front

14.28' side

6. Have you included the following materials with your application? yes
- | | |
|-----------------------------|---|
| A. \$250.00 Filing Fee | B. \$250.00 Costs Deposit |
| C. Certificate of Ownership | D. Certificate of Adjacent Owners |
| E. Survey | F. Letters of No Objection or Proof of Mailing Notice |

7. Does/do the encroachment(s) result from development under a permit for which a certificate of occupancy was issued prior to March 11, 1992? yes

I hereby certify that all of the information above and the application materials I have provided are true and correct:

Applicant

Dated this 15th day of May, 2001

Prepared by and return to:
Town of Sewall's Point
One South Sewall's Point Road
Stuart Florida 34996

**TOWN OF SEWALL'S POINT ADMINISTRATIVE
VARIANCE APPROVAL**

1. Owner of Property: Trust of Jennie Gustafson

2. Legal Description of Property:

see attached

3. Date of Administrative Variance Application: 5-15-01

Whereas, the Town of Sewall's Point Building Commissioner (the "Building Commissioner") has authority under the Town of Sewall's Point Code of Ordinances to grant administrative variances upon making certain findings of fact; and

Whereas, the Building Commissioner has reviewed an Administrative Variance Application (the "Application") for the Property described above and determined that the Application is complete; and

Whereas, the Building Commissioner has made the appropriate findings of fact and finds that:

(1) The setback violation(s) for the encroachments shown on the survey attached as Exhibit "A" (the "Survey") was/were a good faith error(s) and was/were not intentional; and

(2) The encroachment(s) is/are less than or equal to five percent (5%) of the

| Owner | Acct/Geo/Old Acct/MPIN | Make/Model/Ser/Ttl/Lic | Exmpt Dist | Assessed |
|----------------------------|------------------------|------------------------|------------|-------------------|
| GUSTAFSON, JENNIE DEE (TR) | 17759 | REAL ESTATE | W1 S1 C001 | Mkt L: 72,000 |
| 86 FAIRVIEW DRIVE EAST | 138410100000006070000 | | HX R7 ICDS | Agr L: |
| TEQUESTA, FL 33469 | 0010143693 | | IFND | Inpr: 83,111 |
| | | | S001 | Mfd: |
| | Subd: PALMETTO PARK | | T221 | Pers: |
| | S/T/R:01/38/41 | | WSFM | Min: |
| | Acreage:0.000 | | | Tot: 155,111 0100 |
| | Int:1.000000 15 | SE PALMETTO | ST SP | Mkt Ag: |

GUSTAFSON, JAMES W (TR) GUSTAFSON, GARRICK A (TR)

PALMETTO PARK LOT 6 (LESS WLY 15'-30' M/L FOR "S RIVER RD" AS IN OR 7547389, LESS ELY 0'-3.08' M/L AS IN, O.R. 810/580. "BEING QCD FROM TOWN TO GUSTAFSON")

| Appraised | Assessed | Exemptions | Taxable | Taxes | Penalties |
|---------------------|-----------------------|-------------|---------|-------------------|-----------|
| 155,111 | 155,111 | 25,500 | 129,611 | 2,272.80 | .00 |
| BENSON, MARCIA H | 17760 | REAL ESTATE | C001 | Mkt L: 65,000 | |
| P O BOX 27 | 138410100000007050000 | | ICDS | Agr L: | |
| HARTVILLE, OH 44632 | 0010143701 | | IFND | Inpr: 52,291 | |
| | | | S001 | Mfd: | |
| | Subd: PALMETTO PARK | | T221 | Pers: | |
| | S/T/R:01/38/41 | | WSFM | Min: | |
| | Acreage:0.000 | | | Tot: 117,291 0100 | |
| | Int:1.000000 12 | PALMETTO | DR SP | Mkt Ag: | |

PALMETTO PARK LOT 7

| Appraised | Assessed | Exemptions | Taxable | Taxes | Penalties |
|-------------------------|-----------------------|-------------|---------|------------------|-----------|
| 117,291 | 117,291 | 0 | 117,291 | 2,056.78 | .00 |
| GUSTAFSON, GARRICK A | 17761 | REAL ESTATE | C001 | Mkt L: 65,000 | |
| 86 FAIRVIEW DR E | 138410100000008030000 | | ICDS | Agr L: | |
| TEQUESTA, FL 33469-1905 | 0010143719 | | IFND | Inpr: | |
| | SP-04 | | S001 | Mfd: | |
| | Subd: PALMETTO PARK | | T221 | Pers: | |
| | S/T/R:01/38/41 | | WSFM | Min: | |
| | Acreage:0.000 | | | Tot: 65,000 0000 | |
| | Int:1.000000 | | SP | Mkt Ag: | |

PALMETTO PARK LOT 8 CR 340/868

| Appraised | Assessed | Exemptions | Taxable | Taxes | Penalties |
|-----------|----------|------------|---------|----------|-----------|
| 65,000 | 65,000 | 0 | 65,000 | 1,139.85 | .00 |

163401

WARRANTY DEED
STATE OF FLORIDA

This Warranty Deed Made the 20th day of October A. D. 19 71 by HAROLD J. BOWEN and MAUD ANN BOWEN, his wife,

heretofore called the grantor, to

MESLEY A. GUSTAFSON and JENNIE D. GUSTAFSON, his wife,

whose postoffice address is 100 Lehane Terrace, Apt. 5, North Palm Beach, Florida

33408

heretofore called the grantees; the area "traverse" and "traverse" hereby all the parcels in this instrument and

Witnesseth: That the grantor, for and in consideration of the sum of \$ 10,500 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, releases, conveys and confirms unto the grantees, all that certain land situate in County, Florida, viz:

LOT 6 OF PALMETTO PARK, according to plat thereof, recorded in Plat Book 3, Page 66, public records of Martin County, Florida

SUBJECT to restrictive covenants for Palmetto Park as recorded in Deed Book 93, Page 456, public records of Martin County, Florida.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in any way appertaining.

To Have and to Hold, the same in fee simple forever.

Had the grantor hereby covenants with said grantees that the grantor is lawfully seised 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 assessed subsequent to December 31, 19 70.

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:
Harold J. Bowen
Maud Ann Bowen

Harold J. Bowen
Maud Ann Bowen

STATE OF NEW YORK
COUNTY OF CHENANGO

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
Harold J. Bowen and Maud Ann Bowen, his wife,

to my known to be the persons described in and who executed the foregoing instrument and truly acknowledged before me that they executed the same.

COOPER WITNESS my hand and official seal in the County and State aforesaid this 20th day of October A. D. 19 71.

COOPER
Notary Public for the State of New York
My Comm. Expires 12/31/72

.....
Garrick Gustafson

May 13, 2001

Board of Zoning Adjustment
Sewall's Point Town Hall
Sewall's Point, Florida

Ref; Zoning Adjustment Application for Lot 6, Palmetto Park subdivision

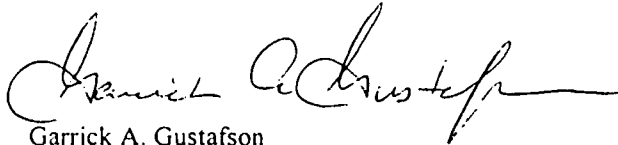
Dear Sir or Madam:

I, Garrick Gustafson, am owner of Lot 8 of the Palmetto Park subdivision. Being the lot adjacent and nearest to the set-back lot violation of Lot 6 of the Palmetto Park subdivision, I would like to indicate that the violation of the 15 foot set-back is so small (14.88 feet rather than the required 15 feet) that it is of insignificant consequence to my or any other property value.

To address the 6 criteria for an adjustment application, I submit the following:

1. **Special conditions** – In 1972 when the house was to be built, the Sewall's Point building department required the house to be repositioned on the lot, recommending that it be moved 8 feet to the East, in order to accommodate the planned River Road. The contractor made a slight error (about 1 inch) in positioning the house to its current location.
2. **Result from Actions of Applicant** - Intent was to comply with the building codes always.
3. **Special Privilege** - No special privileges are foreseen.
4. **Undue hardship** - Correcting the mistake will cause undue hardship.
5. **Minimum Variance** - The variance requested is the minimum required as the house has existed for 29 years with no complaints.
6. **Variance in Harmony** – The granting of the variance is within the intent and purpose of the ordinance of the Town of Sewall's Point and is insignificant in nature.

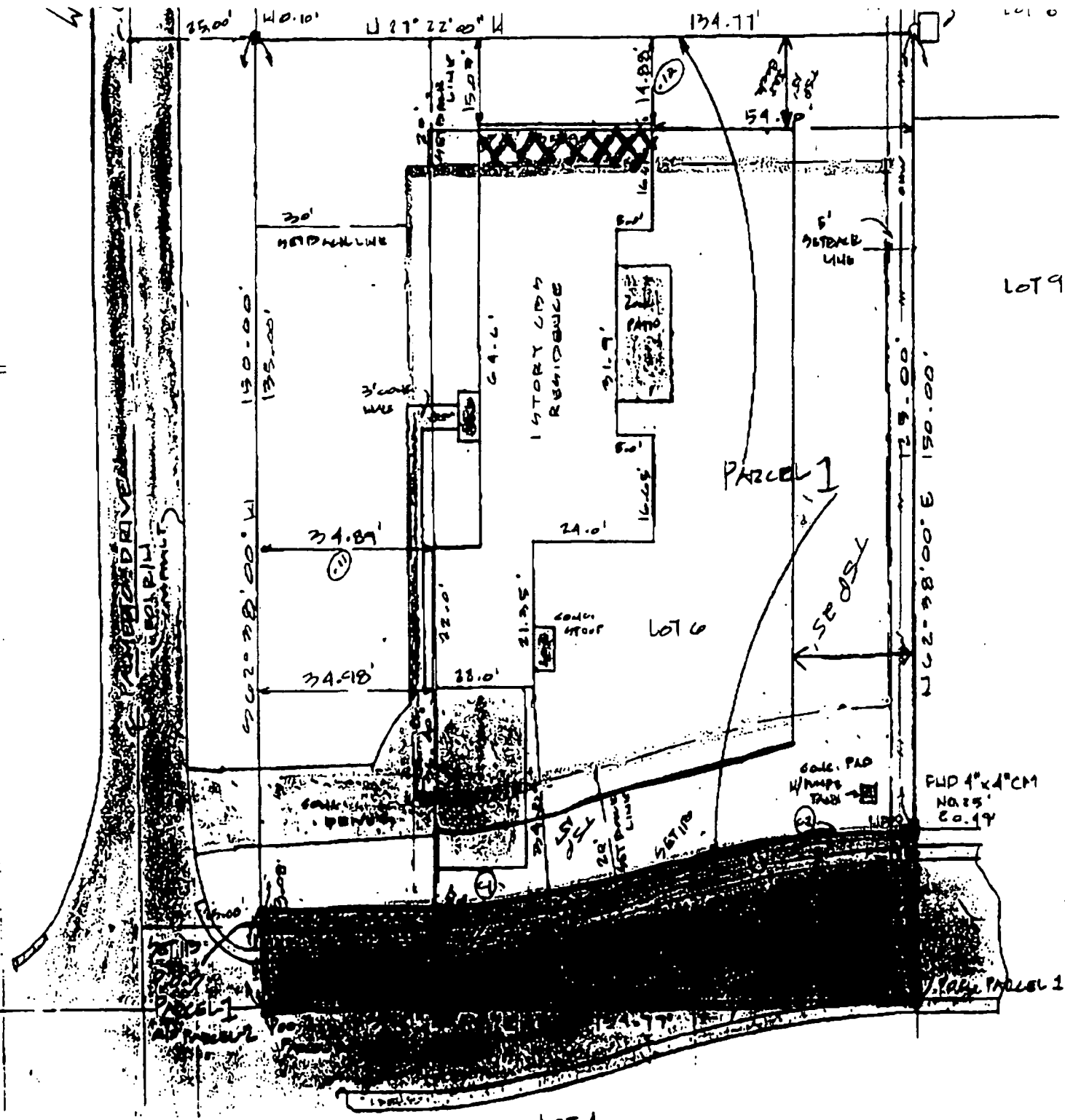
Sincerely,


Garrick A. Gustafson

Attached: Legal Description of Lot 6 Palmetto Park subdivision
 Site survey of Lot 6 by Steven Brown
 Warranty Deed for Mrs W. A. Gustafson (Jennie Gustafson)

CURVE DATA

- ①
R: 236.00'
Δ: 11°20'42"
L: 47.07'
- ②
R: 269.00'
Δ: 11°28'43"
L: 53.09'
- ③
R: 207.50'
Δ: 14°58'40"
L: 54.24'
OPEN 31°51'19"W
- ④
R: 177.50'
Δ: 14°58'41"
L: 46.40'



APR-18-2001 21:06
 MCCARTHY SUMMERS & A1
 561 283 1803 P. 05/15



LOCATION MAP

LEGAL DESCRIPTION

PARCEL ONE:

Lot 6, PALMETTO PARK, according to the Plat thereof as recorded in Plat Book 3, Page 66, Public Records of Martin County, Florida.

RESERVATION AND EXCEPTION:

That portion of Lot 6 of Palmetto Park in Martin County, Florida, according to the Plat thereof filed in Plat Book 3, Page 66, records of said Martin County, described as follows:

Beginning at the Southwesterly corner of said Lot 6; thence North 27°22'00" West a distance of 134.77 feet to the Northwesterly corner of said Lot 6; thence North 62°38'00" East along the Northernly line of said lot a distance of 15.00 feet; thence South 27°22'00" East a distance of 35.27 feet to the beginning of a curve concave Northeastly, having a radius of 235.00 feet; thence Southeastly a distance of 47.08 feet along said curve through a central angle of 11°28'42" to a reverse curve concave Southwestly, having a radius of 263.00 feet; thence Southeastly a distance of 53.09 feet along said curve through a central angle of 11°28'42" to the Southerly line of said Lot; thence South 62°38'00" West to the POINT OF BEGINNING.

AND

PARCEL TWO:

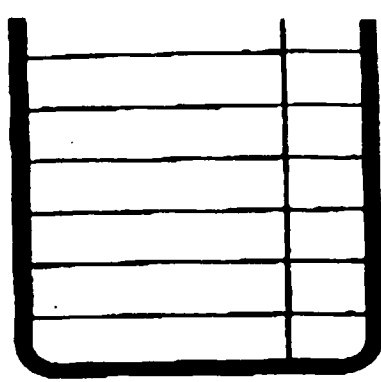
A parcel of land lying in Section 12, Township 38 South, Range 41 East, being a portion of Lot 6 as shown on the plat of Palmetto Park, as recorded in Plat Book 3, Page 66, Public Records of Martin County, Florida, being more particularly described as follows:

For a point of reference, commence at the Northwesterly corner of said Lot 6; thence North 62°38'00" East along the Southerly right-of-way line of Palmetto Drive as shown on said plat a distance of 11.92 feet to the point of beginning of the herein described parcel of land; thence continue North 62°38'00" East along said right-of-way line a distance of 3.08 feet; thence leaving said right-of-way South 27°22'00" East a distance of 35.27 feet to the point of curvature of a curve concave to the Northeast and having a radius of 235.00 feet; thence Southeastly along the arc of said curve through a central angle of 11°28'43" a distance of 47.08 feet to a point of reverse curvature of a curve concave Southwest having a radius of 263.00 feet; thence Southeastly along the arc of said curve through a central angle of 11°28'43" a distance of 53.09 feet to a point of cusp with a tangent curve concave to the Southwest having a radius of 207.50 feet, common tangent bears South 27°22'00" East; thence Northwesterly along the arc of said curve through a central angle of 14°58'40" a distance of 207.50 feet to a point of reverse curvature of a curve concave to the Northeast, and having a radius of 177.50 feet; thence Northwesterly along the arc of said curve through a central angle of 14°58'41" a distance of 46.04 feet to the point of tangency; thence North 27°22'00" West a distance of 35.27 feet to the point of beginning of the herein described parcel of land.

| | | |
|------------------------------|--------------|---------------------------------|
| RAILROAD SPIKE | T | TANGENT |
| RANGE | TOE | TEMPORARY CONSTRUCTION EASEMENT |
| REGISTERED LAND SURVEYOR | TOP | TOP OF BANK |
| REINFORCED CONCRETE PIPE | TOP OF SLOPE | TOP OF SLOPE |
| RIGHT OF WAY | TRANS | TRANSFORMER |
| SAINTARY SEWER | TYP | TYPICAL |
| SECTION | UDC | UTILITY & DRAINAGE EASEMENT |
| SET 5/8 IRON BAR & CAP #4048 | UR | UTILITY EASEMENT |
| SET PK NAIL & WASHER #6048 | U/D | UNDERGROUND |
| SEPHIC TANK | UL | UTILITY POLE |
| SEWALK | UN | WATER METER |
| SOUTH | UV | WATER VALVE |
| SOUTHERN BELL TELEPHONE BOX | W | WEST |
| SQUARE FEET | WPP | WOOD POWER POLE |
| SUBDIVISION | | |

Date of field survey: 3/31/01

Copy of description as furnished by Client. As shown hereon were not abstracted for easements and/or of-way of record. Bearings are referenced to the north line of the subject property and all others relative thereto. Distances shown hereon are relative to National Geodetic Vertical of 1929, and are based on a bench mark. There are no above ground encroachments, unless otherwise shown. National Flood Insurance Program designation as indicated on



BOUNDARY SURVEY
PREPARED FOR: BEELITZ

STEPHEN J. BROWN, INC.
SURVEYORS • DESIGNERS • LANDPLANNERS • CONSULTANTS
619 EAST 5TH STREET; STUART, FLORIDA 34994
(561) 288-7176

DRAWN
S. J. B.

CHECKED
S. J. B.

DATE
4/9/01

SCALE
1" = 20'

JOB NO.
1994-154-01

SHEET
ONE

CLIENTS COPY

THOMAS A. FOGT, ESQ.

Attorney at Law
700 Colorado Avenue
Stuart, Florida 34994-3086

Thomas A. Fogt, Esq.
Board Certified Real Estate Lawyer

Telephone: (561)288-3303
Facsimile: (561)286-3303
E-mail: atyfofgt@ircco.net

November 28, 2001

Tim Wright, Esq.
Via Fax - 286-9102

RE: Gustafson sale to Skinner

Activity Contact
Calendar for Wright
Routing Wright
Date Calendar 11-28-01
By Whom Wright
Client(s) copied Wright

Dear Tim:

Enclosed herewith is the Quit Claim Deed from the Town of Sewall's Point to Jennie Dee Gustafson, et al., originally drafted by Dan Probst, which I understand has now been approved by the Town. We also enclose a new Quit Claim Deed from Jennie D. Gustafson to the Town of Sewall's Point, which exactly tracks the incorrect legal description from the Deed recorded in Official Records Book 810, Page 580, a copy of which is also enclosed.

Please contact us upon your receipt and review of these documents with your approval of same and to advise of your fees. I look forward to hearing from you.

Very truly yours,

Thomas A. Fogt

TAF/doh
Encs.

cc: Gary Gustafson
George Lindman

THIS INSTRUMENT PREPARED BY AND RETURN TO:

Daniel J. Probst, Esq.
Brookmyer, Hochman, Probst & Nadeau, P.A.
3300 PGA Boulevard, Suite 500
Palm Beach Gardens, FL 33410
(561) 624-2110

Parcel I.D. No.: 01 38 41 010 000000 607 000

This deed is being rerecorded to correct the legal description attached to the deed originally recorded in Official Records book 810, page 580, public records of Martin County, Florida.

WARRANTY DEED

THIS WARRANTY DEED is effective as of _____, 2001, between TOWN OF SEWALL'S POINT, a Florida municipal corporation, herein the "Grantor" and JENNIE DEE GUSTAFSON, a single woman, individually, and JENNIE DEE GUSTAFSON, GARRICK A. GUSTAFSON, and JAMES W. GUSTAFSON, as Trustees of the JENNIE DEE GUSTAFSON PERSONAL RESIDENCE TRUST created February 9, 1998, herein the "Grantee," whose address is 86 Fairview Drive East, Tequesta, FL 33469 (As used herein, the terms Grantor and Grantee shall include, where the context permits or requires, singular or plural, heirs, personal representatives, successors, or assigns.)

WITNESSETH, that the Grantor in consideration of Ten and 00/100 Dollars (\$10.00) and other valuable considerations paid by the Grantee, receipt and sufficiency of which are hereby acknowledged, has granted, bargained, sold and conveyed and by these presents does hereby grant, bargain, sell and convey unto the Grantee forever all of those certain properties located in Martin County, Florida, described as follows:

A parcel of land lying in Section 12, Township 38 South, Range 41 East, being a portion of Lot 6 as shown on the plat of Palmetto Park, as recorded in Plat Book 3, page 66, of the Public Records of Martin County, Florida, being more particularly described as follows:

For a point of reference, commence at the Northwesterly corner of said Lot 6; thence North 62°38'00" East along the Southerly right of way line of Palmetto Drive as shown on said Plat a distance of 11.92 feet to the point of beginning of the herein described parcel of land; thence continue North 62°38'00" East along said right of way line a distance of 3.08 feet; thence leaving said right of way South 27°22'00" East a distance of 35.27 feet to the point of curvature of a curve concave to the Northeast and having a radius of 235.00 feet; thence Southeasterly along the arc of said curve through a central angle of 11°28'43" a distance of 47.08 feet to a point of

reverse curvature of a curve concave Southwest having a radius of 265.00 feet; thence Southeasterly along the arc of said curve through a central angle of 11°28'43" a distance of 53.09 feet to a point of cusp with a tangent curve concave to the Southwest having a radius of 207.50 feet, common tangent bears South 27°22'00" East; thence Northwesterly along the arc of said curve having a radius of 207.50 feet through a central angle of 14°58'40" a distance of 54.24 feet to a point of reverse curvature of a curve concave to the Northeast, and having a radius of 177.50 feet; thence Northwesterly along the arc of said curve through a central angle of 14°58'41" a distance of 46.04 feet to the point of tangency; thence North 27°22'00" West a distance of 35.27 feet to the Point of Beginning of the herein described parcel of land.

The foregoing legal description was provided to the preparer without the benefit of a survey or a title search and the preparer accepts no liability or responsibility whatsoever for any inaccuracies or improprieties contained therein or relating thereto.

TO HAVE AND TO HOLD the same, together with the hereditaments and appurtenances, unto the Grantee in fee simple. And the Grantor does hereby fully warrant the title to said property and will defend the same against the lawful claims of all persons whomsoever.

THIS WARRANTY DEED IS MADE PURSUANT TO FLORIDA STATUTES SECTION 689.071 AND GRANTS UNTO GRANTEE ALL OF THE POWERS SET FORTH THEREIN INCLUDING, BUT NOT LIMITED TO, THOSE POWERS SET FORTH ON EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

This conveyance is subject to covenants, easements and restrictions of record and ad valorem taxes levied or which may become a lien subsequent to December 31 of the calendar year next preceding the date hereof.

IN WITNESS WHEREOF, this deed has been executed as of the date first above written.

Signed, sealed and delivered
in the presence of:

**TOWN OF SEWALL'S POINT, a Florida
municipal corporation**

Print Name: _____

By: _____
Print Name: _____

Print Name: _____

QUIT CLAIM DEED

JENNIE D. GUSTAFSON, an unmarried woman, the Quitclaimor, whose mailing address is 86 Fairview Drive East, Tequesta, FL 33469, in consideration of the sum of One Dollar (\$1.00) received from TOWN OF SEWALL'S POINT, a Florida municipal corporation, whose mailing address is _____, the Quitclaimee, hereby on this ____ day of _____, 2001, quitclaims to the Quitclaimee, all of the interest of the Quitclaimor in the real property located in Martin County, Florida, described as:

SEE ATTACHED LEGAL DESCRIPTION.

SUBJECT to restrictions, reservations, limitations, conditions and easements of record (but this provision shall not operate to reimpose the same), if any; zoning and other regulatory ordinances; and, taxes for the year 2001 and subsequent years.

TOGETHER with all tenements, appurtenances and hereditaments.

Parcel I.D. # _____

Grantee's Tax I.D. # _____

Witnesses:

Witnesses Printed Name:

Jennie D. Gustafson

Witnesses Printed Name:

STATE OF _____
COUNTY OF _____

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 JENNIE D. GUSTAFSON, who is personally known or produced _____ as identification, and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand an official seal in the County and State last aforesaid this ____ day of _____, 2001.

Notary Public

This instrument prepared by:
THOMAS A. FOGT, STUART, FLORIDA
Without examination of Title nor con-
sultation as to Tax consequences thereof.

A parcel of land lying in Section 12, Township 38 South, Range 41 East, being a portion of Lot 6 as shown on the plat of Palmetto Park, as recorded in Plat Book 3, page 66, Public Records of Martin County, Florida, being more particularly described as follows:

For a point of reference, commence at the northwesterly corner of said Lot 6; thence North $62^{\circ}38'00''$ East along the southerly right-of-way line of Palmetto Drive as shown on said plat a distance of 11.92 feet to the point of beginning of the herein described parcel of land; thence continue north $62^{\circ}38'00''$ east along said right-of-way line a distance of 3.08 feet; thence leaving said right-of-way south $27^{\circ}22'00''$ east a distance of 35.27 feet to the point of curvature of a curve concave to the northeast and having a radius of 235.00 feet; thence southeasterly along the arc of said curve through a central angle of $11^{\circ}28'43''$ a distance of 47.08 feet to a point of reverse curvature of a curve concave southwest having a radius of 265.00 feet; thence southeasterly along the arc of said curve through a central angle of $11^{\circ}28'43''$ a distance of 53.09 feet to a point of cusp with a tangent curve concave to the southwest having a radius of 207.50 feet; common tangent bears south $27^{\circ}22'00''$ east; thence northwesterly along the arc of said curve through a central angle of $14^{\circ}58'40''$ a distance of 207.50 feet to a point of reverse curvature of a curve concave to the northeast, and having a radius of 177.50 feet; thence northwesterly along the arc of said curve through a central angle of $14^{\circ}58'41''$ a distance of 46.04 feet to the point of tangency; thence north $27^{\circ}22'00''$ west a distance of 35.27 feet to the point of beginning of the herein described parcel of land.

767078

17357/mbk

QUIT-CLAIM DEED

Ad Valorem Tax Identification:

THIS QUIT-CLAIM DEED, executed this 6th day of April 1989, by TOWN OF SEVILLA POINT, a Florida municipal corporation, first party, to JENNIE D. GUSTAFSON, whose post office address is 1511 South Duval Street, Pensacola, FL 32506 and whose social security number is 46-78-1351, second party;

WITNESSETH, that the said first party, for and in consideration of the compromise and settlement of that certain civil action styled Town of Sevilla Point vs. Jennie D. Gustafson, et al., Case No. 88-13-CA, now pending in the Circuit Court of the Nineteenth Judicial Circuit, in and for Martin County, Florida, and in further consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration to the said first party in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit claim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Martin, State of Florida, to-wit:

A parcel of land lying in Section 12, Township 38 South, Range 41 East, being a portion of Lot 6 as shown on the plat of Palmetto Park, as recorded in Plat Book 3, page 66, Public Records of Martin County, Florida, being more particularly described as follows:

For a point of reference, commence at the northwesterly corner of said Lot 6; thence North 62°38'00" East along the southerly right-of-way line of Palmetto Drive as shown on said plat a distance of 11.92 feet to the point of beginning of the herein described parcel of land; thence continue north 62°38'00" east along said right-of-way line a distance of 3.08 feet; thence leaving said right-of-way south 27°22'00" east a distance of 35.27 feet to the point of curvature of a curve concave to the northeast and having a radius of 233.00 feet; thence southeasterly along the arc of said curve through a central angle of 11°28'43" a distance of 47.08 feet to a point of reverse curvature of a curve concave southwest having a radius of 265.00 feet; thence southeasterly along the arc of said curve through a central angle of 11°28'43" a distance of 53.09 feet to a point of cusp with a tangent curve concave to the southwest having a radius of 207.50 feet, common tangent bears south 27°22'00" east; thence northwesterly along the arc of said curve through a central angle of 14°58'40" a distance of 207.50 feet to a point of reverse curvature of a curve concave to the northeast, and having a radius of 177.50 feet; thence northwesterly along the arc of said curve through a central angle of 14°58'41" a distance of 46.04 feet to the point of tangency; thence north 27°22'00" west a distance of 35.27 feet to the point of beginning of the herein described parcel of land.

PAID
\$ 0.00
Martin County
Clerk of Circuit Court
Martin Co., Fla.
By SA [Signature] D.C.

OLD
INCORRECT
LEGAL

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and

810 MAY 580

claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

(Whenever used herein the terms "first party" and "second party" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first above written.

ATTEST:

TOWN OF BENALL'S POINT, a Florida municipal corporation

John R. Barron
JOHN R. BARRON, Town Clerk

By Dolores delc. Clarke (L.S.)
DOLORES delc. CLARKE
Mayor

TOWN SEAL

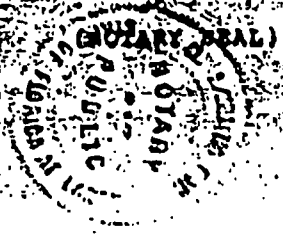
IN THE PRESENCE OF:

Black T. Dunlin

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 10th day of April, 1989, by DOLORES delc. CLARKE, Mayor, of the town of Benall's Point, a Florida municipal corporation, on behalf of the municipal corporation.

I am a Notary Public of the State of Florida and my commission expires April 14, 1993



NEIL W. McMILLAN, ATTY.
830 N.E. JENSEN BEACH BLVD.
JENSEN BEACH, FLA. 34057
(407) 334-7377

FILED FOR RECORD
MARTIN CO. FLA.
89 MAY -5 AM @ 11
MARSHA SILLER
CLERK OF CIRCUIT COURT
BY MS D.C.

THOMAS A. FOGT, ESQ.

Attorney at Law
700 Colorado Avenue
Stuart, Florida 34994-3086

Thomas A. Fogt, Esq.
Board Certified Real Estate Lawyer

Telephone: (561)288-3303
Facsimile: (561)286-3303
E-mail: attyfogt@trccn.net

November 29, 2001

Tim Wright, Esq.
Via Fax 286-9102

RE: Gustafson sale to Skinner

MASTER CALENDAR

Activity _____

Calendar for _____

Routing TAW

Date Calculated 11-29-01

By Whom mcj

Client(s) copied ✓

Dear Tim:

Enclosed are the revised Quit Claim Deed from the Town of Sewall's Point to Jennie D. Gustafson, which has been changed from a Warranty Deed format, per your request, as well as the Quit Claim Deed from Jennie D. Gustafson back to the Town of Sewall's Point tracking the incorrect legal description from the Deed recorded in Official Records Book 810, Page 580, as faxed to you yesterday.

Very truly yours,

Thomas A. Fogt
Thomas A. Fogt *TAF*

TAF/ddh
Encs.

cc: Bradley Hess

CLIENT'S COPY

This deed is being rerecorded to correct the legal description attached to the deed originally recorded in Official Records Book 810, Page 580, Public Records of Martin County, Florida.

QUIT CLAIM DEED

TOWN OF SEWALL'S POINT, a Florida municipal corporation, the Quitclaimor, whose mailing address is _____, _____, in consideration of the sum of One Dollar (\$1.00) received from JENNIE D. GUSTAFSON, whose mailing address is 86 Fairview Drive East, Tequesta, FL 33469, the Quitclaimce, hereby on this _____ day of _____, 2001, quitclaims to the Quitclaimce, all of the interest of the Quitclaimor in the real property located in Martin County, Florida, described as:

A parcel of land lying in Section 12, Township 38 South, Range 41 East, being a portion of Lot 6 as shown on the plat of Palmetto Park, as recorded in Plat Book 3, Page 66, of the Public Records of Martin County, Florida, being more particularly described as follows:

For a point of reference, commence at the Northwesterly corner of said Lot 6; thence North 62°38'00" East along the Southerly right of way line of Palmetto Drive as shown on said Plat a distance of 11.92 feet to the point of beginning of the herein described parcel of land; thence continue North 62°38'00" East along said right of way line a distance of 3.08 feet; thence leaving said right of way South 27°22'00" East a distance of 35.27 feet to the point of curvature of a curve concave to the Northeast and having a radius of 235.00 feet; thence Southeasterly along the arc of said curve through a central angle of 11°28'43" a distance of 47.08 feet to a point of reverse curvature of a curve concave Southwest having a radius of 265.00 feet; thence Southeasterly along the arc of said curve through a central angle of 11°28'43" a distance of 53.09 feet to a point of cusp with a tangent curve concave to the Southwest having a radius of 207.50 feet, common tangent bears South 27°22'00" East; thence Northwesterly along the arc of said curve having a radius of 207.50 feet through a central angle of 14°58'40" a distance of 54.24 feet to a point of reverse curvature of a curve concave to the Northeast, and having a radius of 177.50 feet; thence Northwesterly along the arc of said curve through a central angle of 14°58'41" a distance of 46.04 feet to the point of tangency; thence North 27°22'00" West a distance of 35.27 feet to the Point of Beginning of the herein described parcel of land.

SUBJECT to restrictions, reservations, limitations, conditions and easements of record (but this provision shall not operate to reimpose the same), if any; zoning and other regulatory ordinances; and, taxes for the year 2001 and subsequent years.

This instrument prepared by:
THOMAS A. FOGT, SURVEYOR, FLORIDA
Without consideration of title and con-
sultation as to tax consequences thereof.

TOGETHER with all tenements, appurtenances and hereditaments.

Parcel I.D. # _____

Grantee's Tax T.D. # _____

TOWN OF SEWALL'S POINT, a Florida municipal corporation

Witnesses Printed Name:

By: _____
Its:

Witnesses Printed Name:

STATE OF _____
COUNTY OF _____

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 _____, as _____ of the TOWN OF SEWALL'S POINT, a Florida municipal corporation, who is personally known or produced _____ as identification, and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand an official seal in the County and State last aforesaid this ____ day of _____, 2001.

Notary Public

QUIT CLAIM DEED

JENNIE D. GUSTAFSON, an unmarried woman, the Quitclaimor, whose mailing address is 86 Fairview Drive East, Tequesta, FL 33469, in consideration of the sum of One Dollar (\$1.00) received from TOWN OF SEWALL'S POINT, a Florida municipal corporation, whose mailing address is _____, the Quitclaimee, hereby on this ____ day of _____, 2001, quitclaims to the Quitclaimee, all of the interest of the Quitclaimor in the real property located in Martin County, Florida, described as:

SEE ATTACHED LEGAL DESCRIPTION.

SUBJECT to restrictions, reservations, limitations, conditions and easements of record (but this provision shall not operate to reimpose the same), if any; zoning and other regulatory ordinances; and, taxes for the year 2001 and subsequent years.

TOGETHER with all tenements, appurtenances and hereditaments.

Parcel I.D. # _____

Grantor's Tax I.D. # _____

Witnesses:

Witnesses Printed Name: Jennie D. Gustafson

Witnesses Printed Name:

STATE OF _____
COUNTY OF _____

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 JENNIE D. GUSTAFSON, who is personally known or produced _____ as identification, and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand an official seal in the County and State last aforesaid this ____ day of _____, 2001.

Notary Public

This instrument prepared by:
THOMAS A. FOGT, STUART, FLORIDA
Without examination of Title nor con-
sultation as to Tax consequences thereof.

A parcel of land lying in Section 12, Township 30 South, Range 41 East, being a portion of Lot 6 as shown on the plat of Palmetto Park, as recorded in Plat Book 3, page 66, Public Records of Martin County, Florida, being more particularly described as follows:

For a point of reference, commence at the northwesterly corner of said Lot 6; thence North $62^{\circ}38'00''$ East along the southerly right-of-way line of Palmetto Drive as shown on said plat a distance of 11.92 feet to the point of beginning of the herein described parcel of land; thence continue north $62^{\circ}38'00''$ east along said right-of-way line a distance of 3.00 feet; thence leaving said right-of-way south $27^{\circ}22'00''$ east a distance of 35.27 feet to the point of curvature of a curve concave to the northeast and having a radius of 235.00 feet; thence southeasterly along the arc of said curve through a central angle of $11^{\circ}28'43''$ a distance of 47.08 feet to a point of reverse curvature of a curve concave southwest having a radius of 265.00 feet; thence southeasterly along the arc of said curve through a central angle of $11^{\circ}28'43''$ a distance of 53.09 feet to a point of cusp with a tangent curve concave to the southwest having a radius of 207.50 feet, common tangent bears south $27^{\circ}22'00''$ east; thence northwesterly along the arc of said curve through a central angle of $14^{\circ}58'40''$ a distance of 207.50 feet to a point of reverse curvature of a curve concave to the northeast, and having a radius of 177.50 feet; thence northwesterly along the arc of said curve through a central angle of $14^{\circ}58'41''$ a distance of 46.04 feet to the point of tangency; thence north $27^{\circ}22'00''$ west a distance of 35.27 feet to the point of beginning of the herein described parcel of land.

5958

**HURRICANE
SHUTTERS**

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 9-6-02

BUILDING PERMIT NO. 5958

Building to be erected for Robert SKINNER

Type of Permit HURRICANE SHUTTERS

Applied for by Gulf Stream Alum + Shutter (Contractor)

Building Fee 35.00

Subdivision Palmetto Park Lot 6 Block _____

Radon Fee _____

Address 15 SE Palmetto Drive

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

138410100000006070000

Plumbing Fee _____

Amount Paid 35.00 Check # 3349 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 2848.00

Roofing Fee _____

TOTAL Fees 35.00

Signed Richard J. Hazama
Applicant

Signed Gene Semmons (sgn)
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: Robert & Sherry Skinner City: STUART State: FL Zip: 34996

Legal Description of Property: Palmetto Park Lot 6 Parcel Number: 01-38-41-D1D-DDD-000602-7000

Location of Job Site: 15 SE Palmetto Drive Type of Work To Be Done: Hurricane Shutters

CONTRACTOR/Company Name: EastStream Alum. & Shutter Corp Phone Number: 287-16476

Street: 3001 SE BEAN PARK WAY City: STUART State: FL Zip: 34997

State Registration Number: _____ State Certification Number: CRC058017 Martin County License Number: MC00231

ARCHITECT: _____ Phone Number: _____

Street: N/A City: _____ State: _____ Zip: _____

ENGINEER: Inteco Inc. Phone Number: (305) 871-1530

Street: 6545 NW 36th St #217 City: Virginia Gardens State: FL Zip: 33166

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ 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: N/A NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: 28480 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: _____ State: _____ License Number: _____

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

National Electrical Code _____ Florida Energy Code _____ FBC X

Florida Accessibility Code _____

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

OWNER OR AGENT SIGNATURE (Required) [Signature]

State of Florida, County of: MARTIN

This the 8 day of AUGUST, 2002

by Sherry Skinner who is personally

known to me or produced [Signature]

as identification. [Signature]

My Commission Expires: 11/03/04

CONTRACTOR SIGNATURE (Required) [Signature]

On State of Florida, County of: MARTIN

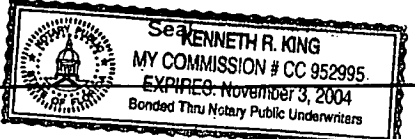
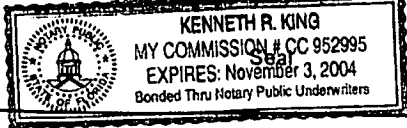
This the 8th day of August, 2002

by John L. O'Brien who is personally

known to me or produced [Signature]

As identification. [Signature]

My Commission Expires: 11/03/04



PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR HURRICANE SHUTTERS

IMPORTANT NOTICE: All items listed below must accompany your permit application.
No application will be accepted unless all items that are applicable are submitted.


Application form must contain the following information:

1. Property Appraisers Parcel Number or Property Control Number
2. Legal Description of property (Can be found on your deed survey or Tax Bill)
3. Contractors name, address, phone number and license numbers.
4. Name all sub-contractors (properly licensed)
5. Architects or Engineers name, address, & phone number.
6. Estimated cost of construction.
7. Original signature of owner and notarized
8. Original signature of Contractor and notarized.

Submittals (2 copies)

1. Window design pressures for site specific conditions
2. Product approvals from Miami/Dade for the following items:
 - a. Hurricane Shutters
3. Statement of Fact (owner/builder affidavit)
4. Proof of ownership (deed or tax recpt.)
5. Manufactures specifications or shop drawings for hurricane shutters with highlighted areas of specific installation connectors and tracks (one copy signed and sealed)
6. A certified copy of the Notice of Commencement for any work over \$2500.00
7. Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
8. Copy of Workmen's Compensation
9. Copy of Liability Insurance

**ALL INFORMATION AND DOCUMENTS MENTIONED ABOVE
ARE INCLUDED IN THE MY PERMIT APPLICATION PACKAGE**


(SIGNATURE OF APPLICANT)

DATE SUBMITTED: _____

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # D1-38-41-D10-000-0006 0-7

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):

15 SE Palmetto DR. Seawall's Point Palmetto Park Lot 6

GENERAL DESCRIPTION OF IMPROVEMENT: HURRICANE SHUTTERS

OWNER: Robert & Sherry Skinner

ADDRESS: 15 SE Palmetto Drive Stuart, FL 34996

PHONE #: 287-5754 FAX #: _____

CONTRACTOR: Gulfstream Alum & Shutter

ADDRESS: 3001 SE GRAN PARK Way Stuart FL 34997

PHONE #: 287-1476 FAX #: 287-9740

SURETY COMPANY (IF ANY) _____

ADDRESS: N/A

PHONE # _____ FAX #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: N/A

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: N/A

PHONE #: _____ FAX #: _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____

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

PHONE #: _____ FAX #: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

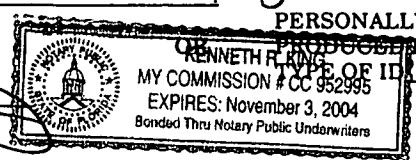
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 8 DAY OF August

1920 BY Sherry Skinner PERSONALLY KNOWN X

[Signature]
NOTARY SIGNATURE



ACORD CERTIFICATE OF LIABILITY INSURANCE

09/04/2002

PRODUCER (772)287-2030 FAX (772)288-2481
 Deakins-Carroll Insurance Agency
 www.deakinscarroll.com
 P.O. Box 1597
 Pt. Salerno, FL 34992

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 Gulfstream Aluminum & Shutter Corp
 3001 Gran Parkway
 Stuart, FL 34997

INSURER A: American Casualty Co. of Reading PA
 INSURER B: Transcontinental Ins. Co.
 INSURER C: Transportation Ins. Co.
 INSURER D: Bridgefield Employers Ins. Co.
 INSURER E:

RECEIVED
 SEP 05 2002

COVERAGES

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

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|--|---------------|----------------------------------|-----------------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | B2050184897 | 07/08/2002 | 07/08/2003 | EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | B1055831462 | 07/08/2002 | 07/08/2003 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ |
| C | EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | 2064026589 | 07/08/2002 | 07/08/2003 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 19601003 | 01/01/2002 | 01/01/2003 | WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Previously mailed to Town of Sewall's Point on 7/15/02.

| | | |
|--|------------------------------------|---|
| CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER | CANCELLATION |
| Sewall's Point, Town of 1 South Sewall's 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 David Deakins/BW |

David Deakins
 ©ACORD CORPORATION 1988

2001-2002 MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (561) 288-5604

LICENSE 900-318-252 CERT RX0054870

PHONE (561) 287-6476 SIC NO 01541

LOCATION: 3001 SE GRAN PARK WAY MAR

CHARACTER COUNTS IN MARTIN COUNTY

| | | | |
|-------------|-----|-------------|-------|
| PREV YR. \$ | .00 | LIC. FEE \$ | 25.00 |
| \$ | .00 | PENALTY \$ | 0.00 |
| \$ | .00 | COL. FEE \$ | 0.00 |
| \$ | .00 | TRANSFER \$ | 0.00 |
| TOTAL | | 25.00 | |

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF ALUMINUM CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

21 DAY OF AUGUST 20 01
 AND ENDING SEPTEMBER 30, 2002

O'BRIEN, JOHN L
 GULFSTREAM ALUMINUM & SHUTTER CORP
 JOHN L O'BRIEN
 3001 SE GRAN PARK WAY
 STUART FL 34997

RECEIPT OF PAYMENT
 6010 1
 LARRY C. O'STEEN
 99388/21/2001 OCCI NORMAL
 190051000362000
 0220010021004781CK
 \$25.00

AC# 0516721

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L0208060084

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 08/06/2002 | 967439068 | CRC058017 |

The RESIDENTIAL CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2004

O'BRIEN, JOHN L
 GULFSTREAM ALUMINUM & SHUTTER CORP
 3001 SE GRAN PARK WAY
 STUART FL 34997

JEB BUSH
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
 SECRETARY



MARTIN COUNTY, FLORIDA
 Construction Industry Lic Bd
 Certificate of Competency

License: SP00107
 Expires September 30, 2003

O'BRIEN, JOHN L 1
 GULFSTREAM ALUMINUM PROD INC
 3001 SE GRAN PARKWY
 STUART, FL 34997
 ALUMINUM/CONCRETE CONTRACTOR



MARTIN COUNTY, FLORIDA
 Construction Industry Lic Bd
 Certificate of Competency

License: MC00231
 Expires September 30, 2003

O'BRIEN, JOHN L 1
 GULFSTREAM ALUMINUM PROD INC
 3001 SE GRAN PARKWY
 STUART, FL 34997
 RESIDENTIAL CONTRACTOR MC

TOWN OF SEWALL'S POINT
ONE SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, FLORIDA 34996

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT
(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statutes 489.103(7).

I have read the above and agree to comply with the provisions as stated.

Name:  Date: _____

Signature: Sherry Skinner

Address: 15 SE Palmetto Dr

City & State: Sewall's Pt

Permit No. _____

This form is for all permits except electrical.

NOTICE OF COMMENCEMENT
FS 713.13

STATE OF FLORIDA
MARTIN COUNTY

PZ087 (Rev. 2/01)

Return to: (enclose self-addressed stamped envelope)

Name: GULFSTREAM ALUMINUM & SHUTTER CORP. 561-287-6476

Address: 3001 SE GRAN PARK WAY STUART, FL 34997

This Instrument Prepared by:

Name: GULFSTREAM ALUMINUM & SHUTTER CORP. 561-287-6476

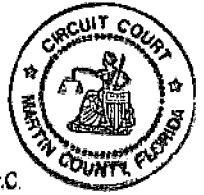
Address: 3001 SE GRAN PARK WAY STUART, FL 34997

Property Appraisers Parcel Identification:

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

MARSHA EWING, CLERK

BY [Signature] D.C.
DATE 9.4.02



SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR PROCESSING DATA

NOTICE OF COMMENCEMENT

Permit No. _____

Tax Folio No. 01-38-41-D10-DDD-DDDaD-7

State of Florida
County of MARTIN

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with chapter 713 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

Legal description of property (include street address) 15 SE Palmetto Drive Stuart, Sewall's Pt
Palmetto Park Lot 6

General description of improvements HURRICANE SALTERS

Owner's Name ROBERTO SHERRY SKINNER

Address 15 SE Palmetto Dr. Sewall's Pt, FL 34996

Owner's Interest in site of the improvement Residence

Fee Simple Title holder (if other than owner) _____

Address _____ Phone: _____ Fax: _____

Contractor Gulfstream Alum & Shutter Corp

Address 3001 SE GRAN PARK WAY STUART Phone: 287-6476 Fax: _____

Surety _____ Phone: _____ Fax: _____

Address FL 34997 Amount of bond \$ _____

Lender's Name _____

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 _____ Phone: _____ Fax: _____

to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration date of Notice of Commencement: (the expiration date is one (1) year from the date of recording unless a different date is specified)

[Signature]
Signature of Owner

Sherry Skinner
Printed Name of Owner

NOTARY RUBBER STAMP SEAL



I have relied upon the following identification of the Affiant Sherry Skinner

Sworn to and subscribed before me this 8 day of August 2002

[Signature]
Notary Signature

Kenneth R. King
Printed Name

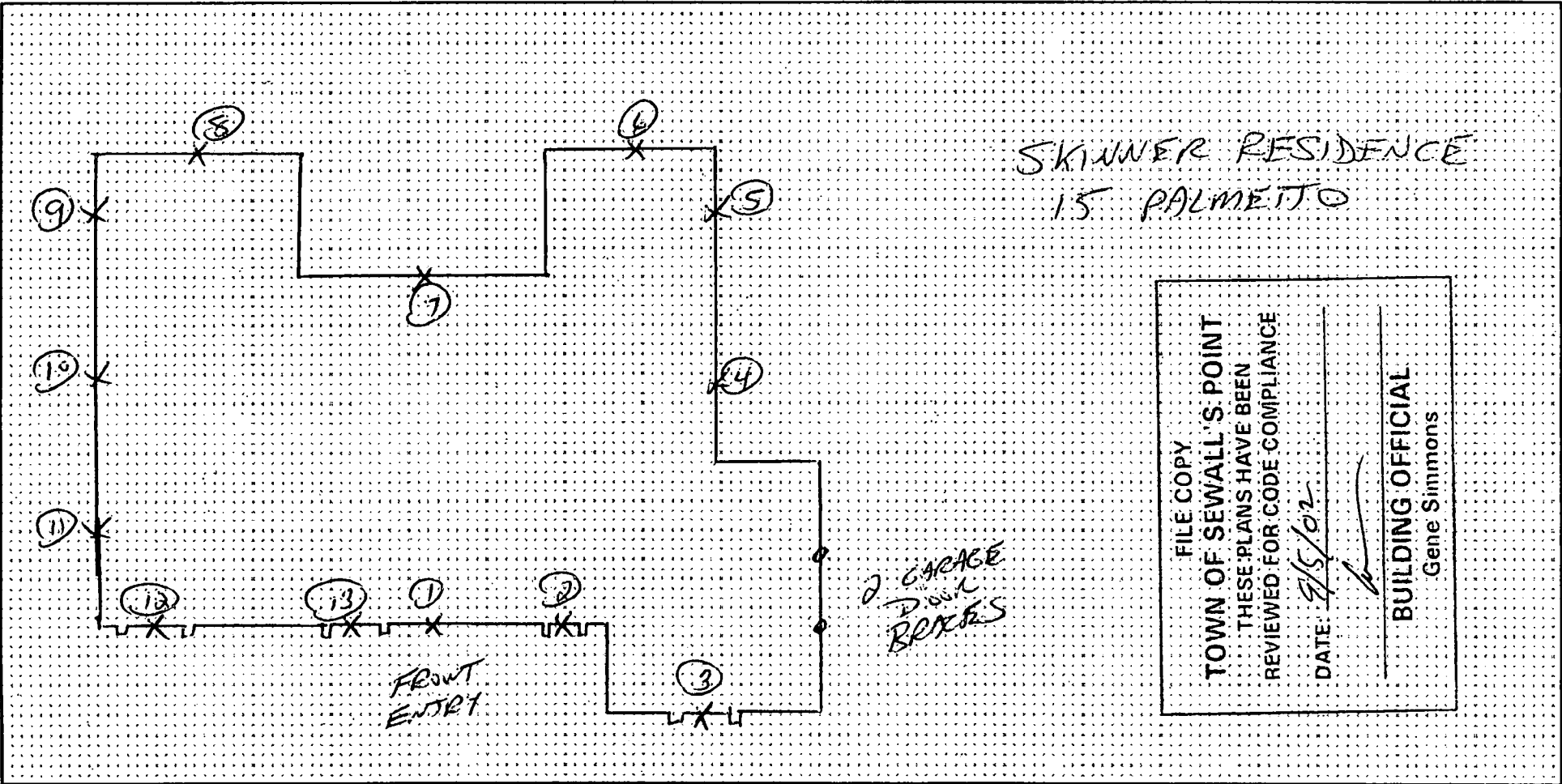
My Commission expires 11/03/02



Do It Once. Do It Right.

