

5 Pineapple Lane

3517

SFR

Martin County Utilities

Water Service Connection

Time: 10:00

Date: 7/23/94

Address: 5 PINEAPPLE LN

Building Permit #: 3517

Bk.: _____ Lot: 8

Subdiv.: SEWALL'S PT.

Installed By: DS/PM

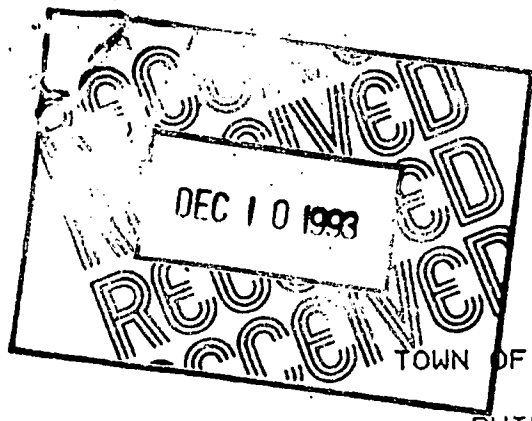
Utilities S/O #: 2136

Meter #: 39302383

Meter Size: 5/8

Meter Make: NEPTUNE

Back Flow: YES



3517

Tax Folio No. _____

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name RICHARD A. WEGMAN

Owner's Address 8 OAK HILL WAY

Owner's Telephone 407-283-9352

Fee Simple Titleholder's Name (if other than owner) N/A

Fee Simple Titleholder's Address (if other than owner) N/A

City N/A State N/A Zip N/A

Contractor's Name RICHARD GREISINGER

Contractor's Address 2363 EAST OCEAN BLVD

City STUART State FLA Zip 34996

Contractor's Telephone 283-2800 License Number CG 005776

Job Name - PINEAPPLE PROJECT -

Job Address 8 PINEAPPLE LANE STUART, FLA 34996

City Town of Sewall's Point State Florida Zip 34996

Legal Description LOT 8 PINEAPPLE LANE PLAT BOOK 11

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Bonding Company N/A

Bonding Company Address N/A

City N/A State _____

Architect/Engineer's Name S.J. AMICO P.E.

Architect/Engineer's Address STUART, FLORIDA

Mortgage Lender's Name N/A -

Mortgage Lender's Address N/A -

w

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

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

Plumbing Contractor SOUTH PARK / STUART. License No. - 49 -
Electrical Contractor BLOSSER ELEC / PSL. License No. - MC-ME00250
Roofing Contractor PANANEK - STUART License No. - CGCA07037.
A/C Contractor NIS / A/C License No. - CAC041199
Description of Building or Alterations NEW HOUSE

Name of Street Designated as Front Building Line and Front Yard

PINEAPPLE LAKE

Subdivision PINEAPPLE LAKE Lot 8 Block PLAT BK 11

Building Area (air conditioned) 4061 sq. ft.

Garage, Porch, Carport Area 696 sq. ft.

Contract Price (excluding carpet, land, appliance, landscaping)

\$ 253,200

Richard A. Weir
(Owner or Authorized Agent)

DATE 11/29/93

Sworn and Subscribed before me this
29th day of Nov. 1993

(SEAL)

Deborah L. Alvord
NOTARY PUBLIC



DEBORAH L. ALVORD
MY COMMISSION # CC279289 EXPIRES
April 22, 1997
BONDED THRU TROY FAJN INSURANCE, INC.

State of Florida at Large
My Commission Expires:

X Richard B. Geisinger
(Contractor)

DATE 11/29/93

Sworn and Subscribed before me this
29th day of Nov. 1993

(SEAL)

Deborah L. Alvord
NOTARY PUBLIC



DEBORAH L. ALVORD
MY COMMISSION # CC279289 EXPIRES
April 22, 1997
BONDED THRU TROY FAJN INSURANCE, INC.