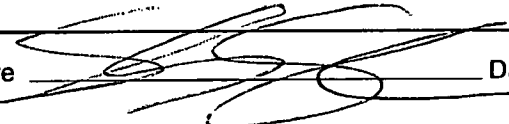
3001 S.E. Gran Park Way, Stuart, FL 34997
 (561) 287-6476 (800) 244-4143
 FAX (561) 287-9740
 E-mail: info@gulfshutters.com
 www.gulfshutters.com
 Lic. #MC00231
 Licensed & Insured • Quality Products Since 1979

| Key | |
|-------------------|-------------------|
| Storm Panels - SP | Rollups - RU |
| Accordions - AC | Lexan - LX |
| Bahamas - BA | Garage Brace - GB |
| Colonial - CO | |



FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 6/5/02
 BUILDING OFFICIAL
 Gene Simmons

Special Instructions: DIRECT MOUNT TOP & BOTTOM 12, 13, & 3 DIRECT MOUNT TOP ONLY #1
 REMOVABLE BOTTOM TRACK # 7

Signature  Date 6/4/02 Salesperson DAVID ANDERSON Date 6/4/02
 Gulfstream Aluminum and Shutter Corp. checked #1013 BOB

MC Property Appraiser
Laurel Kelly, C.F.A.

Important Dates
Address & Directions

Office Info
Searches

Features
Home

Lists
Site Map

This is Record 12 of 19

Basic Results Legal Desc Features Sales History

PREVIOUS NEXT

Parcel Number: 01-38-41-010-000-0006.0-7

Account Number: 17759

Owner Name: SKINNER, ROBERT & SHERRY

Second Owner:

Owner Mail Address: 15 SE PALMETTO DRIVE

City, State & Zip: STUART , FL 34996

Location/Site Address: 15 PALMETTO ST

Sale Date: 12/10/2001

Sale Amount: 240000

OR Book & Page: 1604 / 0458

Qualification Code: U

Land Value: \$80000

Improvement Value: \$98922

Mobile Home Value: \$0

Market Value: \$178922

Assessed Value: \$159764

Exemption Amount: \$25500

Taxable Value: \$134264 - WARNING: Significant tax increases

Taxes: \$2330.25 - often occur when sold. (Click here for more)

Millage Code: 2200

State Reporting Code: 0100

Year Built: VACANT

PALMETTO PARK LOT 6 (LESS

Short Legal: WLY 15'-30' M/L FOR "S RIVER RD" AS

PREVIOUS NEXT

Basic Results Legal Desc Features Sales History



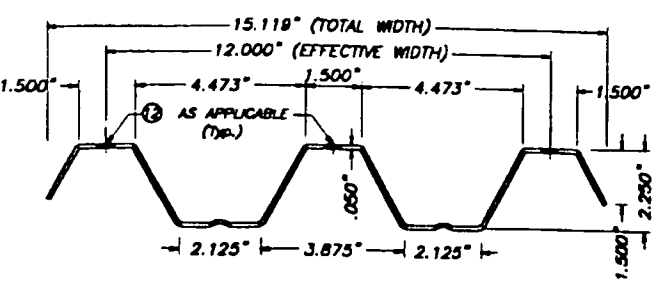
DESIGN PRESSURE CALCULATION

for Exposure B, Wind speed 140 mph and Mean roof height 20 ft

Skinner

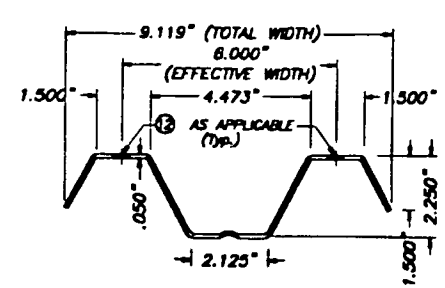
Project Address:
15 SE Palmetto Drive
Sewall's Point
FL
34996

| # | Width | Height | Location | + | - |
|----|-------|--------|----------|-------|--------|
| 1 | 83 | 86 | Interior | 32.61 | -35.61 |
| 2 | 53 | 39 | Interior | 34.65 | -37.55 |
| 3 | 53 | 51 | End | 33.90 | -44.39 |
| 4 | 26 | 26 | Interior | 35.30 | -38.20 |
| 5 | 74 | 39 | End | 33.70 | -43.99 |
| 6 | 74 | 51 | End | 33.27 | -43.13 |
| 7 | 241 | 84 | Interior | 30.00 | -33.00 |
| 8 | 74 | 51 | End | 33.27 | -43.13 |
| 9 | 74 | 39 | End | 33.70 | -43.99 |
| 10 | 26 | 26 | Interior | 35.30 | -38.20 |
| 11 | 74 | 39 | End | 33.70 | -43.99 |
| 12 | 53 | 51 | End | 33.90 | -44.39 |
| 13 | 106 | 64 | Interior | 32.70 | -35.70 |

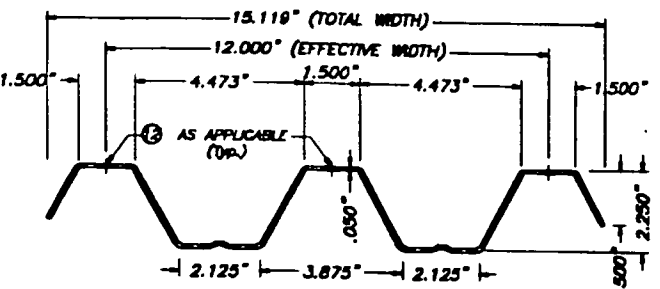


FULL PANEL

① SOLID STORM PANEL
SCALE: 3/16" = 1"

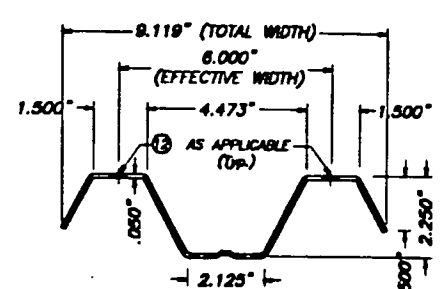


HALF PANEL

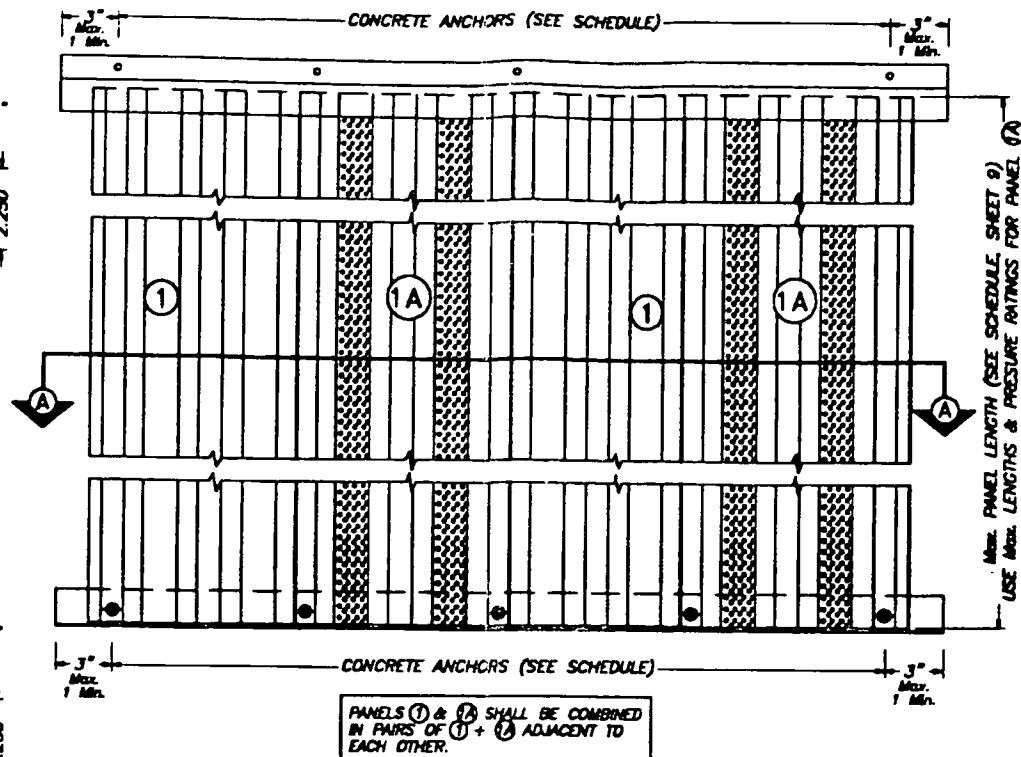


FULL PANEL

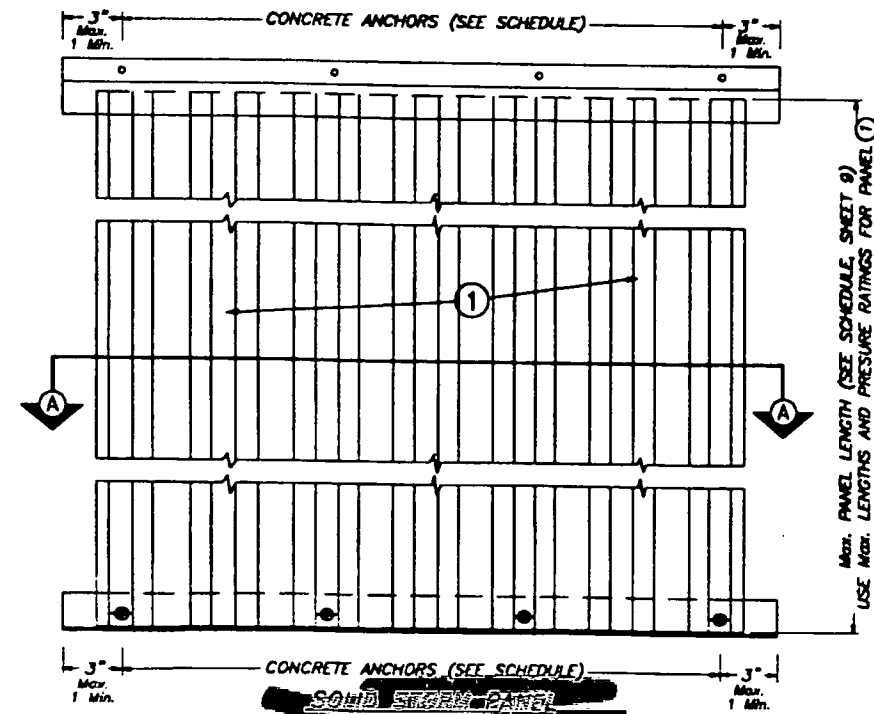
①A PERFORATED STORM PANEL
SCALE: 3/16" = 1"



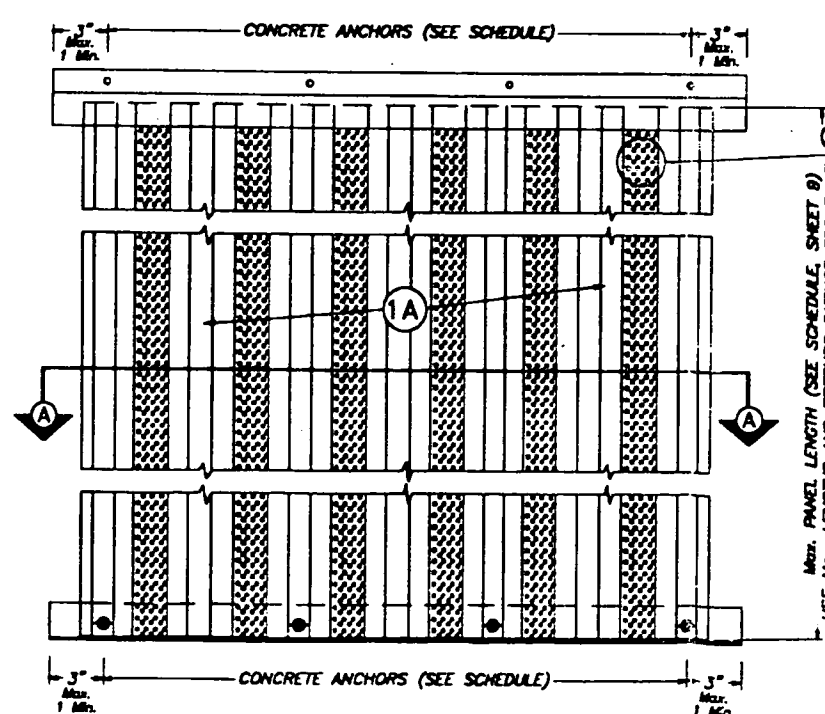
HALF PANEL



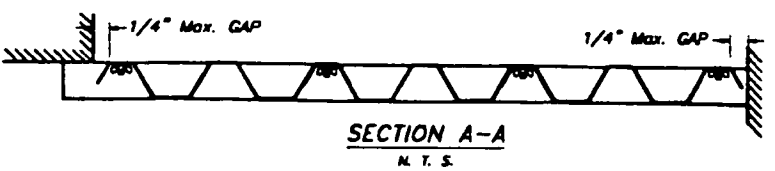
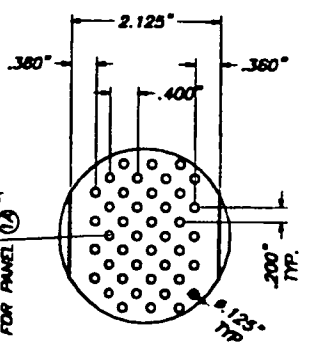
COMBINATION OF ADJACENT PAIRS OF SOLID & PERFORATED STORM PANELS
TYPICAL ELEVATION
N. T. S.



SOLID STORM PANEL
TYPICAL ELEVATION
N. T. S.



PERFORATED STORM PANEL
TYPICAL ELEVATION
N. T. S.



SECTION A-A
N. T. S.

GENERAL NOTES:

- STORM PANEL HAS BEEN DESIGNED IN ACCORDANCE WITH THE DADE COUNTY, 1994 EDITION OF THE SOUTH FLORIDA BUILDING CODE. DESIGN WIND LOADS SHALL BE DETERMINED AS PER SECTION 6 OF ASCE 7-88, WITH 110 m.p.h. BASIC WIND SPEED. STORM PANEL'S ADEQUACY FOR IMPACT AND FATIGUE RESISTANCE HAS BEEN VERIFIED IN ACCORDANCE WITH SECTIONS 2313 & 2314 RESPECTIVELY OF THE ABOVE MENTIONED CODE AS PER AMERICAN TEST LAB REPORT # 1022.01-96 AND # 0221.01-01.
 - ALL ALUMINUM SHEET METAL PANELS SHALL HAVE 3052-H32 ALLOY OR 3004-H34 ALLOY.
 - ALL ALUMINUM EXTRUSIONS SHALL BE 6063-T8 ALLOY UNLESS OTHERWISE NOTED.
 - ALL SCREWS TO BE STAINLESS STEEL 304 OR 316 SERIES.
 - BOLTS TO BE 2024-T4 ALUMINUM ALLOY, GALVANIZED OR STAINLESS STEEL, WITH 38 ksi MINIMUM YIELD POINT.
 - ANCHORS TO WALL SHALL BE AS FOLLOWS: (UNLESS OTHERWISE NOTED)
 - TO EXISTING POURED CONCRETE:
 - 1/4" # TAPCON ANCHORS AS MANUFACTURED BY L.T.W. BULDEX (REGULAR OR 410 S.S.) AND ELCO TEXTRON (REGULAR).
 - 1/4" # CRETE-FLEX SS4 ANCHORS AS MANUFACTURED BY ELCO TEXTRON.
 - 1/4" # OF TAP-GRIP ANCHORS (BERTHA STUD-CON), AS MANUFACTURED BY TRU-FAST CORPORATION.
 - 1/4" # ZAMAC NAILIN ANCHORS AS MANUFACTURED BY THE POWER FASTENINGS, INC.
 - 1/4" # 7/8" CALK-IN ANCHORS, 1/4" # ELCO male & female "PANELMATE" OR 1/4" # ELCO male "PANELMATE PLUS" AS MANUFACTURED BY THE POWER FASTENINGS, INC. AND ELCO TEXTRON, RESPECTIVELY.
 - TO EXISTING CONCRETE BLOCK WALL:
 - 1/4" # TAPCON ANCHORS AS MANUFACTURED BY L.T.W. BULDEX (REGULAR OR 410 S.S.) AND ELCO TEXTRON (REGULAR).
 - 1/4" # CRETE-FLEX SS4 ANCHORS AS MANUFACTURED BY ELCO TEXTRON.
 - 1/4" # OF TAP-GRIP ANCHORS (BERTHA STUD-CON), AS MANUFACTURED BY TRU-FAST CORPORATION.
 - 1/4" # ZAMAC NAILIN ANCHORS AS MANUFACTURED BY THE POWER FASTENINGS, INC.
 - 1/4" # 7/8" CALK-IN ANCHORS, 1/4" # ELCO male & female "PANELMATE" OR 1/4" # ELCO male "PANELMATE PLUS" AS MANUFACTURED BY THE POWER FASTENINGS, INC. AND ELCO TEXTRON, RESPECTIVELY.
- NOTES:
- MINIMUM EMBEDMENT INTO POURED CONCRETE OF TAPCON ANCHORS OR CRETEFLEX SS4 IS 1 3/4"; FOR ZAMAC NAILIN IS 1 3/8"; FOR OF TAP-GRIP ANCHORS IS 1 1/4"; FOR ELCO PANELMATE AND ELCO male "PANELMATE PLUS" IS 2".
 - 7/8" CALK-IN ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE POURED CONCRETE. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" #-20 SCREWS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO.
 - IN CASE THAT PRECAST STONE, PRECAST CONCRETE PANELS, OR PAVERS BE FOUND ON THE EXISTING WALL OR FLOOR, ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS. ANCHORAGE SHALL BE AS INDICATED ON NOTES A.1) & A.2) ABOVE.
- MINIMUM EMBEDMENT OF TAPCON ANCHORS, ZAMAC NAILIN, OF TAPGRIP, ELCO PANELMATE, ELCO male "PANELMATE PLUS" AND CRETE-FLEX SS4, INTO THE CONCRETE BLOCK UNIT SHALL BE 1 1/4".
 - 7/8" CALK-IN ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE CONCRETE BLOCK UNIT. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" #-20 SCREWS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO.
 - IN CASE THAT PRECAST STONE OR PRECAST CONCRETE PANELS BE FOUND ON THE EXISTING WALL, ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS. ANCHORAGE SHALL BE AS INDICATED ON NOTES IN B.1) & B.2) ABOVE.
- ANCHORS SHALL BE INSTALLED FOLLOWING ALL OF THE RECOMMENDATIONS AND SPECIFICATIONS OF THE ANCHOR'S MANUFACTURER.
- PANELS MAY ALSO BE INSTALLED HORIZONTALLY FOLLOWING INSTALLATION DETAILS SHOWN ON SECTIONS 1 THRU 18 (SHEET 3 THRU 7 OF 15) EXCEPT THAT HEADERS 2, 3 & 4 SHALL NOT BE USED.
 - IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE SOUNDNESS OF THE STRUCTURE WHERE SHUTTER IS TO BE ATTACHED TO INSURE PROPER ANCHORAGE. THIS SHUTTER SHALL ONLY BE ATTACHED TO CONCRETE, BLOCK OR WOOD FRAME BUILDINGS.
 - SHUTTER MANUFACTURER'S LABEL SHALL BE PLACED AT BOTTOM OF EACH PANEL. LABEL SHALL READ AS FOLLOWS:
EASTERN METAL SUPPLY, INC.
RIVIERA BEACH, FL.
MIAMI-DADE COUNTY PRODUCT CONTROL APPROVED.

This Is Not A Master Drawing.
Valid Only For One Time Permit.

COMPONENTS

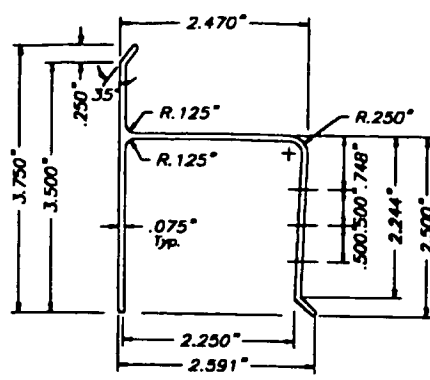
THIS ENGINEER HAS NOT HIGHLIGHTED
#OR MARKED UP THESE DRAWINGS.

TILECO INC.
TILLIT TESTING & ENGINEERING COMPANY
6345 N.W. 30th St., Ste. 217, MIAMI GARDENS, FL 33169
Phone: (305)871-1530 Fax: (305)871-1531
EB-0008719
WALTER A. TILLIT Jr., P. E.
FLORIDA Lic. # 44187

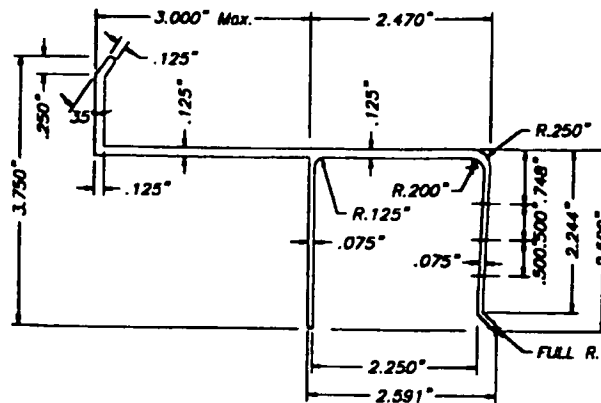
| | | |
|---|-------------|----------------------|
| .050" SOLID/PERFORATED BERTHA ALUMINUM STORM PANEL | | AS SHOWN SCALE |
| EASTERN METAL SUPPLY, INC 4288 WEST ROADS DRIVE RIVIERA BEACH, FL 33407 | | 3/13/01 DATE |
| | | 01-058 DRAWING No |
| REV. No | DESCRIPTION | DATE |
| 1 | OLD 88-172 | 3/13/01 |
| 2 | | |
| 3 | | |
| | | 01-058 DRAWING No |
| | | SHEET 1 OF 15 |

David
JUN 21 2001

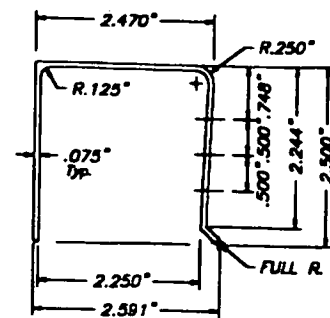
MIAMI-DADE COUNTY



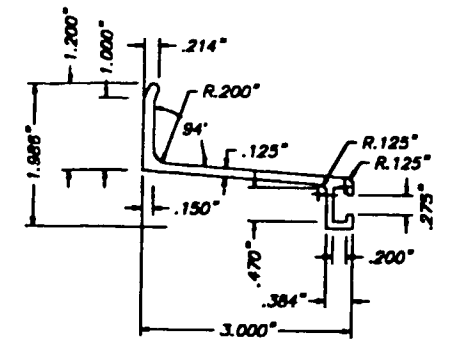
② "h" HEADER
SCALE: 3/8" = 1"



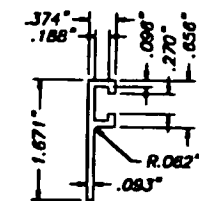
③ 3" Max. "U" BUILD OUT
SCALE: 3/8" = 1"



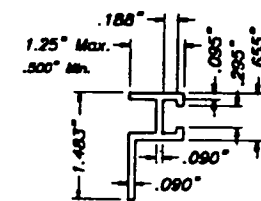
④ "U" HEADER
SCALE: 3/8" = 1"



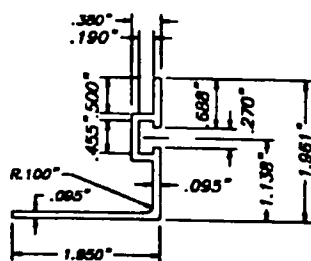
⑤ 3" ANGLE BUILD OUT BRACKET
SCALE: 3/8" = 1"



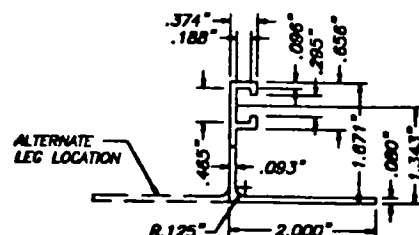
⑥ "F" TRACK
SCALE: 3/8" = 1"



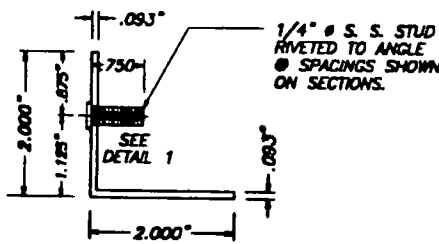
⑥A 1 1/4" MAX. B. O. "F" TRACK
SCALE: 3/8" = 1"



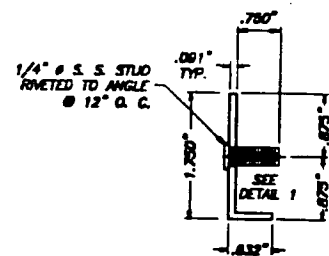
⑦ REVERSED "F" ANGLE TRACK
SCALE: 3/8" = 1"



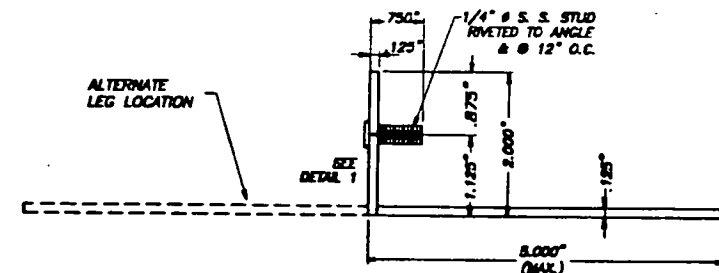
⑧ "F" TRACK ANGLE
SCALE: 3/8" = 1"



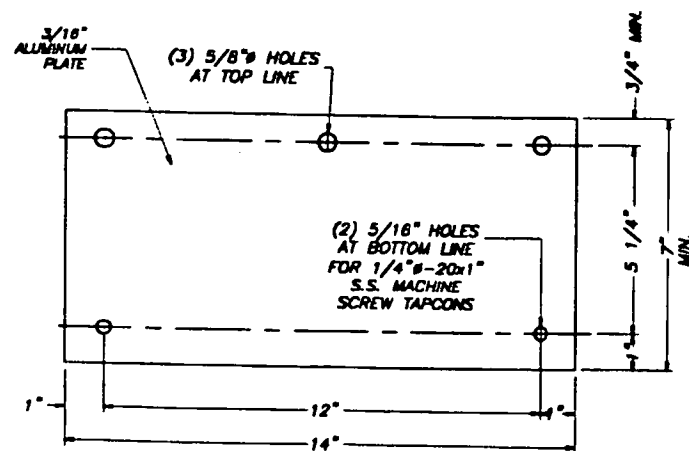
⑨ STUDDED ANGLE
6063-T5 Alum. ALLOY
SCALE: 3/8" = 1"



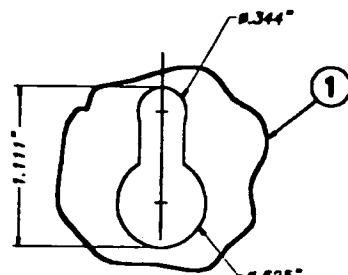
⑨A MINI WALL 1.75"x0.632" ANGLE WITH STUD
SCALE: 1/2" = 1"



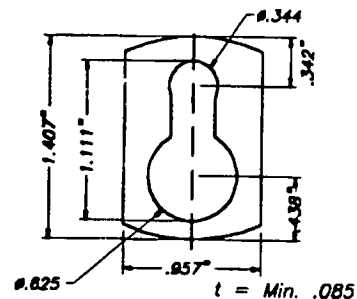
⑩ 2"x5"(MAX.)x1/8" ANGLE WITH STUD
SCALE: 3/8" = 1"



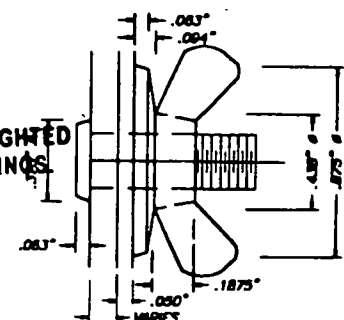
⑪ 3/16"x7"x14" LONG WALL PLATE
SCALE: 3/16" = 1"



⑫ KEY HOLE AT PANEL



⑬ KEY HOLE WASHER
3105-H154 Alum. ALLOY
SCALE: 3/4" = 1"



DETAIL 1: STUD W/ WING NUT

THIS ENGINEER HAS NOT HIGHLIGHTED NOR MARKED UP THESE DRAWINGS

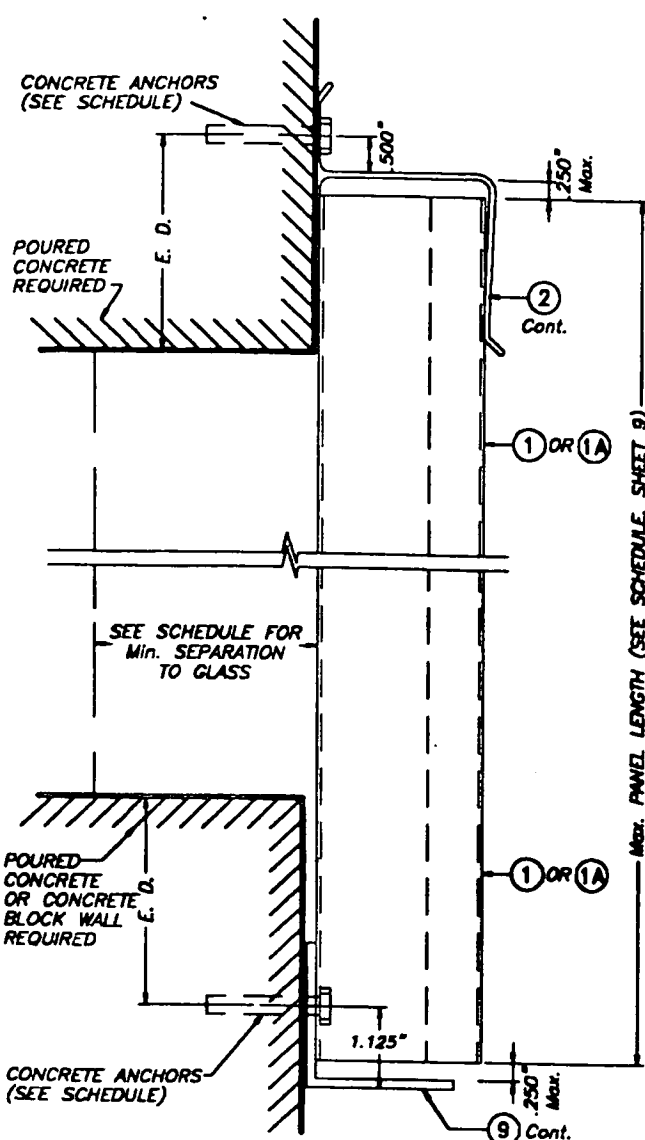
This Is Not A Master Drawing.
Valid Only For One Time Permit.

COMPONENTS

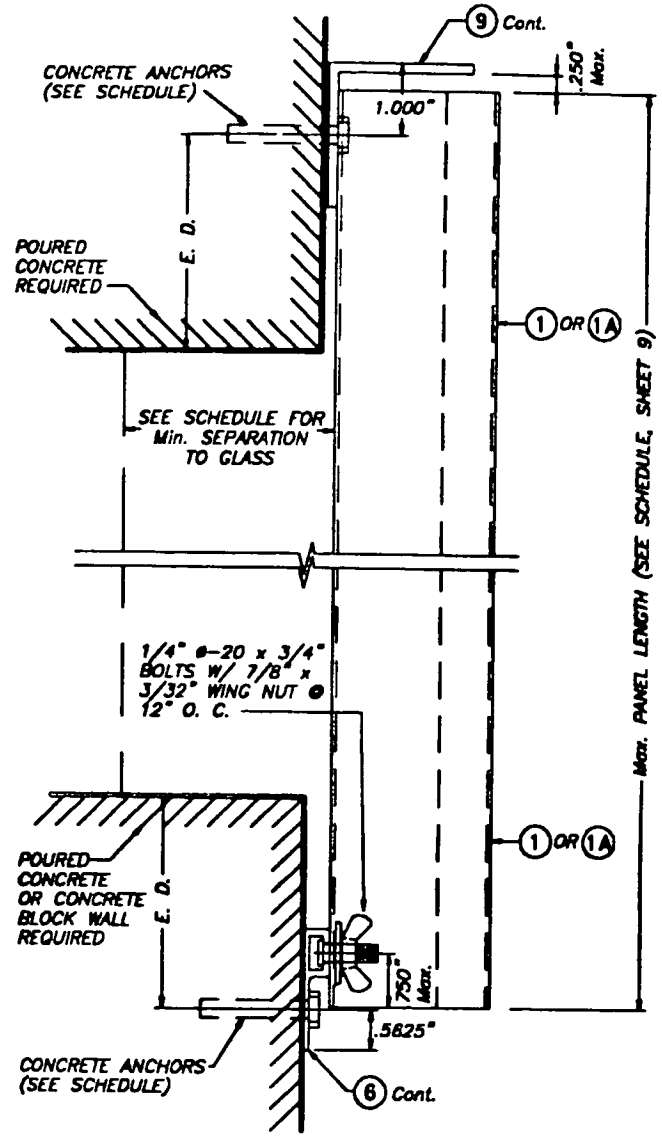
MIAMI-DADE COUNTY

| | | | | | |
|--|-------------|--|---|-------------|------|
| TILECO INC. TILLIT TESTING & ENGINEERING COMPANY 6345 N.W. 38th St., Box 217, WIRROHA GARDENS, FL 33188 Phone: (305)871-1830 Fax: (305)871-1831 EB-0008719 WALTER A. TILLIT JR., P. E. FLORIDA Lic. # 44187 | | .050" SOLID/PERFORATED BERTHA ALUMINUM STORM PANEL EASTERN METAL SUPPLY, INC 4288 WEST ROADS DRIVE RIVERA BEACH, FL 33407 | AS SHOWN SCALE 3/13/01 DATE 01-058 DRAWING No SHEET 2 OF 15 | | |
| REV. No | DESCRIPTION | DATE | REV. No | DESCRIPTION | DATE |
| 1 | OLD 00-172 | 3/13/01 | 2 | - | - |
| 2 | - | - | 3 | - | - |

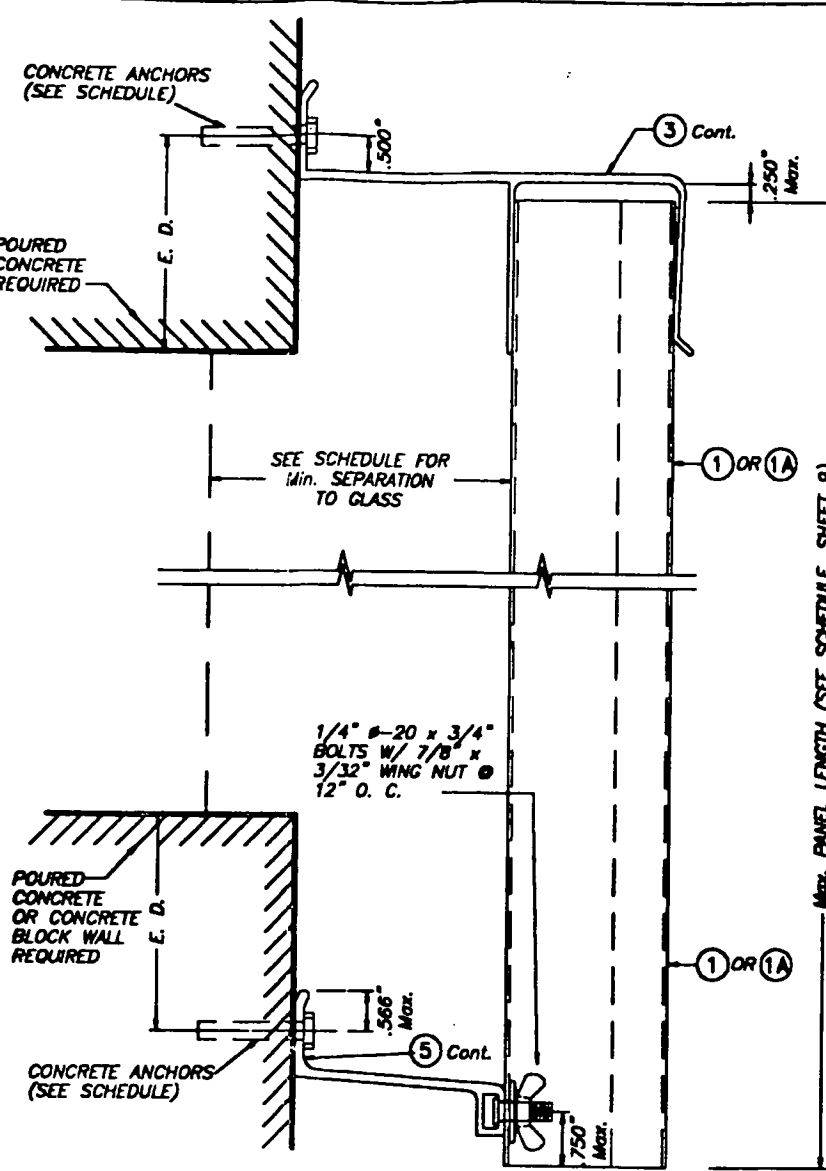
David
JUN 21 2001



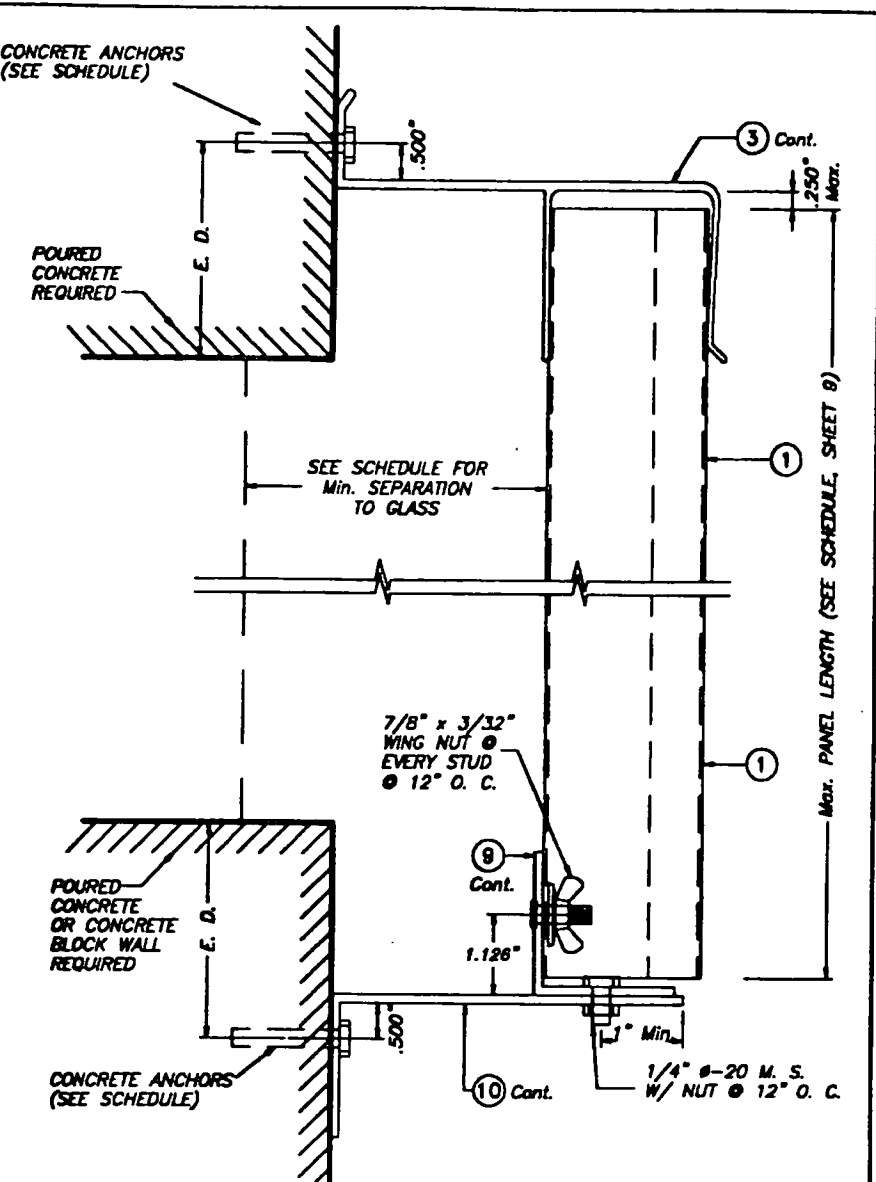
SECTION 2 ANCHOR



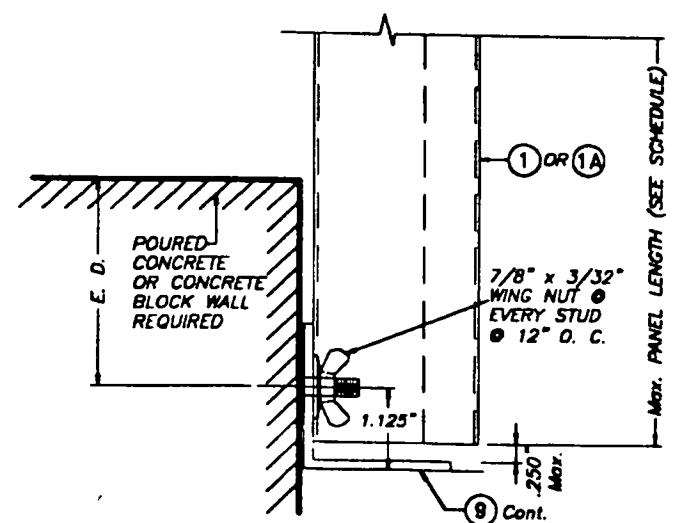
SECTION 2 WALL MOUNTING INSTALLATION SCALE: 3/8" = 1"



SECTION 3 BUILD OUT INSTALLATION SCALE: 3/8" = 1"



SECTION 4 BUILD OUT INSTALLATION SCALE: 3/8" = 1"



SECTION 1 WALL MOUNTING INSTALLATION SCALE: 3/8" = 1"

NOTE: DETAIL OF SECTION 1 STUD VALID ALSO FOR WALL MOUNTING INSTALLATION - SECTION 2 (TOP)

E. D. = EDGE DISTANCE (SEE SCHEDULE ON SHEETS 10 & 11 OF 15)

NOTE FOR COMBINATION OF SECTIONS:
WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

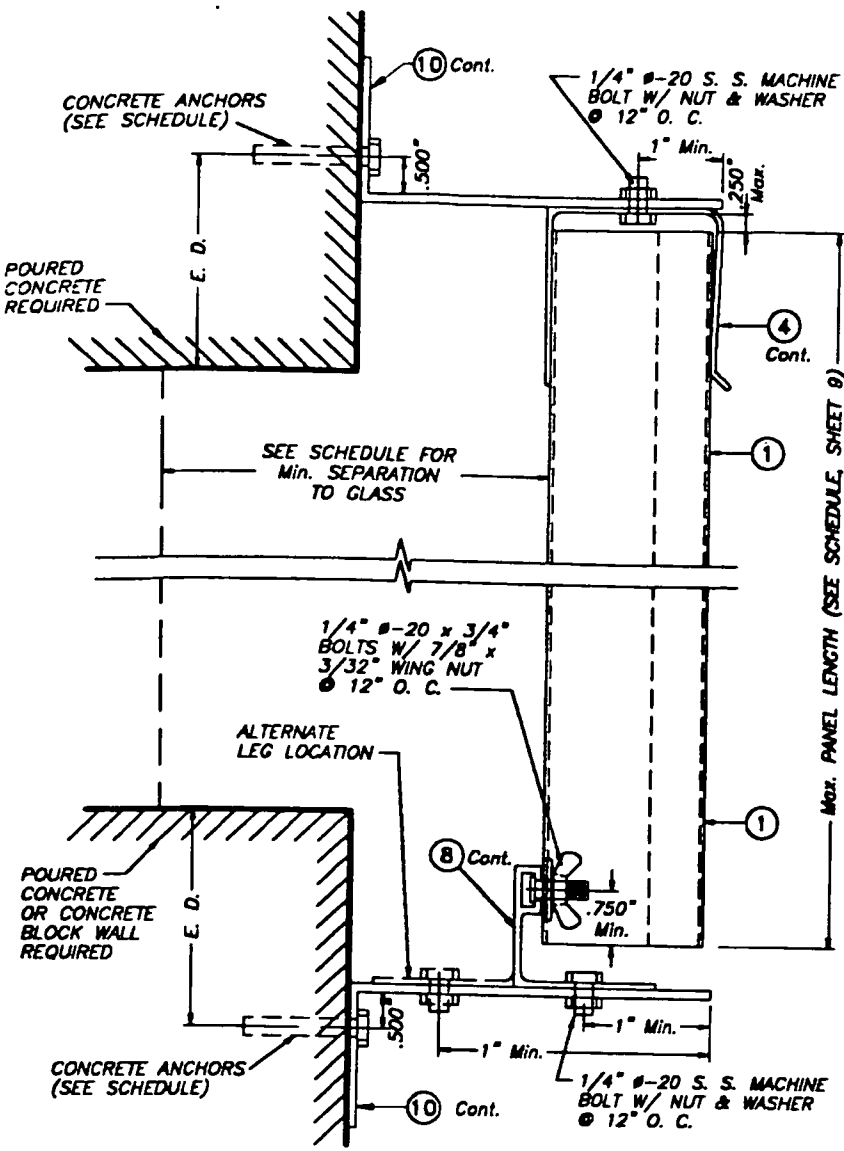
This Is Not A Master Drawing.
Valid Only For One Time Permit.

THIS ENGINEER HAS NOT HIGHLIGHTED NOR MARKED UP THESE DRAWINGS.

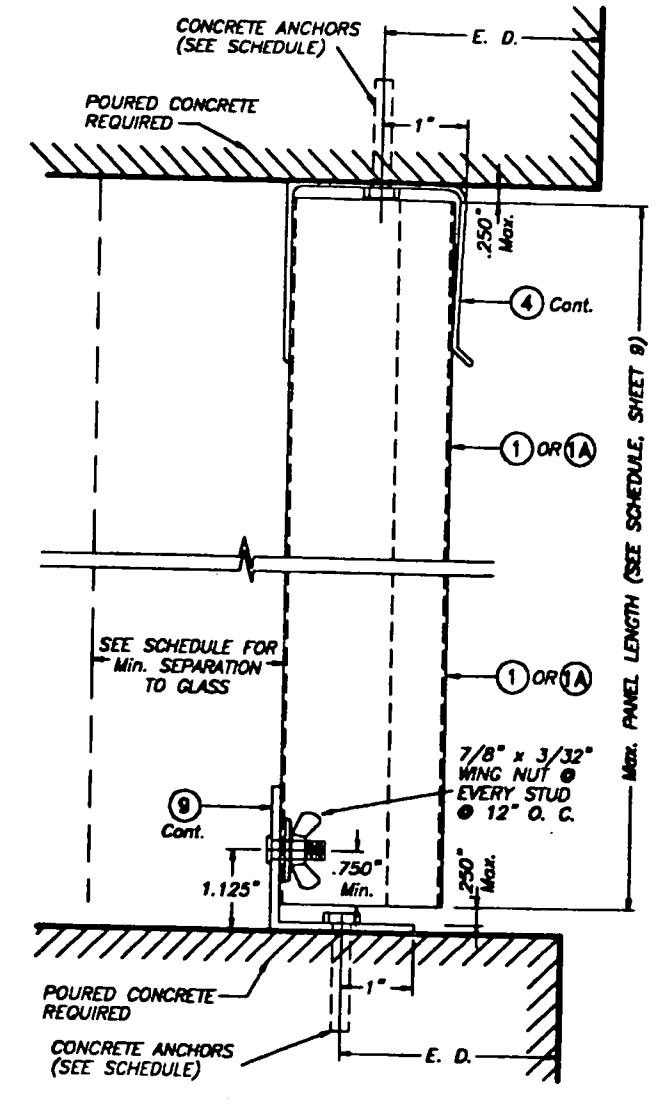
JUN 21 2001

TILECO Inc.
TILLIT TESTING & ENGINEERING COMPANY
6083 N.W. 37th St., Ste. 217, WINDY GARDENS, FL 33166
Phone: (305) 971-1830, Fax: (305) 971-1831
EB-0006719
WALTER A. TILLIT Jr., P. E.
FLORIDA Lic. # 44167

| | | | | | |
|--|-------------|---------|---------|-------------------|---------------|
| MIAMI-DADE COUNTY | | | | | |
| .050" SOLID/PERFORATED BERTHA ALUMINUM STORM PANEL | | | | AS SHOWN SCALE | |
| EASTERN METAL SUPPLY, INC | | | | 3/13/01 DATE | |
| 4288 WEST ROADS DRIVE RIVIERA BEACH, FL 33407 | | | | 01-058 DRAWING No | |
| REV. No | DESCRIPTION | DATE | REV. No | DESCRIPTION | DATE |
| 1 | GLD 89-172 | 3/13/01 | 2 | - | - |
| 2 | - | - | 4 | - | - |
| | | | | | SHEET 3 OF 15 |

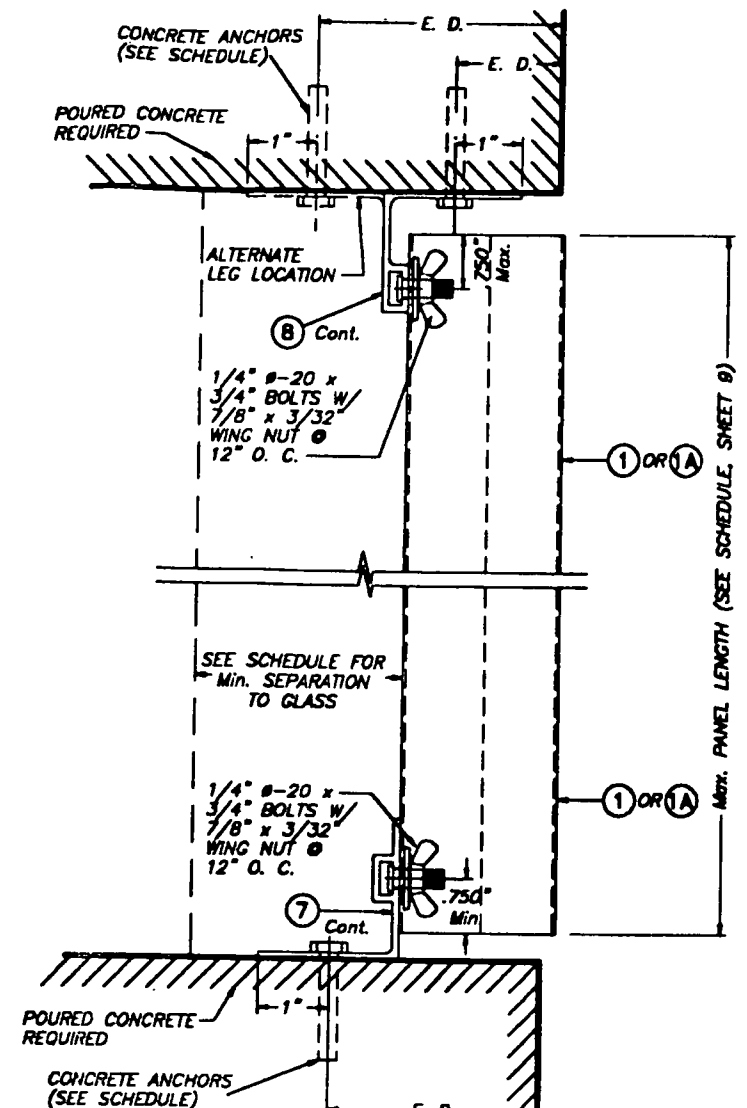


BUILD OUT INSTALLATION
- SECTION 5 SCALE: 3/8" = 1"



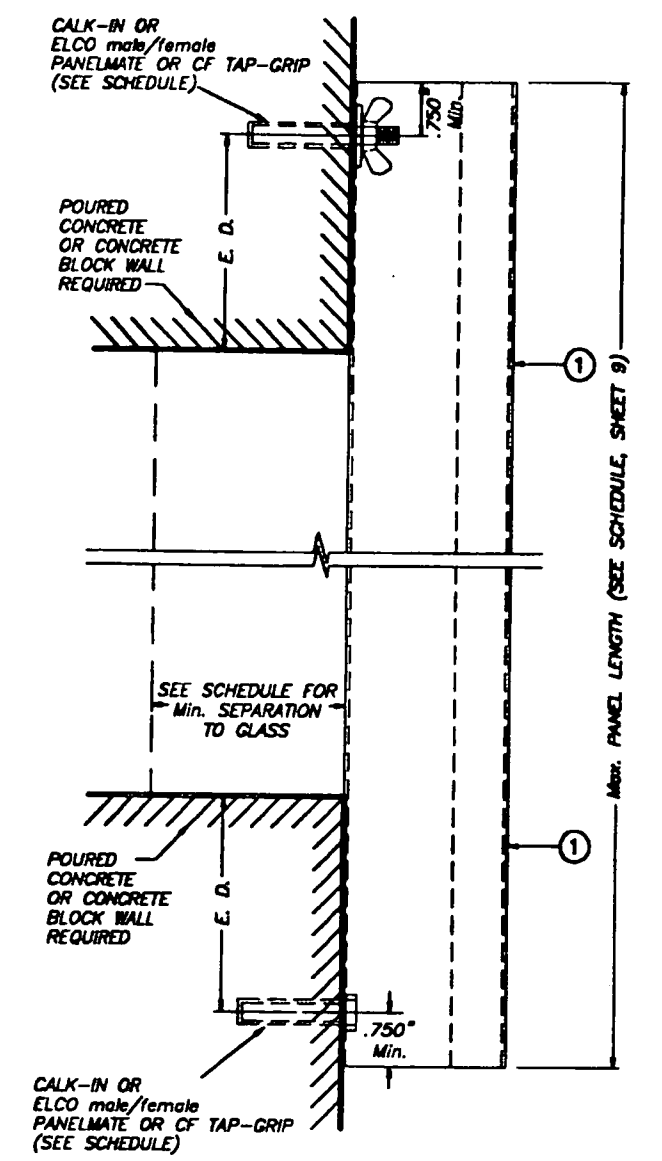
CEILING & FLOOR MOUNTING
INSTALLATION - SECTION 6

SCALE: 3/8" = 1"



CEILING & FLOOR MOUNTING
INSTALLATION - SECTION 7

SCALE: 3/8" = 1"



WALL MOUNTING INSTALLATION - (D. M.)
- SECTION 8 SCALE: 3/8" = 1"

E. D. = EDGE DISTANCE
 (SEE SCHEDULE ON
 SHEETS 10 & 11 OF 15)

NOTE FOR COMBINATION OF SECTIONS:
 WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE
 COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

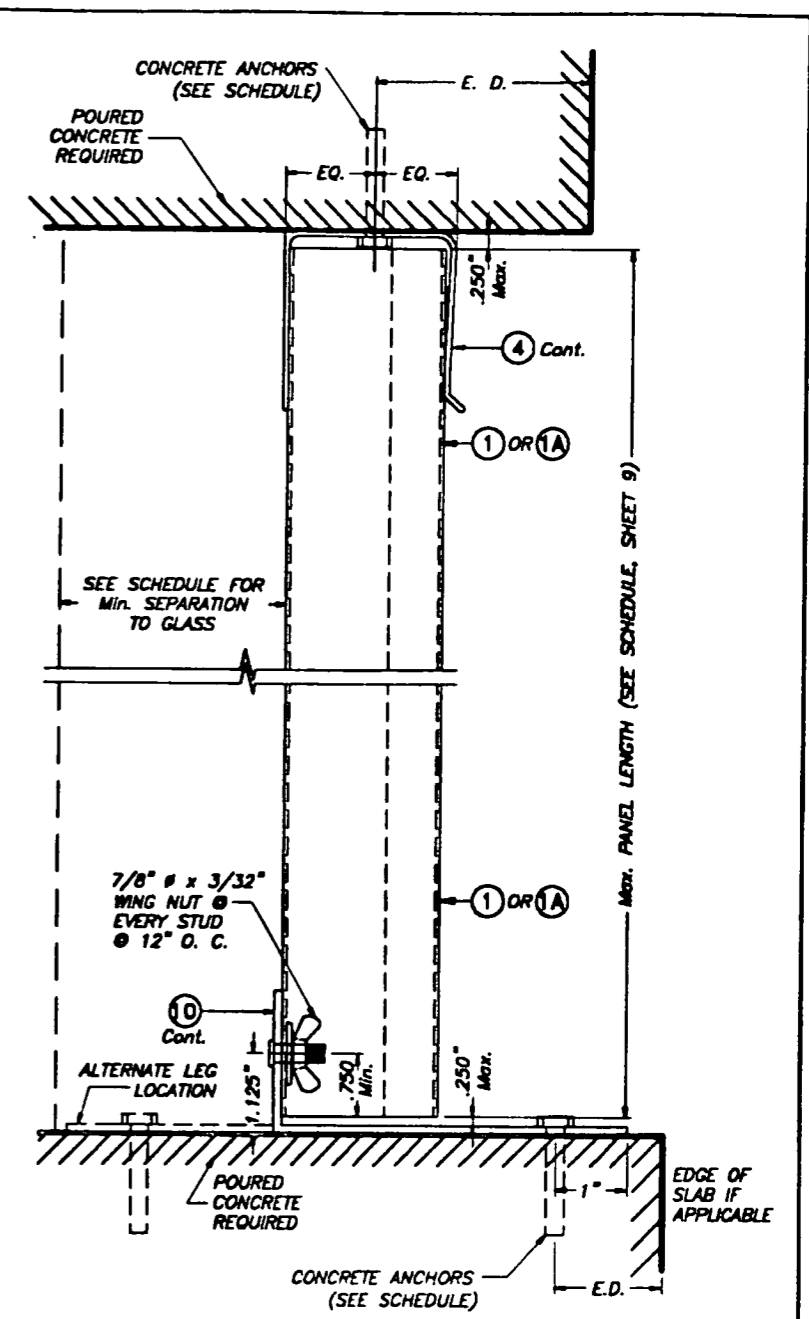
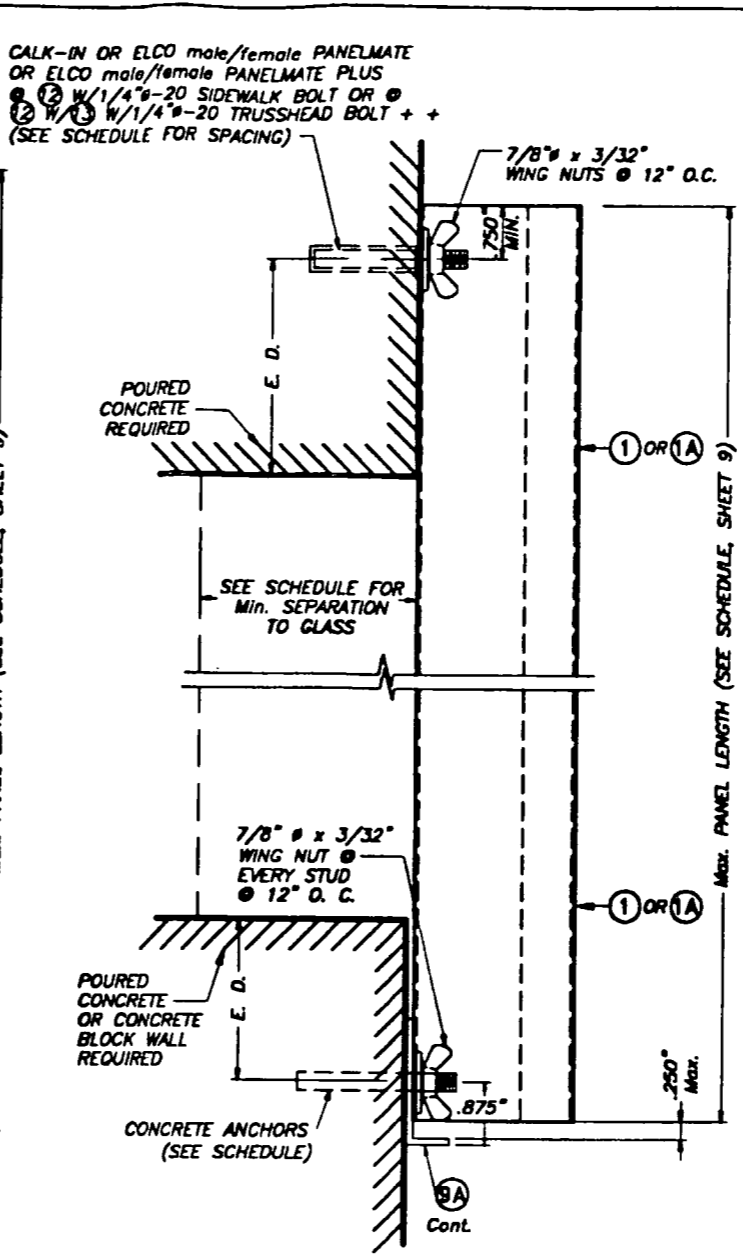
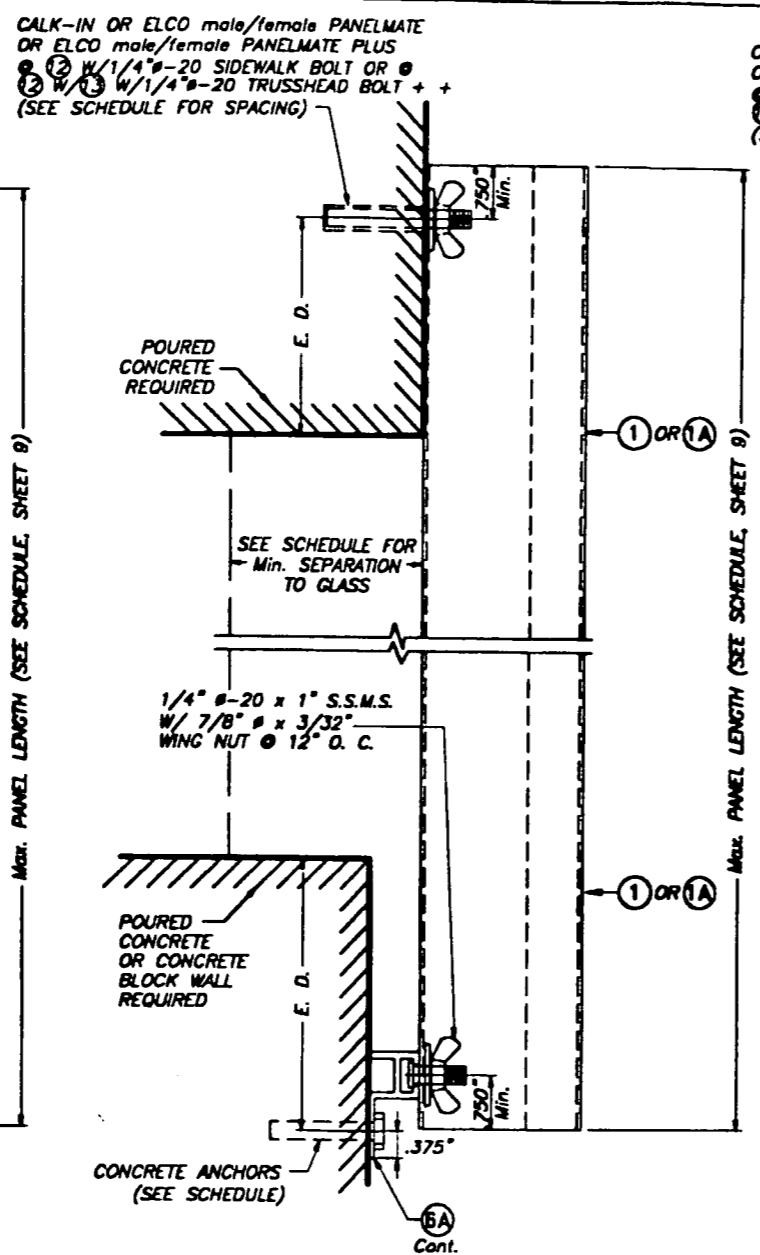
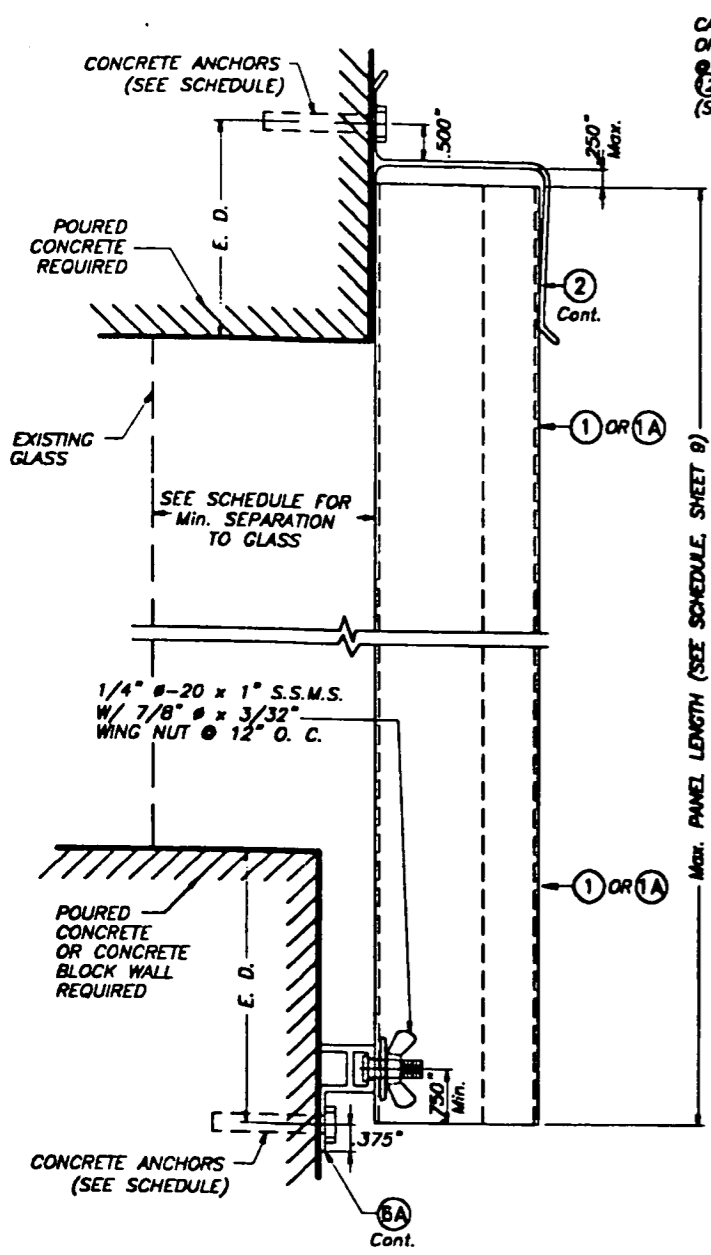
This Is Not A Master Drawing.
Valid Only For One Time Permit.

**THIS ENGINEER HAS NOT HIGHLIGHTED
 NOR MARKED UP THESE DRAWINGS.**

[Signature]
 JUN 21 2001

TILECO INC.
 TILLIT TESTING & ENGINEERING COMPANY
 6883 N.W. 36th St., Ste. 217, WICKHAM GARDENS, FL 33168
 Phone: (305)871-1530 Fax: (305)871-1531
 EB-0006719
 WALTER A. TILLIT Jr., P. E.
 FLORIDA LIC. # 44167

| | | | | | |
|--|-------------|---------|---------|----------------------|---------------|
| MIAMI-DADE COUNTY | | | | | |
| .050" SOLID/PERFORATED BERTHA ALUMINUM STORM PANEL | | | | AS SHOWN SCALE | |
| EASTERN METAL SUPPLY, INC | | | | 3/13/01 DATE | |
| 4288 WEST ROADS DRIVE RIVIERA BEACH, FL 33407 | | | | 01-058 DRAWING No | |
| REV. No | DESCRIPTION | DATE | REV. No | DESCRIPTION | DATE |
| 1 | OLD 88-172 | 3/13/01 | 2 | - | - |
| 2 | - | - | 4 | - | - |
| | | | | | SHEET 4 OF 15 |



WALL MOUNTING INSTALLATION
SECTION 9
 SCALE : 3/8" = 1"

WALL MOUNTING INSTALLATION
SECTION 10
 SCALE : 3/8" = 1"

WALL MOUNTING INSTALLATION
SECTION 11
 SCALE : 3/8" = 1"

CEILING & FLOOR MOUNTING
INSTALLATION SECTION 12
 SCALE : 3/8" = 1"

**This Is Not A Master Drawing,
 Valid Only For One Time Permit.**

**THIS ENGINEER HAS NOT HIGHLIGHTED
 NOR MARKED UP THESE DRAWINGS.**

E. D. = EDGE DISTANCE
 (SEE SCHEDULE ON
 SHEETS 10 & 11 OF 15)

NOTE FOR COMBINATION OF SECTIONS :
 WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE
 COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

 SIDE WALK BOLTS ARE 3/4" x 3/32" THICK
 HEAD MACHINE SCREW W/LENGTH
 AS PER NOTES A.2 & B.2 (SHEET 1)

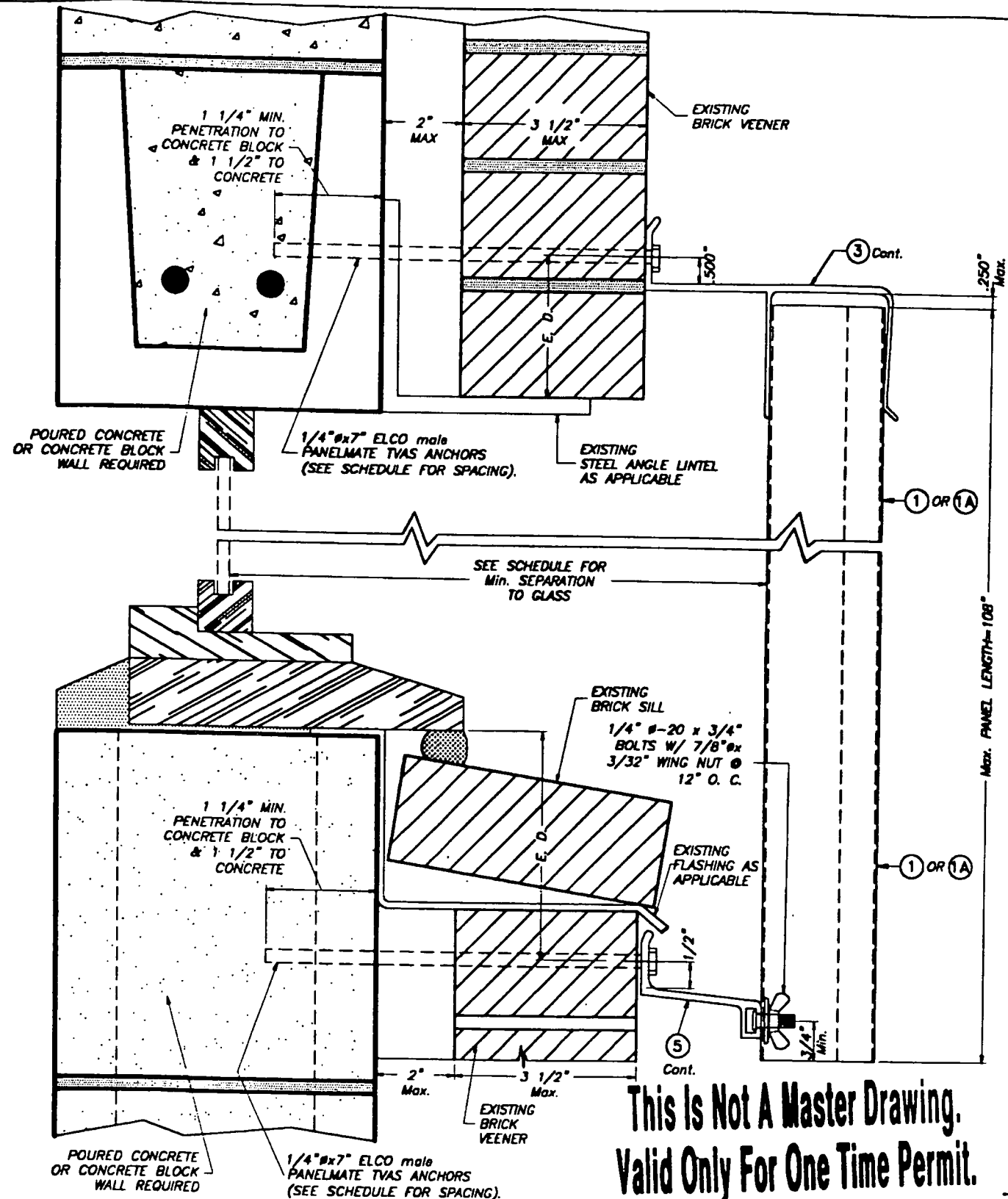
 TRUSS HEAD BOLTS ARE 1/2" x 1/8" THICK
 HEAD MACHINE SCREW W/LENGTH
 AS PER NOTES A.2 & B.2 (SHEET 1)

Walter A. Tillit Jr.
 JUN 23 2001

TILTECO INC.
 TILLIT TESTING & ENGINEERING COMPANY
 6385 N.W. 38th St., Ste. 217, WIRSWA GARDENS, FL 33163
 Phone : (305)871-1630 Fax : (305)871-1631
 EB-0008719
 WALTER A. TILLIT Jr., P. E.
 FLORIDA Lic. # 44187

MIAMI-DADE COUNTY

| | | |
|--|------------|----------------------|
| .050" SOLID/PERFORATED BERTHA ALUMINUM STORM PANEL | | AS SHOWN SCALE |
| EASTERN METAL SUPPLY, INC 4268 WEST ROADS DRIVE RIVIERA BEACH, FL 33407 | | 3/13/01 DATE |
| REV. No DESCRIPTION DATE REV. No DESCRIPTION DATE | | 01-058 DRAWING No |
| 1 | OLD 88-172 | 3/13/01 |
| 2 | | |
| | | SHEET 5 OF 15 |

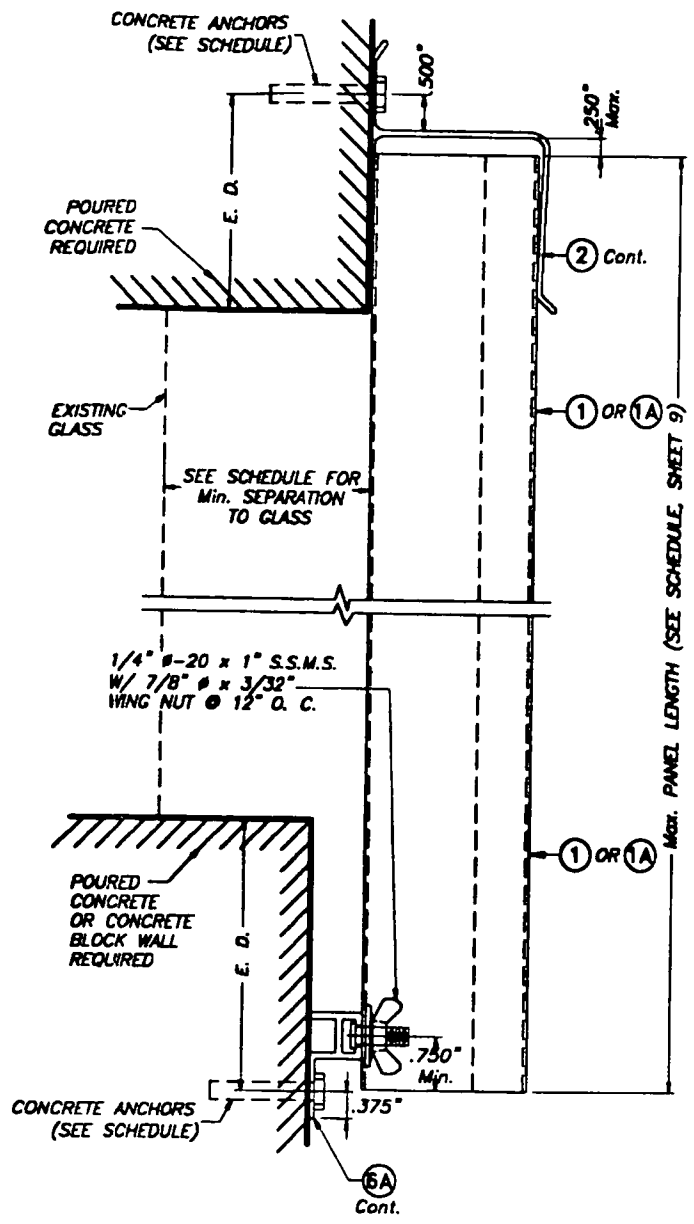


BUILD OUT INSTALLATION
SECTION 13
 SCALE : 3/8" = 1"

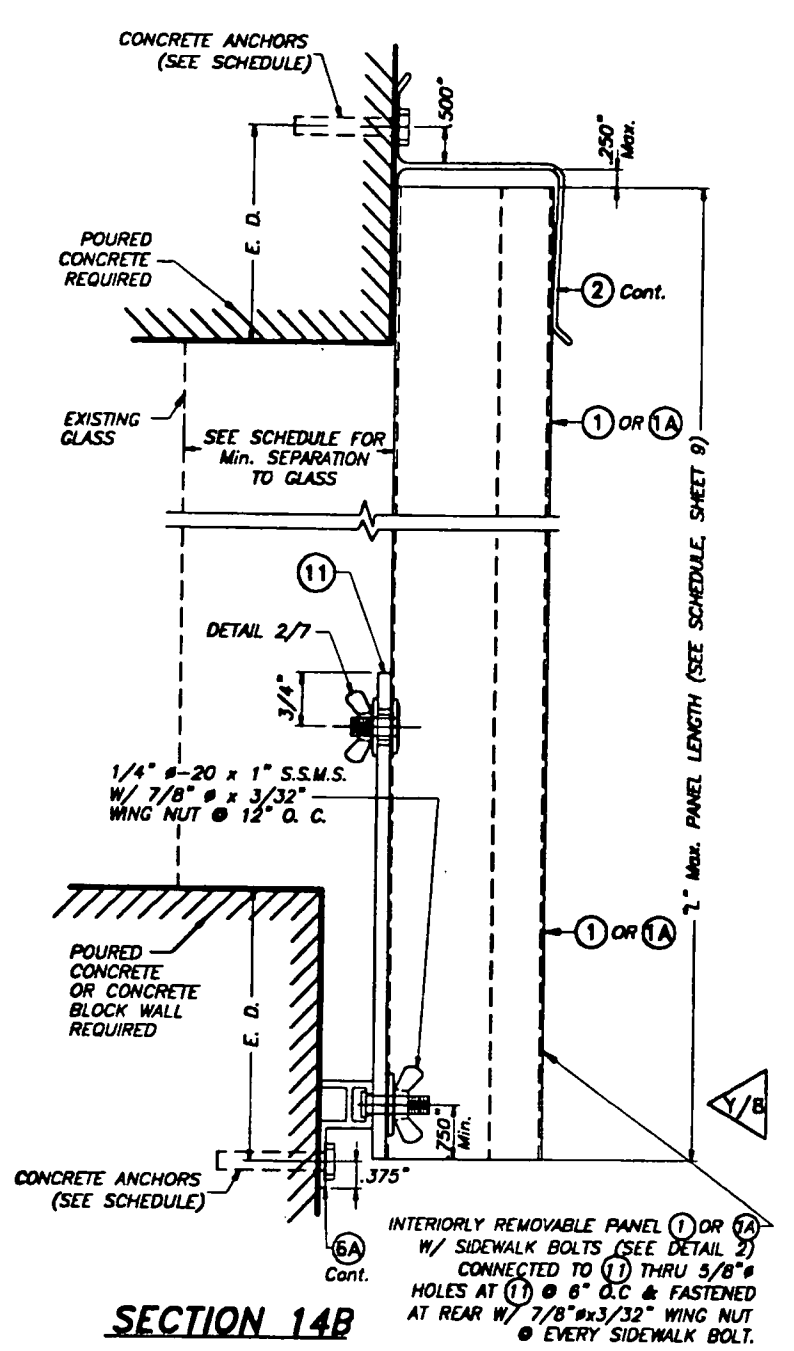
This Is Not A Master Drawing.
Valid Only For One Time Permit.

E. D. = EDGE DISTANCE
 (SEE SCHEDULE ON
 SHEETS 10 & 11 OF 15)

NOTE FOR COMBINATION OF SECTIONS :
 WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE
 COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.



SECTION 14A
WALL MOUNTING INSTALLATIONS
SECTIONS 14
 SCALE : 3/8" = 1"



SECTION 14B
WALL MOUNTING INSTALLATIONS
SECTIONS 14
 SCALE : 3/8" = 1"

**INSTALLATIONS VALID FOR PANELS 1 OR 1A USED JOINTLY
 WITH INTERIORLY REMOVABLE PANELS 1 OR 1A**

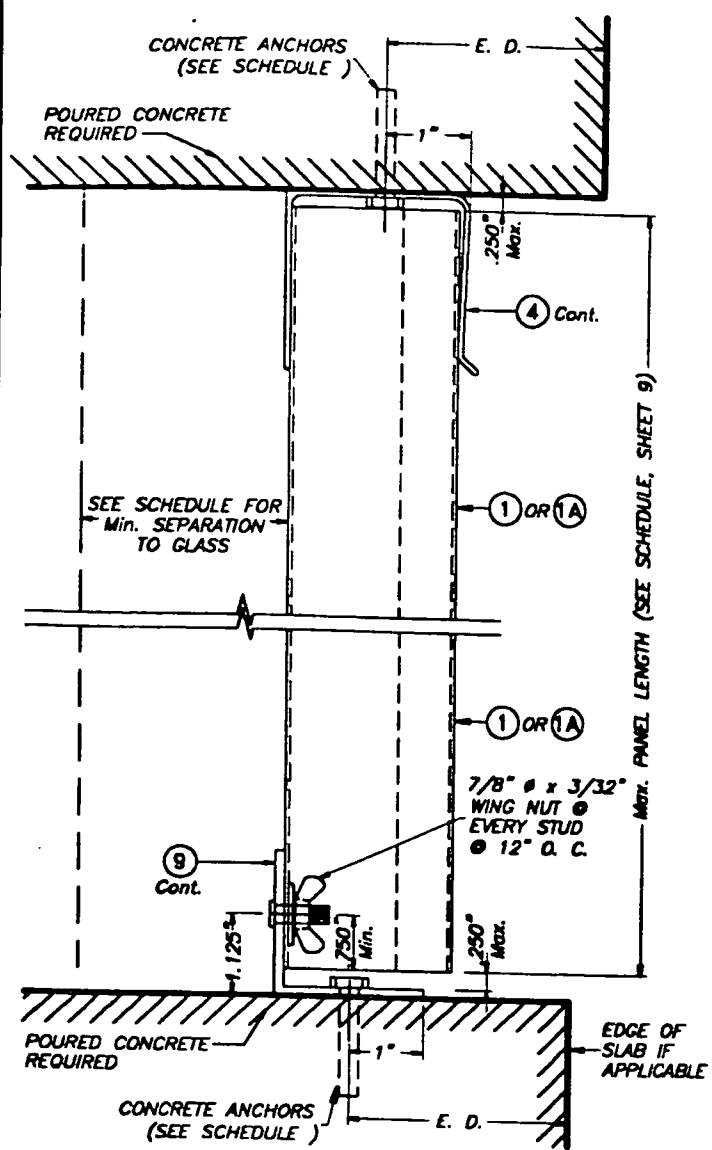
**THIS ENGINEER HAS NOT HIGHLIGHTED
 NOR MARKED UP THESE DRAWINGS.**

[Signature]
 JUN 21 2001

TILECO INC.
 TILLIT TESTING & ENGINEERING COMPANY
 6545 N.W. 38th St., Ste. 217, VIRGINIA GARDENS, FL 33180
 Phone : (305)871-1530 Fax : (305)871-1531
 EB-0006719
 WALTER A. TILLIT Jr. P. E.
 FLORIDA Lic. # 44187

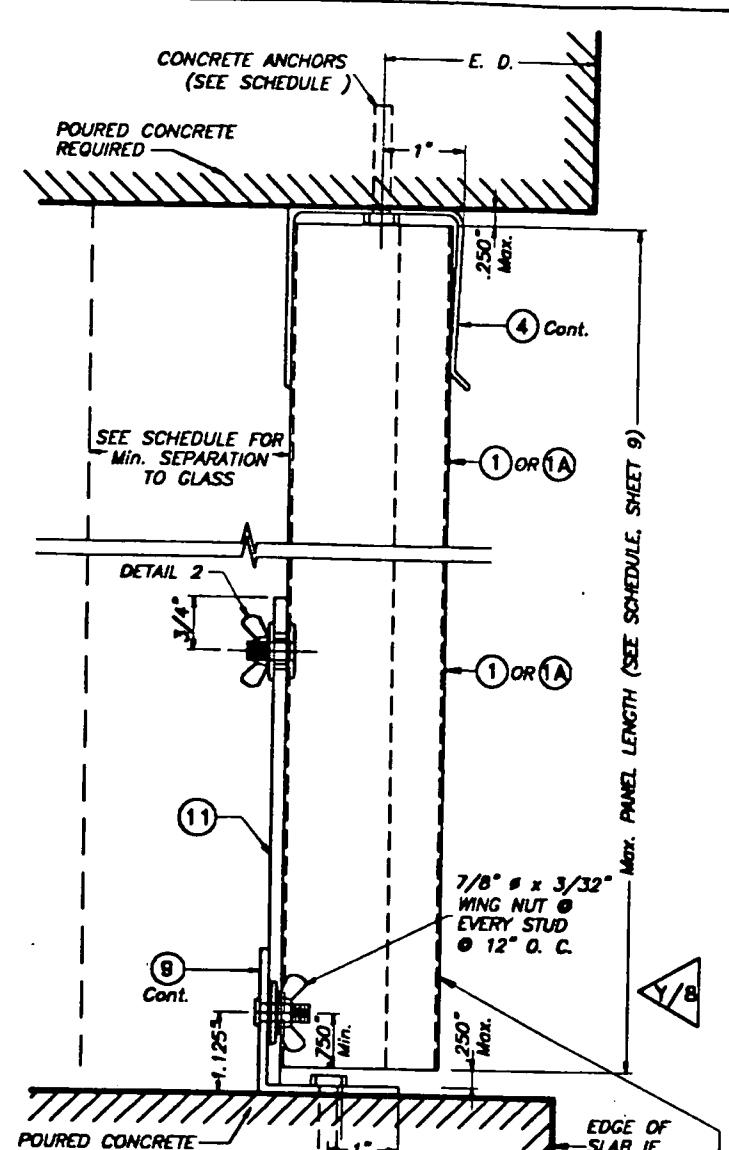
| | | |
|---|-------------|-------------------|
| .050" SOLID/PERFORATED BERTHA ALUMINUM STORM PANEL | | AS SHOWN SCALE |
| EASTERN METAL SUPPLY, INC 4268 WEST ROADS DRIVE RIVERA BEACH, FL 33407 | | 3/13/01 DATE |
| | | 01-058 DRAWING No |
| REV. No | DESCRIPTION | DATE |
| 1 | OLD 88-172 | 3/13/01 |
| 2 | | |
| 3 | | |
| 4 | | |
| | | SHEET 6 OF 15 |

MIAMI-DADE COUNTY

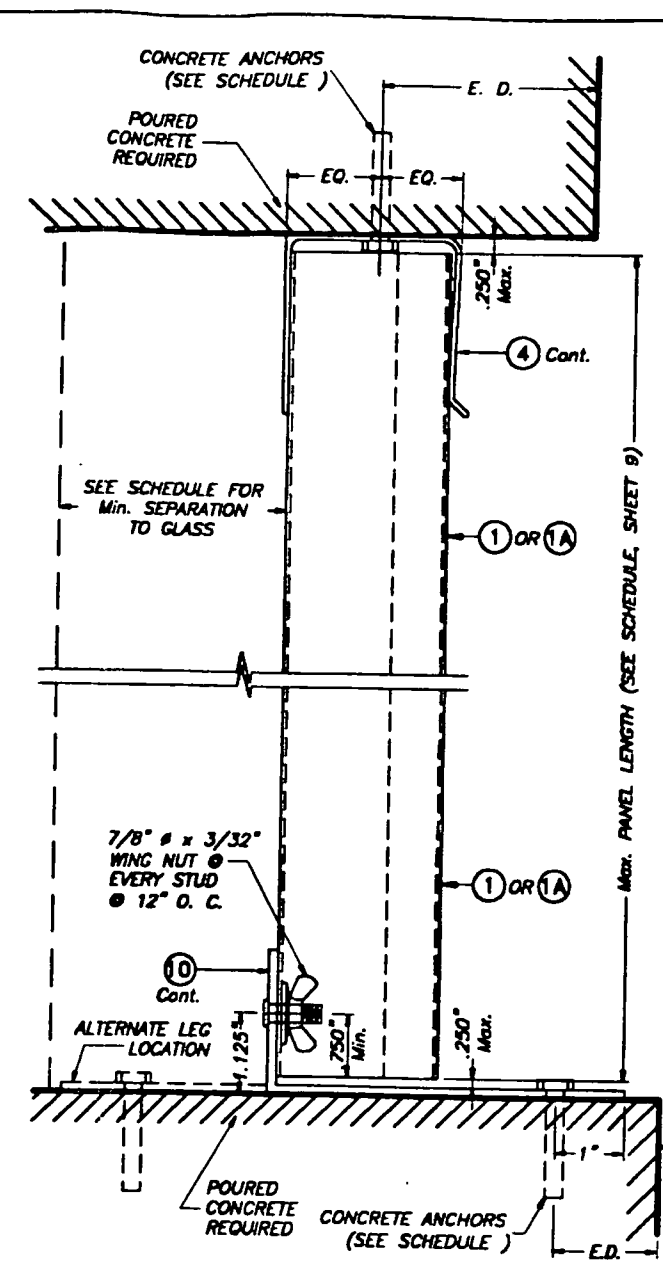


SECTION 15A
CEILING & FLOOR MOUNTING INSTALLATIONS

SECTIONS 15
SCALE: 3/8" = 1"

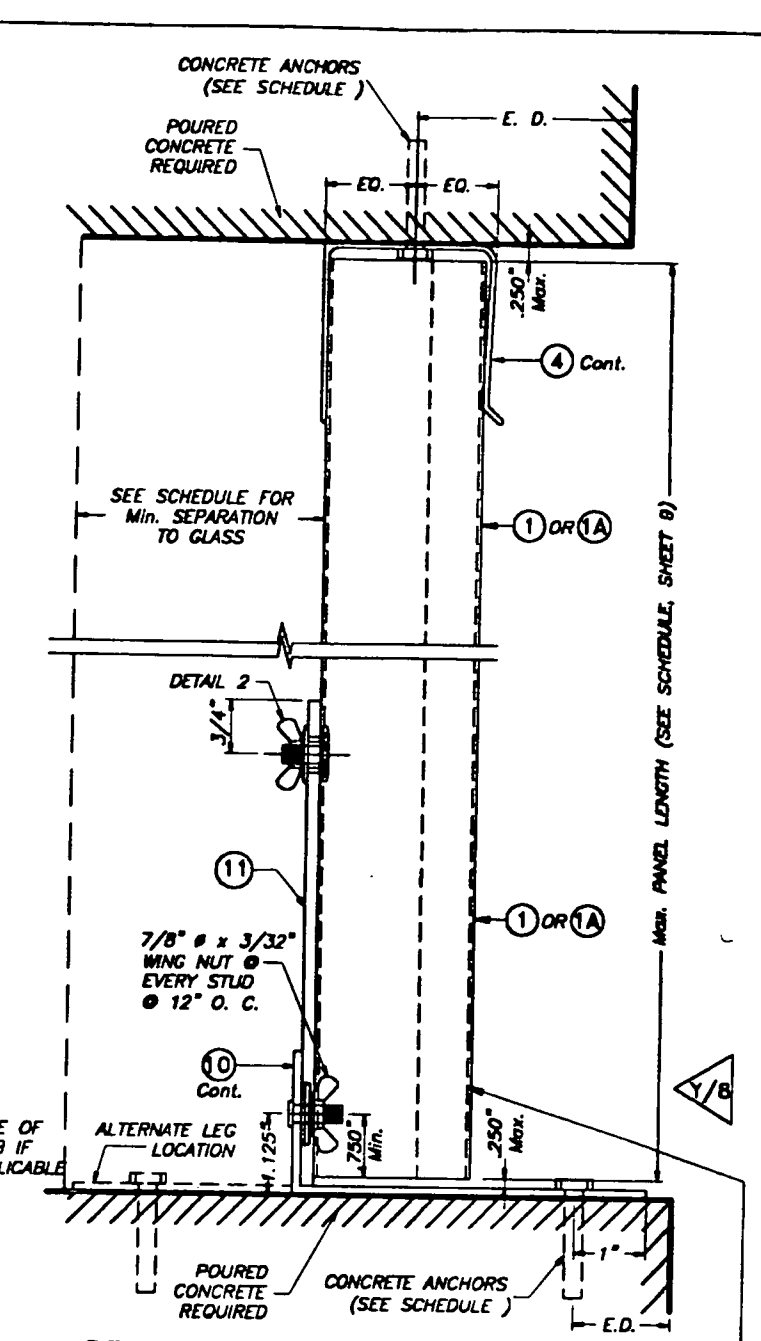


SECTION 15B
INTERIORLY REMOVABLE PANEL (1) OR (1A)
W/ SIDEWALK BOLTS (SEE DETAIL 2)
CONNECTED TO (1) THRU 5/8\"/>

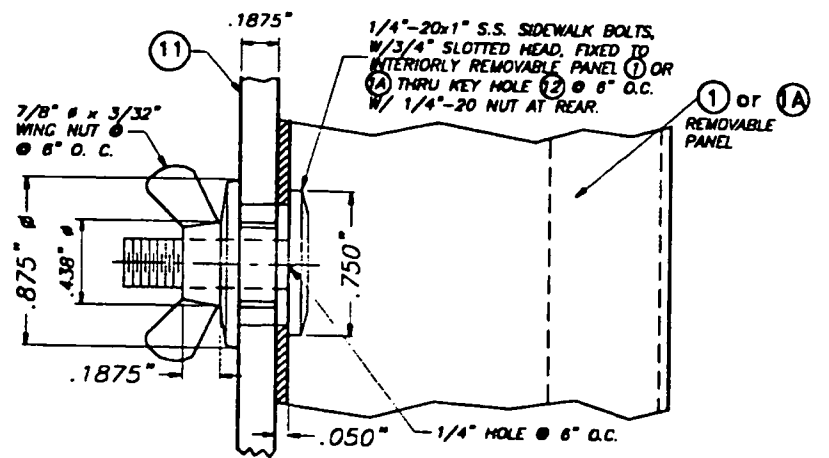


SECTION 16A
CEILING & FLOOR MOUNTING INSTALLATIONS

SECTIONS 16
SCALE: 3/8" = 1"



SECTION 16B
INTERIORLY REMOVABLE PANEL (1) OR (1A)
W/ SIDEWALK BOLTS (SEE DETAIL 2)
CONNECTED TO (1) THRU 5/8\"/>



DETAIL 2 - INSTALLATION OF 1/4\"/>

**INSTALLATIONS VALID FOR PANELS (1) OR (1A) USED JOINTLY
WITH INTERIORLY REMOVABLE PANELS (1) OR (1A)**

THIS ENGINEER HAS NOT HIGHLIGHTED
NOR MARKED UP THESE DRAWINGS.