State of Florida at Large
My Commission Expires:

Certificate of Competency Holder

X Contractor's State Certification or Registration No. CEC005776

X Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Dale Brown Permit Officer

A. Chardange 12/16/93

For Official Use Only

Plans approved as submitted ✓ Date 12/15/93

Plans approved as marked _____ Date _____

A/C Area 4061 sq. ft. x \$60. = \$ 243,660

Non A/C Area 696 sq. ft. x \$25. = \$ 17,400

Total = \$ 261,060

Contract Price \$ 253,700 (fee will be charged on higher amount)

261,060 M. x \$8.00 = \$ 2088.48 Building Fee
 25% Owner/Builder Fee \$ NA (if applicable)
 A/C Fee \$ 100.00
 Electrical Fee \$ 100.00
 Plumbing Fee \$ 100.00
 Roofing Fee \$ 100.00
 Radon Fee \$ 50.30
 County Impact Fee \$ 1508.20
 TOTAL PERMIT FEE \$ 4046.98

PAYMENT RECEIVED Dale Brown 12/14/93
 Signature Date

- Contractor's License ✓
- Sub-Contractors' Licenses 0 ✓
- Workers' Comp. Insurance ✓
- General Liability Insurance ✓
- Three sets of Plans ✓
- Plans sealed by architect or engineer ✓
- Plot Plan ✓
- Boundary survey ✓
- Topographic survey certified to the Town of S.P. ✓
- Recorded warranty deed ✓
- Septic tank permit ✓
- Energy Code calculations ✓
- Elevation certificate X
- Recorded notice of commencement 0 ✓
- Application for c.o. 0 ✓

Contract Price

TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER 10264
 OWNER Richard Wegman III
 ADDRESS _____
 CITY/ST/ZIP SP
 TELEPHONE _____

PERMIT NUMBER 3517
 DATE ISSUED 12/10/93
 CONTRACTOR OR OWNER/BLDR. Richard Wegman III
 ADDRESS _____
 CITY/ST/ZIP SP
 TELEPHONE 935-9390

FLOOD ZONE A-8
 TO BE CONSTRUCTED New house
 SITE ADDRESS _____
 SUBDIVISION PINEAPPLE
 CONSTRUCTION VALUE 100,000

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

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

SAILFAL CO # 126 FEES
 REMODELING/NEW CONSTRUCTION N/A
 IMPACT 1500.00
 RADON 50.00
 SEPTIC YES
 WELL N/A
 FENCE YES
 POOL YES
 DOCK N/A

PLUMBING 100.00
 ELECTRICAL 100.00
 MECH./A.C. 100.00
 ROOF 100.00
 WALL _____
 POOL ENCLOSURE _____
 OWNER/BUILDER N/A
 TOTAL 4040.00
 PAID BY CHECK 2500

~~OTWICK~~
Eastford

BUILDING INSPECTION (FOR OFFICIAL USE ONLY) (SIGN OFF)

FORM BOARD SURVEY _____	DATE _____	NAILING _____	DATE _____
ROUGH PLUMBING <u>OK</u>	DATE <u>12/29/93</u>	ROOF <u>OK</u>	DATE <u>8/17/94</u>
TERMITE PROTECTION _____	DATE _____	INSULATION <u>OK</u>	DATE <u>8/18/94</u>
FOOTING-SLAB <u>OK</u>	DATE <u>12/29/93</u>	FINAL ELECTRIC _____	DATE _____
LINTEL _____	DATE _____	FINAL PLUMBING _____	DATE _____
ROUGH ELECTRIC <u>OK</u>	DATE <u>8/17/94</u>	SEPTIC FINAL _____	DATE _____
FRAMING <u>OK</u>	DATE <u>1/4/94</u>	DRIVEWAY _____	DATE _____
A/C DUCTS <u>OK</u>	DATE <u>1/4/94</u>	FINAL C.O. _____	DATE _____