E. D. = EDGE DISTANCE
(SEE SCHEDULE ON
SHEET 10 & 11 OF 15)

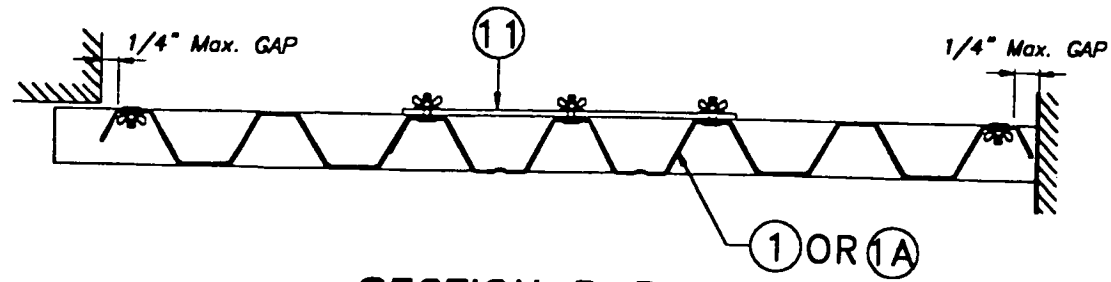
NOTE FOR COMBINATION OF SECTIONS :
WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE
COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

**This Is Not A Master Drawing.
Valid Only For One Time Permit.**

JUN 21 2001

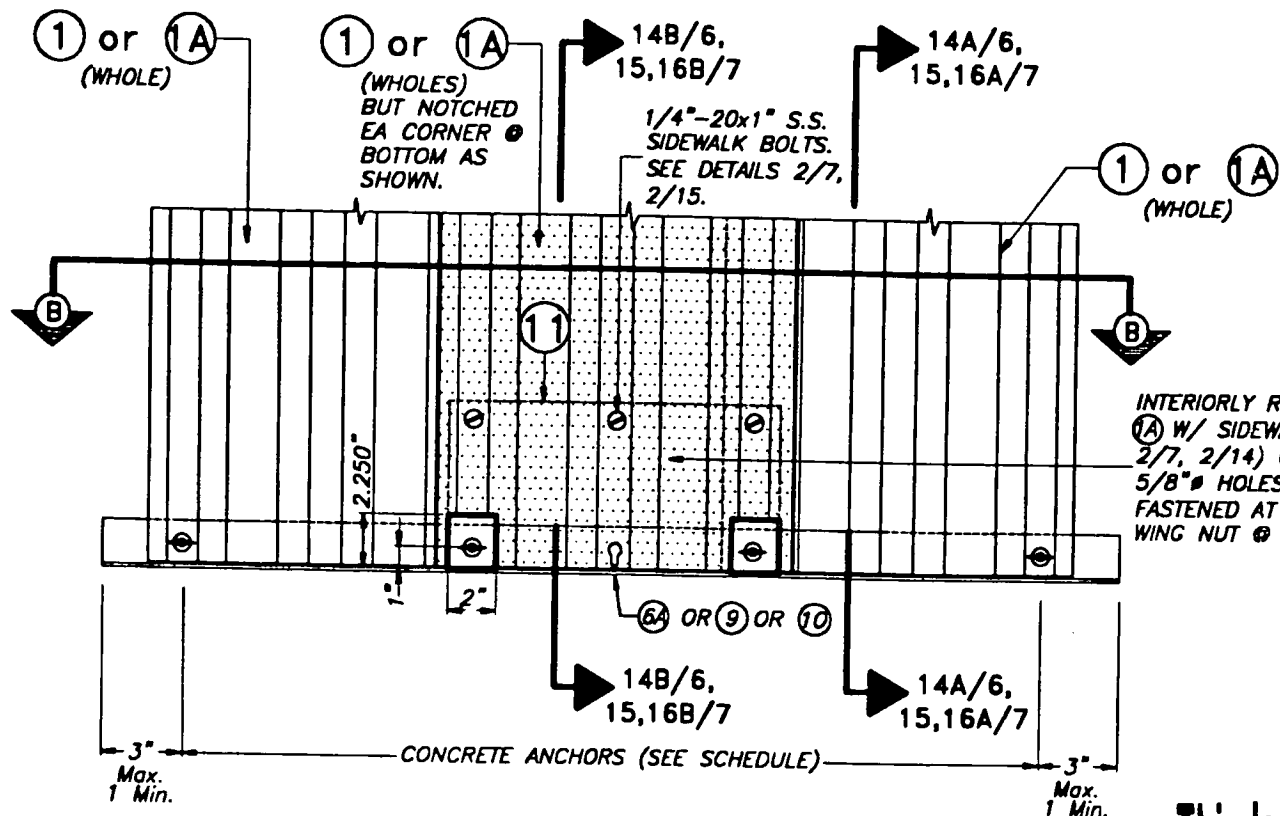
TILECO INC.
TILIT TESTING & ENGINEERING COMPANY
4243 N.W. 38th St., Ste. 217, WIRIDIA GARDENS, FL 33168
Phone: (305)871-1530 Fax: (305)871-1531
EB-0008719
WALTER A. TILIT Jr., P. E.
FLORIDA Lic. # 44187

| | | | |
|--|------------|-------------------|---------------|
| .050" SOLID/PERFORATED BERTHA ALUMINUM STORM PANEL | | MIAMI-DADE COUNTY | |
| EASTERN METAL SUPPLY, INC | | AS SHOWN SCALE | |
| 4288 WEST ROADS DRIVE RIVIERA BEACH, FL 33407 | | 3/13/01 DATE | |
| REV. No. DESCRIPTION DATE | | 01-058 DRAWING No | |
| 1 | OLD 00-172 | 3/13/01 | - |
| 2 | - | - | - |
| | | | SHEET 7 OF 15 |



SECTION B-B

SCALE : 1/8" = 1"



INTERIORLY REMOVABLE PANEL ① OR ①A W/ SIDEWALK BOLTS (SEE DETAILS 2/7, 2/14) CONNECTED TO ① THRU 5/8" HOLES AT ① @ 6" O.C & FASTENED AT REAR W/ 7/8" x 3/32" WING NUT @ EVERY SIDEWALK BOLT.

**INTERIORLY REMOVABLE STORM PANEL
PARTIAL ELEVATION Y**

SCALE : 1/8" = 1"

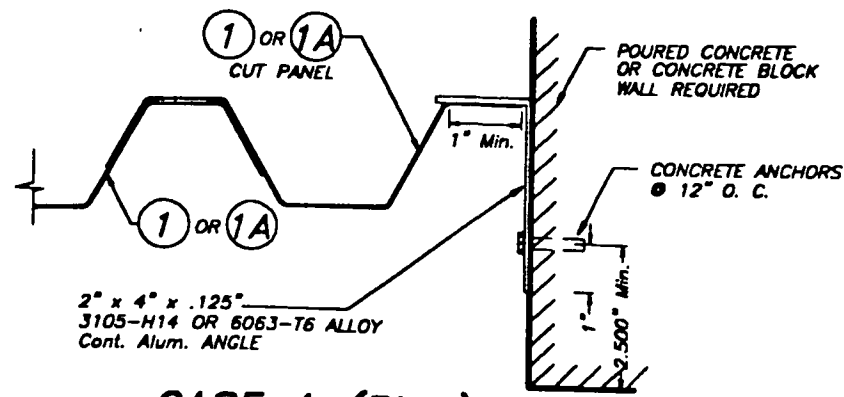
**This Is Not A Master Drawing.
Valid Only For One Time Permit.**

THIS ENGINEER HAS NOT HIGHLIGHTED
NOR MARKED UP THESE DRAWINGS.

[Signature]
JUN 21 2001

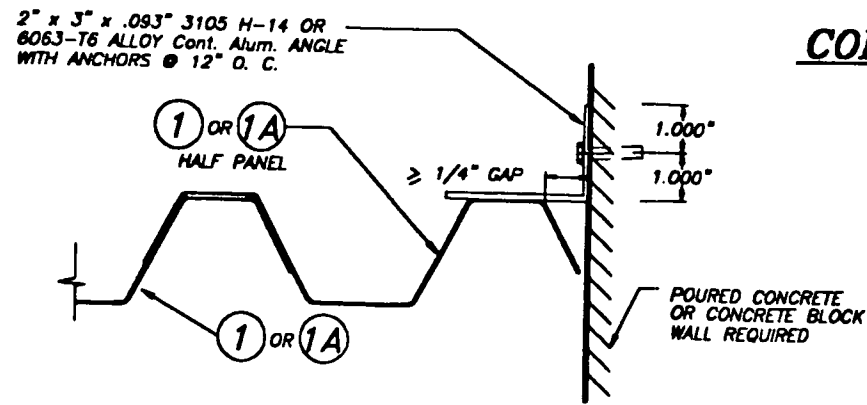
MIAMI-DADE COUNTY

| | | | | | |
|---|-------------|--|---------|-------------------|---------------|
| <p>TILTECO inc. TILLIT TESTING & ENGINEERING COMPANY 8585 N.W. 38th St., Ste. 217, WINDY GARDENS, FL 33186 Phone : (305)871-1530 . Fax : (305)871-1531 EB-0006719 WALTER A. TILLIT Jr. P. E. FLORIDA Lic. # 44187</p> | | .050" SOLID/PERFORATED BERTHA ALUMINUM STORM PANEL | | AS SHOWN SCALE | |
| | | EASTERN METAL SUPPLY, INC 4268 WEST ROADS DRIVE RIVERA BEACH, FL 33407 | | 3/13/01 DATE | |
| | | 01-058 DRAWING No | | | |
| REV. No | DESCRIPTION | DATE | REV. No | DESCRIPTION | DATE |
| 1 | OLD 00-172 | 3/13/01 | 2 | - | - |
| 2 | - | - | 3 | - | - |
| | | | | | SHEET 8 OF 15 |



CASE A (Plan)

SCALE: 1/4" = 1"

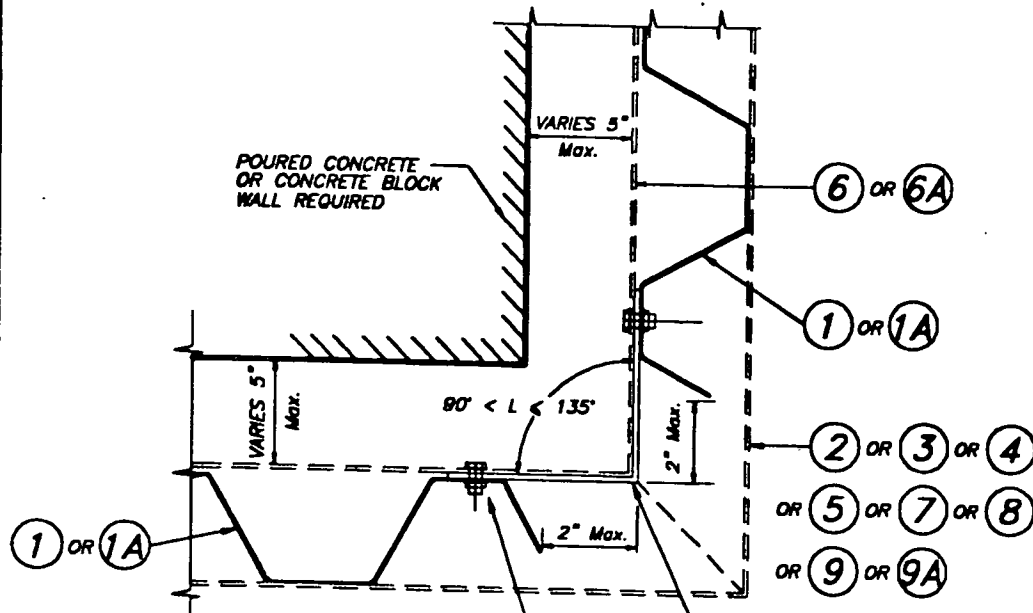


CASE D (Plan)

SCALE: 1/4" = 1"

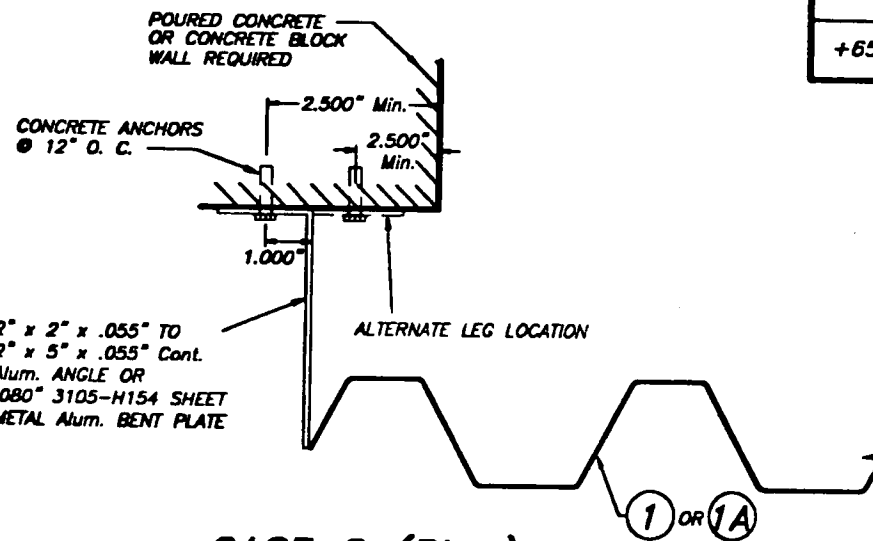
**MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND
CORRESPONDING MAXIMUM PANEL LENGTH "L" SCHEDULE**

| MAXIMUM DESIGN PRESSURE RATING W (p.s.f.) | Max. PANEL LENGTH L (ft.) (SEE SECTIONS) | MINIMUM SEPARATION TO GLASS | APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM | VALID FOR PANEL # |
|---|--|-----------------------------|--|-------------------|
| +65.0, -77.0 | 8'-0" OR LESS | 2 1/4" | 1 THRU 8 | ① |
| +65.0, -77.0 | >8'-0" TO 9'-0" | 3 11/16" | 1 THRU 8 | ① |
| +62.0, -73.3 | >9'-0" TO 10'-0" | 3 7/8" | 2, 6, 7 & 8 | ① |
| +63.5, -63.5 | 9'-0" OR LESS | 3 1/8" | 3 | ①A |
| +63.5, -63.5 | 9'-0" OR LESS | 3 3/4" | 13 | ①·①A |
| +63.5, -63.5 | 9'-0" OR LESS | 3 1/2" | 9, 14 | ①·①A |
| +65.0, -65.0 | 9'-0" OR LESS | 3 1/2" | 12, 15, 16 | ①·①A |
| +65.0, -65.0 | 9'-0" OR LESS | 3 3/4" | 6 | ①A |
| +65.0, -72.0 | 9'-0" OR LESS | 3 1/4" | 7 | ①A |
| +65.0, -72.0 | 9'-0" OR LESS | 3 1/2" | 1, 2, 10, 11 | ①·①A |



CASE B (Plan)

SCALE: 1/4" = 1"



CASE C (Plan)

SCALE: 1/4" = 1"

END CLOSURES DETAILS

**This Is Not A Master Drawing.
Valid Only For One Time Permit.**

**THIS ENGINEER HAS NOT HIGHLIGHTED
NOR MARKED UP THESE DRAWINGS.**

MIAMI-DADE COUNTY

John
JUN 21 2001

| | | | | | |
|--|-------------|--|---------|-------------------|---------------|
| <p>TILLIT TESTING & ENGINEERING COMPANY 2500 N.W. 38th St., Ste. 217, WILLOW GARDENS, FL 33189 Phone: (305)871-1830 Fax: (305)871-1831 EB-0006719 WALTER A. TILLIT Jr., P. E. FLORIDA Lic. # 44167</p> | | .050" SOLID/PERFORATED BERTHA ALUMINUM STORM PANEL | | AS SHOWN SCALE | |
| | | EASTERN METAL SUPPLY, INC 4268 WEST ROADS DRIVE RIVERA BEACH, FL 33407 | | 3/13/01 DATE | |
| | | | | 01-058 DRAWING No | |
| REV. No | DESCRIPTION | DATE | REV. No | DESCRIPTION | DATE |
| 1 | OLD 00-172 | 3/13/01 | 2 | - | - |
| 2 | - | - | 3 | - | - |
| | | | | 01-058 DRAWING No | SHEET 9 OF 15 |

MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND CORRESPONDING MAXIMUM ANCHOR SPACING SCHEDULE FOR INSTALLATIONS IN CONCRETE AND CONCRETE BLOCK STRUCTURES

| MAXIMUM DESIGN LOAD W (p.s.f.) | MAXIMUM ANCHORS SPACING FOR E. D. = 3 1/2"* | | | | | | | | | | | | | | | | APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM | MAXIMUM PANEL LENGTH "L" (ft.) |
|--------------------------------|---|------------|----------------|------------|--------------|------------|-------------|------------|-------------|------------|-------------|------------|----------------|------------|-----------------|-------------|--|--------------------------------|
| | REGULAR TAPCONS | | CRETE-FLEX SS4 | | ZAMAC NAILIN | | CALK-IN | | CF TAP-GRIP | | PANELMATES | | PANELMATE PLUS | | 410 S.S. TAPCON | | | |
| | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | | |
| +65.0, -65.0 | 12" | N/A | N/A | N/A | 4" | N/A | 8" | N/A | 5" | N/A | 3 1/2" | N/A | N/A | N/A | N/A | N/A | 1 (TOP) | |
| | 12" | 8" | N/A | N/A | 12" | 10" | 12" | 12" | 12" | 8" | 11" | 11" | 12" | 12" | N/A | N/A | 1 (BOTTOM) | |
| | 12" | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 11" | N/A | N/A | N/A | N/A | N/A | 2 (TOP) | |
| | 12" | 8" | N/A | N/A | 12" | 10" | 12" | 12" | 12" | 8" | 11" | 11" | 12" | 12" | N/A | N/A | 2 (BOTTOM) | |
| | 12" | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 11" | N/A | N/A | N/A | N/A | N/A | 3 (TOP) | |
| | 12" | 8" | N/A | N/A | 12" | 10" | 12" | 12" | 12" | 8" | 11" | 11" | 12" | 12" | N/A | N/A | 3 (BOTTOM) | |
| | 12" | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 11" | N/A | N/A | N/A | N/A | N/A | 4 (TOP) | |
| | 12" | 8" | N/A | N/A | 12" | 10" | 12" | 12" | 12" | 8" | 11" | 11" | 12" | 12" | N/A | N/A | 4 (BOTTOM) | |
| | 12" | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 11" | N/A | N/A | N/A | N/A | N/A | 5 (TOP) | |
| | 12" | 8" | N/A | N/A | 12" | 10" | 12" | 12" | 12" | 8" | 11" | 11" | 12" | 12" | N/A | N/A | 5 (BOTTOM) | |
| | 11" | N/A | 12" | N/A | 7 1/2" | N/A | 10 1/2" | N/A | 8 1/2" | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 6 (TOP/BOTTOM) | |
| | 10" | N/A | 12" | N/A | 8 1/2" | N/A | 10 1/2" | N/A | 7" | N/A | 12" | N/A | 12" | N/A | 11" | N/A | 7 (TOP/BOTTOM) | |
| | N/A | N/A | N/A | N/A | N/A | N/A | 12" | N/A | 12" | 6" | 6" | 6" | 12" | 12" | N/A | N/A | 8 (TOP/BOTTOM) | |
| | 12" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 9 (TOP) | |
| | 12" | 8" | 12" | 12" | N/A | N/A | 12" | 12" | N/A | N/A | 12" | 11" | 12" | 9" | 12" | 10" | 9 (BOTTOM) | |
| | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 12" | 11" | N/A | N/A | N/A | N/A | 13 (TOP) | |
| | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 12" | 6" | N/A | N/A | N/A | N/A | 13 (BOTTOM) | |
| | 12" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 14 (TOP) | |
| | 12" | 8" | 12" | 12" | N/A | N/A | 12" | 12" | N/A | N/A | 12" | 11" | 12" | 9" | 12" | 10" | 14 (BOTTOM) | |
| | 12" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 12 (TOP) | |
| 11" | N/A | 12" | N/A | N/A | N/A | 11 1/2" | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 12 (BOTTOM) | | |
| 12" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 15 (TOP) | | |
| 11" | N/A | 12" | N/A | N/A | N/A | 11 1/2" | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 15 (BOTTOM) | | |
| 12" | N/A | 12" | N/A | N/A | N/A | 12" | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 16 (TOP) | | |
| 11" | N/A | 12" | N/A | N/A | N/A | 11 1/2" | N/A | N/A | N/A | 12" | N/A | 12" | N/A | 12" | N/A | 16 (BOTTOM) | | |
| +55.0, -65.0 | 6" | N/A | N/A | N/A | 6" | N/A | 6" | N/A | 6" | N/A | 6" | N/A | N/A | N/A | N/A | N/A | 2 (TOP) | |
| | 6" | 6" | N/A | N/A | 6" | 6" | 6" | 6" | 6" | 6" | 6" | 6" | N/A | N/A | N/A | N/A | 2 (BOTTOM) | |
| | 6" | N/A | N/A | N/A | 6" | N/A | 6" | N/A | 6" | N/A | 5 1/2" | N/A | N/A | N/A | N/A | N/A | 6 (TOP/BOTTOM) | |
| | 6" | N/A | N/A | N/A | 5 1/2" | N/A | 6" | N/A | 6" | N/A | 4 1/2" | N/A | N/A | N/A | N/A | N/A | 7 (TOP/BOTTOM) | |
| | N/A | N/A | N/A | N/A | N/A | N/A | 6" | 6" | 6" | 6" | 6" | 6" | N/A | N/A | N/A | N/A | 8 (TOP/BOTTOM) | |

E. D. = EDGE DISTANCE

8'-0" OR LESS

9'-0" TO 10'-0"

* MAXIMUM ANCHOR SPACINGS ARE VALID FOR 3 1/2" EDGE DISTANCE. FOR E. D. LESS THAN 3 1/2", REDUCE ANCHOR SPACING BY MULTIPLYING SPACING SHOWN ON SCHEDULE BY THE FOLLOWING FACTORS. (NOTE: Min. E. D. FOR CALK-IN ANCHORS IS 2 1/2") FOR THIS OPERATION TO BE POSSIBLE, REDUCED SPACING OBTAINED USING FACTOR SHALL NOT BE LESS THAN MINIMUM SPACING INDICATED FOR EACH ANCHOR TYPE AT ANCHORS LEGEND.

| ACTUAL E. D. | FACTOR | | |
|--------------|--|---------|-------------|
| | REGULAR TAPCON, 410 S.S. TAPCON, CRETE-FLEX SS4, ZAMAC NAILING, PANELMATE OR PANELMATE PLUS. | CALK-IN | CF TAP-GRIP |
| 3" | .86 | .75 | 1.00 |
| 2 1/2" | .71 | .50 | .80 |
| 2" | .50 | - | - |

THIS ENGINEER HAS NOT HIGHLIGHTED NOR MARKED UP THESE DRAWINGS.

ANCHORS LEGEND

| ANCHOR TYPE | Min. ANCHOR SPACING |
|---|---------------------|
| REGULAR TAPCON, 410 S.S. TAPCON, CRETE-FLEX SS4, ZAMAC NAILING, CF TAP-GRIP, PANELMATE OR PANELMATE PLUS. | 3.0" |
| CALK-IN | 2.5" |

**This Is Not A Master Drawing.
Valid Only For One Time Permit.**

JUN 21 2007

TILTECO INC.
TILIT TESTING & ENGINEERING COMPANY
6305 N.W. 38th St., Ste. 217, VIRGINIA GARDENS, FL 33180
Phone: (305)871-1530 Fax: (305)871-1531
EB-0008719
WALTER A. TILIT Jr., P. E.
FLORIDA Lic. # 44167

MIAMI-DADE COUNTY

.050" SOLID/PERFORATED BERTHA ALUMINUM STORM PANEL

EASTERN METAL SUPPLY, INC
4268 WEST ROADS DRIVE
RIVIERA BEACH, FL 33407

AS SHOWN SCALE
3/13/01 DATE
01-058 DRAWING No
SHEET 10 OF 15

| REV. NO. | DESCRIPTION | DATE | REV. NO. | DESCRIPTION | DATE |
|----------|-------------|---------|----------|-------------|------|
| 1 | OLD 88-179 | 3/13/01 | 2 | - | - |
| 2 | - | - | 4 | - | - |

MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND CORRESPONDING MAXIMUM ANCHOR SPACING SCHEDULE FOR INSTALLATIONS INTO CONCRETE AND CONCRETE BLOCK STRUCTURES

| MAXIMUM DESIGN LOAD W (p.s.f.) | MAXIMUM ANCHORS SPACING FOR E. D. = 3 1/2" | | | | | | | | | | | | | | | | APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM | MAXIMUM PANEL LENGTH "L" (PL) |
|--------------------------------|--|------------|----------------|------------|--------------|------------|-------------|------------|-------------|------------|-------------|------------|----------------|------------|-----------------|----------------|--|-------------------------------|
| | REGULAR TAPCONS | | CRETE-FLEX SS4 | | ZAMAC NAILIN | | CALK-IN | | CF TAP-GRIP | | PANELMATES | | PANELMATE PLUS | | 410 S.S. TAPCON | | | |
| | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | TO CONCRETE | TO MASONRY | | |
| +65.0, -77.0 | 6" | N/A | N/A | N/A | 3" | N/A | 6" | N/A | 3 1/2" | N/A | 2 1/2" | N/A | N/A | N/A | N/A | N/A | 1 (TOP) | 9'-0" OR LESS |
| | 12" | 7" | N/A | N/A | 11" | 8" | 12" | 10" | 12" | 6 1/2" | 9 1/2" | 9 1/2" | N/A | N/A | N/A | N/A | 1 (BOTTOM) | |
| | 12" | N/A | N/A | N/A | 11" | N/A | 12" | N/A | 12" | N/A | 9 1/2" | N/A | N/A | N/A | N/A | N/A | 2 (TOP) | |
| | 12" | 7" | N/A | N/A | 11" | 8" | 12" | 10" | 12" | 6 1/2" | 9 1/2" | 9 1/2" | N/A | N/A | N/A | N/A | 2 (BOTTOM) | |
| | 12" | N/A | N/A | N/A | 11" | N/A | 12" | N/A | 12" | N/A | 9 1/2" | N/A | N/A | N/A | N/A | N/A | 3 (TOP) | |
| | 12" | 7" | N/A | N/A | 11" | 8" | 12" | 10" | 12" | 6 1/2" | 9 1/2" | 9 1/2" | N/A | N/A | N/A | N/A | 3 (BOTTOM) | |
| | 12" | N/A | N/A | N/A | 11" | N/A | 12" | N/A | 12" | N/A | 9 1/2" | N/A | N/A | N/A | N/A | N/A | 4 (TOP) | |
| | 12" | 7" | N/A | N/A | 11" | 8" | 12" | 10" | 12" | 6 1/2" | 9 1/2" | 9 1/2" | N/A | N/A | N/A | N/A | 4 (BOTTOM) | |
| | 12" | N/A | N/A | N/A | 11" | N/A | 12" | N/A | 12" | N/A | 9 1/2" | N/A | N/A | N/A | N/A | N/A | 5 (TOP) | |
| | 12" | 5 1/2" | N/A | N/A | 9 1/2" | 8 1/2" | 12" | 8" | 10" | 5" | 7 1/2" | 7 1/2" | N/A | N/A | N/A | N/A | 5 (BOTTOM) | |
| | 9 1/2" | N/A | N/A | N/A | 8 1/2" | N/A | 10" | N/A | 7" | N/A | 5" | N/A | N/A | N/A | N/A | N/A | 6 (TOP/BOTTOM) | |
| | 8 1/2" | N/A | N/A | N/A | 5 1/2" | N/A | 8 1/2" | N/A | 6" | N/A | 4 1/2" | N/A | N/A | N/A | N/A | N/A | 7 (TOP/BOTTOM) | |
| N/A | N/A | N/A | N/A | N/A | N/A | 12" | 8" | 12" | 6" | 8" | 8" | N/A | N/A | N/A | N/A | 8 (TOP/BOTTOM) | | |
| +65.0, -72.0 | 9" | N/A | 12" | N/A | N/A | N/A | 9 1/2" | N/A | N/A | N/A | 11" | N/A | 12" | N/A | 10" | N/A | 7 (TOP/BOTTOM) | 9'-0" OR LESS |
| | N/A | N/A | N/A | N/A | N/A | N/A | 12" | 10 1/2" | N/A | N/A | 12" | 10" | 12" | 8 1/2" | N/A | N/A | 10 (TOP) | |
| | 12" | 7 1/2" | 12" | 12" | N/A | N/A | 12" | 10 1/2" | N/A | N/A | 12" | 10" | 12" | 8 1/2" | 12" | 9" | 10 (BOTTOM) | |
| | N/A | N/A | N/A | N/A | N/A | N/A | 12" | 10 1/2" | N/A | N/A | 12" | 10" | 12" | 8 1/2" | N/A | N/A | 11 (TOP) | |
| +62.0, -73.3 | 12" | 7 1/2" | 12" | 12" | N/A | N/A | 12" | 10 1/2" | N/A | N/A | 12" | 10" | 12" | 8 1/2" | 12" | 9" | 11 (BOTTOM) | 9'-0" TO 10'-0" |
| | 6" | N/A | N/A | N/A | 6" | N/A | 6" | N/A | 6" | N/A | 6" | N/A | N/A | N/A | N/A | N/A | 2 (TOP) | |
| | 6" | 6" | N/A | N/A | 6" | 6" | 6" | 6" | 6" | 6" | 6" | 6" | N/A | N/A | N/A | N/A | 2 (BOTTOM) | |
| | 6" | N/A | N/A | N/A | 6" | N/A | 6" | N/A | 8" | N/A | 5" | N/A | N/A | N/A | N/A | N/A | 6 (TOP/BOTTOM) | |
| | 6" | N/A | N/A | N/A | 5" | N/A | 6" | N/A | 5 1/2" | N/A | 4" | N/A | N/A | N/A | N/A | N/A | 7 (TOP/BOTTOM) | |
| N/A | N/A | N/A | N/A | N/A | N/A | 6" | 6" | 6" | 6" | 6" | 6" | N/A | N/A | N/A | N/A | N/A | 8 (TOP/BOTTOM) | |

E. D. = EDGE DISTANCE

• MAXIMUM ANCHOR SPACINGS ARE VALID FOR 3 1/2" EDGE DISTANCE. FOR E. D. LESS THAN 3 1/2", REDUCE ANCHOR SPACING BY MULTIPLYING SPACING SHOWN ON SCHEDULE BY THE FOLLOWING FACTORS. (NOTE: Min. E. D. FOR CALK-IN ANCHORS IS 2 1/2")
 FOR THIS OPERATION TO BE POSSIBLE, REDUCED SPACING OBTAINED USING FACTOR SHALL NOT BE LESS THAN MINIMUM SPACING INDICATED FOR EACH ANCHOR TYPE AT ANCHORS LEGEND.

| ACTUAL E. D. | FACTOR | | |
|--------------|--|---------|-------------|
| | REGULAR TAPCON, 410 S.S. TAPCON, CRETE-FLEX SS4, ZAMAC NAILING, PANELMATE OR PANELMATE PLUS. | CALK-IN | CF TAP-GRIP |
| 3" | .86 | .75 | 1.00 |
| 2 1/2" | .71 | .50 | .80 |
| 2" | .50 | - | - |

ANCHORS LEGEND

| ANCHOR TYPE | Min. ANCHOR SPACING |
|---|---------------------|
| REGULAR TAPCON, 410 S.S. TAPCON, CRETE-FLEX SS4, ZAMAC NAILING, CF TAP-GRIP, PANELMATE OR PANELMATE PLUS. | 3.0" |
| CALK-IN | 2.5" |

THIS ENGINEER HAS NOT HIGHLIGHTED NOR MARKED UP THESE DRAWINGS.

**This Is Not A Master Drawing.
Valid Only For One Time Permit.**

[Signature]
JUN 21 2001

TILECO INC.
 TILLIT TESTING & ENGINEERING COMPANY
 2525 N.W. 38th St., Ste. 217, Virginia Gardens, FL 33163
 Phone: (305)871-1830 Fax: (305)871-1831
 EB-0006719
 WALTER A. TILLIT Jr., P. E.
 FLORIDA Lic. # 44167

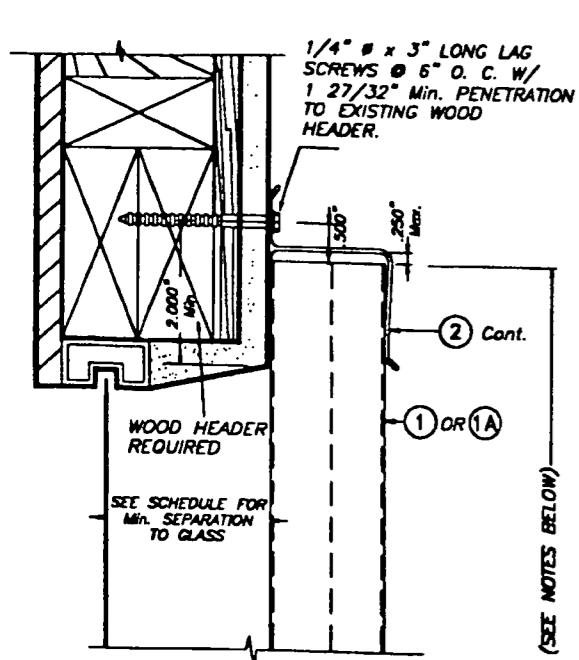
MIAMI-DADE COUNTY

.050" SOLID/PERFORATED BERTHA ALUMINUM STORM PANEL

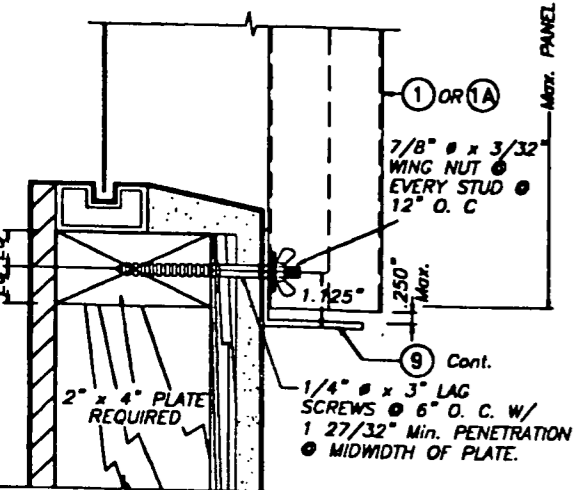
EASTERN METAL SUPPLY, INC
 4288 WEST ROADS DRIVE
 RIVERA BEACH, FL 33407

AS SHOWN SCALE
 3/13/01 DATE
 01-058 DRAWING No
 SHEET 11 OF 15

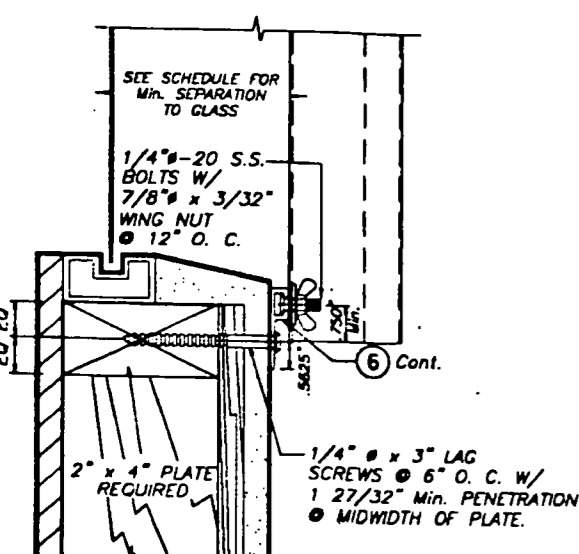
| REV. No | DESCRIPTION | DATE | REV. No | DESCRIPTION | DATE |
|---------|-------------|---------|---------|-------------|------|
| 1 | OLD 88-172 | 3/13/01 | 2 | - | - |
| 2 | - | - | 4 | - | - |



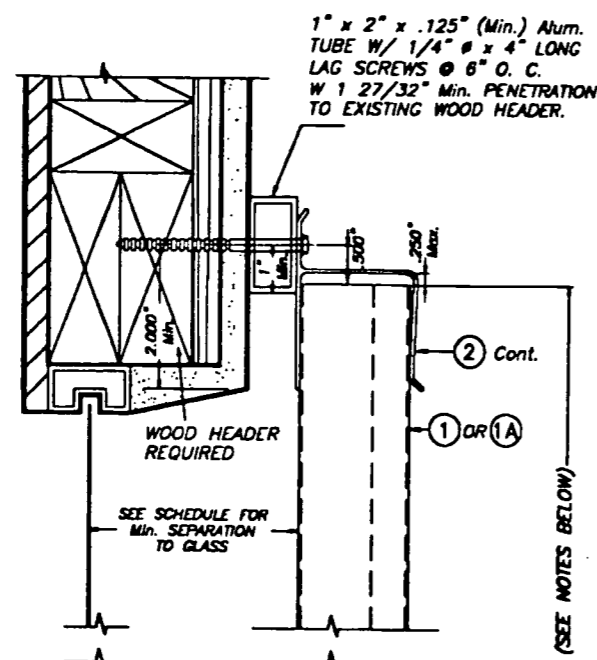
ALTERNATIVE 1



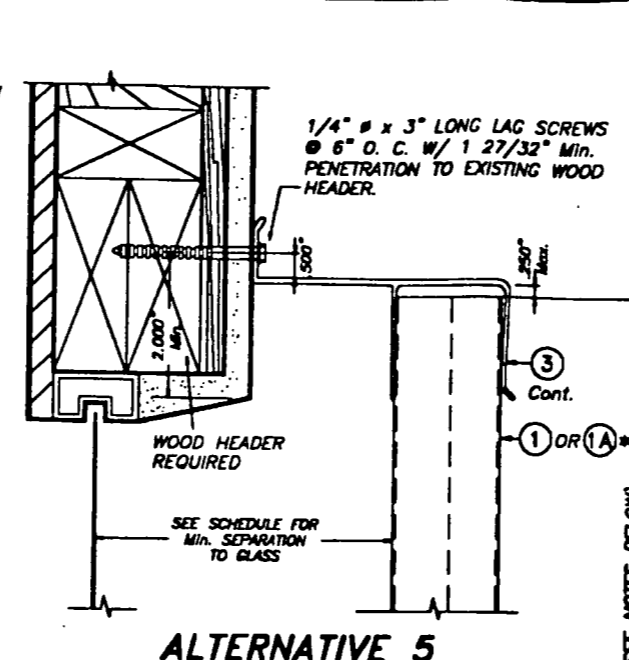
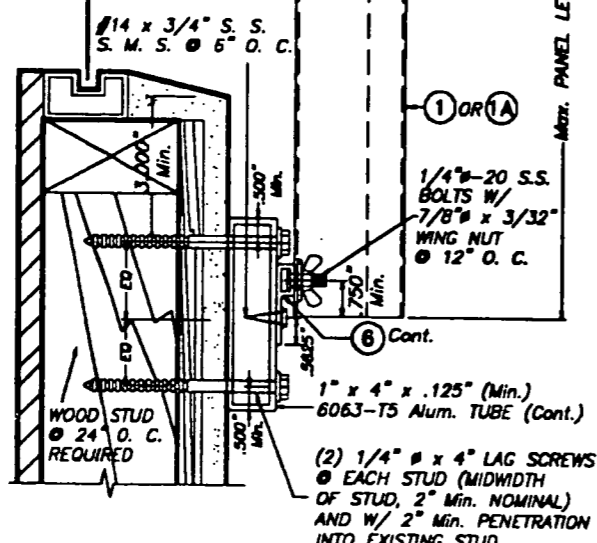
ALTERNATIVE 2



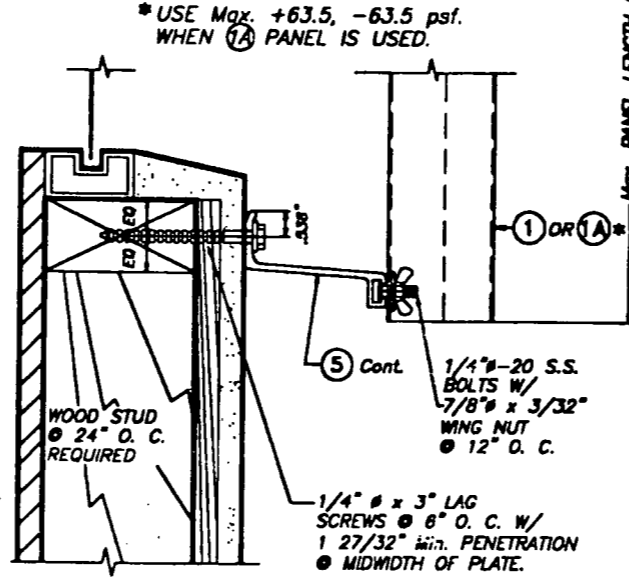
ALTERNATIVE 3



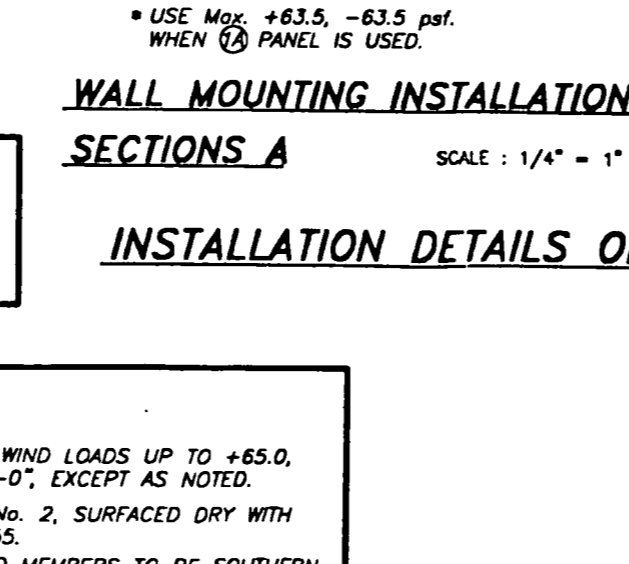
ALTERNATIVE 4



ALTERNATIVE 5



ALTERNATIVE 6



WALL MOUNTING INSTALLATIONS

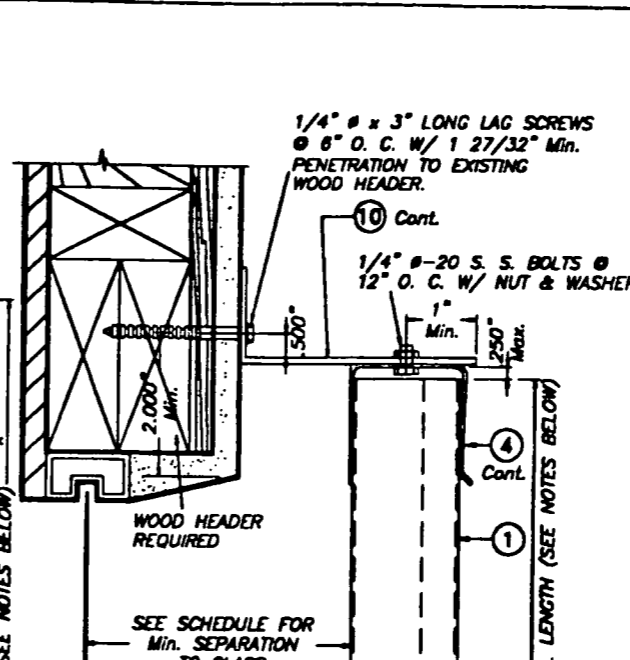
SECTIONS A

SCALE : 1/4" = 1"

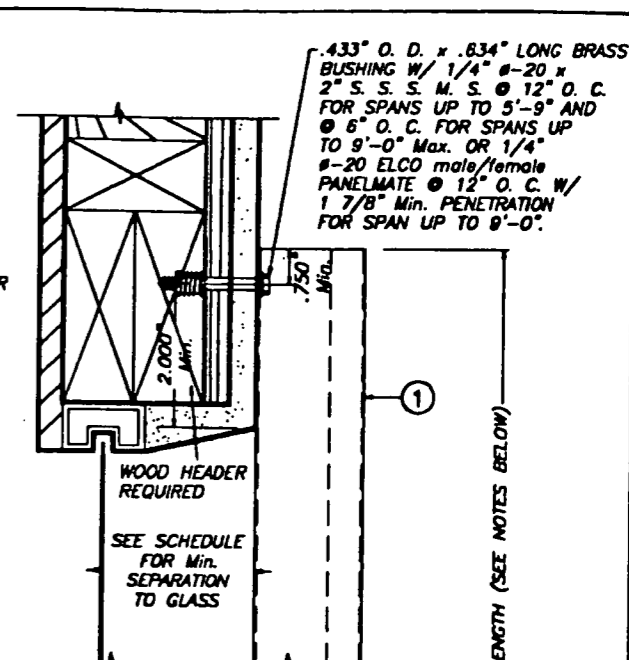
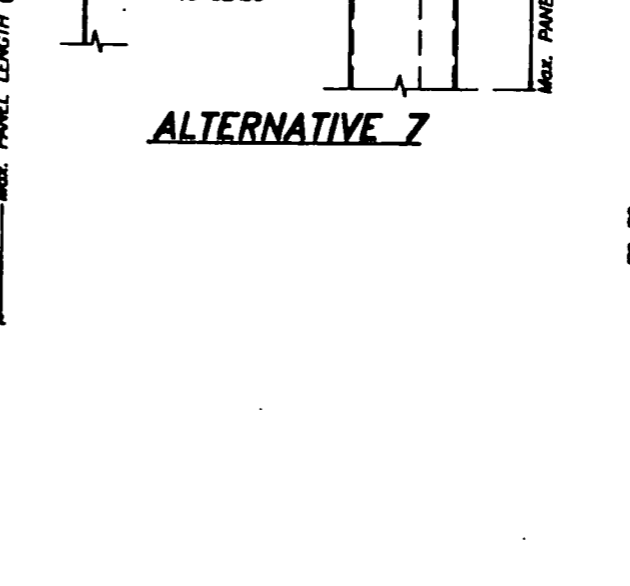
INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS

NOTE FOR COMBINATION OF SECTIONS:
WALL MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

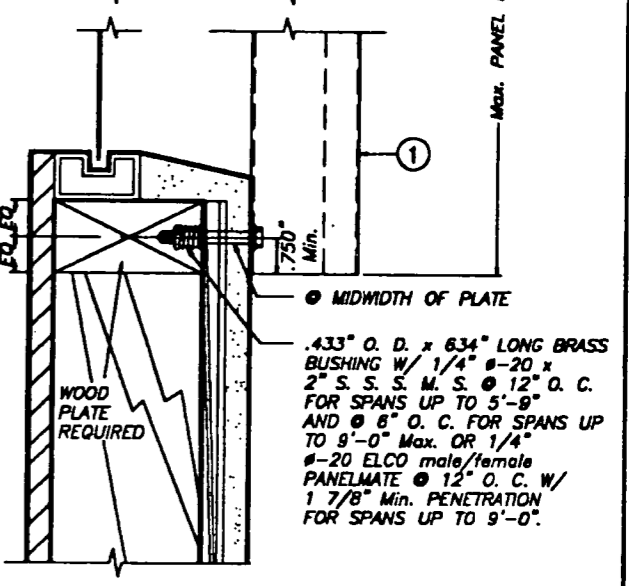
- NOTES:**
1. INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +65.0, -72.0 psf AND PANEL'S LENGTHS UP TO 9'-0", EXCEPT AS NOTED.
 2. NEW 2" x 6" P. T. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 19% M. M. C. W/ SPECIFIC DENSITY OF 0.55.
 3. FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.



ALTERNATIVE 7



ALTERNATIVE 8



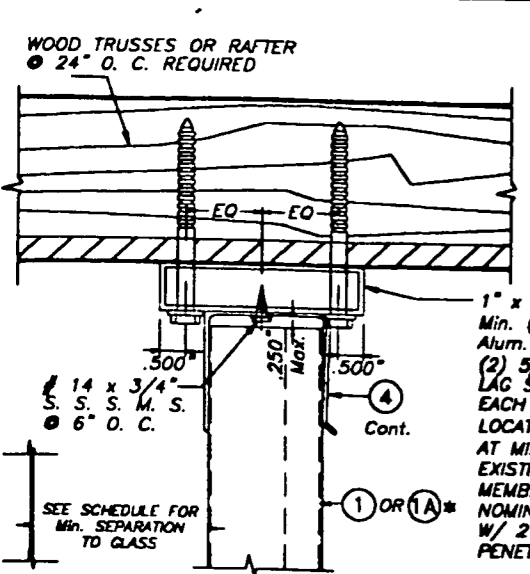
**This Is Not A Master Drawing.
Valid Only For One Time Permit.**

THIS ENGINEER HAS NOT HIGHLIGHTED NOR MARKED UP THESE DRAWINGS.

JUN 21 2001

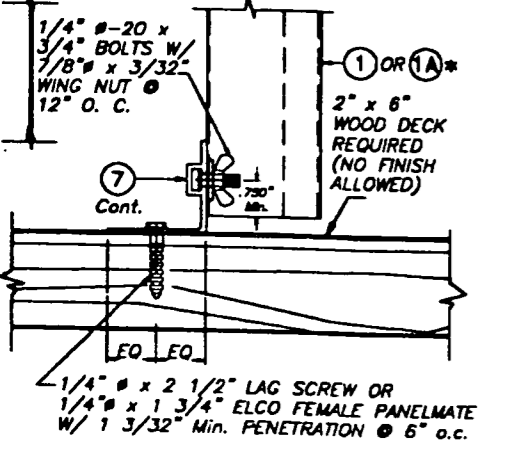
TILECO INC.
TILLIT TESTING & ENGINEERING COMPANY
2025 N.W. 38th St., Ste. 217, Miramar Gardens, FL 33180
Phone: (305)871-1830 Fax: (305)871-1831
EB-0006719
WALTER A. TILLIT Jr., P. E.
FLORIDA Lic. # 44187

| | | | |
|--|-------------|-------------------|----------------|
| .050" SOLID/PERFORATED BERTHA ALUMINUM STORM PANEL | | MIAMI-DADE COUNTY | |
| EASTERN METAL SUPPLY, INC | | AS SHOWN SCALE | |
| 4288 WEST ROADS DRIVE RIVERA BEACH, FL 33407 | | 3/13/01 DATE | |
| | | 01-058 DRAWING No | |
| REV. NO | DESCRIPTION | DATE | BY |
| 1 | OLD 00-172 | 3/13/01 | 2 |
| 2 | | | 4 |
| | | | SHEET 12 OF 15 |



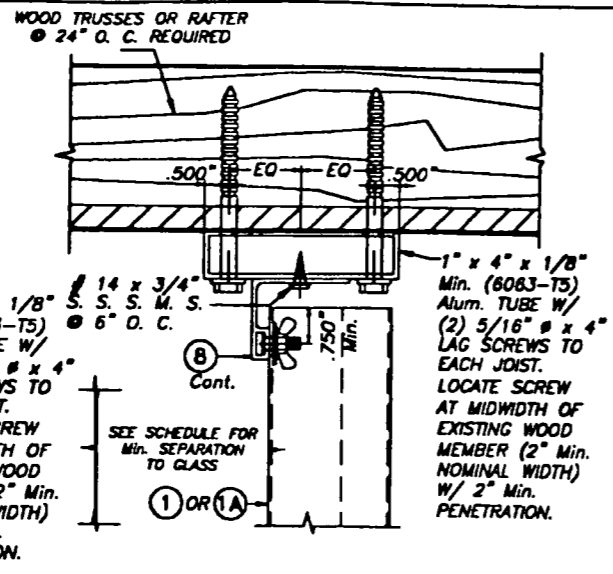
ALTERNATIVE 9A

*USE Max. +65.0, -65.0 psf. WHEN (A) PANEL IS USED.

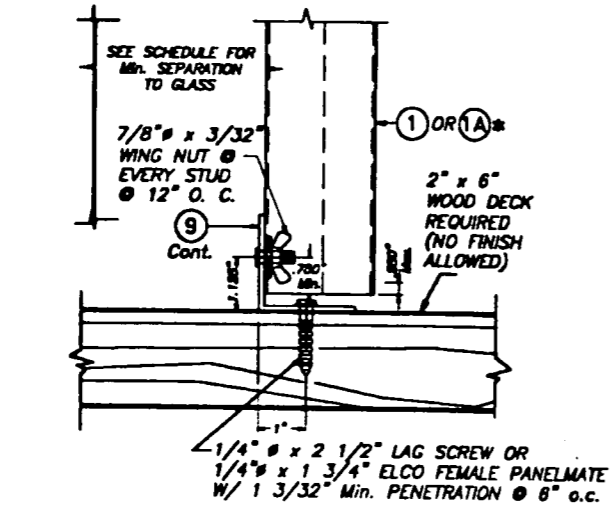


ALTERNATIVE 9

*USE Max. +65.0, -65.0 psf. WHEN (A) PANEL IS USED.

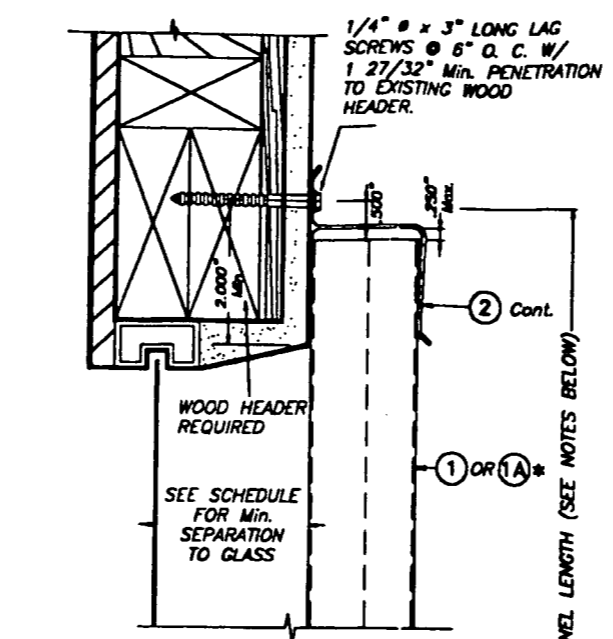


ALTERNATIVE 10



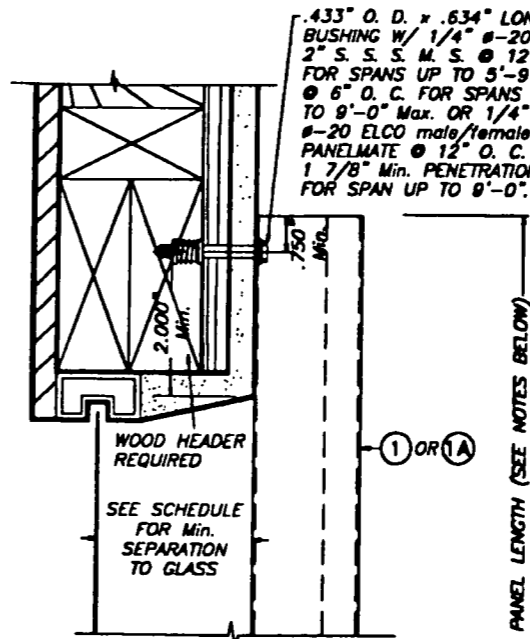
ALTERNATIVE 11

*USE Max. +65.0, -65.0 psf. WHEN (A) PANEL IS USED.

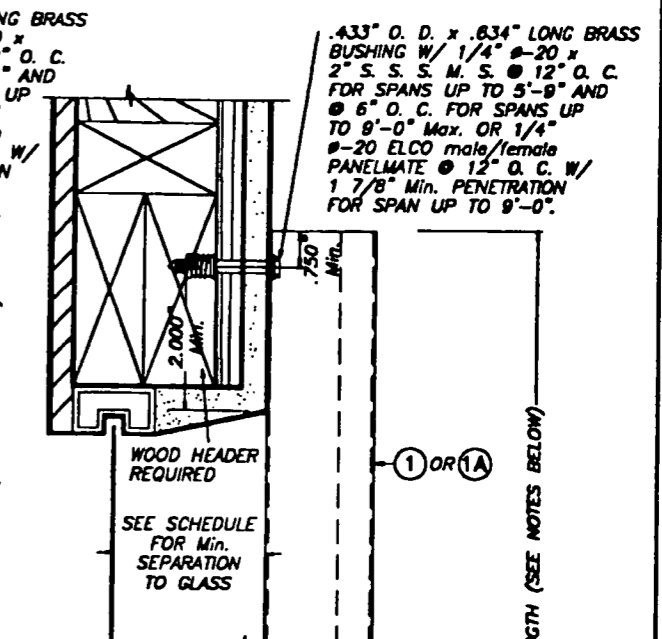


ALTERNATIVE 12

*USE Max. +63.5, -63.5 psf. WHEN (A) PANEL IS USED.



ALTERNATIVE 13



ALTERNATIVE 14

CEILING & FLOOR MOUNTING INSTALLATIONS

SCALE : 1/4" = 1"

WALL MOUNTING INSTALLATION

SCALE : 1/4" = 1"

**This Is Not A Master Drawing.
Valid Only For One Time Permit.**

INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS

NOTE FOR COMBINATION OF SECTIONS:

WALL MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

NOTES:

1. INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +65.0, -72.0 psf AND PANEL'S LENGTHS UP TO 9'-0", EXCEPT AS NOTED.
2. NEW 2" x 6" P. T. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 19 X M. M. C. W/ SPECIFIC DENSITY OF 0.55.
3. FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

THIS ENGINEER HAS NOT HIGHLIGHTED NOR MARKED UP THESE DRAWINGS.

[Signature]

JUN 21 2001

TILECO inc.
TILLIT TESTING & ENGINEERING COMPANY
4285 N.W. 39th St., Ste. 217, VIRGINIA GARDENS, FL 33186
Phone: (305)871-1530 Fax: (305)871-1531
EB-0006719
WALTER A. TILLIT Jr., P. E.
FLORIDA Lic. # 44167

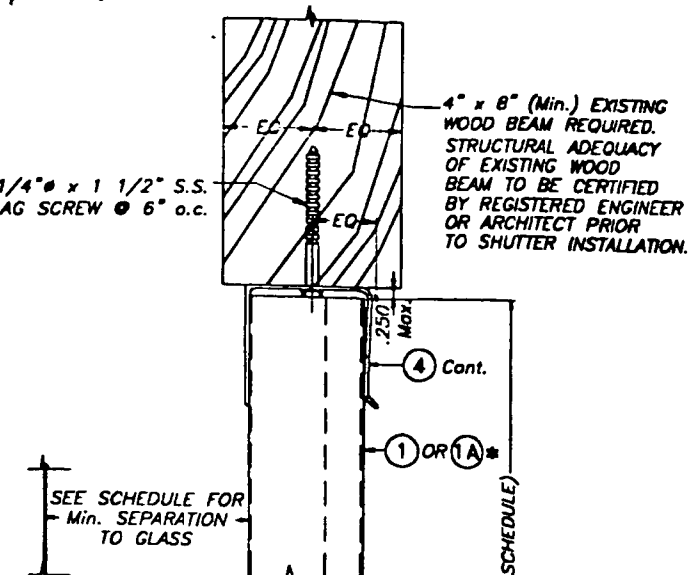
MIAMI-DADE COUNTY

.050" SOLID/PERFORATED BERTHA ALUMINUM STORM PANEL

EASTERN METAL SUPPLY, INC
4288 WEST ROADS DRIVE
RIVERA BEACH, FL 33407

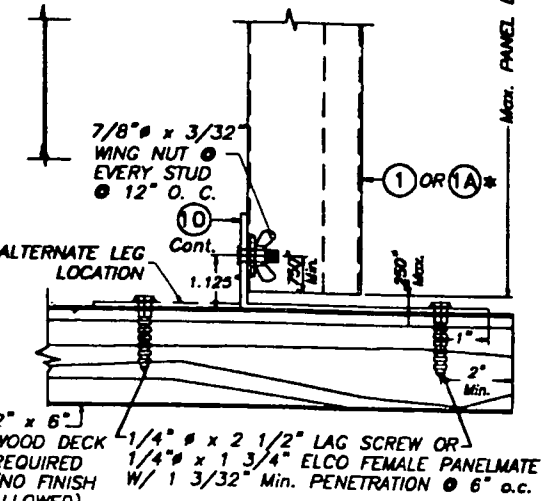
AS SHOWN SCALE
3/13/01 DATE
01-058 DRAWING No
SHEET 13 OF 15

| REV. No | DESCRIPTION | DATE | REV. No | DESCRIPTION | DATE |
|---------|-------------|---------|---------|-------------|------|
| 1 | OLD 00-172 | 3/13/01 | 2 | - | - |
| 2 | - | - | 3 | - | - |



ALTERNATIVE 15

*USE Max. +65.0, -65.0 psf. WHEN 1A PANEL IS USED.



ALTERNATIVE 16

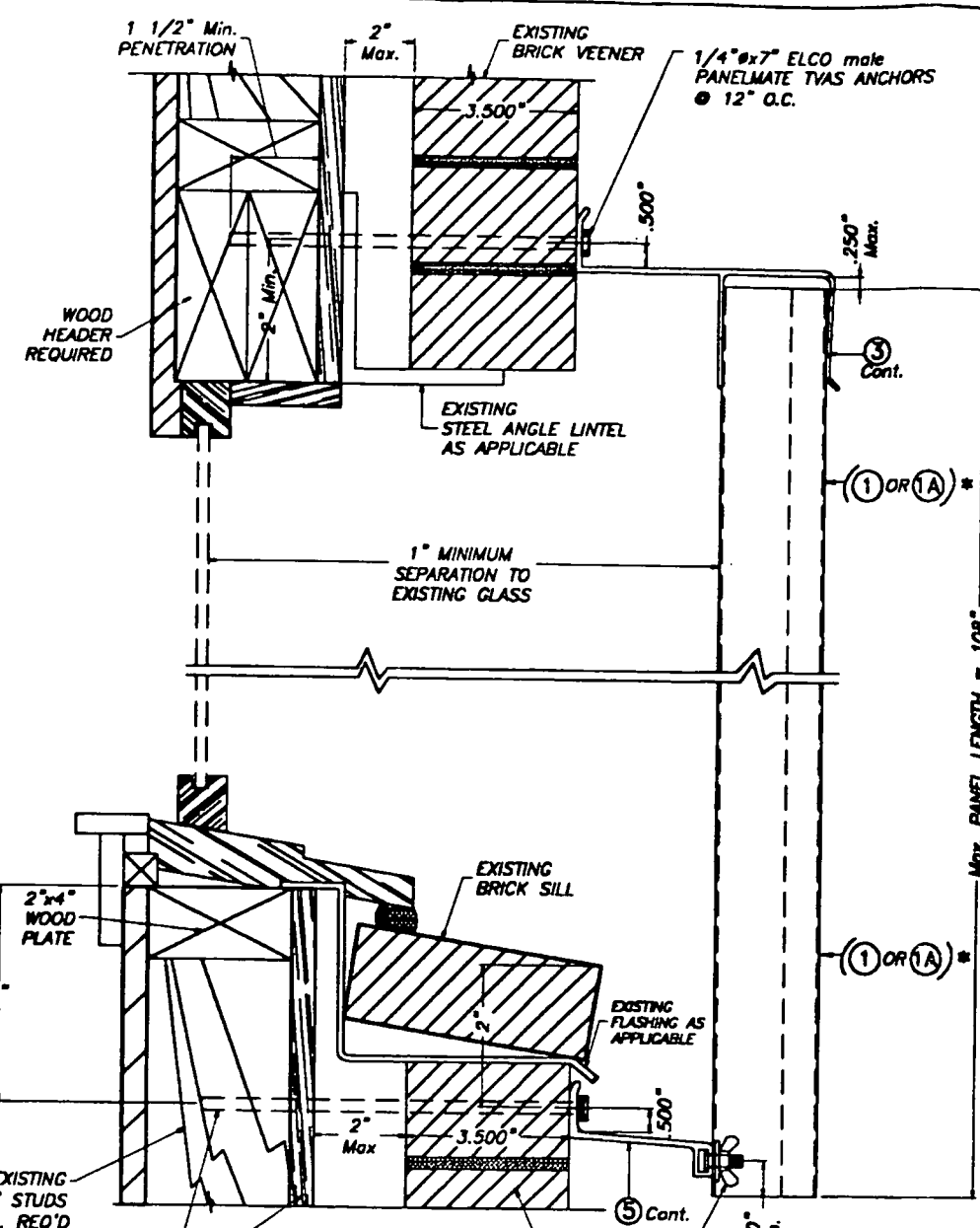
*USE Max. +65.0, -65.0 psf. WHEN 1A PANEL IS USED.

CEILING & FLOOR MOUNTING INSTALLATIONS

SCALE: 1/4" = 1"

NOTE FOR COMBINATION OF SECTIONS:
WALL MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

- NOTES:**
- INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +65.0, -72.0 psf AND PANEL'S LENGTHS UP TO 9'-0", EXCEPT AS NOTED.
 - NEW 2" x 6" P. T. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 19 X M. M. C. W/ SPECIFIC DENSITY OF 0.55.
 - FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.



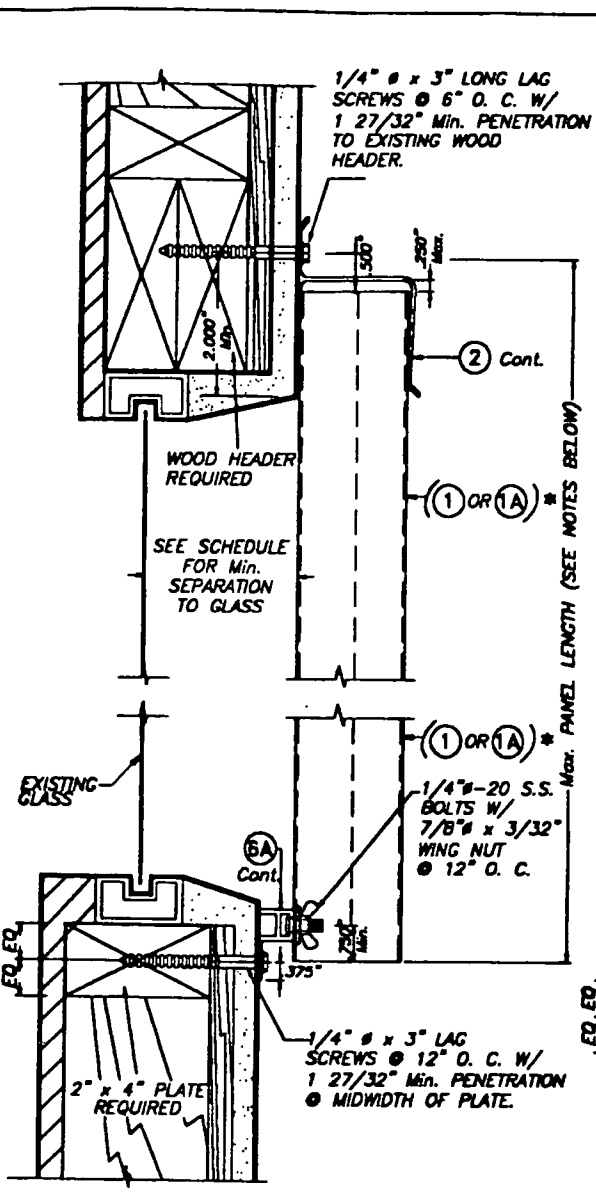
ALTERNATIVE 17

*USE Max. +63.5, -63.5 psf. WHEN 1 OR 1A PANEL IS USED.

BUILD-OUT INSTALLATION

SCALE: 1/4" = 1"

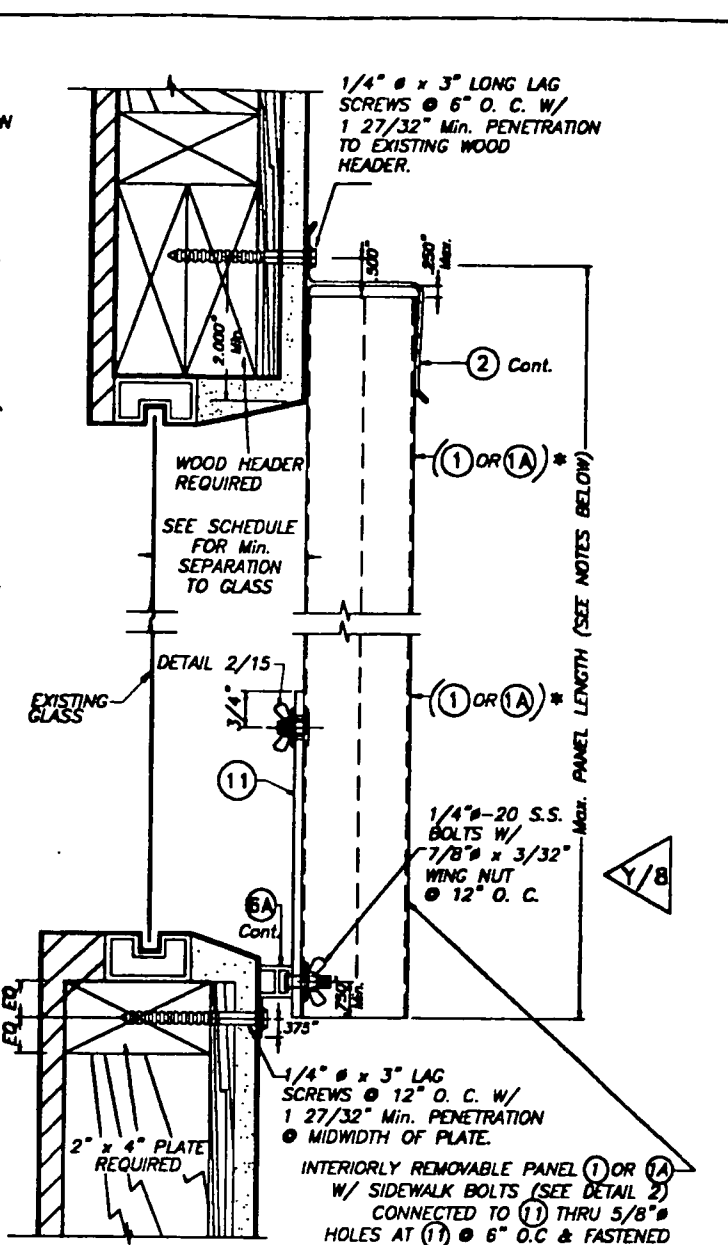
INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS



ALTERNATIVE 18A

WALL MOUNTING INSTALLATIONS

SCALE: 1/4" = 1"



ALTERNATIVE 18B

*USE Max. +63.5, -63.5 psf. WHEN 1 OR 1A PANEL IS USED.

INSTALLATIONS VALID FOR PANELS 1 OR 1A USED JOINTLY WITH INTERIORLY REMOVABLE PANELS 1 OR 1A

This Is Not A Master Drawing. Valid Only For One Time Permit.

THIS ENGINEER HAS NOT HIGHLIGHTED NOR MARKED UP THESE DRAWINGS.

JUN 21 2001

TILECO INC.
TILLIT TESTING & ENGINEERING COMPANY
2605 N.W. 36th St., Ste. 217, Virginia Gardens, FL 33188
Phone: (305)871-1530 Fax: (305)871-1531
EB-0008719
WALTER A. TILLIT JR., P. E.
FLORIDA Lic. # 44167

MIAMI-DADE COUNTY

.050" SOLID/PERFORATED BERTHA ALUMINUM STORM PANEL

EASTERN METAL SUPPLY, INC
4288 WEST ROADS DRIVE
RIVIERA BEACH, FL 33407

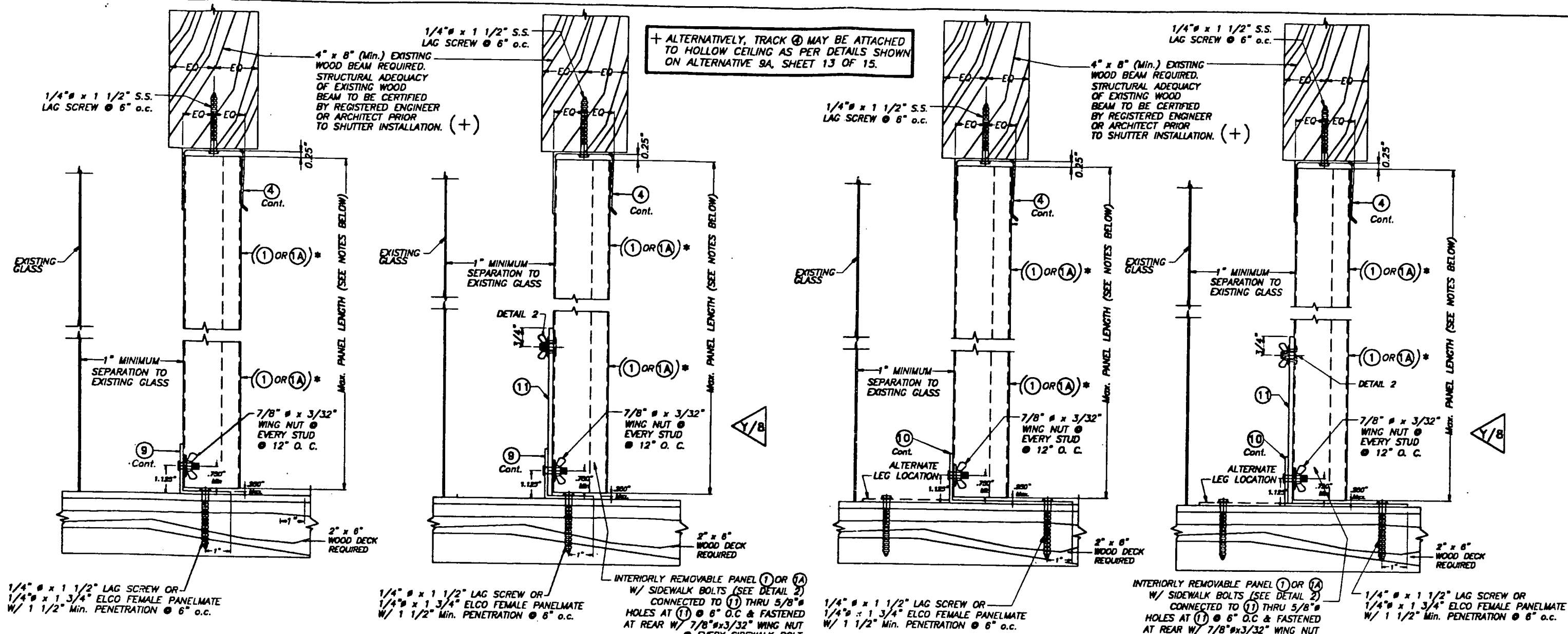
AS SHOWN SCALE

3/13/01 DATE

01-058 DRAWING No

| REV. No. | DESCRIPTION | DATE | REV. No. | DESCRIPTION | DATE |
|----------|-------------|---------|----------|-------------|------|
| 1 | OLD 88-172 | 3/13/01 | 2 | | |
| 2 | | | 3 | | |

SHEET 14 OF 15



+ ALTERNATIVELY, TRACK 4 MAY BE ATTACHED TO HOLLOW CEILING AS PER DETAILS SHOWN ON ALTERNATIVE 9A, SHEET 13 OF 15.

ALTERNATIVE 19A

ALTERNATIVE 19B

ALTERNATIVE 20A

ALTERNATIVE 20B

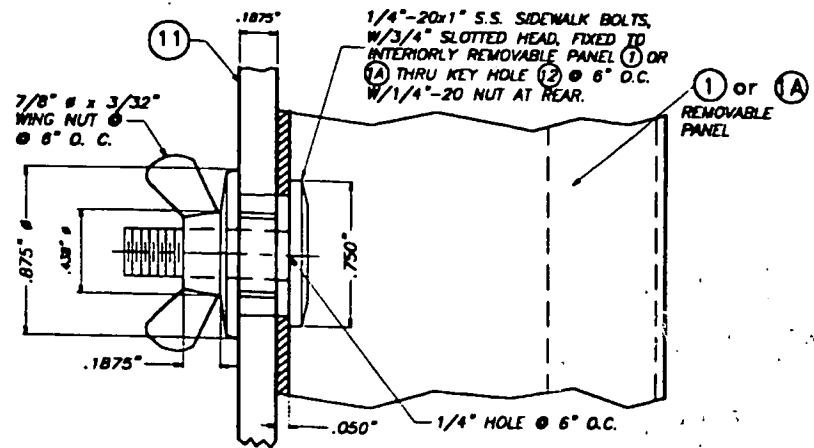
CEILING & FLOOR MOUNTING INSTALLATIONS

CEILING & FLOOR MOUNTING INSTALLATIONS

SECTIONS 19 *USE Max. +65.0, -65.0 psf. SCALE: 1/4" = 1" WHEN (1) OR (A) PANEL IS USED.

SECTIONS 20 *USE Max. +65.0, -65.0 psf. SCALE: 1/4" = 1" WHEN (1) OR (A) PANEL IS USED.

**This Is Not A Master Drawing.
Valid Only For One Time Permit.**



NOTE FOR COMBINATION OF SECTIONS:
WALL MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS

- NOTES:**
- INSTALLATIONS ARE ONLY VALID FOR DESIGN WIND LOADS UP TO +65.0, -65.0 psf AND PANEL'S LENGTHS UP TO 9'-0".
 - NEW 2" x 6" P. T. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 19 X M. M. C. W/ SPECIFIC DENSITY OF 0.55.
 - FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

THIS ENGINEER HAS NOT HIGHLIGHTED NOR MARKED UP THESE DRAWINGS.

MIAMI-DADE COUNTY

TILECO inc.
TILLIT TESTING & ENGINEERING COMPANY
8085 N.W. 38th St., Ste. 217, VIRGINIA GARDENS, FL 33188
Phone: (305) 871-1530 Fax: (305) 871-1531
EB-0008719
WALTER A. TILLIT, Jr., P. E.
FLORIDA Lic. # 44167

| | | | |
|--|-------------|-------------------|---------|
| .050" SOLID/PERFORATED BERTHA ALUMINUM STORM PANEL | | AS SHOWN SCALE | |
| EASTERN METAL SUPPLY, INC | | 3/13/01 DATE | |
| 4268 WEST ROADS DRIVE RIVERA BEACH, FL 33407 | | 01-058 DRAWING No | |
| REV. No | DESCRIPTION | DATE | REV. No |
| 1 | OLD 00-172 | 3/13/01 | 2 |
| 2 | | | 4 |

SHEET 15 OF 15

JUN 21 2004



**BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION**

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

NOTICE OF ACCEPTANCE (NOA)

Eastern Metal Supply, Inc.
4268 West Roads Drive
Riviera Beach, Florida 33407

SCOPE:

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

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

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

DESCRIPTION: 0.050" Solid Bertha Aluminum Storm Panels Shutter

APPROVAL DOCUMENT: Drawing No. 01-058, titled "0.050" Solid Bertha Aluminum Storm Panel", sheets 1 through 15 of 15, prepared by Tiltco, Inc., dated August 27, 2001, bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA revises NOA # 00-0602.04 and consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Helmy A. Makar, P.E.



NOA No 01-0516.06
Expiration Date: 08/07/2003
Approval Date: 03/21/2002
Page 1.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-11-02, 2002 Page 1 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|--|--|---------|---|
| TREE | Lucas | TREE | Passed | Dogs on Property |
| (7) | Sewall's Pt Road 1 Mandalay | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 5958 | SK SKINNER | HURRICANE | Failed | No Permit No Layout |
| (5) | 15 S.E. PALMETTO DR SKINNER (STREAM) | SHUTTERS 9/12/02 TRK w/ Barbara - | | \$30. INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 5944 | JONES | FINAL ROOF | Passed | |
| (4) | 18 Emerita WAY A/R AMERICAN | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| TREE | LURIA | TREE | Passed | |
| (3) | 3 S. Sewall's Pt Rd | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 5996 | Flough | Pool Deck | Passed | |
| (2) | 6 India Lucia PKWY SF Custom Pools | re-inspec - Town Board Survey | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 5965 | Thompson | Sheating + | | (unless it rains) ✓ |
| (6) | 95 S. Sewall's Pt. Rd. Rhoades Roofing | Dry-IN + METAL | | Friday INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 5501 | ALLMAN | RUDG FINAL | UTG | Swales/P-Road Surv |
| (8) | 3 Summer Ln. Allman | 1) Pool safety fence (up to Gate) 2) Pay 1113.60 3) Health Dept | | \$30 INSPECTOR: <i>[Signature]</i> |

OTHER: 18 S. River Paver Driveway → permit at office? *[Signature]* ✓ completed
 23 SPT/Miramar Fence Permit not vis. nobody there ✓
 17 Island Rd Permit Not visible it is *[Signature]* ✓

~ 11 Riverview / S. River Dumpster? no permit

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of inspection: Mon Wed Fri 9-13-02, 2001; Page 2 of 2.

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|--|-----------------------------------|-------------------|-----------------------------------|
| 5954 | STEVENSON | FENCE | Passed | (Tony Lagana?) |
| (5) | 23 S. Sewall's Pt Rd United | FINAL | | INSPECTOR: <i>[Signature]</i> |
| 5956 | RITTER | FINAL FENCE | Passed | |
| (1) | 1 MELODY LANE Justwood | | | INSPECTOR: <i>[Signature]</i> |
| 5904 | BUTLER | FENCE | Passed | (Pool not finished) |
| (2) | 8 S. RIVER Rd Justwood | | | INSPECTOR: <i>[Signature]</i> |
| 5704 | D'ALESSANDRO | TIN TAB/METAL | Passed | |
| (12) | 107 ABRAE CT. ALIBIK | | | INSPECTOR: <i>[Signature]</i> |
| 5185 | JONES | STRAPPING TRUSSES | Failed | |
| (7) | 14 HERMS NESI O/B. | (IF 100 BUSY MY BE FOR MONDAY) | | INSPECTOR: <i>[Signature]</i> |
| 5958 | SKINNER | Shutters | Passed | (no permit !!!) |
| (6) | 15 S. E. Palmetto Dr. Gulf Stream | | | INSPECTOR: <i>[Signature]</i> |
| 5947 | Shewbridge | SHUTTERS | Passed | Oxc. fault 2 nd floor? |
| (9) | 126 S. Sewall's Pt Rd Expert Shutters | | | INSPECTOR: <i>[Signature]</i> |

OTHER: 5 Banyan Pool Deck - 878 7752 Form Board Surv.
283 0444 Owner: *[Signature]*

6168
SOFFITS
&
NEW DOOR

TOWN OF SEWALL'S POINT

Date 2/27/03

BUILDING PERMIT NO. 6168

Building to be erected for SKINNER

Type of Permit MINOR REPAIRS

Applied for by O/B

(Contractor)

Building Fee 35.00

Subdivision PALMETTO PARK Lot 6

Block _____

Radon Fee _____

Address 15 PALMETTO DRIVE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

13841010000006070000

Roofing Fee _____

Amount Paid 43.75

Check # _____

Cash _____

Other Fees (O/B)

8.75

Total Construction Cost \$ 1000.00

TOTAL Fees 43.75

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: ROBERT + SHERRY SKINNER City: SEWALLS POINT State: FL Zip: 34996

Legal Description of Property: PALMETO PARK Parcel Number: 6

Location of Job Site: 15 PALMETO DRIVE Type of Work To Be Done: SEE EXHIBIT 'A'
MINOR REPAIRS + SIDE DOOR 287-5754

CONTRACTOR/Company Name: ~~_____~~ owner/Builder Phone Number: ~~_____~~

Street: ~~_____~~ City: SEWALLS POINT State: FL Zip: _____

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

ARCHITECT: N/A Phone Number: _____

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

ENGINEER: N/A Phone Number: _____

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

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

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

Type Sewage: _____ Septic Tank Permit Number From Health Depart. _____ 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: \$1000 Estimated Fair Market Value (FMV) Prior

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

SUBCONTRACTOR INFORMATION

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

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) [Signature]

State of Florida, County of: Martin

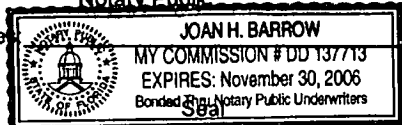
This the 27 day of Feb, 2003

by Sherry Skinner who is personally

known to me or produced Fl.d.l.

as identification. Joan H. Barrow

My Commission Expires _____



CONTRACTOR SIGNATURE (Required)

On State of Florida, County of: _____

This the _____ day of _____, 200__

by _____ who is personally

known to me or produced _____

As identification. _____

My Commission Expires: _____

Notary Public

Seal

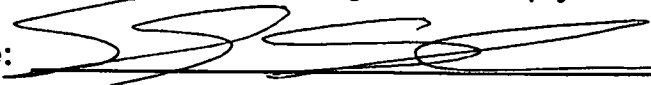
TOWN OF SEWALL'S POINT
ONE SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, FLORIDA 34996

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT
(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building at a cost of \$25,000 or less. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within 1 year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by State law and by County or Municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes and zoning regulations. Florida Statutes 489.103(7).

I have read the above and agree to comply with the provisions as stated.

Name:  Date: 2/27/03

Signature: Sherry Skinner

Address: 15 Palmetto Dr

City & State: Stuart, FL 34996

Permit No. _____

This form is for all permits except electrical.

MIAMI-DADE

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

Premdor Entry Systems
911 E. Jeferson, P.O. Box 76
Pittsburgh, KS 66762

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

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

PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 372-6539

Your application for Notice of Acceptance (NOA) of:
Energy Series 100 & 122 Single Flush(Embossed) Outswing / Inswing Residential Insulated Steel
Door (w/Steel edge)-Impact
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.: 00-0720.06
EXPIRES: 08/25/2003



Raul Rodriguez
Chief Product Control Division

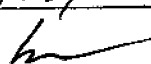
**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL
CONDITIONS
BUILDING CODE & PRODUCT REVIEW COMMITTEE**

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



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

APPROVED: 09/14/2000

| |
|---|
| FILE COPY |
| TOWN OF SEWALL'S POINT |
| THESE PLANS HAVE BEEN |
| REVIEWED FOR CODE COMPLIANCE |
| DATE: <u>2/25/03</u> |
|  |
| BUILDING OFFICIAL |

Premdor Entry Systems

ACCEPTANCE NO.: 00-0720.06

APPROVED : SEP 14 2000

EXPIRES : August 25, 2003

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

- 1.1 This renews the Notice of Acceptance No. 97-0204.06, which was issued on August 25th, 1997. It approves an outswing / inswing residential insulated steel door, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code (SFBC), 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

- 2.1 The "Entergy" Series 100 (26ga) & 122 (22ga) Single Flush (Embossed) Outswing / Inswing Residential Insulated Steel Doors (w/Steel edge) - Large Missile Impact Resistant and its components shall be constructed in strict compliance with the following documents: Drawing No 31-1015-EM, titled "Entergy Metal Edge Steel door," Sheets 1 through 6 of 6, prepared by manufacturer, dated 2/18/97 and latest revised on 08-21-00, bearing the Miami-Dade County Product Control approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

- 3.1 This approval applies to single unit applications of a single outswing / or inswing door, as shown in approved drawings.
- 3.2 Refer to corresponding design pressure table, for water infiltration requirements.

4. INSTALLATION

- 4.1 The outswing / or inswing residential insulated steel door and its components shall be installed in strict compliance with the approved drawings.
- 4.2 Hurricane protection system (shutters): the installation of this unit will not require a hurricane protection system.

5. LABELING

- 5.1 Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved".
- 5.2 The door slab itself shall also bear a permanent label, at the door inside edge, with the manufacturer's name or logo, city and state.

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 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.
- 6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.

Ishaq I. Chanda

Ishaq I. Chanda, P.E., Product Control Examiner
Product Control Division

Premdor Entry Systems

ACCEPTANCE NO.: 00-0720.06

APPROVED : SEP 14 2000

EXPIRES : August 25, 2003

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

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

Ishaq I. Chanda
Ishaq I. Chanda, P.E., Product Control Examiner
Product Control Division

END OF THIS ACCEPTANCE

Exhibit "A"

Building Permit Application

Owner:

Robert & Sherry Skinner

Location:

15 Palmetto Drive
Sewall's Point, Florida

Description of Work:

1. Replace rotted soffits at front porch and rear porch.
2. Remove and discard old aluminum gutter at rear porch.
3. Remove and replace trim at garage door opening jambs and header.
4. Remove old 3'-0" X 6'-8" utility door at garage and install new door. Provide Miami-Dade County product approval.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3-5, 2006 Page 1 of 1

| PERMIT | OWNER/ADDRESS/CONTR | INSPECTION TYPE | RESULTS | NOTES/COMMENTS |
|-----------------|---|----------------------------|-------------------|---|
| 6908 | WILBERDING 2 PALAMA WAY WILBERDING | STRAPPING + ENGINEERING | Passed | (New in height?) INSPECTOR: <i>[Signature]</i> |
| 6908 | SMITH | MINOR REPAIRS | Passed | INSPECTOR: <i>[Signature]</i> |
| | 15 PALMETTO DRIVE O/B | FINAL | | INSPECTOR: <i>[Signature]</i> |
| TREE | SHARFI 73 N. Sewall St. B | TREE | | no access, gate INSPECTOR: <i>[Signature]</i> |
| 6127 | CLARKE 33 FIELDWAY DRIVE PAR ONE CONST. | FOOTER | Passed | INSPECTOR: <i>[Signature]</i> |
| 5706 | FLINT 6 PALMETTO DRIVE PACIFIC | ROOF FINAL | Passed | Road done INSPECTOR: <i>[Signature]</i> |
| 5708 | SMALL 62 S. RIVER ROAD PACIFIC | ROOF FINAL | | → Pacing INSPECTOR: <i>[Signature]</i> |
| 6131 | PFEIFFER 104 HENRY SEWALL WAY BUFORD | FOOTING (Stem wall) | Passed | INSPECTOR: <i>[Signature]</i> |
| OTHER: 6161 | WEDER 49 N. RIVER ROAD STRACUZZI | STUCCO - FINAL | | |

6281

A/C CHANGEOUT

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 5/29/03

BUILDING PERMIT NO. 6281

Building to be erected for SKINNER

Type of Permit A/C CHANGE OUT

Applied for by Flynn's A/C (Contractor)

Building Fee 35.00

Subdivision Palmetto Park Lot 6 Block _____

Radon Fee _____

Address 15 PALMETTO

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

138410100000006070000

Roofing Fee _____

Amount Paid 35.00 Check # 1709 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 6590.00

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

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

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Robert Skinner Phone (Cell) 561-289-8348 (H) 772-2875754 (Fax) _____

Job Site Address: 15 Palmetto Dr City: Stuart State: FL Zip: 34996

Legal Description of Property: _____ Parcel Number: _____

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

Description of Work To Be Done: New A/C unit (Replacement)

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

CONTRACTOR/Company: Flynn's Airconditioning Phone: 283-4114 Fax: 781-1307

Street: 1323 SW THULMA ST. City: Palm City State: FL Zip: 34990

State Registration Number: _____ State Certification Number CAC05482 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 6590⁰⁰ (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

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

ARCHITECT _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

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

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

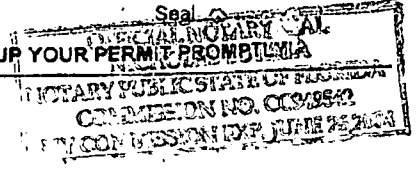
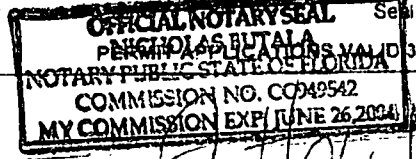
I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS.

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

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

OWNER OR AGENT SIGNATURE (required) _____
 State of Florida, County of: MARTIN
 This the 16 day of MAY, 2003
 by _____ who is personally
 known to me or produced FDL# 5560-79689-746-0
 as identification. [Signature]
 Notary Public
 My Commission Expires: JUNE 26, 2004

CONTRACTOR SIGNATURE (required) [Signature]
 On State of Florida, County of: MARTIN
 This the 16 day of MAY, 2003
 by _____ who is personally
 known to me or produced _____
 As identification. [Signature]
 Notary Public
 My Commission Expires: JUNE 26, 2004



Nick

| | | | |
|---|--|---|-------------------------------|
| ACORD CERTIFICATE OF LIABILITY INSURANCE | | OP ID SB FLYNA-1 | DATE (MM/DD/YYYY) 05/19/03 |
| PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| INSURED Flynn's A/C Service, Inc. 1323 SW Thelma Street Palm City FL 34990 | | INSURERS AFFORDING COVERAGE | NAIC # |
| | | INSURER A: Southern Owners | 10190 |
| | | INSURER B: Auto Owners Insurance Co | 18988 |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |

COVERAGES

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

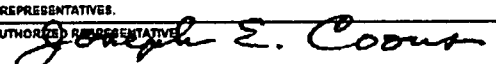
| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|-------------|--|---------------|----------------------------------|-----------------------------------|---|
| A | 7 | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 20567737 | 10/31/02 | 10/31/03 | EACH OCCURRENCE \$ 1,000,000 |
| | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 | | | | |
| A | | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | 4165950800 | 10/31/02 | 10/31/03 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | | BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | | | | |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EAACC \$ AGG \$ |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> 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

Air Conditioning Contractor - State of Florida

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|---|
| TOWNS-1 Town of Sewalls Point 220-4765 1 S Sewalls 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 <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE  |
|---|---|

| | | |
|---|--|---|
| ACORD CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) 05/19/2003 |
| PRODUCER (863)688-5495 FAX (863)688-4344 Herndon & Associates Insurance, LLC 91 Lake Morton Dr. P O Box 3608 Lakeland, FL 33802 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |
| INSURED FLYNN'S AIR CONDITIONING SERVICE INC 1323 SW THELMA ST PALM CITY, FL 34990 | | |
| | | INSURERS AFFORDING COVERAGE |
| | | NAIC # |
| | | INSURER A: Bridgefield Employers Ins Co |
| | | INSURER B: |
| | | INSURER C: |
| | | INSURER D: |
| | | INSURER E: |

COVERAGES

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

| INSR LTR | ADD'L INSR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | 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"/> PRO. JECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____ | | | | COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____ | | | | AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| | | EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE RETENTION \$ _____ | | | | EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____ _____ \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| A | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | 083029595 | 01/01/2003 | 01/01/2004 | <table border="0" style="width:100%;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">WC STATUTORY LIMITS</td> <td style="width:10%; text-align: center;">OTHER</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td>\$</td> <td style="text-align: right;">100,000</td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td>\$</td> <td style="text-align: right;">100,000</td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td>\$</td> <td style="text-align: right;">500,000</td> <td></td> </tr> </table> | | WC STATUTORY LIMITS | OTHER | | | | E.L. EACH ACCIDENT | | | \$ | 100,000 | | E.L. DISEASE - EA EMPLOYEE | | | \$ | 100,000 | | E.L. DISEASE - POLICY LIMIT | | | \$ | 500,000 | |
| | WC STATUTORY LIMITS | OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT | | | \$ | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE | | | \$ | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | | | \$ | 500,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

CERTIFICATE HOLDER

Town Of Sewalls Point
 1 South Sewalls Point Rd
 Stuart, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
David Sheppard/BELIND *David Sheppard*

AC# 0466712

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L0206250078

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 06/25/2002 | 011141683 | CAC055482 |

The CLASS A AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004

FLYNN, JOSEPH BRIAN
FLYNN'S A/C SERVICE INC
1323 SW THELMA STREET
PALM CITY FL 34990

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

| | | | |
|---|--|---|-------------------------------|
| ACORD CERTIFICATE OF LIABILITY INSURANCE | | OP ID SB FLYNA-1 | DATE (MM/DD/YYYY) 05/19/03 |
| PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| | | INSURERS AFFORDING COVERAGE | |
| INSURED Flynn's A/C Service, Inc. 1323 SW Thelma Street Palm City FL 34990 | | INSURER A | Southern Owners |
| | | INSURER B | Auto Owners Insurance Co |
| | | INSURER C | |
| | | INSURER D | |
| | | INSURER E | |
| | | NAIC # | |

COVERAGES

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

| INSR LTR | ADDL INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|------------|--|---------------|----------------------------------|-----------------------------------|---|
| A | 7 | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | 20567737 | 10/31/02 | 10/31/03 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO PERMITTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (ANY ONE PERSON) \$ 10,000 PERSONAL & ADV INURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPACT AGG \$ 1,000,000 |
| A | | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | 4165950800 | 10/31/02 | 10/31/03 | COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$ |
| | | EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE CO-TENANT \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS OTHER \$ E - EACH ACCIDENT \$ E - DISEASE - EA EMPLOYEE \$ E - DISEASE - POLICY LIMIT \$ |
| | | OTHER | | | | |

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

Air Conditioning Contractor - State of Florida

| | |
|---|--|
| CERTIFICATE HOLDER Town of Sewalls Point 220-4765 1 S Sewalls Point Road Stuart FL 34996 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Joseph E. Coont</i> |
|---|--|



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

CORRECTION NOTICE

ADDRESS: 15 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.

① A/C FINAL CONDENSATION LINES NOT WRAPPED

② OVER-CURRENT ON A/C. 15' PANEL HAS 60

③ CHECK FOR SECONDARY OVERFLOW PROTECTION

~~Fee \$30~~ waived by Game S.

↓ hood strips

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: 6/13/03

Glenn

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/13, 2003 Page of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|----------------|---|---|---------|---|
| 6124 | LANDI 3 MIDDLE RD O/B | REMODEL KITCHEN CABT TILE FINAL | Failed | BUILDING LOCKED \$30 REINS FEE INSPECTOR: |
| 128 | SUNNER 15 PALMERO FLYNN'S A/C | A/C FINAL | | \$30 REINS FEE INSPECTOR: <u> </u> |
| 6215 | SHARFI 73 N SEWALL ST BUFORD | Block columns Steel | Failed | \$30 REINS FEE INSPECTOR: <u> </u> |
| 6286 | SCHNEIDER 905 RIVER ROAD D. RISIO ROOFING | DRY IN SHEATHING FLAT DECK IN PROG. | | INSPECTOR: |
| 5885 | BUSHA 10 PALM COURT AQUA SOFT | IRRIGATION | Passed | INSPECTOR: <u> </u> |
| 6252 | GREEN 26 ISLAND RD. O/B | ROOF SHEATHING | Failed | \$30 REINS FEE INSPECTOR: <u> </u> |
| TREE | SMITH 85 S RIVER RD | TREE | | → POSTPONE ? ADDRESS ? TREES MARKED INSPECTOR: |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/27, 20013 Page 1 of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|----------------|--------------------------------------|-----------------------|-----------------|---|
| 621 | Sewall's | MECHANICAL | Pass | Close |
| (2) | 15 PALMETTO FLYNN'S | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| TREE | SEBASTIANO | TREE | Passal | |
| (4) | 99 N. SEWALLS PKRD | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| TREE | MURPHY | TREE | Passal | |
| (3) | 14 KNOWLES RD | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 6146 | CONROY | FINAL | Passal | 900 |
| (1) | 12 PALMETTO DR O/B | | | Called FPL INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 6305 | BOWNER | FINAL ROOF | Passal | Close |
| (5) | 2. N. SEWALL'S PT REGENCY ROOFING | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | INSPECTOR: |

OTHER:

8920

**INTERIOR
RENOVATIONS,
EXTERIOR
WINDOWS,
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: | 8920 | DATE ISSUED: | JUNE 4, 2008 |
| SCOPE OF WORK: | INTERIOR RENOVATIONS, EXTERIOR WINDOW & DOOR | | |
| CONDITIONS: | | | |
| CONTRACTOR: | TUSCANY BAY HOMES | | |
| PARCEL CONTROL NUMBER: | 01384101000000607 | SUBDIVISION | PALMETTO PARK-LOT 6 |
| CONSTRUCTION ADDRESS: | 15 PALMETTO DR | | |
| OWNER NAME: | SKINNER | | |
| QUALIFIER: | BARRY WAGNER | CONTACT PHONE NUMBER: | 215-4002 |

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

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

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

REQUIRED INSPECTIONS

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

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

Date: 5/15/08 **RECEIVED** Town of Sewall's Point **BUILDING PERMIT APPLICATION** Permit Number: _____
 DATE 5/20/08 TOWN OF SEWALL'S POINT

OWNER/TITLEHOLDER NAME: ROBERT & SHERY SKINNER Phone (Day) 561-289-8348 (Fax) _____

Job Site Address: 15 PALMETTO DRIVE City: SEWALLS PT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) PALMETTO PK LOT 6 Parcel Number: 01-38-41-010-000-0000-7

Owner Address (if different): N/A City: _____ State: _____ Zip: _____

Scope of work: INTERIOR RENOVATION PLUS EXT WINDOW + DOOR REPLACEMENT

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 75,000
 (Notice of Commencement required when over \$2500 prior to first inspection)
 Is subject property located in flood hazard area? V A9 A8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 Fair Market Value of the Primary Structure only (Minus the land value)
 *** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION***

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

CONTRACTOR/Company: Tuscany Bay Homes, LLC Phone: 772-215-4002 Fax: 772-225-7479
 Street: 2025 NE River Ct City: JENSEN, FL State: FL Zip: 34957

State Registration Number: CB125N60 State Certification Number: CB1251160 Municipality License Number: _____

PROJECT SUPERINTENDANT: Barry Van Wagner CONTACT NUMBER: 772-215-4002

ARCHITECT GARY POWELL Lic.#: 17125 Phone Number: 772-223-1755

Street: 3727 SE OCEAN BLVD City: SEWALLS PT State: FL Zip: 34996

ENGINEER N/A Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W /SEWER & ELECTRIC): Living: 1971 Garage: 426 Covered Patios: _____ Screened Porch: _____
 Carport: _____ Total Under Roof 2397 Wood Deck: _____ Accessory Building: _____

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas): 2004 (W/2006 Rev.)
 National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

NOTICES TO OWNERS AND CONTRACTORS:
 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS 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 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 SIGNATURE (required) _____ CONTRACTOR SIGNATURE (required) _____

State of Florida, County of: Martin Notary Public, State of Florida
 This the 16th day of May 2008 Commission# DD742818
 by Robert M Skinner who is personally known to me or produced FL DR License as identification. My Commission Expires: Dec 17th 2011

CAROL ANN SINGH
 Notary Public, State of Florida
 Commission# DD742818
 My term expires Dec. 17, 2011

CAROL ANN SINGH
 Notary Public, State of Florida
 Commission# DD742818
 My term expires Dec. 17, 2011

by Barry L V Wagner who is personally known to me or produced Florida's del license as identification. My Commission Expires: Dec 17th 2011

Notary Public Carol Singh Notary Public Carol Singh

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



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

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

Summary

print Owner
9 of 14

Parcel Info

| Parcel ID | Unit Address | Serial Index ID | Order | Commercial | Residential |
|--------------------------|-------------------|-----------------|-------|------------|-------------|
| 01-38-41-010-000-00060-7 | 15 SE PALMETTO ST | 17759 | Owner | 0 | 1 |

Summary

Land

Residential

Improvement

Commercial

Image

Sales & Transfers

Assessments →

Taxes →

Exemptions →

Parcel Map →

Full Legal →

Summary

Property Location 15 SE PALMETTO ST

Tax District 2200 Sewall's Point

Account # 17759

Land Use 101 0100 Single Family

Neighborhood 120200

Acres 0.418

Legal Description

Property Information

PALMETTO PARK LOT 6 (LESS BEG NW COR, NE ALG N/LN 11.92 TO ELY R/W S RIVER RD

AS ESTABLISHED IN OR 1604/0439, SE ALG R/W 35.27, SE ALG R/W CURVE 46.04 TO

PRC, SE ALG R/W CURVE 54.24, SW ALG S/LN 30 M/L TO SW COR, NW ALG W/LN TO POB

Owner Information

Owner Information
SKINNER, ROBERT & SHERRY

Mail Information

15 SE PALMETTO DR
STUART FL 34996

Assessment Info

Front Ft. 0.00

Market Land Value \$340,000

Market Impr Value \$131,290

Market Total Value \$471,290

Recent Sale

Sale Amount \$0

Sale Date 12/10/2001

Book/Page 1604 0462

Search By

Parcel ID

Owner

Address

Account #

Use Code

Legal Description

Neighborhood

Sales

Map →

Site Functions

Property Search

Contact Us

On-Line Help

County Home

Site Home

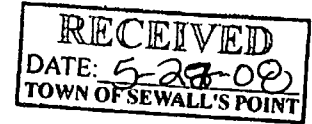
County Login

[Print](#) | [Back to List](#) | [<< First](#) | [< Previous](#) | [Next >](#) | [Last >>](#)

[Legal disclaimer](#) / [Privacy Statement](#)

Data updated on 05/01/2008





Robert & Sherry Skinner
15 Palmetto Drive
Sewall's Point, Florida 34996

May 27, 2008

To Whom It May Concern:

As the owner of the residence at 15 Palmetto Drive (Palmetto Park Lot #6) we request the Town of Sewall's Point revise the Contractor of Record for the remodeling project designed by Gary Powell, Architect. The previous contractor was Parks Company, Inc. 3481 SE Willoughby Blvd, Suite 102, Stuart, Florida 34994 and the new contractor is Tuscany Bay Homes, LLC 2025 NE River Ct, Jensen Beach, Florida 34957.

Sincerely,

A handwritten signature in black ink, appearing to be "R. Skinner" with a flourish at the end.

Robert & Sherry Skinner

cc: File
Tuscany Bay Homes, LLC

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/15/2007

PRODUCER: (772)287-2030 FAX (772)288-2481
 Deakin: Carroll Insurance Agency
 www.cikinscarroll.com
 P.O. Box 1597
 Pt. St. Lucie, FL 34992

INSURED: Frone Installations LLC
 44 SE Westmoreland Blvd.
 Ft. St. Lucie, FL 34952

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 | NAIC # |
|---|--------|
| INSURER A: Old Dominion Insurance Company | 40231 |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |

COVERED: 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 IN ANY POLICY, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. THE AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | | | | | | | | |
|--|---------------|------------------------------------|-------------------------------------|---|---------------------|--------|--------------------|----|----------------------------|----|-----------------------------|----|
| GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | MPC91619 | 09/14/2007 | 09/14/2008 | EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000 | | | | | | | | |
| AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | | | | | | | | |
| TRUCK LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ | | | | | | | | |
| UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ | | | | | | | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED? <small>If yes, describe under PROVISIONS below</small> | | | | <table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTM-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table> | WC STATUTORY LIMITS | OTM-ER | E.L. EACH ACCIDENT | \$ | E.L. DISEASE - EA EMPLOYEE | \$ | E.L. DISEASE - POLICY LIMIT | \$ |
| WC STATUTORY LIMITS | OTM-ER | | | | | | | | | | | |
| E.L. EACH ACCIDENT | \$ | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE | \$ | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | \$ | | | | | | | | | | | |

DESCRIPTION: OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Lowe's Companies, Inc. and any and all subsidiaries are named as additional insured as respect to General Liability
 30 day cancellation notice except 10 days notice for nonpayment of premium per FL statute.

| CERTIFICATE HOLDER | CANCELLATION |
|---|--|
| Lowe's Companies, Inc. Attention: IS Insurance Box 1111 Wilkesboro, NC 28656 | 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE David Deakins/BW |

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/20/2008

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.

PRODUCER
Kretschmer Insurance Agency, Inc
P.O. Box 12519
Ft. Pierce, FL 34979-2519
(561) 467-6656

INSURED
J T ENTERPRISES OF MARTIN COUNTY
INC.
3331 SW 42ND AVE; UNIT B
PALM CITY, FL 34994

| | | |
|-----------------------------|-------------------------|-------|
| INSURERS AFFORDING COVERAGE | | NAIC# |
| INSURER A: | PENNSYLVANIA LUMBERMENS | |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |

COVERAGES

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

| INSR ADDL STR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|---------------|--|---------------|------------------------------------|-------------------------------------|------------------------------------|--------------|
| | | | | | | |
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 09-J046-01-07 | 08/29/07 | 08/29/08 | EACH OCCURRENCE | \$ 1,000,000 |
| | DAMAGE TO RENTED PREMISES (Ea occurrence) | | | | \$ 100,000 | |
| | | | | | NEO EXP (Any one person) | \$ 5,000 |
| | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | PRODUCTS - COMPIOP AGG | \$ 2,000,000 |
| | | | | | COMBINED SINGLE LIMIT (Ea account) | \$ |
| | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | OTHER THAN AUTO ONLY: EA ACC | \$ |
| | | | | | AGG | \$ |
| | | | | | EACH OCCURRENCE | \$ |
| | | | | | AGGREGATE | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | WC STATU-TORY LIMITS | \$ |
| | | | | | OTH-ER | \$ |
| | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | E.L. DISEASE - EA EMPLOYE | \$ |
| | | | | | E.L. DISEASE - POLICY LIMIT | \$ |

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

CERTIFICATE HOLDER
TUSCANY BAY HOMES
2025 N.E. RIVER CIRCLE
JENSEN BEACH, FL 34957
FAX-772-220-0073

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

AUTHORIZED REPRESENTATIVE
J. E. Kretschmer III

ACORD CERTIFICATE OF LIABILITY INSURANCE

P9FQJL8K

DATE (MM/DD/YYYY)
05/20/2008

PRODUCER
Risk Transfer Holdings
301 E. Pine Street
Suite 350
Orlando, FL 32801

INSURED
Advantage HR
1423 SW Martin Hwy.
Palm City, FL 34990
USA

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

NAIC #

INSURER A: First Commercial Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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

| INSURANCE TYPE | TYPICAL INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | 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"/> PRO. <input type="checkbox"/> OBJECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ |
| | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
| | | | | | MED EXP (Any one person) \$ |
| | | | | | PERSONAL & ADV INJURY \$ |
| | | | | | GENERAL AGGREGATE \$ |
| | | | | | PRODUCTS - COMP/OP AGG \$ |
| AUTOMOBILE LIABILITY | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | | | | | BODILY INJURY (Per person) \$ |
| | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | PROPERTY DAMAGE (Per accident) \$ |
| GARAGE LIABILITY | <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | | | | OTHER THAN AUTO ONLY: EA ACC \$ |
| EXCESS/UMBRELLA LIABILITY | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ |
| | | | | | AGGREGATE \$ |
| | | | | | \$ |
| | | | | | \$ |
| A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER | 18431-4 | 01/01/2008 | 01/01/2009 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> Q1-EA |
| | | | | | E.I. EACH ACCIDENT \$ 1,000,000 |
| | | | | | E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | E.I. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Coverage is extended to the leased employees of alternate employer (Florida Operations Only):
 J.T. Enterprises of Martin County, Inc. Effective 1/1/2004
DISCLAIMER: The Certificate of Insurance does not constitute a contract between the Issuing Insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

CERTIFICATE HOLDER

Tuscany Bay Homes
2025 NE River Cir
Jensen Beach, FL 34957

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 90 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

Page 1 of 1

© ACORD CORPORATION 1988

ACORD 25 (2001/08)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/14/2007

PRODUCER
COVER ALL INSURANCE
2000 W. ATLANTIC BLVD.
PORT CHARLOTTE, FL. 33063
PHONE# (954) 956-0006 FAX# (954) 956-0555

INSURED
ADVANCED MASONRY SPECIALISTS, INC.
1700 TROWBRIDGE ROAD
FORT PIERCE, FL. 34945
FAX# 772-595-0324

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 | NAIC # |
|---|--------|
| INSURER A: AMERICAN VEHICLE INSURANCE COMPANY | |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |

COVERAGES

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

| INSR ADD'L LTR | INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------------|-------|--|--------------------|----------------------------------|-----------------------------------|--|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 09132007SM_4458704 | 10-28-2007 | 10-28-2008 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 |
| | | 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) \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY. AGG \$ |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | | OTHER | | | | |

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

CERTIFICATE HOLDER
 TUSCANY BAY HOMES, LLC.
 2025 NE RIVER COURT
 JENSEN BEACH, FL. 34957
 FAX # 772-365-7479 → 772-225-7479

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

[Signature]

CERTIFICATE OF INSURANCE

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

CERTIFICATE HOLDER:
 TUSCANY BAY HOMES
 2025 NE RIVERCOURT
 JENSEN BEACH, FL 34957

INSURED:
 KEITH HAMILTON INC
 1501 SE DECKER AVE STE 307
 STUART, FL 34994-3964

| TYPE OF INSURANCE LIABILITY | POLICY NUMBER & ISSUING CO. | POLICY EFF. DATE | POLICY EXP. DATE | LIMITS OF LIABILITY (*LIMITS AT INCEPTION) |
|---|--|------------------|------------------|---|
| <input checked="" type="checkbox"/> Liability and Medical Expense | 77-AC-750815-3001 NATIONWIDE MUTUAL INSURANCE CO. | 05-05-08 | 05-05-09 | Any One Occurrence..... \$ 1,000,000 |
| <input checked="" type="checkbox"/> Personal and Advertising Injury | | | | Any One Person/Org \$ 1,000,000 |
| <input checked="" type="checkbox"/> Medical Expenses | | | | ANY ONE PERSON \$ 5,000 |
| <input checked="" type="checkbox"/> Fire Legal Liability | | | | Any One Fire or Explosion \$ 100,000 |
| <input type="checkbox"/> Other Liability | | | | General Aggregate* \$ 2,000,000 Prod/Comp Ops Aggregate* . \$ 1,000,000 |
| AUTOMOBILE LIABILITY | | | | |
| <input type="checkbox"/> BUSINESS AUTO | | | | Bodily Injury (Each Person) \$ (Each Accident) \$ |
| <input type="checkbox"/> Owned | | | | Property Damage (Each Accident) \$ |
| <input type="checkbox"/> Hired | | | | Combined Single Limit \$ |
| <input type="checkbox"/> Non-Owned | | | | |
| EXCESS LIABILITY | | | | |
| <input type="checkbox"/> Umbrella Form | | | | Each Occurrence \$ Prod/Comp Ops/Disease Aggregate* \$ |
| STATUTORY LIMITS | | | | |
| <input type="checkbox"/> Workers' Compensation and | | | | BODILY INJURY/ACCIDENT ... \$ Bodily Injury by Disease EACH EMPLOYEE \$ |
| <input type="checkbox"/> Employers' Liability | | | | Bodily Injury by Disease POLICY LIMIT \$ |

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

DESCRIPTION OF OPERATIONS/LOCATIONS
 VEHICLES/RESTRICTIONS/SPECIAL ITEMS

Effective Date of Certificate: 05-05-2008
 Date Certificate Issued: 05-20-2008

Authorized Representative: Atlantic Ins Partners, Inc.
 Countersigned at: 963 CENTRAL PARKWAY
 Stuart, FL 34994

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/18/07

PRODUCER
W. Duran Brown
Bateman, Gordon & Sands, Inc.
P.O. Box 1270
Jensen Beach, FL 33061

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

INSURED
Davidson Insulation & Acoustics Inc.
PO Box 380939
Murdock, FL 33938-0939

| INSURERS AFFORDING COVERAGE | NAIC # |
|--|--------|
| INSURER A: Amerisure | |
| INSURER B: Amerisure Mutual Insurance Co. | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |

COVERAGES

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

| INSR ADD'L LTR | INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------------|-------|--|-----------------|----------------------------------|-----------------------------------|---|-------------|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | GL2008198040007 | 04/01/07 | 04/01/08 | EACH OCCURRENCE | \$2,000,000 |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$300,000 |
| | | | | | | MED EXP (Any one person) | \$10,000 |
| | | | | | | PERSONAL & ADV INJURY | \$2,000,000 |
| | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| B | | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | CA200819607 | 04/01/07 | 04/01/08 | COMBINED SINGLE LIMIT (Ea accident) | \$1,000,000 |
| | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | | OTHER THAN AUTO ONLY: EA ACC | \$ |
| | | | | | | AGG | \$ |
| A | | EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0 | CU200819905 | 04/01/07 | 04/01/08 | EACH OCCURRENCE | \$5,000,000 |
| | | | | | | AGGREGATE | \$5,000,000 |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| B | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | WC200820604 | 04/01/07 | 04/01/08 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER | |
| | | OTHER | | | | E.L. EACH ACCIDENT | \$100,000 |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | \$100,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$500,000 |

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

Fax# 772-334-0804

CERTIFICATE HOLDER

Tuscany Bay Homes
2025 NW River Ct.
Jensen Beach, FL 34957

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

W. Duran Brown

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JL DATE (MM/DD/YYYY)
 BLOSE-1 07/18/07

PRODUCER

Kearns Agency of Florida Inc.
 P O Box 1849
 Jensen Beach FL 34958
 Phone: 772-334-5822 Fax: 772-334-0940

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

INSURED

Blosser Electric, Inc.
 PO BOX 7305
 Port St Lucie, FL 34985-7305

INSURERS AFFORDING COVERAGE

NAIC #

| | | |
|------------|-----------------------|-------|
| INSURER A: | Owners Insurance Co. | 32700 |
| INSURER B: | Auto-Owners Insurance | 18988 |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |

COVERAGES

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

| INSR ADD'L LTR | INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------------|-------|---|---------------|----------------------------------|-----------------------------------|---|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 72687074 | 08/24/07 | 08/24/08 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B | | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | 95-434-684-00 | 07/13/07 | 07/13/08 | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ | | | | W/C STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE -EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | |
| | | OTHER | | | | |

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

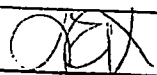
CERTIFICATE HOLDER

Tuscany Bay Homes
 Attn: Barry Van Wagner
 2025 NE River Ct.
 Jensen Beach FL 34957

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
LAWRENCE E. KEARNS



A137894

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/3/2008

PRODUCER 732-223-9700, Fax 732-223-6044
 Warren Beyer Associates
 100 Highway 35
 Manasquan NJ 08736
 INSURED
 Cardinal Roofing & Siding Co., Inc.
 1601 S.E. South Niemeyer Circle
 Port St. Lucie FL 34952

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 | NAIC # |
|--------------------------------------|--------|
| INSURER A: ProBuilders Specialty | |
| INSURER B: Continental Casualty Co | |
| INSURER C: Commerce and Industry | |
| INSURER D: Admiral Insurance Company | |
| INSURER E: | |

COVERAGES

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

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|-------------|---|---------------|----------------------------------|-----------------------------------|---|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket Addt'l Ins R0101 ed. 2/5/02 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | 596183 | 03/03/2008 | 03/03/2009 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| B | | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | 2088523583 | 06/30/2007 | 06/30/2008 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| C | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | WC5314999 | 03/06/2008 | 03/06/2009 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| D | | OTHER Excess Auto Liability | EX46311005 | 06/30/2007 | 06/30/2008 | Limit \$1,000,000 occurrence \$1,000,000 aggregate |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 This Insurance contains a 30 Day Written Notice of Cancellation*10 Days for nonpayment of premium

CERTIFICATE HOLDER
 (722) 335-9554
 Tuscany Bay Homes
 2025 NE River Court
 Jensen Beach, FL 34957

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SB
ATLAC-4
DATE (MM/DD/YYYY)
12/06/07

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

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

INSURED
Atlantic Coast Doors & Windows, Inc.
Michael J. Fowler
904 NW New Providence Road
Stuart FL 34994

| INSURERS AFFORDING COVERAGE | | NAIC # |
|-----------------------------|--------------------------|--------|
| INSURER A: | Auto Owners Insurance Co | 18988 |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |

COVERAGES

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

| INSR ADD'L LTR INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------------------|--|-----------------|----------------------------------|-----------------------------------|-------------------------------------|------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 72661768 | 12/29/07 | 12/29/08 | EACH OCCURRENCE | \$ 300000 |
| | DAMAGE TO RENTED PREMISES (Ea occurrence) | | | | \$ 300000 | |
| | | | | | MED EXP (Any one person) | \$ 10000 |
| | | | | | PERSONAL & ADV INJURY | \$ 300000 |
| | | | | | GENERAL AGGREGATE | \$ 300000 |
| | | | | | PRODUCTS - COMP/OP AGG | \$ 300000 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | 4619541500 | 12/29/07 | 12/29/08 | COMBINED SINGLE LIMIT (Ea accident) | \$ 300,000 |
| | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | OTHER THAN AUTO ONLY: EA ACC | \$ |
| | | | | | AGG | \$ |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE | \$ |
| | | | | | AGGREGATE | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS | OT-HER |
| | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| A | BOND | 077712-66025517 | 11/14/07 | 09/30/09 | License & Permit | 2,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
DOOR & WINDOW INSTALLATION

CERTIFICATE HOLDER

TUSCB-3

Tuscany Bay Homes
2025 NE River Court
Jensen Beach FL 34957

CANCELLATION

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

AUTHORIZED REPRESENTATIVE





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

CONTRACTOR, OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT

Date: 5-19-08 Building Permit # _____

Site Address: 18 Palmetto Dr Sewall's Point FL 34996

FBC 104.1.10 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. 469.003 License required.--

(1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.

(2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.

(b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.

(3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)

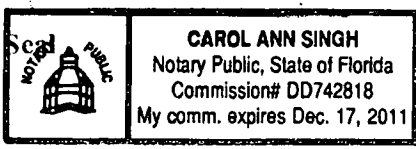
Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: **Disclosure Statement:** State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

Contractor or _____ Owner/Builder Signature _____

Subscribed and sworn to before me this 20th day of May, 2008, personally appeared

Barry L.V. Wagner who is personally known to me or produced _____ as identification, and who did/did not take an oath.

Notary Public Signature Carol Singh CAROL SINGH



NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

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): PALMETTO PARK LOT 6 15 PALMETTO DRIVE SEWALLS PT FL 34996

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER NAME: ROBERT + SHERRY SKINNER
ADDRESS: 15 PALMETTO DR SEWALLS PT FL 34996
PHONE NUMBER: 772-287-5754 FAX NUMBER: _____

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

CONTRACTOR: Tuscany Bay Homes LLC / Barry Van Wagner
ADDRESS: 2025 NE RIVER CT. Jensen Beach FL 34957
PHONE NUMBER: 772-215-4002 FAX NUMBER: 772-225-7479

SURETY COMPANY (IF ANY): N/A
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: Tuscany Bay Homes, LLC / Barry Van Wagner
ADDRESS: 2025 NE RIVER CT. Jensen Beach FL 34957
PHONE NUMBER: 772-215-4002 FAX NUMBER: 772-225-7479

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES Barry Van Wagner OF Tuscany Bay Homes, LLC TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.
PHONE NUMBER: 772-215-4002 FAX NUMBER: 772-225-7479

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 _____

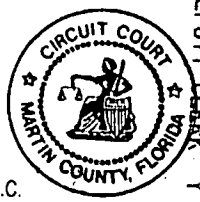
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 16th DAY OF May, 2008

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

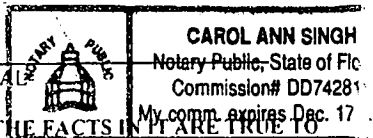
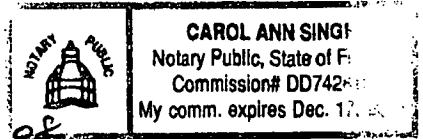
PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION PRODUCED FL Driver License

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)



D.C.



INSTR # 2086223 OR BK 02330 Pg 1318; (1p9) MARSHA EWING MARTIN COUNTY DEPUTY CLERK Y Gorney 11:14:34 AM



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

RECEIVED
 DATE: 5-20-08
 TOWN OF SEWALL'S POINT

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

PROJECT NAME ADD. / ACT. FOR MR. & MRS. ROBERT SKINNER BLDG. PERMIT# _____
 ADDRESS 15 PALMETTO DR. OCCUPANCY TYPE R-3
SEWALL'S POINT, FLORIDA CONST. TYPE

STATEMENT

I certify that, to the best of my knowledge and belief, these plans and specifications have been designed to comply with the applicable structural portion of the Building Codes as amended, adopted, and enforced by The Town of Sewall's Point Building Department. I also certify that the structural components, systems, and related elements provide adequate resistance to the wind loads and forces specified by the current Code provisions. I hereby accept responsibility for the structural design.

DESIGN PARAMETERS AND ANALYSIS

 CODE EDITIONS: 2004 FLORIDA BUILDING CODE W/ 2006 REVISIONS
 CHAPTER 6 OF ASCE 7-02
 BUILDING DESIGN AS: PARTIALLY ENCLOSED _____ ENCLOSED OPEN _____
 WIND TUNNEL TEST _____
 BASIC WIND SPEED: EAST OF TURNPIKE 140 MPH 3 SECOND GUST
 BUILDING CATEGORY I _____ II III _____ IV _____
 WIND IMPORTANCE/USE FACTOR 1.0
 INTERNAL PRESSURE COEFFICIENT .18
 GARAGE DOOR DESIGN PRESSURE _____ +psf (positive) _____ -psf (negative)
 DOOR DESIGN PRESSURE (INT. ZONE) _____ +psf _____ -psf (END ZONE) _____ +psf _____ -psf
 WINDOW DESIGN PRESSURE (INT. ZONE) _____ +psf _____ -psf (END ZONE) _____ +psf _____ -psf
 EXPOSURE C
 IMPACT PROTECTION (EXTERIOR OPENINGS): APPROVED SHUTTERS IMPACT RESIST. GLASS _____

SEE PLANS

NOTE: ACTUAL DESIGN PRESSURES FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, AND SIMILAR ENVELOPE ELEMENTS MUST ALSO BE INDICATED ON CONSTRUCTION PLANS.

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

NAME GARY POWELL
 CERTIFICATION # 12125
 DATE 5-20-08
 DESIGN FIRM GARY POWELL ARCHITECT
 OTHER _____

SEAL

 5-20-08
 12125



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

RECEIVED
 DATE: 5-20-08
 TOWN OF SEWALL'S POINT

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

PROJECT NAME ADD./ACT. FOR: MR. & MRS. ROBERT SKINNER BLDG. PERMIT# _____
 ADDRESS 15 PALMETTO DR. OCCUPANCY TYPE R-3
SEWALL'S POINT, FLORIDA CONST. TYPE ✓

STATEMENT

I certify that, to the best of my knowledge and belief, these plans and specifications have been designed to comply with the applicable structural portion of the Building Codes as amended, adopted, and enforced by The Town of Sewall's Point Building Department. I also certify that the structural components, systems, and related elements provide adequate resistance to the wind loads and forces specified by the current Code provisions. I hereby accept responsibility for the structural design.

DESIGN PARAMETERS AND ANALYSIS

CODE EDITIONS: 2004 FLORIDA BUILDING CODE W/ 2006 REVISIONS
 CHAPTER 6 OF ASCE 7-02

BUILDING DESIGN AS: PARTIALLY ENCLOSED _____ ENCLOSED ✓ OPEN _____
 WIND TUNNEL TEST _____

BASIC WIND SPEED: EAST OF TURNPIKE 140 MPH 3 SECOND GUST X

BUILDING CATEGORY I _____ II 1 III _____ IV _____

WIND IMPORTANCE/USE FACTOR 1.0

INTERNAL PRESSURE COEFFICIENT .18

GARAGE DOOR DESIGN PRESSURE _____ +psf (positive) _____ -psf (negative)

DOOR DESIGN PRESSURE (INT. ZONE) _____ +psf _____ -psf (END ZONE) _____ +psf _____ -psf

WINDOW DESIGN PRESSURE (INT. ZONE) _____ +psf _____ -psf (END ZONE) _____ +psf _____ -psf

EXPOSURE U

IMPACT PROTECTION (EXTERIOR OPENINGS): APPROVED SHUTTERS X IMPACT RESIST. GLASS _____

SEE PLANS

NOTE: ACTUAL DESIGN PRESSURES FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, AND SIMILAR ENVELOPE ELEMENTS MUST ALSO BE INDICATED ON CONSTRUCTION PLANS.

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

NAME GARY POWELL
 CERTIFICATION # 12125
 DATE 9-20-08
 DESIGN FIRM GARY POWELL ARCHITECT
 OTHER _____

SEAL

 9-20-08
 12125



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

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

DATE: 7-17-08

~~PERMIT NUMBER: 118920~~

JOB ADDRESS: 15 Palmetto St. Sewall's Point FL

PLEASE CHECK ONE OF THE FOLLOWING:

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

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

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

DESCRIPTION OF REVISION(S): Front door

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

CONTACT NAME: Barry Van Wagner SIGNATURE: _____

PHONE NUMBER: 772-215-4002 FAX NUMBER: 772-225-7479

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 7-17-08 Approve Deny

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

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

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

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

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ N/C

Applicant notified by: Valerie 7-21-08 Date: N/C

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 7-17-08

BUILDING OFFICIAL

Building Department Product Approval Submittal Affidavit

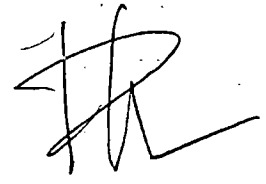
Building Permit: 8920 **Building Address:** 15 Palmetto St. Sewall's Point, FL **Contractor:** Talcaz Bay Homes, LLC

Opening Schedule: Swing Doors, Overhead Doors, Sliding Doors, Fixed Glass, Windows & Skylights:

| Opening ID | Product | Model # | Manufacturer | Glass Description | Attachment Method Type, Size, Spacing & Embedment | Building Design Pressure | Product Design Pressure |
|------------|---------|---------|--------------|-------------------|--|--------------------------|-------------------------|
| FRONTOR | DOOR | CUSTOM | H.O.B. | (NON IMPACT) | 1/4" x 1/2" MIN. EMBED. TAPCONS @ 3"/12" O.C. | +47.7/-51.6 | +/-55.0 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Product | Model # | Manufacturer | Attachment Method Type, Size, Spacing, Embedment & Stiffener etc. | Building Design Pressure | Product Design Pressure |
|---------------------------------------|------------|--------------|--|--------------------------|-------------------------|
| Hurricane panels Less than 8' span | 24 ga GALV | EASTERN | Gauge of Steel 24g 1/4" x 1/2" EMBED TAPCONS @ 3"/12" o.c. | +47.7/-51.6 | +/-55 |
| Hurricane panels 8' span or more | " | " | Gauge of Steel " " " " | " " | " " |

PAUL WELCH INC.
 MECH-ELECT-CIVIL ENG
 1984 BILTMORE ST. #114
 PORT ST. LUCIE, FL 34984
 PAUL WELCH, P.E. FLA REG NO 29945

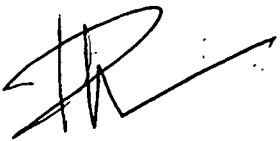


JUL 16 2008

ALL WOOD TO BE QUARTER SAUN SAPAEL with EXCEPTION of 2 3/4 Ply INSERT panels.

Door to be 1 3/4 inch THICK

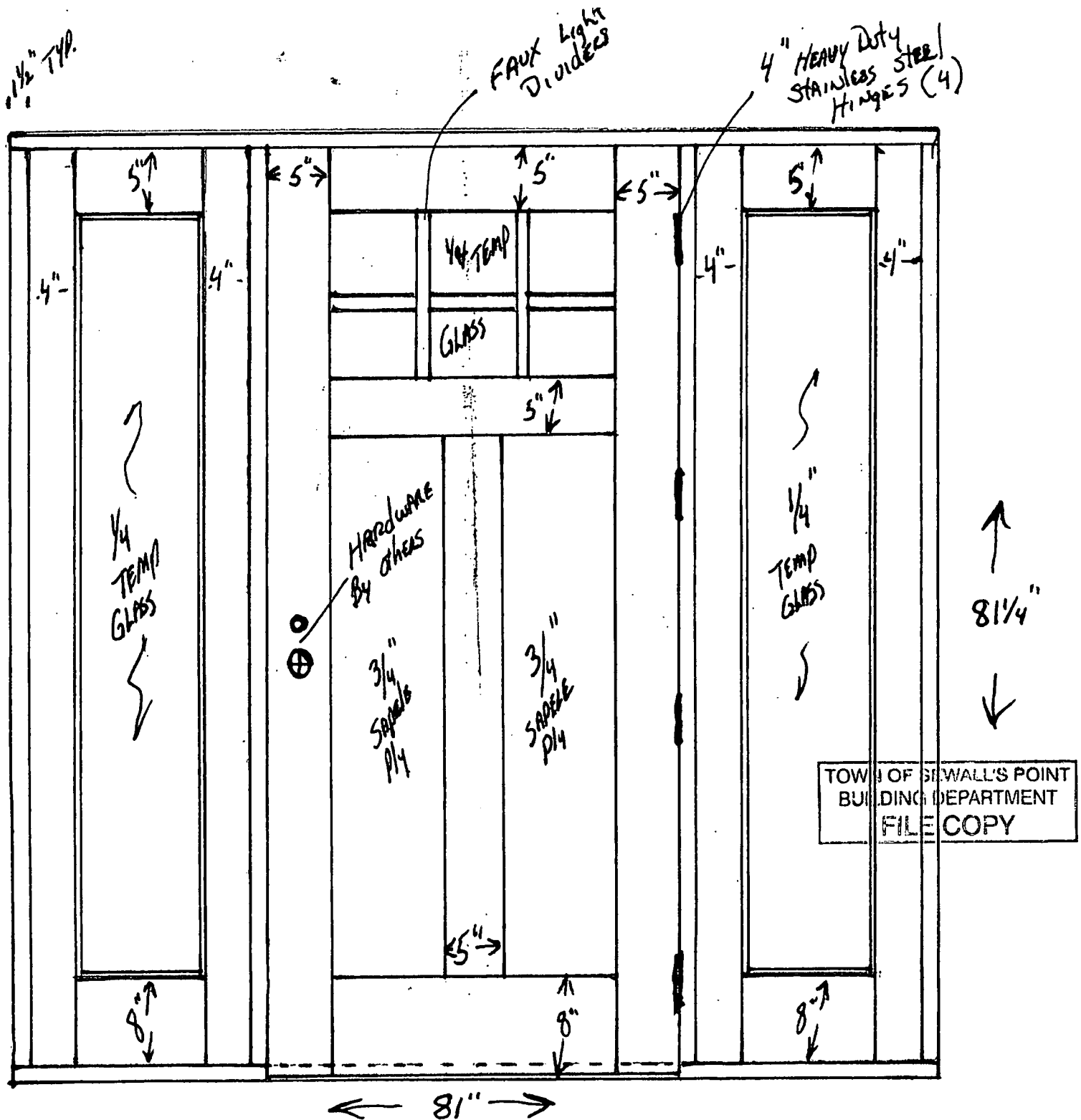
Job: Robert Skinner



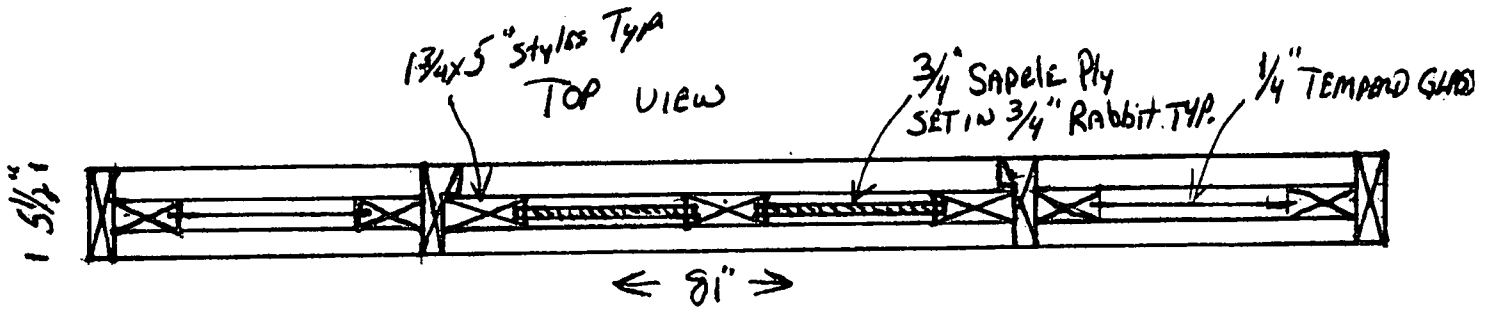
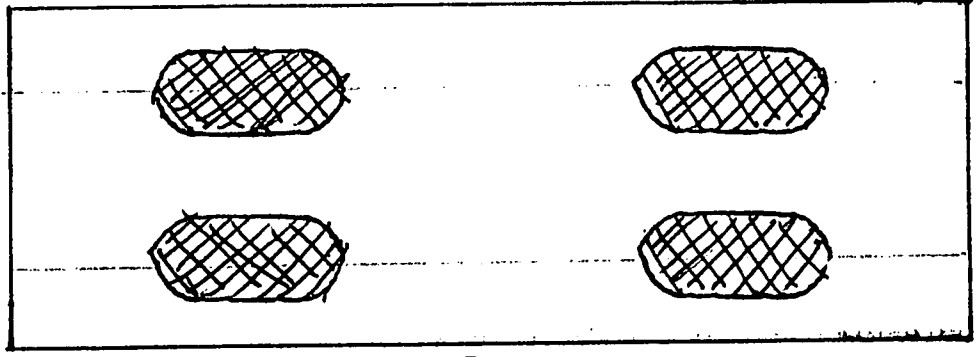
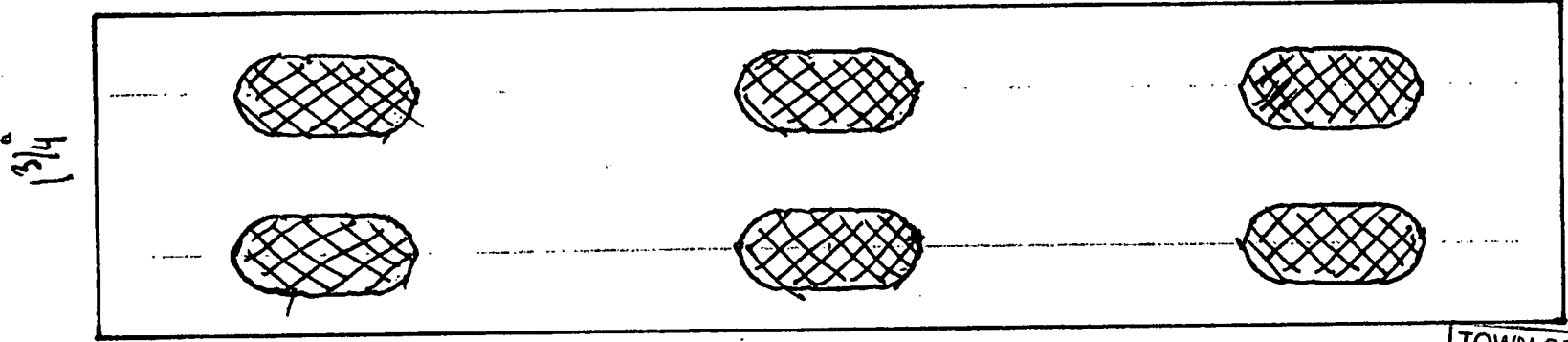
JUL 16 2003

PAUL WELCH INC.
MECH-ELECT-CIVIL ENG
1984 BILTMORE ST. #114
PORT ST. LUCIE, FL 34984
PAUL WELCH, P.E. FLA REG NO 29945

SCALE:
1"=1'



Typical Jointery
 Between Style + Rails
 1" X 2" X 3/8"
 Solid Beech Tenons
 Titebond 3 waterproof
 Glue



TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

PAUL WELCH INC.
 MECH-ELECT-CIVIL ENG
 1884 BALTIMORE ST. #114
 FORT ST. LUCIE, FL 34984
 PAUL WELCH, P.E. FLA REG NO 29945

JUL 16 2008



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

RECEIVED
 DATE: 6-17-08
 TOWN OF SEWALL'S POINT

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

DATE: 6-17-08 PERMIT NUMBER: 8920

JOB ADDRESS: 15 Palmetto

PLEASE CHECK ONE OF THE FOLLOWING:

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

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

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

DESCRIPTION OF REVISION(S): Footings, Lanes, S/C, Columns, and Framing, etc.

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

CONTACT NAME: Bobby Van Wagner SIGNATURE: [Signature]
 PHONE NUMBER: 772 215 4002 FAX NUMBER: 772 225-7479

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 6-11-08 Approve Deny

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

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

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

Other additional fees: _____ Revision review fee: 1 Pages @ \$25.00/Page 25

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 25

Applicant notified by: Value 6-18-08 Date: 6-19-08 CK# 1029



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

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

DATE: 7-14-08 PERMIT NUMBER: 8920-11

JOB ADDRESS: 15 Palmetto St. Sewall's Point FL

PLEASE CHECK ONE OF THE FOLLOWING:

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

ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING

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

DESCRIPTION OF REVISION(S): Pool Niggin (Broken wood & Broken Tiles)

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

CONTACT NAME: LARRY VAN WAGEN SIGNATURE: [Signature]

PHONE NUMBER: 772-215-4002 FAX NUMBER: 772-225-7479

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 7/16/08 Approve Deny

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

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

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

Other additional fees: 2 Insp @ 75 Revision review fee: _____ Pages @ \$25.00/Page _____

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 150.00

Applicant notified by: _____ Date: [Signature] # 1052
1052



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

RE-ROOF PERMIT CERTIFICATION

PERMIT # 8920

CONTRACTOR'S NAME: CARDINAL Roofing PHONE #: 335-9550 FAX: 335-9554

OWNER'S NAME: Robert & Sheery Skinner

CONSTRUCTION ADDRESS: 15 SE PALMETTO STREET CITY STUART STATE FL

RE-ROOF: RESIDENTIAL(SINGLE FAMILY)

COMMERCIAL **--REMOVE/REINSTALL ROOF TOP HVAC EQUIP YES NO

**...DISCONNECT/RECONNECT HVAC ELECTRIC YES NO

** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

RE-ROOF DEEMED TO COMPLY WITH 553.844 F. S. YES NO - INSURED VALUE OF RESIDENCE _____

RE-ROOF INSPECTION AFFIDAVIT TO BE PROVIDED IN LIEU OF BUILDING DEPARTMENT INSPECTION YES NO

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER _____

ROOF PITCH: 5 /12 SLOPE

- ROOF DECK:*
- SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED
 - RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".
 - SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED-SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".

EXISTING DECK TO REMAIN/REPAIRED & RENAILED

EXISTING ROOF COVERING: TILES EXISTING COVERING TO BE REMOVED? YES NO *only 80 SFT. area*

PROPOSED NEW ROOF COVERING: 80 square feet of Repair only

MANUFACTURER HANSON PRODUCT NAME HACIENDA PRODUCT APPR # 07-0914.06

(APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL)
 MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.

*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.

PROPOSED FLASHING: GALV./STEEL ALUMINUM COPPER OTHER _____

RIDGEVENT TO BE INSTALLED: YES NO

DESCRIPTION OF WORK: Remove & Replace FLASHING & TILE 40LFT. ROOF EDGE
TOTAL = 80 SQUARE FEET

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

[Signature]

DATE: 7-11-08

SIGNATURE OF CONTRACTOR



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 8920

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: Robert & Sherry Skinner

CONSTRUCTION ADDRESS: 15 SE PALMETTO STREET

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: ROOF Repair

VALUE OF CONSTRUCTION \$ 2,100 -

| | |
|--------------------------------------|---|
| <input type="checkbox"/> LOW VOLTAGE | |
| TYPE OF EQUIPMENT: | <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER |
| SCOPE OF WORK: | VALUE |

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

Brad S. Hogan
SIGNATURE OF LICENSED CONTRACTOR

1601 SE NIEMEYER CIRCLE, PORT ST LUCIE FL 34952
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: BRAD S. HOGAN

TELEPHONE NO: 335-9550 PLEASE PRINT FAX NO: 335-9554

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CC032513

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: SKINNER, Robert & Sherry

PARCEL CONTROL #: 01-33-41-010-000-00060-7

SUBDIVISION: PALMETTO PARK LOT: 6 BLK: --- PHASE: ---

SITE ADDRESS: 15 SE PALMETTO STREET

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



MIAMI-DADE COUNTY
BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Hanson Roof Tile
1340 SW 34th Ave
Deerfield Beach, FL 33442

SCOPE:

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

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

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

DESCRIPTION: Hanson Hacienda Double Roll Roof Tile

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

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

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

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

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

This NOA consists of pages 1 through 7.

The submitted documentation was reviewed by Jorge L. Acebo.



NOA No.: 07-0914.06
Expiration Date: 12/16/12
Approval Date: 12/06/07
Page 1 of 7

ROOFING ASSEMBLY APPROVAL

Category: Roofing
 Sub Category: Roofing Tile
 Material: Concrete

1. SCOPE

This renews a roofing system using **Hanson Hacienda Roof Tile**, as manufactured by Hanson Roof Tile in *Hobe Sound, Florida* and as described in Section 2 of this Notice of Acceptance. For the locations where the pressure requirements, do not exceed the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

2. PRODUCT DESCRIPTION

| <u>Manufactured by Applicant</u> | <u>Dimensions</u> | <u>Test Specifications</u> | <u>Product Description</u> |
|----------------------------------|--|----------------------------|--|
| Hanson "Hacienda" | Length: 17¼" Width: 13" ½" thick | TAS 112 | Low profile, interlocking, extruded concrete roof tile equipped with two nail hole and double roll ribs. For direct deck or battened nail-on, mortar or adhesive set applications. |
| Trim Pieces | Length: varies Width: varies Varying thickness | TAS 112 | Accessory trim, concrete roof pieces for use at hips, rakes, ridges and valley terminations. Manufactured for each tile profile. |

2.1 COMPONENTS OR PRODUCTS MANUFACTURED BY OTHERS

| <u>Product</u> | <u>Dimensions</u> | <u>Test Specifications</u> | <u>Product Description</u> | <u>Manufacturer</u> |
|----------------|---|----------------------------------|---|-------------------------------|
| Wood Battens | <u>Vertical</u> Min. 1"x 4" <u>Horizontal</u> Min. 1"x 4" for use with vertical battens or Min. 1"x 2" for use alone | Wood Preservers Institute LP - 2 | Salt pressure treated or decay resistant lumber battens | Generic (With current NOA) |
| Tile Nails | Min. 10dx 3" | TAS114 Appendix E | Corrosion resistant screw or smooth shank nails | Generic (With current NOA) |



NOA No.: 07-0914.06
 Expiration Date: 12/16/12
 Approval Date: 12/06/07
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| <u>Product</u> | <u>Dimensions</u> | <u>Test Specifications</u> | <u>Product Description</u> | <u>Manufacturer</u> |
|----------------------------|--|----------------------------|--|-------------------------------|
| Tile Screws | #8x 2 1/2" long 0.335" head dia. 0.131" shank dia. 0.175" screw thread dia. | TAS 114 Appendix E | Corrosion resistant, coated, square drive, galvanized, coarse thread wood screws | Generic (With current NOA) |
| Hurricane Clip & Fasteners | Clips Min. 1/2" width Min. 0.060" thick Clip Fasteners Min. 8d x 1 1/4" | TAS 114 Appendix E | Corrosion resistant clips with corrosion resistant nails. | Generic (With current NOA) |

2.2 EVIDENCE SUBMITTED

| <u>Test Agency</u> | <u>Test Identifier</u> | <u>Test Name/Report</u> | <u>Date</u> |
|--|---------------------------|---|-------------|
| Redland Technologies | 7161-03 | PA 102 | Dec. 1991 |
| | 7161-03 | PA 102(A) | Dec. 1991 |
| | 7161-03 | PA 108 | Dec. 1991 |
| | P0402 | Withdrawal Resistance Testing of screw vs. smooth shank nails | Sept. 1993 |
| | P0631-01 | PA 108 | July 1994 |
| | Letter Dated Aug. 1, 1994 | PA 108 | Aug. 1994 |
| Professional Service Industries, Inc. | 224-47099 | PA 112 | Sept. 1994 |
| The Center for Applied Engineering, Inc. | 94-060B | PA 101 | March, 1994 |
| | 94-084 | PA 101 | May 1994 |
| | 25-7094-1 | PA 102 | Oct. 1994 |
| | 25-7094-7 | PA 102 | Oct. 1994 |
| | 25-7094-4 | PA 102 | Oct. 1994 |
| | Project No. 307025 | PA 100 | Oct. 1994 |
| | Test #MDC-76 | | |
| | 25-7183-1 | PA 102 | Feb. 1995 |
| | 25-7183-2 | PA 102 | Feb. 1995 |
| | 25-7214-2 | PA 102 | March, 1995 |
| 25-7214-6 | PA 102 | March, 1995 | |
| Celotex Corporation Testing Services | 528454-2-1 | PA 101 | Sep. 1998 |
| | 520109-2 | | Dec. 1998 |
| Walker Engineering, Inc. | Calculations | Aerodynamic Multiplier | March 1999 |
| IBA Consultants, Inc. | 2381-249 | TAS 112 | 09/20/07 |



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Expiration Date: 12/16/12
Approval Date: 12/06/07
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3. LIMITATIONS

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

4. INSTALLATION

- 4.1 Hanson 'Hacienda' Roof Tile and its components shall be installed in strict compliance with Roofing Application Standard RAS 118, 119, & 120.
- 4.2 Data For Attachment Calculations

| Table 1: Aerodynamic Multipliers - λ (ft ³) | | |
|---|--|---|
| Tile Profile | λ (ft ³) Batten Application | λ (ft ³) Direct Deck Application |
| Hacienda Tile | 0.267 | 0.289 |

| Table 2: Restoring Moments due to Gravity - M_g (ft-lbf) | | | | | | | | | | |
|--|---------|-------------|---------|-------------|---------|-------------|---------|-------------|--------------------|-------------|
| Tile Profile | 3": 12" | | 4": 12" | | 5": 12" | | 6": 12" | | 7": 12" or greater | |
| | Battens | Direct Deck | Battens | Direct Deck | Battens | Direct Deck | Battens | Direct Deck | Battens | Direct Deck |
| Hanson Hacienda Tile | 5.92 | 6.80 | 5.82 | 6.69 | 5.70 | 6.55 | 5.56 | 6.39 | 5.41 | 6.22 |



| Table 3: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) For Nail-On Systems | | | | |
|---|---|---|--|----------------|
| Tile Profile | Fastener Type | Direct Deck (Min 15/32" plywood) | Direct Deck (Min. 19/32" plywood) | Battens |
| Hanson Hacienda Tile | 2-10d Ring Shank Nails | 27.8 | 37.4 | 28.8 |
| | 1-10d Smooth or Screw Shank Nail | 8.8 | 11.8 | 4.1 |
| | 2-10d Smooth or Screw Shank Nails | 16.4 | 21.9 | 7.1 |
| | 1 #8 Screw | 25.8 | 25.8 | 22.9 |
| | 2 #8 Screw | 47.1 | 47.1 | 49.1 |
| | 1-10d Smooth or Screw Shank Nail (Field Clip) | 24.3 | 24.3 | 24.2 |
| | 1-10d Smooth or Screw Shank Nail (Eave Clip) | 19.0 | 19.0 | 22.1 |
| | 2-10d Smooth or Screw Shank Nails (Field Clip) | 35.5 | 35.5 | 34.8 |
| | 2-10d Smooth or Screw Shank Nails (Eave Clip) | 31.9 | 31.9 | 32.2 |
| | 2-10d Ring Shank Nails ¹ | 43.0 | 67.5 | 50.9 |

¹ Installation with a 4" tile headlap and fasteners are located a min. of 2½" from head of tile.

| Table 4: Attachment Resistance Expressed as a Moment M_r (ft-lbf) For Two Patty Adhesive Set Systems | | |
|--|-------------------------|--------------------------------------|
| Tile Profile | Tile Application | Minimum Attachment Resistance |
| Hanson Hacienda Tile | Adhesive | 26.1 ³ |

² See manufactures component approval for installation requirements.
³ Flexible Products Company TileBond Average weight per patty 11.4 grams.
Polyfoam Product, Inc. Average weight per patty 8 grams.



| Table 4A: Attachment Resistance Expressed as a Moment - M_t (ft-lbf) For Single Paddy Adhesive Set Systems | | |
|---|-------------------|-------------------------------|
| Tile Profile | Tile Application | Minimum Attachment Resistance |
| Hanson Hacienda Tile | Polyfoam PolyPro™ | 86.61 ⁴ |
| | Polyfoam PolyPro™ | 45.5 ⁵ |
| 4 Large paddy placement of 54grams of PolyPro™. | | |
| 5 Medium paddy placement of 24grams of PolyPro™. | | |

| Table 4B: Attachment Resistance Expressed as a Moment - M_t (ft-lbf) For Mortar Set Systems | | |
|--|-------------------------|-----------------------|
| Tile Profile | Tile Application | Attachment Resistance |
| Hanson Hacienda Tile | Mortar Set ¹ | 20.60 |

5. LABELING

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

Hanson

HANSON HACIENDA ROOF TILE
TILE IDENTIFICATION MARK (LOCATED ON UNDERSIDE OF TILE)

6. BUILDING PERMIT REQUIREMENTS

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

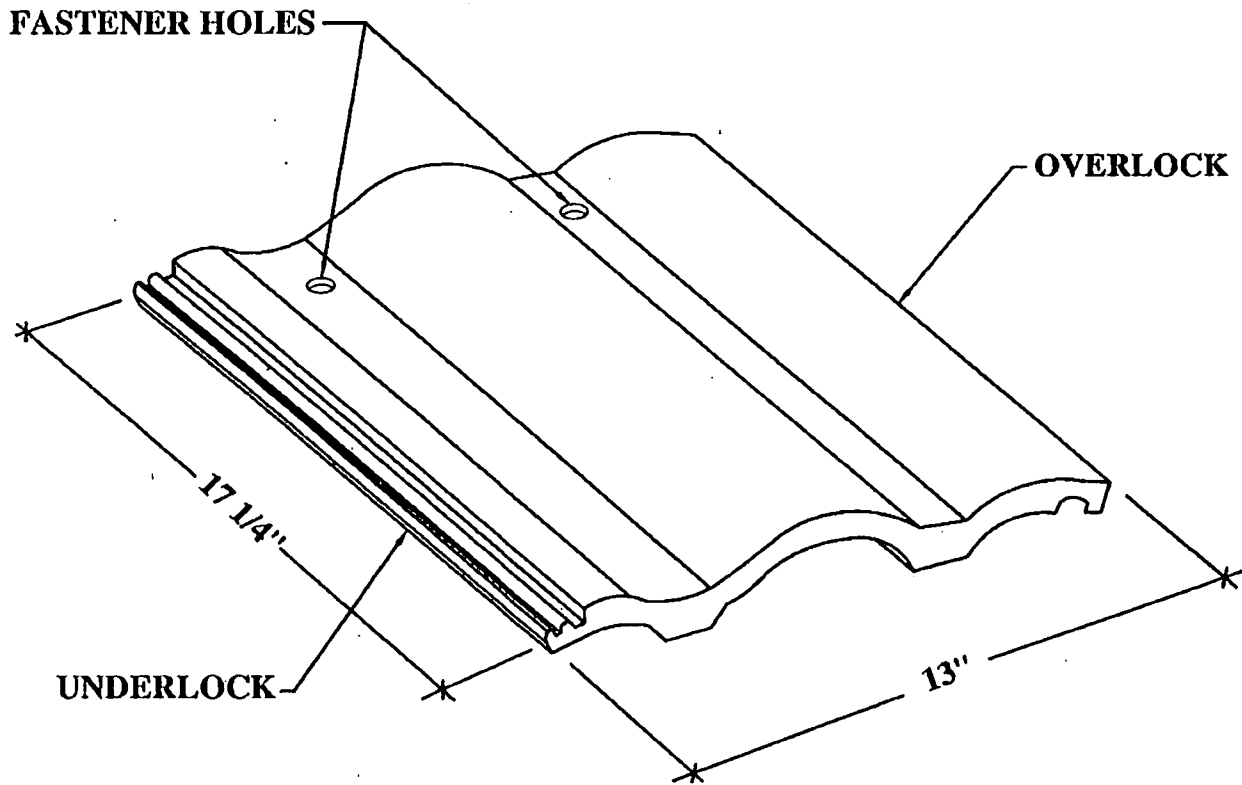
- 6.1.1 This Notice of Acceptance.
- 6.1.2 Any other documents required by the Building Official or applicable building code in order to properly evaluate the installation of this system.



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PROFILE DRAWINGS

HANSON HACIENDA CONCRETE ROOF TILE



END OF THIS ACCEPTANCE



NOA No.: 07-0914.06
Expiration Date: 12/16/12
Approval Date: 12/06/07
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OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 8920

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: Robert Skinner

CONSTRUCTION ADDRESS: 15 Delone Ho Sewall's Point FL

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: _____

VALUE OF CONSTRUCTION \$ _____

| |
|--|
| <input type="checkbox"/> LOW VOLTAGE |
| TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER |
| SCOPE OF WORK: _____ VALUE: _____ |

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

[Handwritten Signature]

SIGNATURE OF LICENSED CONTRACTOR

499 SE Seville St. Stuart, FL 34994
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Dave's Plumbing, Inc.

TELEPHONE NO: 772-287-8128 FAX NO: 772-288-7127
PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFC051125

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 8920

****IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.**

OWNERS NAME: Robert Skinner

CONSTRUCTION ADDRESS: 15 Palms Dr Sewall's Point FL

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Replace air handler with Trane. Seal all duct work

VALUE OF CONSTRUCTION \$ 3000.00

| | |
|--------------------------------------|---|
| <input type="checkbox"/> LOW VOLTAGE | |
| TYPE OF EQUIPMENT: | <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER |
| SCOPE OF WORK: | VALUE |

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

[Signature]
SIGNATURE OF LICENSED CONTRACTOR

PO Box 107 Janson Bch, FL 34958
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: DS Air Conditioning Inc

TELEPHONE NO: 772-335-4531 FAX NO: 772-335-4533
PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CAC-058715

**** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.**

*****VERIFICATION OF PARCEL CONTROL NUMBER*****

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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

OR



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 8920

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: Robert Skinner

CONSTRUCTION ADDRESS: 15 Palmetto Sewall's Point FL

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
PLUMBING
HVAC
IRRIGATION
FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Electrical wiring Interior Alterations

VALUE OF CONSTRUCTION \$ 4,000.00

LOW VOLTAGE
TYPE OF EQUIPMENT: SECURITY VACUUM SOUND SYSTEM LANDSCAPE OTHER
SCOPE OF WORK: VALUE

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

SIGNATURE OF LICENSED CONTRACTOR

Blosser Electric Inc.
P.O. Box 7305
Port St. Lucie, FL 34985

COMPANY OR QUALIFIER'S NAME: Kent Blosser

TELEPHONE NO: 337-0055 FAX NO: 337-2699

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC13001570

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED:

PARCEL CONTROL #:

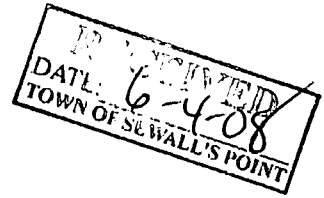
SUBDIVISION: LOT: BLK: PHASE:

SITE ADDRESS:

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



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



SUBCONTRACTORS LIST
 RESIDENTIAL, ADDITIONS, COMMERCIAL

OK

APPLICANT'S NAME: Tuscany Bay Homes LLC BLDG. PERMIT #:

MAILING ADDRESS: 2025 NE. River Ct. Jensen Bch. FL 34957

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

| | TYPE | COMPANY NAME | LICENSE NUMBER |
|-------|------------------|------------------------|-----------------------------------|
| CFO | CONCRETE - FORM | Hicks Form Company | SP. 107 |
| CFI | - FINISH | | |
| BM | BLOCK MASON | N/A | |
| ✓ CB | COLUMNS & BEAMS | Dylan Seifert Services | QB57652 |
| ✓ CA | CARPENTRY ROUGH | Dylan Seifert Services | QB57652 |
| GD | GARAGE DOOR | N/A | |
| ✓ DH | DRYWALL - HANG | John L. Rizzotto GC | 1998-575-0016 |
| DF | - FINISH | | |
| IN | INSULATION | Davidson | 1986-520-0013 |
| LA | LATHING | N/A | |
| FI | FIREPLACE | N/A | |
| PAV | PAVERS | N/A | |
| AL | ALUMINUM | N/A | |
| LP | LP GAS | N/A | |
| ✓ PAV | PAINTING | Joe Unzueta | FPO1051 |
| ✓ PL | PLASTER & STUCCO | Grith Wilson | C6CAD4121 |
| ST | STAIRS & RAILS | N/A | |
| RO | ROOFING | N/A | |
| ✓ TM | TILE & MARBLE | Coastal Floors | CTM3817 |
| WD | WINDOWS & DOORS | Atlantic Coast | CWD7258 |
| PLU | * PLUMBING | Frank Mark Daves ✓ | CFE 1427456 CFC 051625 |
| AC | * HVAC | DS Air conditioning ✓ | CAC 058715 |
| EL | * ELECTRICAL | Blosser Electric ✓ | EC 13001570 |

Handwritten notes and signatures on the left side of the table, including 'done' and 'ok'.



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

| | | | |
|----|--------------------------------|----------|--|
| AL | * LOW VOLTAGE BURGLAR ALARM | N/A | |
| VS | VACUUM SOUND | N/A | |
| IR | * IRRIGATION | EXISTING | |
| SH | SHUTTERS | EXISTING | |

* REQUIRES SEPARATE VERIFICATION FORMS.

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

[Handwritten Signature]

 CBL1257162

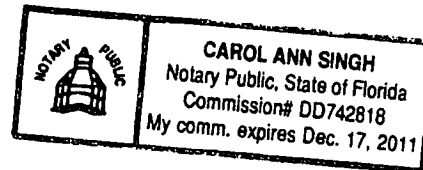
SIGNATURE OF CONTRACTOR
 (OR OWNER BUILDER IF APPLICABLE)

STATE OF Florida
 COUNTY OF Martin

SWORN TO AND SUBSCRIBED before me this 20th day
 of May, 2008

Carol Sing Carol Sing
 NOTARY PUBLIC

MY COMMISSION EXPIRES: Dec 17th 2011





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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: 8920

***IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: Robert Skinner

CONSTRUCTION ADDRESS: 15 Palmetto Sewall's Point FL

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Electrical wiring Interior Alterations

VALUE OF CONSTRUCTION \$ 6,000.00

LOW VOLTAGE

TYPE OF EQUIPMENT: SECURITY VACUUM SOUND SYSTEM LANDSCAPE OTHER

SCOPE OF WORK: _____ VALUE _____

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

Kent Blosser
SIGNATURE OF LICENSED CONTRACTOR

Blosser Electric Inc.
P.O. Box 7305
Port St. Luke, FL 34985

COMPANY OR QUALIFIER'S NAME: Kent Blosser

TELEPHONE NO: 337-0055 PLEASE PRINT FAX NO: 337-2699

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: EC13001570

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

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



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

6-30-08

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

DATE: 6/30/08 PERMIT NUMBER: 390
 JOB ADDRESS: 15 Palmway

PLEASE CHECK ONE OF THE FOLLOWING:

CONDITION OF INSPECTION APPROVAL (Needed for an inspection)

CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)

REVISIONS (Changes to an issued permit)

ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING

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

DESCRIPTION OF REVISION(S): TWO ADDED FOOTINGS / TRUSS CHANGES
ADDITIONS

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

CONTACT NAME: Joe Donatoni SIGNATURE: [Signature]
 PHONE NUMBER: 772-341-8623 FAX NUMBER: _____

FOR OFFICE USE ONLY:

Reviewed by: [Signature] Date: 7/6/08 Approve Deny

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

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

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

Other additional fees: _____ Revision review fee: 1 Pages @ \$25.00/Page 25.00

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ 25.00

Applicant notified by: Valerie 7-7-08 Date: 7/8/08 CX# 1035
\$25

Top chord 2x4 SP #2 Dense
 Col chord 2x6 SP #1 Dense
 Webs 2x4 SP #3 :W1 2x6 SP #1 Dense:
 Filler 2x4 SP #3

Calculated horizontal deflection is 0.10" due to live load and 0.17" due to dead load.
 Bottom chord checked for 10.00 psf non-concurrent live load

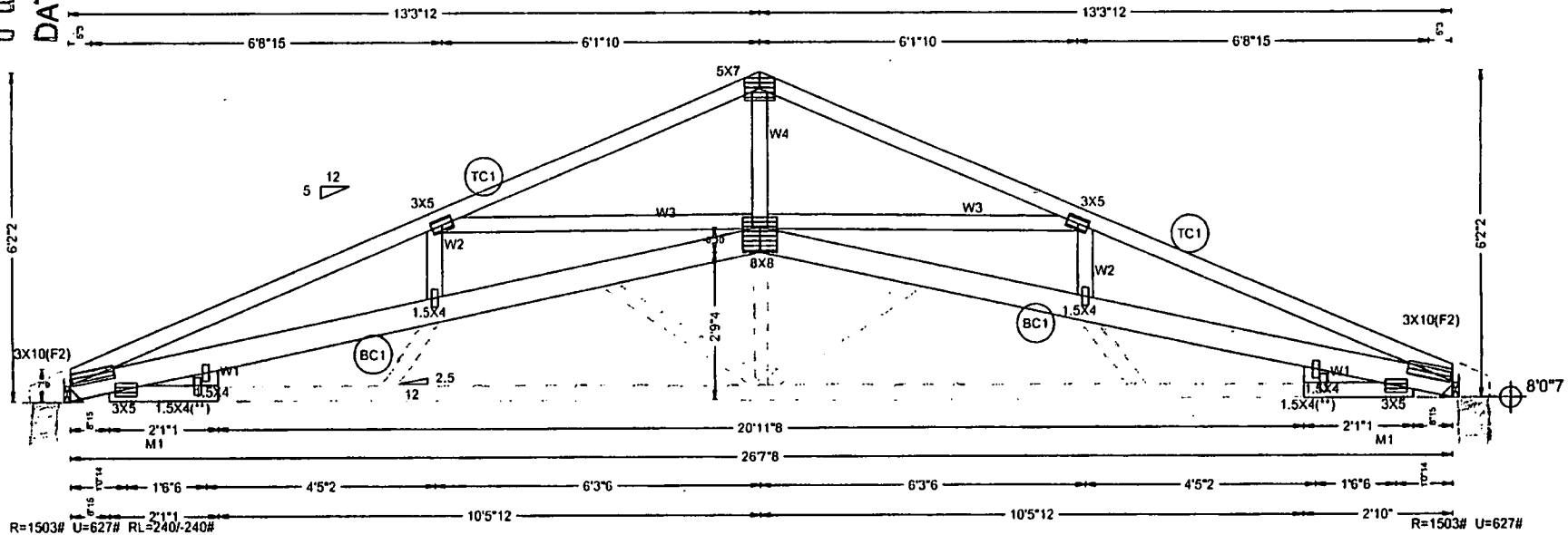
(*) 2 plate(s) require special positioning. Refer to scaled plate plot details for special positioning requirements.
 140 mph wind, 15.00 ft mean hgt, ASCE 7-02, CLOSED bldg, Located anywhere in roof, CAT II, EXP C, wind TC DL=5.0 psf, wind BC DL=5.0 psf, $hw=1.00$
 $GCp(+/-)=0.18$
 Wind reactions based on MWFRS pressures.
 Laterally brace BC at 24" OC in lieu of rigid ceiling. Laterally brace BC above filler at 24" OC.
 Deflection meets L/180 live and L/120 total load.

RECEIVED
 DATE: 6-30-08
 TOWN OF SEWALL'S POINT

REVISION
 DATE: 1/1/08 FOR B.C.A.

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

PROBLEM: EXISTING CEILING FLAT AND A VAULT IS NEEDED.
SOLUTION: APPLY SCAB TRUSS TO SIDE OF EXISTING INSIDE OF EXISTING BEARING POINTS. SECURE SCAB W/ 12d NAILS 3" O.C. STAGGERED WHEREVER POSSIBLE. REMOVE EXISTING TRUSS BELOW SCAB.



JUN 30 2008

DESC. = 26'9" SCAB
 PLT. TYP.-WAVE

DESIGN CRIT=FBC2004 Cg/RT=1.00(1.25y)(0)

QTY= 12 TOTAL= 12

REV. 8.03.0416.02

SEQ = 1815
 SCALE =0.3038



4175 MARTIN HIGHWAY
 PALM CITY, FL 34990
 OFF: (772) 288-3700
 FAX: (772) 288-4234

"WARNING" TRUSSES REQUIRE EXTREME CARE IN FABRICATING, HANDLING, SHIPPING, INSTALLING AND BRACING. REFER TO HIB-91 (HANDLING, INSTALLING AND BRACING), PUBLISHED BY TPI (TRUSS PLATE INSTITUTE, 583 D'ONOFRIO DR., SUITE 200, MADISON, WI 53719) FOR SAFETY PRACTICES PRIOR TO PERFORMING THESE FUNCTIONS. UNLESS OTHERWISE INDICATED, TOP CHORD SHALL HAVE PROPERLY ATTACHED STRUCTURAL PANELS AND BOTTOM CHORD SHALL HAVE A PROPERLY ATTACHED RIGID CEILING. "IMPORTANT" FURNISH A COPY OF THIS DESIGN TO THE INSTALLATION CONTRACTOR. ALPINE ENGINEERED PRODUCTS, INC. SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THIS DESIGN; ANY FAILURE TO BUILD THE TRUSSES IN CONFORMANCE WITH TPI; OR FABRICATING, HANDLING, SHIPPING, INSTALLING AND BRACING OF TRUSSES. DESIGN CONFORMS WITH APPLICABLE PROVISIONS OF NDS (NATIONAL DESIGN SPECIFICATION PUBLISHED BY THE AMERICAN FOREST AND PAPER ASSOCIATION) AND TPI. ALPINE CONNECTORS ARE MADE OF 20GA ASTM A653 GR40 GALV. STEEL EXCEPT AS NOTED. APPLY CONNECTORS TO EACH FACE OF TRUSS AND, UNLESS OTHERWISE LOCATED ON THIS DESIGN, POSITION CONNECTORS PER DRAWINGS 180 A-Z. THE SEAL ON THIS DRAWING INDICATES ACCEPTANCE OF PROFESSIONAL ENGINEERING RESPONSIBILITY SOLELY FOR THE TRUSS COMPONENT DESIGN SHOWN. THE SUITABILITY AND USE OF THIS COMPONENT FOR ANY PARTICULAR BUILDING IS THE RESPONSIBILITY OF THE BUILDING DESIGNER, PER ANSI/TPI 1-1995 SECTION 2.

**T. STILES
 PEET
 CERTIFICATION
 # 49200**

404 SW CAMDEN AVE
 STUART, FL 34984

| | |
|----------|---------|
| TC LL | 30.0psf |
| TC DL | 15.0psf |
| BC DL | 10.0psf |
| BC LL | 0.0psf |
| TOT.LD. | 55.0psf |
| DUR.FAC. | 1.25 |
| SPACING | 24.0" |

| | |
|----------|------------|
| REF | |
| DATE | 06-26-2008 |
| DRWG | SJ |
| O/A LEN. | 260708 |
| JOB #: | 5892 |
| TYPE | SCIS |



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

PRODUCT APPROVAL CHECKLIST

Permit Type: Interior Renovation Permit Number: _____ Date 5-19-08

Owner's Name: Robert Skinner Job Site Location: 15 SE. Palmwood St. Stuart, FL 34996

Design Professional Name A/E: _____

Rule 9 B-72 requires the following information as promulgated by the Florida Building Commission. In the event that information required for product approval has been incorporated in to the plans, specifications or general notes; simply indicate page number on the affidavit.

| Product | Model Number | Manufacturer | Evaluation Agency | Expiration Date |
|------------------------------------|---------------------|---------------------------|------------------------------------|-----------------|
| Windows | 975 SH | Nu Din Windows & Doors | National Assoc. of Home Inspection | |
| Exit Doors | SWD-101 | P&T Industries | NDA No. 07-0629-10 | 12/11/2010 |
| Garage Doors | N/A | Existing | | |
| Ridge Vents | N/A | | | |
| Soffits | Hardie Soffit Board | James Hardie Building Int | Intertek Testing S/C. NAZNC | |
| Skylights | N/A | | | |
| Shutters | Existing | | | |
| Roofing Materials | Existing | | | |
| Panel Walls | N/A | | | |
| Structural Components and Cladding | Existing | | | |
| New/Alternative Materials | N/A | | | |
| | | | | |
| | | | | |
| | | | | |

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

In accordance with the Florida Architects and Engineers product approval system, this affidavit certifies that I have performed the building envelope evaluation as required by the Florida Building Code.

[Signature]
 Architect/Engineer Signature & Seal

12125
 FL Certification/Registration Number

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

Florida Department of Community Affairs
Residential Whole Building Performance Method A

| | |
|---|---|
| Project Name: SKINNER Address: 15 PALMETTO DRIVE City, State: STUART, FL Owner: ROBERT SKINNER Climate Zone: South | Builder: TUSCANY BAY HOMES Permitting Office: Permit Number: Jurisdiction Number: |
|---|---|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------------------------|-----|---|----------------------------------|---------------|---|-------------------------------------|---|---|-----------------------|---|---|--------------------------|-----|---|---------------------------------|----------|---|---|--|--|--------------|------------------|--|---|-----------|---|----------|--|--|--|-----------|---|----------------|--|--|----------------------------------|--------------------|---|--------|--|---|--------|--|---|---------------|--|--|----------------------------------|-------------------|---|--------------------------|-------------------|---|--------|--|---|--------|--|---|--------|--|---|-------------------|--|--|----------------|--------------------|---|--------|--|---|--------|--|---|-----------|--|--|----------------------------------|----------------------|---|--------|--|---|---|---------------------|--|--|-----------------|-------------------|---|--|-------------|---|--------|--|---|--------|--|---|---------------------|--|--|-------------------|-------------------|---|--|-----------|---|--------|--|---|--------|--|---|-----------------------|--|--|------------------------|-------------------|---|--|----------|---|--------|--|---|-------------------------|--|---|--------------------------|--|--|--------------------------|--|--|------------------|-------|---|--|--|--|---------------------|--|--|-----------------------------|--|--|-------------------------|--|--|-------------------------|--|--|
| <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. New construction or existing</td><td style="text-align: right;">New</td><td style="text-align: center;">—</td></tr> <tr><td>2. Single family or multi-family</td><td style="text-align: right;">Single family</td><td style="text-align: center;">—</td></tr> <tr><td>3. Number of units, if multi-family</td><td style="text-align: right;">1</td><td style="text-align: center;">—</td></tr> <tr><td>4. Number of Bedrooms</td><td style="text-align: right;">3</td><td style="text-align: center;">—</td></tr> <tr><td>5. Is this a worst case?</td><td style="text-align: right;">Yes</td><td style="text-align: center;">—</td></tr> <tr><td>6. Conditioned floor area (ft²)</td><td style="text-align: right;">2087 ft²</td><td style="text-align: center;">—</td></tr> <tr><td>7. Glass type¹ and area: (Label reqd. by 13-104.4.5 if not default)</td><td></td><td></td></tr> <tr><td> a. U-factor:</td><td style="text-align: right;">Description Area</td><td></td></tr> <tr><td> (or Single or Double DEFAULT) 7a. (Single, U=1.1)</td><td style="text-align: right;">118.0 ft²</td><td style="text-align: center;">—</td></tr> <tr><td> b. SHGC:</td><td></td><td></td></tr> <tr><td> (or Clear or Tint DEFAULT) 7b. (Clear)</td><td style="text-align: right;">228.0 ft²</td><td style="text-align: center;">—</td></tr> <tr><td>8. Floor types</td><td></td><td></td></tr> <tr><td> a. Slab-On-Grade Edge Insulation</td><td style="text-align: right;">R=0.0, 208.0(p) ft</td><td style="text-align: center;">—</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">—</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">—</td></tr> <tr><td>9. Wall types</td><td></td><td></td></tr> <tr><td> a. Concrete, Ext Insul, Exterior</td><td style="text-align: right;">R=4.0, 1415.6 ft²</td><td style="text-align: center;">—</td></tr> <tr><td> b. Frame, Wood, Adjacent</td><td style="text-align: right;">R=13.0, 100.0 ft²</td><td style="text-align: center;">—</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">—</td></tr> <tr><td> d. N/A</td><td></td><td style="text-align: center;">—</td></tr> <tr><td> e. N/A</td><td></td><td style="text-align: center;">—</td></tr> <tr><td>10. Ceiling types</td><td></td><td></td></tr> <tr><td> a. Under Attic</td><td style="text-align: right;">R=20.0, 2087.0 ft²</td><td style="text-align: center;">—</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">—</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">—</td></tr> <tr><td>11. Ducts</td><td></td><td></td></tr> <tr><td> a. Sup: Con. Ret: Con. AH: Attic</td><td style="text-align: right;">Sup. R=6.0, 130.0 ft</td><td style="text-align: center;">—</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">—</td></tr> </table> | 1. New construction or existing | New | — | 2. Single family or multi-family | Single family | — | 3. Number of units, if multi-family | 1 | — | 4. Number of Bedrooms | 3 | — | 5. Is this a worst case? | Yes | — | 6. Conditioned floor area (ft²) | 2087 ft² | — | 7. Glass type ¹ and area: (Label reqd. by 13-104.4.5 if not default) | | | a. U-factor: | Description Area | | (or Single or Double DEFAULT) 7a. (Single, U=1.1) | 118.0 ft² | — | b. SHGC: | | | (or Clear or Tint DEFAULT) 7b. (Clear) | 228.0 ft² | — | 8. Floor types | | | a. Slab-On-Grade Edge Insulation | R=0.0, 208.0(p) ft | — | b. N/A | | — | c. N/A | | — | 9. Wall types | | | a. Concrete, Ext Insul, Exterior | R=4.0, 1415.6 ft² | — | b. Frame, Wood, Adjacent | R=13.0, 100.0 ft² | — | c. N/A | | — | d. N/A | | — | e. N/A | | — | 10. Ceiling types | | | a. Under Attic | R=20.0, 2087.0 ft² | — | b. N/A | | — | c. N/A | | — | 11. Ducts | | | a. Sup: Con. Ret: Con. AH: Attic | Sup. R=6.0, 130.0 ft | — | b. N/A | | — | <table style="width: 100%; border-collapse: collapse;"> <tr><td>12. Cooling systems</td><td></td><td></td></tr> <tr><td> a. Central Unit</td><td style="text-align: right;">Cap: 43.3 kBtu/hr</td><td style="text-align: center;">—</td></tr> <tr><td></td><td style="text-align: right;">SEER: 13.00</td><td style="text-align: center;">—</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">—</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">—</td></tr> <tr><td>13. Heating systems</td><td></td><td></td></tr> <tr><td> a. Electric Strip</td><td style="text-align: right;">Cap: 30.2 kBtu/hr</td><td style="text-align: center;">—</td></tr> <tr><td></td><td style="text-align: right;">COP: 1.00</td><td style="text-align: center;">—</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">—</td></tr> <tr><td> c. N/A</td><td></td><td style="text-align: center;">—</td></tr> <tr><td>14. Hot water systems</td><td></td><td></td></tr> <tr><td> a. Electric Resistance</td><td style="text-align: right;">Cap: 50.0 gallons</td><td style="text-align: center;">—</td></tr> <tr><td></td><td style="text-align: right;">EF: 0.96</td><td style="text-align: center;">—</td></tr> <tr><td> b. N/A</td><td></td><td style="text-align: center;">—</td></tr> <tr><td> c. Conservation credits</td><td></td><td style="text-align: center;">—</td></tr> <tr><td> (HR-Heat recovery, Solar</td><td></td><td></td></tr> <tr><td> DHP-Dedicated heat pump)</td><td></td><td></td></tr> <tr><td>15. HVAC credits</td><td style="text-align: right;">PT, —</td><td style="text-align: center;">—</td></tr> <tr><td> (CF-Ceiling fan, CV-Cross ventilation,</td><td></td><td></td></tr> <tr><td> HF-Whole house fan,</td><td></td><td></td></tr> <tr><td> PT-Programmable Thermostat,</td><td></td><td></td></tr> <tr><td> MZ-C-Multizone cooling,</td><td></td><td></td></tr> <tr><td> MZ-H-Multizone heating)</td><td></td><td></td></tr> </table> | 12. Cooling systems | | | a. Central Unit | Cap: 43.3 kBtu/hr | — | | SEER: 13.00 | — | b. N/A | | — | c. N/A | | — | 13. Heating systems | | | a. Electric Strip | Cap: 30.2 kBtu/hr | — | | COP: 1.00 | — | b. N/A | | — | c. N/A | | — | 14. Hot water systems | | | a. Electric Resistance | Cap: 50.0 gallons | — | | EF: 0.96 | — | b. N/A | | — | c. Conservation credits | | — | (HR-Heat recovery, Solar | | | DHP-Dedicated heat pump) | | | 15. HVAC credits | PT, — | — | (CF-Ceiling fan, CV-Cross ventilation, | | | HF-Whole house fan, | | | PT-Programmable Thermostat, | | | MZ-C-Multizone cooling, | | | MZ-H-Multizone heating) | | |
| 1. New construction or existing | New | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Single family or multi-family | Single family | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Number of units, if multi-family | 1 | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Number of Bedrooms | 3 | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Is this a worst case? | Yes | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Conditioned floor area (ft²) | 2087 ft² | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Glass type ¹ and area: (Label reqd. by 13-104.4.5 if not default) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. U-factor: | Description Area | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (or Single or Double DEFAULT) 7a. (Single, U=1.1) | 118.0 ft² | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. SHGC: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (or Clear or Tint DEFAULT) 7b. (Clear) | 228.0 ft² | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Floor types | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Slab-On-Grade Edge Insulation | R=0.0, 208.0(p) ft | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. N/A | | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. N/A | | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Wall types | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Concrete, Ext Insul, Exterior | R=4.0, 1415.6 ft² | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Frame, Wood, Adjacent | R=13.0, 100.0 ft² | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. N/A | | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. N/A | | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. N/A | | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Ceiling types | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Under Attic | R=20.0, 2087.0 ft² | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. N/A | | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. N/A | | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Ducts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Sup: Con. Ret: Con. AH: Attic | Sup. R=6.0, 130.0 ft | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. N/A | | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Cooling systems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Central Unit | Cap: 43.3 kBtu/hr | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SEER: 13.00 | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. N/A | | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. N/A | | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Heating systems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Electric Strip | Cap: 30.2 kBtu/hr | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | COP: 1.00 | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. N/A | | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. N/A | | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Hot water systems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Electric Resistance | Cap: 50.0 gallons | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EF: 0.96 | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. N/A | | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Conservation credits | | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (HR-Heat recovery, Solar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DHP-Dedicated heat pump) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. HVAC credits | PT, — | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CF-Ceiling fan, CV-Cross ventilation, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HF-Whole house fan, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PT-Programmable Thermostat, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MZ-C-Multizone cooling, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MZ-H-Multizone heating) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

| | | |
|------------------------|------------------------------|-------------|
| Glass/Floor Area: 0.11 | Total as-built points: 25822 | PASS |
| | Total base points: 26229 | |

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

PREPARED BY: [Signature]


DATE: 5/30/08

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

OWNER/AGENT: [Signature]

DATE: 6-2-08

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



BUILDING OFFICIAL: [Signature]

DATE: 6.3.08

¹ Predominant glass type. For actual glass type and areas, see Summer & Winter Glass output on pages 2&4.
 EnergyGauge® (Version: FLRCSB v4.5.2)

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 15 PALMETTO DRIVE, STUART, FL, PERMIT #:

| BASE | | | | AS-BUILT | | | | | | | |
|---|----------|-------|---------|----------------------------------|--------------------------|------------------------|---------------------------|---------------------------|----------------|----------------|---------------|
| GLASS TYPES | | | | | | | | | | | |
| .18 X Conditioned X BSPM = Points Floor Area | | | | Type/SC | Overhang Ormt Len Hgt | | Area X SPM X SOF = Points | | | | |
| .18 | 2087.0 | 30.53 | 11469.0 | 1.Single,U=1.08,Clear | S | 2.0 | 2.5 | 13.8 | 67.15 | 0.56 | 516.0 |
| | | | | 2.Single,U=0.97,Clear | E | 2.0 | 4.0 | 96.0 | 79.03 | 0.74 | 5614.0 |
| | | | | 3.Single,U=1.08,Clear | S | 2.0 | 1.5 | 2.3 | 67.15 | 0.48 | 74.0 |
| | | | | 4.Single,U=1.08,Clear | W | 2.0 | 3.0 | 12.0 | 70.73 | 0.66 | 563.0 |
| | | | | 5.Single,U=1.07,Clear | W | 6.0 | 7.0 | 14.0 | 70.75 | 0.59 | 589.0 |
| | | | | 6.Single,U=1.08,Clear | W | 2.0 | 4.5 | 24.8 | 70.73 | 0.79 | 1379.0 |
| | | | | 7.Single,U=1.08,Clear | N | 2.0 | 2.5 | 27.5 | 36.85 | 0.75 | 763.0 |
| | | | | 8.Single,U=1.08,Clear | W | 2.0 | 4.0 | 16.0 | 70.73 | 0.75 | 848.0 |
| | | | | 9.Single,U=1.08,Clear | N | 2.0 | 1.5 | 2.3 | 36.85 | 0.68 | 57.0 |
| | | | | 10.Single,U=1.08,Clear | E | 2.0 | 3.5 | 19.3 | 78.80 | 0.70 | 1059.0 |
| | | | | As-Built Total: | | | | 228.0 | 11462.0 | | |
| WALL TYPES | | | | Area X BSPM = Points | | Type | R-Value | Area X SPM = Points | | | |
| Adjacent | 100.0 | 1.00 | 100.0 | 1. Concrete, Ext Insul, Exterior | | 4.0 | 1415.6 | 1.45 | | 2052.6 | |
| Exterior | 1415.6 | 2.70 | 3822.1 | 2. Frame, Wood, Adjacent | | 13.0 | 100.0 | 0.90 | | 90.0 | |
| Base Total: | | | | 1515.6 | | 3922.1 | | As-Built Total: | | 1515.6 | 2142.6 |
| DOOR TYPES | | | | Area X BSPM = Points | | Type | Area X SPM = Points | | | | |
| Adjacent | 0.0 | 0.00 | 0.0 | 1.Exterior Wood | | 21.0 | | 9.40 | | 197.4 | |
| Exterior | 21.0 | 6.40 | 134.4 | | | | | | | | |
| Base Total: | | | | 21.0 | | 134.4 | | As-Built Total: | | 21.0 | 197.4 |
| CEILING TYPES | | | | Area X BSPM = Points | | Type | R-Value | Area X SPM X SCM = Points | | | |
| Under Attic | 2087.0 | 2.80 | 5843.6 | 1. Under Attic | | 20.0 | 2087.0 | 3.60 X 1.00 | | 7513.2 | |
| Base Total: | | | | 2087.0 | | 5843.6 | | As-Built Total: | | 2087.0 | 7513.2 |
| FLOOR TYPES | | | | Area X BSPM = Points | | Type | R-Value | Area X SPM = Points | | | |
| Slab | 208.0(p) | -20.0 | -4160.0 | 1. Slab-On-Grade Edge Insulation | | 0.0 | 208.0(p) | -20.00 | | -4160.0 | |
| Raised | 0.0 | 0.00 | 0.0 | | | | | | | | |
| Base Total: | | | | -4160.0 | | As-Built Total: | | 208.0 | -4160.0 | | |
| INFILTRATION | | | | Area X BSPM = Points | | Area X SPM = Points | | | | | |
| | | | | 2087.0 | | 18.79 | | 39214.7 | | | |
| | | | | | | | | 2087.0 | | 18.79 | |
| | | | | | | | | | | 39214.7 | |

SUMMER CALCULATIONS

Residential Whole Building Performance Method A - Details

ADDRESS: 15 PALMETTO DRIVE, STUART, FL,

PERMIT #:

| BASE | | | AS-BUILT | | | | |
|---|---------------|----------------|---|--|--|--|--|
| Summer Base Points: 56423.9 | | | Summer As-Built Points: 56370.0 | | | | |
| Total Summer X System = Cooling Points Multiplier Points | | | Total X Cap X Duct X System X Credit = Cooling Component Ratio Multiplier Multiplier Multiplier Points (System - Points) (DM x DSM x AHU) | | | | |
| 56423.9 | 0.3250 | 18337.8 | (sys 1: Central Unit 43300btuh ,SEER/EFF(13.0) Ducts:Con(S),Con(R),Att(AH),R6.0(INS) 56370 1.00 (1.00 x 1.165 x 1.08) 0.260 0.950 17518.4 56370.0 1.00 1.258 0.260 0.950 17518.4 | | | | |

WINTER CALCULATIONS

Residential Whole Building Performance Method A - Details

| | |
|---|-----------|
| ADDRESS: 15 PALMETTO DRIVE, STUART, FL, | PERMIT #: |
|---|-----------|

| BASE | | | AS-BUILT | | | | | |
|-----------------------------------|---------------------------|---------------------|---|-------------------|-------------------------|---------------------------|---------------------------|---------------------|
| Winter Base Points: 1935.8 | | | Winter As-Built Points: 1436.1 | | | | | |
| Total Winter Points | X System Multiplier | = Heating Points | Total Component (System - Points) | X Cap Ratio | X Duct Multiplier | X System Multiplier | X Credit Multiplier | = Heating Points |
| 1935.8 | 0.5540 | 1072.5 | (sys 1: Electric Strip 30200 btuh ,EFF(1.0) Ducts:Con(S),Con(R),Att(AH),R6.0 1436.1 1.000 (1.000 x 1.137 x 1.14) 1.000 0.950 1768.3 1436.1 1.00 1.296 1.000 0.950 1768.3) | | | | | |

WATER HEATING & CODE COMPLIANCE STATUS

Residential Whole Building Performance Method A - Details

| | |
|---|-----------|
| ADDRESS: 15 PALMETTO DRIVE, STUART, FL, | PERMIT #: |
|---|-----------|

| BASE | AS-BUILT |
|--|--|
| WATER HEATING | |
| Number of Bedrooms X Multiplier = Total | Tank Volume EF Number of Bedrooms X Tank X Multiplier X Credit = Total Multiplier |
| 3 2273.00 6819.0 | 50.0 0.96 3 1.00 2178.29 1.00 6534.9 |
| | As-Built Total: 6534.9 |

| CODE COMPLIANCE STATUS | | | | | | | |
|------------------------|---|----------------|---|------------------|---|--------------|--|
| BASE | | | | AS-BUILT | | | |
| Cooling Points | + | Heating Points | + | Hot Water Points | = | Total Points | |
| 18338 | | 1072 | | 6819 | | 26229 | |
| Cooling Points | + | Heating Points | + | Hot Water Points | = | Total Points | |
| 17518 | | 1768 | | 6535 | | 25822 | |

PASS



Code Compliance Checklist

Residential Whole Building Performance Method A - Details

| | |
|---|-----------|
| ADDRESS: 15 PALMETTO DRIVE, STUART, FL, | PERMIT #: |
|---|-----------|

6A-21 INFILTRATION REDUCTION COMPLIANCE CHECKLIST

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

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

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

Project Information

For: ROBERT SKINNER
 15 PALMETTO DRIVE, STUART, FL

Design Information

| | Htg | Clg | Method | Infiltration | Simplified |
|-----------------------------|-----|-----|----------------------|--------------|------------|
| Outside db (°F) | 45 | 91 | Construction quality | | Average |
| Inside db (°F) | 70 | 75 | Fireplaces | | 0 |
| Design TD (°F) | 25 | 16 | | | |
| Daily range | - | L | | | |
| Inside humidity (%) | 30 | 50 | | | |
| Moisture difference (gr/lb) | -3 | 57 | | | |

HEATING EQUIPMENT

| | |
|------------------|----------------|
| Make | |
| Trade | |
| Model | |
| Efficiency | 100 EFF |
| Heating input | 0 Btuh |
| Heating output | 30238 Btuh |
| Temperature rise | 19 °F |
| Actual air flow | 1442 cfm |
| Air flow factor | 0.050 cfm/Btuh |
| Static pressure | 0.00 in H2O |
| Space thermostat | |

COOLING EQUIPMENT

| | |
|--------------------------|----------------|
| Make | EXISTING |
| Trade | 3.5 TON SYSTEM |
| Cond | SEER 13.0 |
| Coil | |
| Efficiency | 13 SEER |
| Sensible cooling | 30283 Btuh |
| Latent cooling | 12979 Btuh |
| Total cooling | 43262 Btuh |
| Actual air flow | 1442 cfm |
| Air flow factor | 0.048 cfm/Btuh |
| Static pressure | 0.00 in H2O |
| Load sensible heat ratio | 0.83 |

| ROOM NAME | Area (ft²) | Htg load (Btuh) | Clg load (Btuh) | Htg AVF (cfm) | Clg AVF (cfm) |
|-----------|------------|-----------------|-----------------|---------------|---------------|
| BDRM 1 | 305 | 5339 | 5622 | 267 | 272 |
| BATH 1 | 58 | 647 | 625 | 32 | 30 |
| BDRM 2 | 222 | 3874 | 4779 | 194 | 231 |
| LIVING | 910 | 10293 | 11728 | 516 | 566 |
| KITCHEN | 200 | 2367 | 2379 | 119 | 115 |
| WIC | 44 | 40 | 101 | 2 | 5 |
| M BATH | 84 | 910 | 598 | 46 | 29 |
| M BDRM | 265 | 5316 | 4022 | 266 | 194 |

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

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| | | | | | |
|-------------------|------|-------|-------|------|------|
| Entire House | 2087 | 28786 | 29854 | 1442 | 1442 |
| Other equip loads | | 1453 | 930 | | |
| Equip. @ 0.96 RSM | | | 29552 | | |
| Latent cooling | | | 6392 | | |
| TOTALS | 2087 | 30238 | 35944 | 1442 | 1442 |

Bold/italic values have been manually overridden

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



Project Information

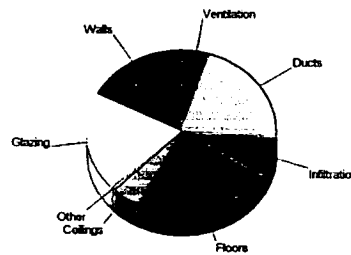
For: ROBERT SKINNER
 15 PALMETTO DRIVE, STUART, FL

Design Conditions

| | | | |
|---|---|---|--|
| Location: West Palm Beach, FL, US Elevation: 20 ft Latitude: 27°N | Indoor: Indoor temperature (°F) Design TD (°F) Relative humidity (%) Moisture difference (gr/lb) | Heating 70 25 30 -2.7 | Cooling 75 16 50 57.2 |
| Outdoor: Dry bulb (°F) Daily range (°F) Wet bulb (°F) Wind speed (mph) | Heating 45 - - 15.0 | Cooling 91 13 (L) 78 7.5 | Infiltration: Method Construction quality Fireplaces |
| | | Simplified Average 0 | |

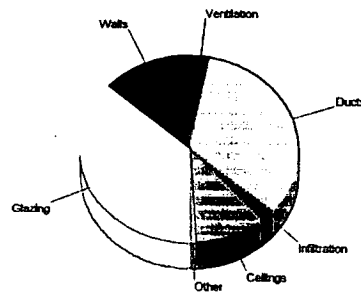
Heating

| Component | Btuh/ft ² | Btuh | % of load |
|----------------|----------------------|--------------|--------------|
| Walls | 3.5 | 5288 | 17.5 |
| Glazing | 25.8 | 5882 | 19.5 |
| Doors | 9.8 | 205 | 0.7 |
| Ceilings | 0.7 | 1461 | 4.8 |
| Floors | 3.4 | 7062 | 23.4 |
| Infiltration | 1.5 | 2447 | 8.1 |
| Ducts | | 6442 | 21.3 |
| Piping | | 0 | 0.0 |
| Humidification | | 0 | 0.0 |
| Ventilation | | 1453 | 4.8 |
| Adjustments | | 0 | 0 |
| Total | | 30238 | 100.0 |



Cooling

| Component | Btuh/ft ² | Btuh | % of load |
|----------------|----------------------|--------------|--------------|
| Walls | 2.7 | 4144 | 13.5 |
| Glazing | 49.5 | 11264 | 36.6 |
| Doors | 12.1 | 253 | 0.8 |
| Ceilings | 1.5 | 3181 | 10.3 |
| Floors | 0.0 | 0 | 0.0 |
| Infiltration | 0.5 | 783 | 2.5 |
| Ducts | | 10227 | 33.2 |
| Ventilation | | 930 | 3.0 |
| Internal gains | | 0 | 0.0 |
| Blower | | 0 | 0.0 |
| Adjustments | | 0 | 0 |
| Total | | 30783 | 100.0 |



Overall U-value = 0.134 Btuh/ft²-°F

Data entries checked.

Bold/italic values have been manually overridden

Project Information

For: **ROBERT SKINNER**
 15 PALMETTO DRIVE, STUART, FL

Design Conditions

| | | | | | |
|-------------------------|----------------|-----------------------------|----------------------|----------------|----------------|
| Location: | | Indoor: | | Heating | Cooling |
| West Palm Beach, FL, US | | Indoor temperature (°F) | | 70 | 75 |
| Elevation: 20 ft | | Design TD (°F) | | 25 | 16 |
| Latitude: 27°N | | Relative humidity (%) | | 30 | 50 |
| | | Moisture difference (gr/lb) | | -2.7 | 57.2 |
| Outdoor: | Heating | Cooling | Infiltration: | | |
| Dry bulb (°F) | 45 | 91 | Method | Simplified | |
| Daily range (°F) | - | 13 (L) | Construction quality | Average | |
| Wet bulb (°F) | - | 78 | Fireplaces | 0 | |
| Wind speed (mph) | 15.0 | 7.5 | | | |

Construction descriptions

| | Or | Area ft² | U-value Btu/h/ft²·°F | Insul R ft²·°F/Btu/h | Htg HTM Btu/h/ft² | Loss Btu/h | Clg HTM Btu/h/ft² | Gain Btu/h |
|--|-----|-------------|-------------------------|-------------------------|----------------------|---------------|----------------------|---------------|
| Walls | | | | | | | | |
| 13A-4ocs: Above grade open core concrete block, siding/stucco, R-4 board insulation, no framing | | | | | | | | |
| | ne | 401 | 0.143 | 4.0 | 3.58 | 1433 | 2.82 | 1132 |
| | se | 248 | 0.143 | 4.0 | 3.58 | 888 | 2.82 | 702 |
| | sw | 432 | 0.143 | 4.0 | 3.58 | 1545 | 2.82 | 1221 |
| | nw | 334 | 0.143 | 4.0 | 3.58 | 1195 | 2.82 | 944 |
| | all | 1416 | 0.143 | 4.0 | 3.58 | 5061 | 2.82 | 3998 |
| Partitions | | | | | | | | |
| 12C-0sw: Wood stud frame; siding or stucco, no board insulation, R-13 cavity insulation | | | | | | | | |
| | | 100 | 0.091 | 13.0 | 2.27 | 227 | 1.46 | 146 |
| Windows | | | | | | | | |
| 10A-b: French door, metal frame, break, 1 pane; 2 ft overhang (4 ft window ht, 0 ft sep.) | | | | | | | | |
| | ne | 96 | 0.970 | 0.0 | 24.3 | 2328 | 36.3 | 3483 |
| 1A-c1ob: Operable, metal frame with break, clear glass, 1 pane; 50% outdoor insect screen; 2 ft overhang (3.5 ft window ht, 0 ft sep.) | | | | | | | | |
| | ne | 19 | 1.080 | 0.0 | 27.0 | 520 | 61.8 | 1190 |
| 1A-c1ob: Operable, metal frame with break, clear glass, 1 pane; 50% outdoor insect screen; 2 ft overhang (2.5 ft window ht, 0 ft sep.) | | | | | | | | |
| | se | 14 | 1.080 | 0.0 | 27.0 | 371 | 29.7 | 408 |
| | nw | 28 | 1.080 | 0.0 | 27.0 | 743 | 61.8 | 1699 |
| | all | 41 | 1.080 | 0.0 | 27.0 | 1114 | 51.1 | 2108 |
| 1A-c1ob: Operable, metal frame with break, clear glass, 1 pane; 50% outdoor insect screen; 2 ft overhang (1.5 ft window ht, 0 ft sep.) | | | | | | | | |
| | se | 2 | 1.080 | 0.0 | 27.0 | 61 | 29.7 | 67 |
| | nw | 2 | 1.080 | 0.0 | 27.0 | 61 | 61.8 | 139 |
| | all | 5 | 1.080 | 0.0 | 27.0 | 122 | 45.7 | 206 |
| 1A-c1ob: Operable, metal frame with break, clear glass, 1 pane; 50% outdoor insect screen; 2 ft overhang (3 ft window ht, 0 ft sep.) | | | | | | | | |
| | sw | 12 | 1.080 | 0.0 | 27.0 | 324 | 29.7 | 356 |
| 1B-c1fb: Fixed sash, metal frame with break, clear glass, 1 pane; 6 ft overhang (7 ft window ht, 0 ft sep.) | | | | | | | | |
| | sw | 14 | 1.070 | 0.0 | 26.8 | 375 | 33.5 | 469 |
| 1A-c1ob: Operable, metal frame with break, clear glass, 1 pane; 50% outdoor insect screen; 2 ft overhang (4.5 ft window ht, 0 ft sep.) | | | | | | | | |
| | sw | 25 | 1.080 | 0.0 | 27.0 | 668 | 34.9 | 864 |
| 1A-c1ob: Operable, metal frame with break, clear glass, 1 pane; 50% outdoor insect screen; 2 ft overhang (4 ft window ht, 0 ft sep.) | | | | | | | | |
| | sw | 16 | 1.080 | 0.0 | 27.0 | 432 | 31.5 | 504 |

Bold/italic values have been manually overridden

Doors

11D0: Wood door, solid core, no storm sw 21 0.390 0.0 9.75 205 12.1 253

Ceilings

81B: ICYNENE - Spray Foam Insulation, R-20 2087 0.028 20.0 0.70 1461 1.52 3181

Floors

22A-tph: Tile covered slab on grade, heavy moist soil, No edge insul, No horiz insul 208 1.358 0.0 34.0 7062 0.00 0

Bold/italic values have been manually overridden



Project Information

For: **ROBERT SKINNER**
 15 PALMETTO DRIVE, STUART, FL

Notes:

Design Information

Weather: West Palm Beach, FL, US

Winter Design Conditions

Outside db **45** °F
 Inside db **70** °F
 Design TD **25** °F

Summer Design Conditions

Outside db **91** °F
 Inside db **75** °F
 Design TD **16** °F
 Daily range **L**
 Relative humidity **50** %
 Moisture difference **57** gr/lb

Heating Summary

Structure **22344** Btuh
 Ducts **6442** Btuh
 Central vent (53 cfm) **1453** Btuh
 Humidification **0** Btuh
 Piping **0** Btuh
 Equipment load **30238** Btuh

Sensible Cooling Equipment Load Sizing

Structure **19626** Btuh
 Ducts **10227** Btuh
 Central vent (53 cfm) **930** Btuh
 Blower **0** Btuh

Infiltration

Method **Simplified**
 Construction quality **Average**
 Fireplaces **0**

| | Heating | Cooling |
|---------------------------|----------------|----------------|
| Area (ft ²) | 2087 | 2087 |
| Volume (ft ³) | 16693 | 16693 |
| Air changes/hour | 0.32 | 0.16 |
| Equiv. AVF (cfm) | 89 | 45 |

Use manufacturer's data **n**
 Rate/swing multiplier **0.96**
 Equipment sensible load **29552** Btuh

Latent Cooling Equipment Load Sizing

Structure **1730** Btuh
 Ducts **2607** Btuh
 Central vent (53 cfm) **2054** Btuh
 Equipment latent load **6392** Btuh

Equipment total load **35944** Btuh
 Req. total capacity at 0.70 SHR **3.5** ton

Heating Equipment Summary

Make
 Trade
 Model

Efficiency **100** EFF
 Heating input **0** Btuh
 Heating output **30238** Btuh
 Temperature rise **19** °F
 Actual air flow **1442** cfm
 Air flow factor **0.050** cfm/Btuh
 Static pressure **0.00** in H2O
 Space thermostat

Cooling Equipment Summary

Make **EXISTING**
 Trade **3.5 TON SYSTEM**
 Cond **SEER 13.0**
 Coil

Efficiency **13** SEER
 Sensible cooling **30283** Btuh
 Latent cooling **12979** Btuh
 Total cooling **43262** Btuh
 Actual air flow **1442** cfm
 Air flow factor **0.048** cfm/Btuh
 Static pressure **0.00** in H2O
 Load sensible heat ratio **0.83**

Bold/italic values have been manually overridden

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



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



CERTIFICATE OF: OCCUPANCY COMPLETION

Single Family Residence Other INTERIOR RENOVATIONS TO SFR

Temporary: Expiration Date _____

Partial (Area description) _____

BUILDING PERMIT NO: 8920 DATE OF ISSUE: 6-4-08

OWNER(S): ROBERT & SHERYL SKINNER PROPERTY ADDRESS: 15 PALMETTO DR

LEGAL DESCRIPTION: LOT _____ BLOCK _____ SUBDIVISION _____

GENERAL CONTRACTOR: TUSCANY BAY HOMES LIC/CERT NO: CBC 1251160

ARCHITECT OR ENGINEER: GARY POWELL LIC/CERT NO: 12125

CODE EDITION: FBC 2004 w/2006 Rev. CONST. TYPE: N/A USE: SFR OCCUPANCY: N/A

OCCUPANT LOAD: N/A SPRINKLERS REQUIRED: N/A SPRINKLERS USED: N/A

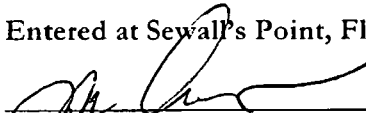
INSPECTION RECORDS

| Inspection Type | Date Approved | Inspection Type | Date Approved |
|------------------------|-----------------|------------------------|-----------------|
| UNDERGROUND PLUMBING | _____ | UNDERGROUND GAS | _____ |
| UNDERGROUND MECHANICAL | _____ | UNDERGROUND ELECTRICAL | <u>7-31-08</u> |
| STEM-WALL FOOTING | _____ | FOOTING | <u>7-2-08</u> |
| SLAB | <u>7-3-08</u> | TIE BEAM/COLUMNS | _____ |
| ROOF SHEATHING | _____ | WALL SHEATHING | _____ |
| TIE DOWN /TRUSS ENG | <u>7-2-08</u> | INSULATION | <u>8-7-08</u> |
| WINDOW/DOOR BUCKS | <u>7-16-08</u> | LATH | _____ |
| ROOF DRY-IN/METAL | _____ | ROOF TILE IN-PROGRESS | _____ |
| PLUMBING ROUGH-IN | <u>8-11-08</u> | ELECTRICAL ROUGH-IN | <u>8-11-08</u> |
| MECHANICAL ROUGH-IN | <u>8-7-08</u> | GAS ROUGH-IN | _____ |
| FRAMING | <u>8-7-08</u> | METER FINAL | _____ |
| FINAL PLUMBING | <u>11-13-08</u> | FINAL ELECTRICAL | <u>11-13-08</u> |
| FINAL MECHANICAL | <u>11-13-08</u> | FINAL GAS | _____ |
| FINAL ROOF | _____ | BUILDING FINAL | <u>11-13-08</u> |

The described structure (or portion thereof) has been inspected for compliance with the requirements of this code for occupancy and division of occupancy and the use for which the proposed occupancy is classified.

In accordance with the requirements of the Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 13th day of NOVEMBER, 2008.


 John R. Adams, CBO
 Building Official, Town of Sewall's Point



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



FILE
8920

TEMPORARY ELECTRICAL HOOK-UP AGREEMENT: PN: 8920

Owner: Robert Skinner Address: 15 Palmelle Ln Sewall's Point FL
Project Address: 15 Palmelle Ln Sewall's Point Legal: Lot 6 Blk Subdivision Palmelle Park
General Contractor Tusamy Bay Homes, LLC Lic/Cert No: CB01251160
Address: 2025 NE RIVER Ct. Jensen Bch Tel: 772 215 4002 Fax: 772-225-7479
Electrical Contractor: Blosser Electric Lic/Cert No: EC13001570
Address: PO Box 7305 Ft St Lucie FL 34985 Tel: 772 337 0055 Fax: 772 337 2199

WHEREAS, pursuant to the provisions of The Florida Building Code, The National Electrical Code as adopted in Section 50-31 of the Codes and Ordinances of the Town of Sewall's Point, a temporary electrical hook-up for use during building operations and for testing purposes under a valid building permit is authorized under prescribed terms and conditions.

WHEREAS, the above named responsible persons, firms or corporations have requested a temporary electrical hook-up for the purpose of
At the above designated construction now in progress under a valid building permit; and equipment and completion of building operations as herein above described.

NOW THEREFORE IT IS AGREED BY AND BETWEEN THE PARTIES THAT;

1. The parties to this agreement are the Town of Sewall's Point Building Department, and the above named responsible persons, firms, corporations.
2. In order to allow electrical service to be provided to certain equipment being placed at the referenced construction address the Building Department hereby agrees to grant a temporary electrical hook-up.
3. This temporary hook-up permit shall be effective for 30 calendar days from the date of this agreement, after which time the temporary hook-up will be revoked or a Certificate of Occupancy will be issued to verify completion.
4. The temporary electric hook-up is solely for the purposes stated. No furniture or occupants will be moved into the building until a Certificate of Occupancy is issued.

IN WITNESS WHEREOF the parties have caused this agreement to be executed this 7 day of July 2008

[Signature]
SIGNATURE OF GENERAL CONTRACTOR

[Signature]
SIGNATURE OF ELECTRICAL CONTRACTOR

[Signature]
SIGNATURE OF OWNER

BUILDING DEPARTMENT

Install meter @ new meter can.
for new uG service @ 15 Palmetto

Valerie Meyer

From: Valerie Meyer
Sent: Friday, August 08, 2008 10:21 AM
To: 'FPL (tc_inspections@fpl.com)'
Subject: 15 Palmetto

Please install meter at new meter can for new underground service at:

Skinner
15 Palmetto Drive
Sewall's Point, FL

If you have any questions, please feel free to contact me.

Valerie Meyer
Town of Sewall's Point
Building Department
772-287-2455 Ext. 13

Valerie Meyer

From: Ika_M_Wojcieszak@fpl.com
Sent: Friday, August 08, 2008 10:59 AM
To: Valerie Meyer
Subject: 15 Palmetto

Return Receipt

Your 15 Palmetto
document:
was Ika M Wojcieszak/CS/FPL
received by:
at: 08/08/2008 10:58:55 AM

RECEIVED
DATE: 8-20-08
TOWN: SEWALLS POINT

CLIMATE PRO® FIBER GLASS BLOWING WOOL

Your home has been professionally insulated to provide a guaranteed thermal resistance.

HOMEOWNER'S NAME Robert Skinner PN # 8920
ADDRESS: # 15 Palmetto Dr.
CITY Sewalls Pt. STATE FL ZIP _____

FILE

RECORD OF INSTALLATION

Renovation

| | | | |
|---|--|---|--|
| <input type="checkbox"/> NEW CONSTRUCTION | BLOWING WOOL | <input type="checkbox"/> RETROFIT | BATTS AND ROLLS |
| <input type="checkbox"/> RETROFIT | DEPTH OF PREVIOUS INSULATION _____ INCHES | DEPTH OF PREVIOUS INSULATION _____ INCHES | R-VALUE THICKNESS AREA INSULATED |
| NUMBER OF BAGS USED _____ | ESTIMATED R-VALUE OF PREVIOUS INSULATION _____ | TYPE(S) OF PREVIOUS INSULATION IN ATTIC _____ | Ceilings <u>R-20 5 1/2" open cellled spray foam 4 ft x 10 ft</u> |
| AREA INSULATED _____ SQ. FT. | THICKNESS OF INSULATION _____ INCHES | R-VALUE OF INSULATION _____ | Walls <u>R-4.17 7/8" foil 1/4"</u> |
| | | | Floors _____ |

CLIMATE PRO. BAG WEIGHT - 25.5 LB. NOMINAL

| R-VALUE | MINIMUM INSTALLED THICKNESS | SETTLED THICKNESS | BAGS PER 1000 SQ. FT. | MAXIMUM NET COVERAGE | MINIMUM WEIGHT PER SQ. FT. |
|---|--|--|---|---|--|
| <i>To obtain an insulation resistance (R) of:</i> | <i>Installed insulation should not be less than:</i> | <i>Expected thickness after long term settling has occurred:</i> | <i>The number of bags per 1000 sq. ft. of net area should not be less than:</i> | <i>Contents of this bag should not cover more than:</i> | <i>The weight per sq. ft. of installed insulation should not be less than:</i> |
| 11 | 4.9 in. | 4.8 in. | 6.1 | 164 sq. ft. | 0.155 lbs. |
| 13 | 5.7 in. | 5.6 in. | 7.2 | 138 sq. ft. | 0.185 lbs. |
| 19 | 8.1 in. | 8.0 in. | 10.8 | 93 sq. ft. | 0.276 lbs. |
| 22 | 9.3 in. | 9.2 in. | 12.6 | 79 sq. ft. | 0.322 lbs. |
| 26 | 10.9 in. | 10.7 in. | 15.1 | 66 sq. ft. | 0.385 lbs. |
| 30 | 12.4 in. | 12.2 in. | 17.6 | 57 sq. ft. | 0.450 lbs. |
| 38 | 15.3 in. | 15.1 in. | 22.9 | 44 sq. ft. | 0.583 lbs. |
| 44 | 17.4 in. | 17.3 in. | 26.9 | 37 sq. ft. | 0.686 lbs. |
| 49 | 19.1 in. | 19.0 in. | 30.4 | 33 sq. ft. | 0.774 lbs. |
| 60 | 22.8 in. | 22.7 in. | 38.2 | 26 sq. ft. | 0.974 lbs. |

DAVIDSON INSULATION & ACOUSTICS, INC.

1438 SE HUFFMAN RD.
PORT ST. LUCIE, FL 34952

INSTALLER SIGNATURE: [Signature] DATE: 8/21/08

HOME BUILDER SIGNATURE: _____ DATE: _____

COMPANY: Tuscany Bay ADDRESS: _____ PHONE: _____



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-2, 2008

Page 2 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|-------------------------------------|--|----------------------|-------------------------|
| 8849 | Hardin | equiv potential | PASS | |
| 1130 | 27 S River Rd Advantage Pool | sona | | INSPECTOR: <i>JW</i> |
| 8920 | SLINGER | FOOTER | PASS | @ NEAL POOLS |
| 1 | 15 PALMETTO JOE DONATONI | TRUSS WORK | PASS | INSPECTOR: <i>JW</i> |
| 8911 | WILLIS 3 WORTH CT E. JOHNSON | TRUSS ENBR. A/C ROUGH ELEC ROUGH | FAIL PASS FAIL | INSPECTOR: <i>JW</i> |
| | | PLB U.G. | PASS | |
| | | ELEC. U.G. | PASS | INSPECTOR: <i>JW</i> |
| 8589 | HARDIN 27 S. RIVER SATURATION | ROOF IN PROGRESS | PASS | INSPECTOR: <i>JW</i> |
| | | | | INSPECTOR: |
| | | | | INSPECTOR: |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THU~~ THURS 7-3, 2008

Page 1 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|-------------------------------------|-------------------------------|---------------------------|-----------------------------------|
| 8745 | Nelson | Asphlt. Connection | PASS | |
| 1 | 3 Marquitta Nelson Homes | 772-634-7453 New call | | INSPECTOR: <i>[Signature]</i> |
| 8920 | Spanner | Concrete | PASS | |
| 4 | 15 Palmetto DR Tuscany Bay | | | INSPECTOR: <i>[Signature]</i> |
| CE | 4 Riverside | work w/o permit | PERMIT NOT MET | PERMITS |
| CE | 110 S Sewalls | curbstone removed | PERMITS | INSPECTOR: [Signature] |
| CE | 4 S Via Luanda | weeds | PERMITS | INSPECTOR: [Signature] |
| 8919 | Mayewski | Rough plumb | FAIL | |
| 2 | 24 E High Pt AUG | light check pressure test | FAIL | INSPECTOR: <i>[Signature]</i> |
| 8574 | VonStaden | Trial | PASS | Close |
| 3 | 20 N. Via Luanda Elite Genl Cont | subbit + vents | | INSPECTOR: <i>[Signature]</i> |
| OTHER: | | | | |

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/14, 2008 Page 1 of 1

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|------------------------------|----------------------|-----------------|-------------------------------|
| 8705 | STARK | | FAIL | |
| 2 | 87 S RIVER RD H. B. POOLS | POOL DECK & BOND | | INSPECTOR: <i>[Signature]</i> |
| TRAE | DALLASS | TRAE | PASS | |
| 3 | 1 CASTLE HILL WY | | | INSPECTOR: <i>[Signature]</i> |
| TRAE | BRENE | TRAE | PASS | |
| 1A | 113 HILLCREST | | | INSPECTOR: <i>[Signature]</i> |
| 8919 | MAJEWSKI | DECK | PASS | |
| 1 | 24 E. HIGH PT. AG POOLS | | | INSPECTOR: <i>[Signature]</i> |
| 8920 | SKINNER | WANA BUCK | PASS | |
| | 15 PALMETTO TUSCANY BAY | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | INSPECTOR: |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed

~~THURS~~ **THURS** 7-31, 2008

Page 1 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|------------------|---------------------------------|-----------------------|---------|-----------------------|
| 8920 | Skinner | UG electric | PASS | |
| 5 | 15 Palmetto Tuscany Bay | | | INSPECTOR: <i>JAV</i> |
| 8962 | CD2 | Footer | FAIL | |
| 2 | 75 N Sewalls SDH | for wall (JOHN) | | INSPECTOR: <i>JAV</i> |
| 8952 | Senders | Final-panels | PASS | CLOSE |
| 3 | 3 Mandalay Louie's | | | INSPECTOR: <i>JAV</i> |
| 8905 | Pottsdam | Final | PASS | CLOSE |
| 4 | 50 Rivista Michael Schro | | | INSPECTOR: <i>JAV</i> |
| 8145 | Gessinger | FINAL | PASS | CLOSE |
| ?6 | Castle Hill OB | GAS FINAL 215-1094 | PASS | INSPECTOR: <i>JAV</i> |
| 8899 | Cornell | Final-panels | PASS | CLOSE |
| 15 th | 1 Benjamin Rd OB | | | INSPECTOR: <i>JAV</i> |
| 8939 | Cornell | Final-door | PASS | CLOSE |
| 21 st | 1 Benjamin Rd Creation Blggs | | | INSPECTOR: <i>JAV</i> |

OTHER:

C. J. O. R. M.



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 18 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.

FRAME ALL

CAN NOT 15' TRAP @ LAU

IN MASTER -

SECURE EXHAUST DUCT @

KIT TRANCE - MAINTAIN

1" CLEARANCE TO ALL

COMBUSTIBLES -

ISOLATE CABLES FROM EXHAUST
DUCT -

INSTALL STUD GUARDS -

HOOK UP BATH EXHAUST DUCT

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. CONTACT FPL

DATE: 8/7

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Wed~~ ^{Thurs} Fri 8-2, 2008

Page 1 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|--------|--|--|------------------------------|---|
| 8961 | Baker John 2 N Sewalls Capp Huff | Drop-in metal | PASS | INSPECTOR: <i>[Signature]</i> |
| 8914 | Gilbert 2 1705 River Rd Caryma Roof | in-progress | PASS | INSPECTOR: <i>[Signature]</i> |
| 8839 | Detric 9 W High Pt Paul Davis - has lock - stop - stop | Final | PASS | CLOSE INSPECTOR: <i>[Signature]</i> |
| CE | 1 Island Rd | track hoe at end | | INSPECTOR: |
| 8969 | Hart 3 14 Rio Vista OB | rough electric rough plumbing | PASS PASS | INSPECTOR: <i>[Signature]</i> |
| 8911 | Willis 4 3 Woots Ct Eric Johnson | electric | PASS | OK TO ACTIVATE A/C ONLY & ONE 6 FT. INSPECTOR: <i>[Signature]</i> |
| 8920 | Spigner 5 15 Palmetto Tuscany Bay | framing elec plumbing AC insulation | PASS FAIL PASS PASS | INSPECTOR: <i>[Signature]</i> |
| OTHER: | | | | |

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-11, 2008

Page 1 of 1

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|---|--|--|--|
| 8867 | BELLEN 10 PALMETO KEN WINTER | PLUMBING ELECTRIC FRAMING | RESCHEDULE FOR | THIS SAT WED. INSPECTOR: |
| 8961 | Barker John 2 N Sewalls Cappot Huff | Final | RESCHEDULE FOR TUES | INSPECTOR: |
| 8971 | Olney 915 Sewalls Nis Qui | Final | PASS CLOSE | INSPECTOR: <i>[Signature]</i> |
| 8801 | W. W. W. W. BB Allen W. W. W. W. | old tank at use | Duplicate | INSPECTOR: |
| 8964 | HB Assoc John 3766 SE Ocean Roofman | Final | Reschedule for Tues | INSPECTOR: |
| 8928 | Almond 11 Oakwood Eler Conn by Mike | Final | FAIL | INSPECTOR: <i>[Signature]</i> |
| | W. W. W. W. | | | INSPECTOR: |
| OTHER: | 15 PALMETO Tuscan Bay | ALL TRADES REINSPECT. W. W. BUCKS | PASS PASS | <i>[Signature]</i> |

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-13, 2008

Page 2 of 2

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|-----------------------------|-------------------|---------|-------------------------------|
| 8583 | Giachino | Final | FAIL | |
| 7 | 11 Wendy Ln OB | | | INSPECTOR: <i>[Signature]</i> |
| 8920 | Deanna | Wood | | |
| | 5000 Palmetto | | | |
| | Deanna | | | INSPECTOR: |
| 8920 | Skinner | went wood? | FAIL | NO ACCESS |
| 5 | 15 Palmetto Tuscomy Pkwy | 215-4002 BARBY | FAIL | REINSPECTED |
| | | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | |
| | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | |
| | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| | | | | |
| | | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| CE | | POOL WATER? | OK | |
| | SSPR & RIDGEVIEW | | | |
| | | | | INSPECTOR: |

OTHER:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Wed~~ ^{TUES} Fri 8-26, 2008 Page 1 of 1

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|---|---------------------------|-----------------|-----------------------------------|
| 8978 | Lazarus 31 S River Rd Code Red Roof | sheathing dry-in metal | Fail | Not Permitted INSPECTOR: |
| 5950 | Skinner 15 Palmetto Tuscomer Bay | door bucks | Pass | INSPECTOR: A |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: INSPECTOR: |

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~Thurs~~ Thurs 11-13, 2008

Page 1 of 1

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|-------------------------------|---------------------|------------------|--|
| 8985 | Thompson | Final | PASS | |
| 3 | 1795 River Rd Dave Brownie | (door) | CLOSE | INSPECTOR: <i>JM</i> |
| 9047 | Willis | Reflow | PASS | |
| 2 | 3 Worth Ct Esper | | | INSPECTOR: <i>JM</i> |
| 8720 | Spencer | Final | PASS | NEED CERTIFICATE |
| 1 | 15 Palmetto Tucany Bay | | CLOSE | OF COMPLETION INSPECTOR: <i>JM</i> |
| 9028 | Hinners | Tempower | PASS | CONTACT F.P.C. FOR METER INSTALL |
| | 4 Morgan Cir Gubben | | | INSPECTOR: <i>JM</i> |
| 9043 | Nebb | floor | PASS | |
| | 25 Periwinkle Gateway | (PL6 2006H) | | INSPECTOR: <i>JM</i> |
| SE | | investigate work | OK | NO PERMIT REQUIRED INSPECTOR: <i>JM</i> |
| | 45 Rio Vista Per Kit | | | |
| 9054 | CLYDE | POOL BUCIC | PASS | |
| | 7 RIDGELAND OB | | | INSPECTOR: <i>JM</i> |

OTHER: _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 2031

Date Issued: 4/12/12

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

Owner SKINNER Address 15 Palmetto Dr Phone 2875754

Contractor Parker Landscaping Address Jupiter, FL Phone 561575-2273

Number of trees to be removed (list kinds of trees) 3 Areca Palms

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

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

Permit Fee \$ 0
\$15.00

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant _____ Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted: 4/12/12

Completed _____
Date _____ Checked by _____

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

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

See attached Tree Species List

FILE

**John K. Tompeck
20 Emarita Way
Stuart, FL 34996
(561) 287-4348**

February 11, 2002

To: G Simmons (Sewalls Point Building Inspector)

Re: Removal of Pepper tree from 20 Emarita Way

Please be advised that I gave the Skinnners (of 15 Palmetto Dr.) permission to remove the pepper tree on my property.

If you have any questions, please feel free to contact me at the number above.

Very truly yours,



John Tompeck

TOWN OF SEWALL'S POINT, FLORIDA

Date 2/1/2 19 TREE REMOVAL PERMIT No 0543

APPLIED FOR BY Concepts in Greenery (Contractor or Owner)

Owner 15 Palmetto Dr.

Sub-division _____, Lot _____, Block _____

Kind of Trees 1 Gumbo L / 1 Braz. Pepper

No. Of Trees: REMOVE 2

No. Of Trees: RELOCATE 2 WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS Remove Gumbo (over septic syst.) Reu Pepper

Relocate 2 trees (see reports) FEE \$ 15.

Signed, _____ Applicant

Signed, [Signature]
Town Clerk
Bidg. Insp.

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for permit details]

PROJECT DESCRIPTION _____

[Empty lines for project description]

REMARKS _____

[Empty lines for remarks]

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 0543

Date Issued: 2/1/2

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

Owner S. Kinner, Robert ^{Sherry} Address 15 Palmetto Dr Phone 287 5754

Contractor Concepts in Greenery Address Palm City Phone 220-3676

Number of trees to be removed (list kinds of trees) 1- Gumbo Limbo, 1- SABAL PALM
1- Brazilian Pepper

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

Relocate: 1- Queen Palm, 1- Coconut Palm

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

Permit Fee \$ 15.00

\$15.00

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant [Signature] Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted: 2/1/2

Completed _____
Date _____ Checked by _____

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

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

See attached Tree Species List

Tree Removal and Relocation

1/31/02

As new owners of 15 Palmetto Drive, we have hired landscape architects Concepts in Greenery to improve the look and health of our overgrown landscape. In so doing, Concepts in Greenery has advised us of the following tree removals and relocations:

Tree removal due to disease, proximity to house, and ^{being} prohibited species:

- ✓ ① Northeast corner of house - Gumbo Limbo
- ② Southeast corner of house - Sabal Palm
- ③ Southwest corner of lot - Brazilian Pepper

Tree relocation:

- ① Queen Palm to be moved to center front island within other palms (yellow highlight)
- ② Coconut Palm to be moved to center front island with other palms (yellow highlight)

If you have any questions feel free to call us or Bitch Baber of Concepts in Greenery. Thank you for your assistance.



Sherry Skinner

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4-21-2008 Page 1 of 2

| PERMIT | OWNER/ADDRESS/CONTR | INSPECTION TYPE | RESULTS | NOTES/COMMENTS |
|-----------------|-----------------------------------|-----------------------|-------------------|--|
| 6052 | ROPP | Pillings, Finger Pier | Passed | close |
| (3) | 19 W High Pt. J+B Riddick | | | INSPECTOR: <i>[Signature]</i> |
| 5089 | Clowers | Fence | ? | 7/3 Columns 8' Gate Posts |
| (2) | 11 W High Point FENCE CRAFTERS | | | INSPECTOR: <i>[Signature]</i> |
| 7123 | SPINNER | TREE | Failed | Native species |
| (4) | 15 PALMETTO | | | tree OK in my opinion INSPECTOR: <i>[Signature]</i> |
| 6111 | GREENE | ROOF SHEATHING | Failed | |
| (1) | 26 ISLAND ROAD | NAIL OFF | | INSPECTOR: <i>[Signature]</i> |
| | | Wall Sheathing | Failed | |
| 6213 | DEGRAFF | FINAL- | Passed | close |
| (8) | 9 CASTLE HILL | POOL ENCL | | INSPECTOR: <i>[Signature]</i> |
| 6194 | DUNLAP | TIN TAG | Passed | |
| (5) | 115 HILLCREST PACIFIC | METAL | | INSPECTOR: <i>[Signature]</i> |
| 6221 | RUSSELL | FRAMING | Passed | |
| (6) | 47 S SEWALLS PT O/B | Wall Sheathing | Passed | INSPECTOR: <i>[Signature]</i> |
| OTHER: | 6 Middle Rd - Fence ? | | | |

Mrs. Sherry Skinner
15 Palmetto

TREE REMOVAL, RELOCATE OR REPLACE PERMIT APPLICATION PACKAGE

DOCUMENTS CONTAINED IN PACKAGE

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

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # _____

Date Issued: _____

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

Owner Sherry Skinner Address 15 Palmetto Phone 281-5754

Contractor Shade Tree Inc Address 913 Industrial Phone 334-7010

Number of trees to be removed (list kinds of trees) 1 Paradise Tree with large decayed cavity presents safety hazard (45% decayed)

Number of trees to be relocated within 30 days (no fee) (list kinds of trees): 2 Coconut Palms Relocated on Site to Improve Landscape Design.

Permit Fee \$ 0 Ok to relocate Coco Palms
\$15.00 Paradise tree is alive and is native species !!

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant _____ Plans approved as marked _____

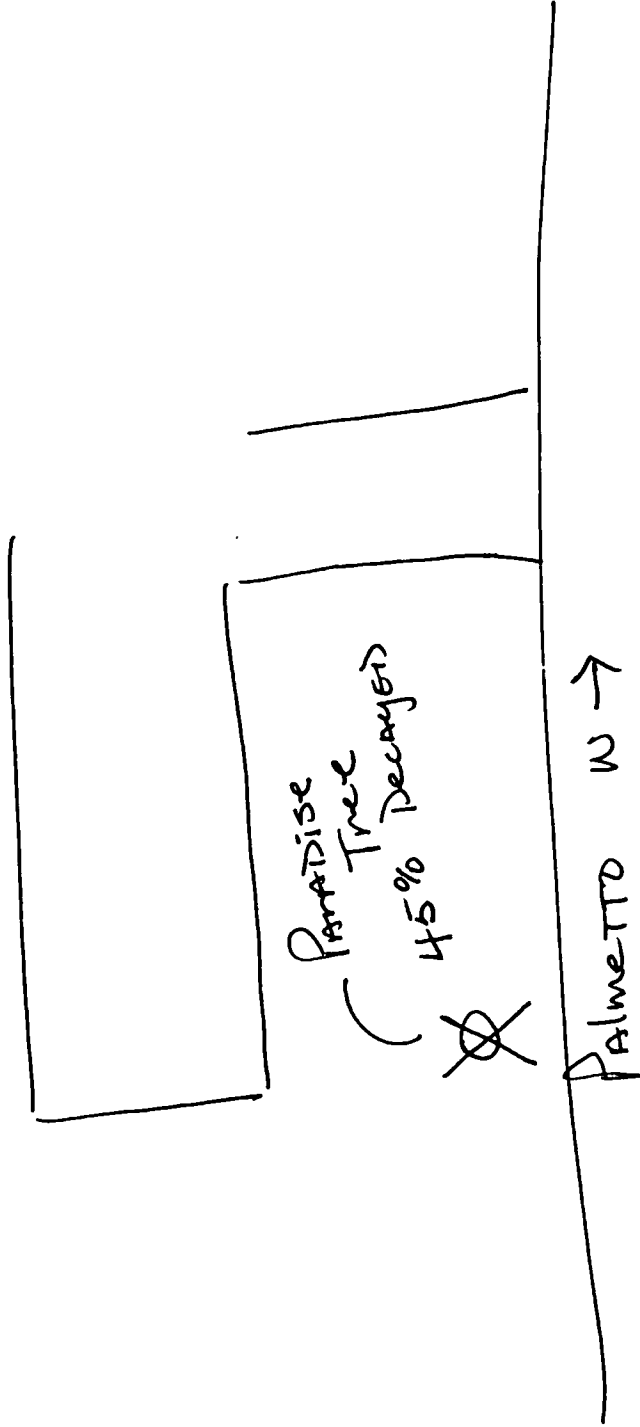
Approved by Building Inspector [Signature] Date submitted: 4/21/13

Completed _____
Date _____ Checked by _____

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

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

See attached Tree Species List



TREE SPECIES

The Following list will assist you in determining which trees are required to be removed and which trees are required to stay or be relocated. A permit is required for all tree removal, replacement, or relocation. The cost of the permit is \$15.00. No permit fees 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.

PROHIBITED SPECIES:

The first three-(3) species below *must* be removed before construction begins.

- | | |
|----------------------|-------------------------|
| 1. Brazilian Peppers | 9. Schefflera |
| 2. Australian Pines | 10. Non-Native Ficus |
| 3. Melaleuca | 11. Chinaberry |
| 4. Strangler Fig | 12. Woman's Tongue |
| 5. Java Plum | 13. Norfolk Island Pine |
| 6. Bischofia | 14. Eucalyptus |
| 7. Silk Oak | 15. Chinese Tallow Tree |
| 8. Earleaf Acacia | 16. Ear Tree |

NATIVE SPECIES:

- | | |
|-------------------------|---------------------------------------|
| 1. Black Ironwood | 25. Pigeon Plum |
| 2. Black Mangrove | 26. Pond Apple |
| 3. Blolly | 27. Prickly Pear |
| 4. Buttonwood | 28. Red Mangrove |
| 5. Cabbage Palm | 29. Red Maple |
| 6. Cocoplum (red tip) | 30. Redbay |
| 7. Cocoplum (green tip) | 31. Saffron Plum |
| 8. Coral Bean | 32. Sand Pine |
| 9. Deer Moss | 33. Scrub Pine |
| 10. Gray Twig | 34. Satinleaf |
| 11. Gopher Apple | 35. Saw Palmetto |
| 12. Gumbo Limbo | 36. Scrub Hickory |
| 13. Inkwood | 37. Sea Grape |
| 14. Jamaica Dogwood | 38. Sea Oxeye |
| 15. Lancewood | 39. Slash Pine |
| 16. Laurel Oak | 40. Stoppers |
| 17. Leather Fern | 41. Wild Lime |
| 18. Live Oak | 42. Sumac (southern) |
| 19. Mahogany | 43. Sugar Berry (Hackberry) |
| 20. Marlberry | 44. Torchwood |
| 21. Mastic | 45. Wild Coffee |
| 22. Mulberry | 46. Varnish Leaf |
| 23. Myrtle Oak | 47. Water Oak |
| 24. Paradises Tree | 48. Wax Myrtle |
| | 49. West Indian Cherry White Mangrove |

TOWN OF SEWALL'S POINT, FLORIDA

Date AUGUST 19 ~~18~~ 2005 TREE REMOVAL PERMIT N^o 2551

APPLIED FOR BY SKINNER (Contractor or Owner)

Owner 15 PALMETTO DRIVE

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 COCONUT PALM

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant
Signed, [Signature] FEE \$ 0
Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner Bob Skinner Address 15 Palmetto Dr Phone 2825754

Contractor Timber tree Address _____ Phone 283-6298

No. of Trees: REMOVE 1 Type: Coconut Palm

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

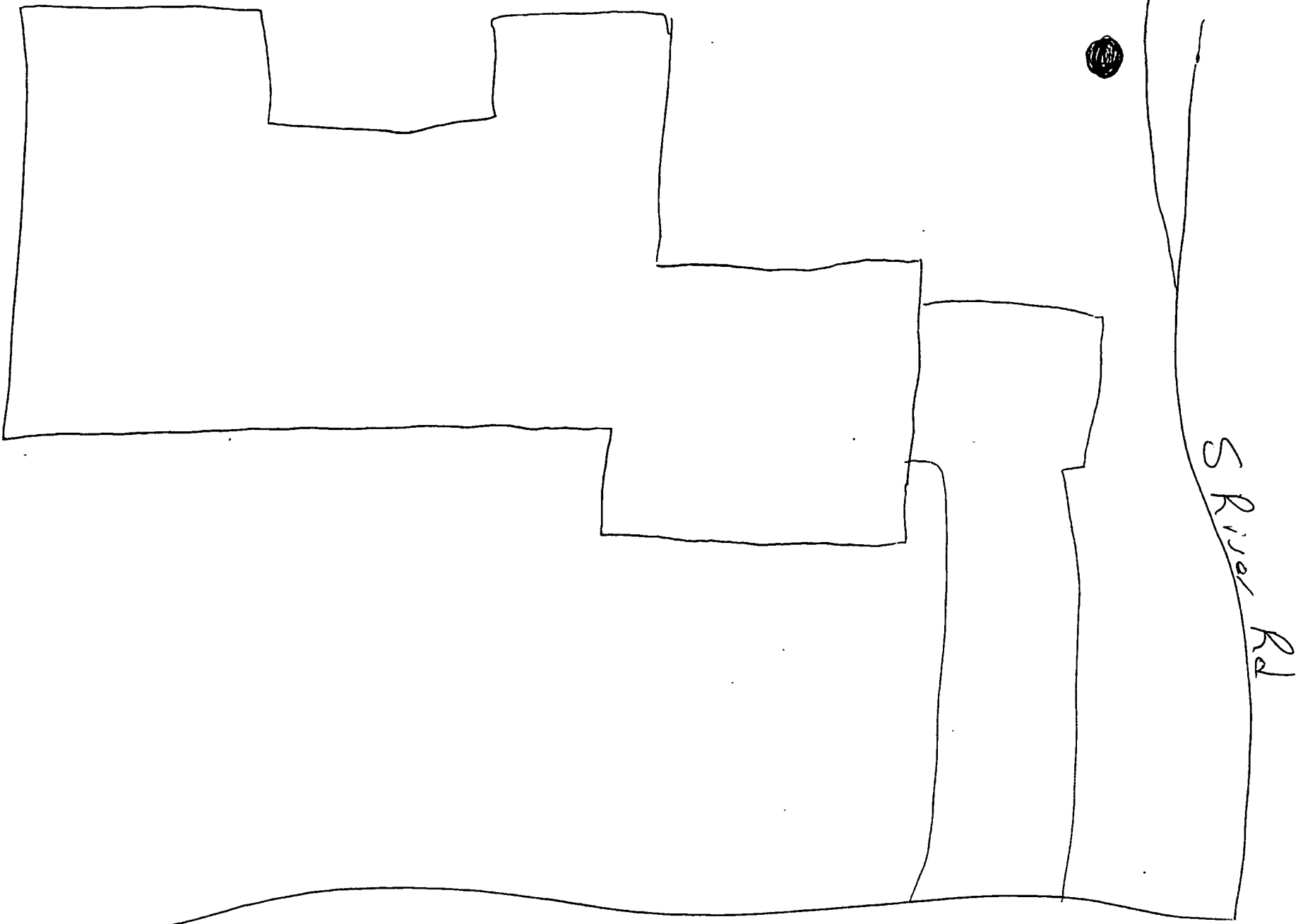
No. of Trees: REPLACE 0 WITHIN 30 DAYS Type: _____

Written statement giving reasons: Unhealthy, top of tree broke off hanging over River road.

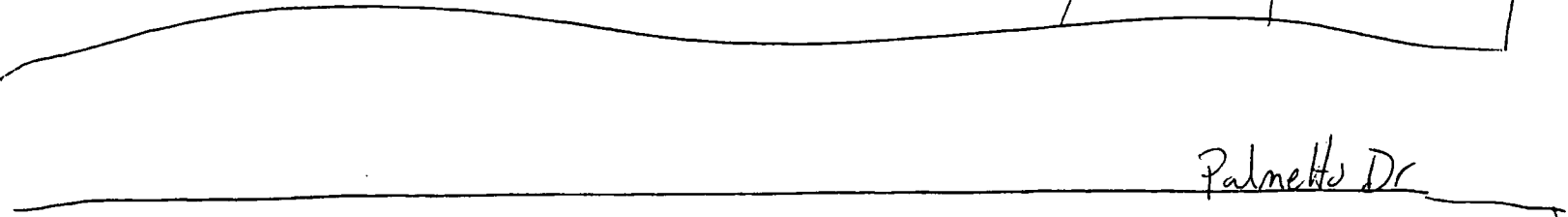
Signature of Property Owner [Signature] Date 8/16/05

Approved by Building Inspector: [Signature] Date 8/19 Fee: 0

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



S River Rd



Palmetto Dr

Coconut

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/19, 2005 Page 1 of

| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
|-----------------|---------------------------|---|-------------------|-------------------------------|
| 7726 | FREUDENBERG | DRY IN | PASS | |
| 8 | 115 N. Sewall's Pt | | (PARTIAL) | |
| | Superior Roofing | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| Tree | SKINNER | TREE | PASS | |
| 5 | 15 PALMETTO DR | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 7552 | MONZON | FINAL FENCE | FAIL | |
| 6 | 119 Hillcrest Dr | | | |
| | Sturdy Fence | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 7268 | H BASSOC - TMI | FINAL | CANCEL | |
| | 3758 Ocean Blvd | | | |
| | KIRCHMAN | | | INSPECTOR: |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 7725 | VIENER | DISTANCE LINES FINAL GAS | PASS | |
| 1 | 10 PINEAPPLE LA | (GENERATOR) | | |
| | FERRELL GAS | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| 6663 | BARRETT SANDI | FINAL | PASS | CLOSE |
| 4 | 23 N. VIALUCINDIA | ADDITION/ NEW ROOF | | |
| | White Aluminum | | | INSPECTOR: <i>[Signature]</i> |
| PERMIT | OWNER/ADDRESS/CONTR. | INSPECTION TYPE | RESULTS | NOTES/COMMENTS: |
| Tree | BINNICKER | TREE | PASS | |
| 9 | 11 PERRWINKLE LA | | | |
| | | | | INSPECTOR: <i>[Signature]</i> |

OTHER: _____