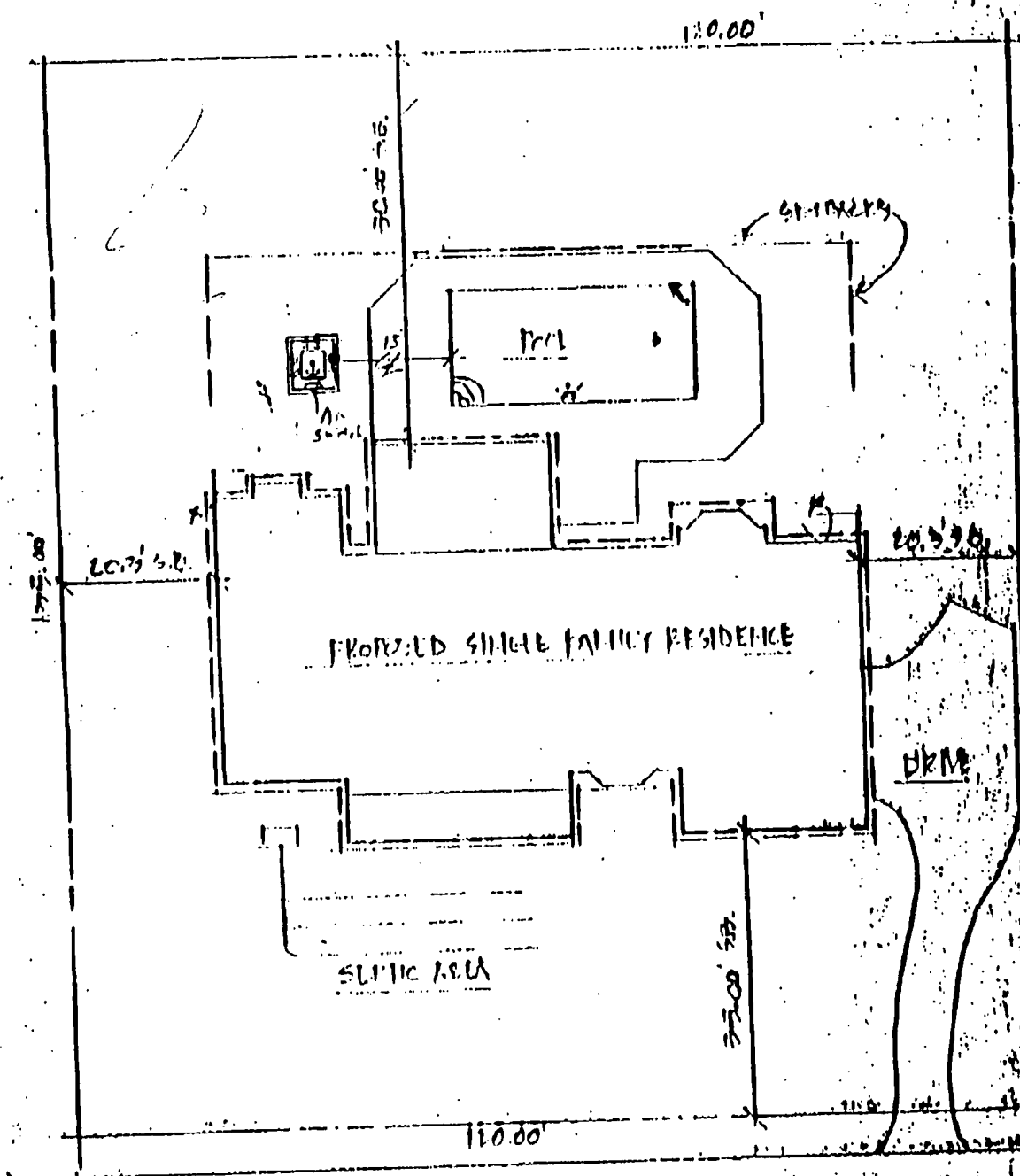
PERMIT AUTHORIZED BY Dale Brown

Call 287-2455 from 8:00 a.m. to 4:00 p.m. for inspections. Requests for inspections require 24 hours notice. All work must be in compliance with the Town of Sewall's Point ordinances, the South Florida Building Code, the State of Florida Energy Efficiency Building Code and Elevations based on the latest flood insurance rate map. Portable toilet facilities and haul-off trash container must be in job site before initial inspection. Working hours are from 8:00 a.m. to 5:00 p.m. Monday through Saturday. No trucks, trailers or other commercial vehicles may be left on job site overnight unless totally concealed. Violators will be cited. Questions regarding such equipment should be directed to the Building or Police Departments.

5 Pine Apple
 Exterminating Inc.
 HOBE SOUND, FL 33475 - 0249
 407-546-3722
 Patrick

86-05-01
 Patrick
 Exterminating Inc.
 P.O. BOX 249
 HOBE SOUND, FL 33475 - 0249
 407-546-3722
 PINEAPPLE
 LN

706R



PROPOSED SINGLE FAMILY RESIDENCE

SLIPIC AREA

DRIVE

120.00'

50.00'

20.00'

20.00'

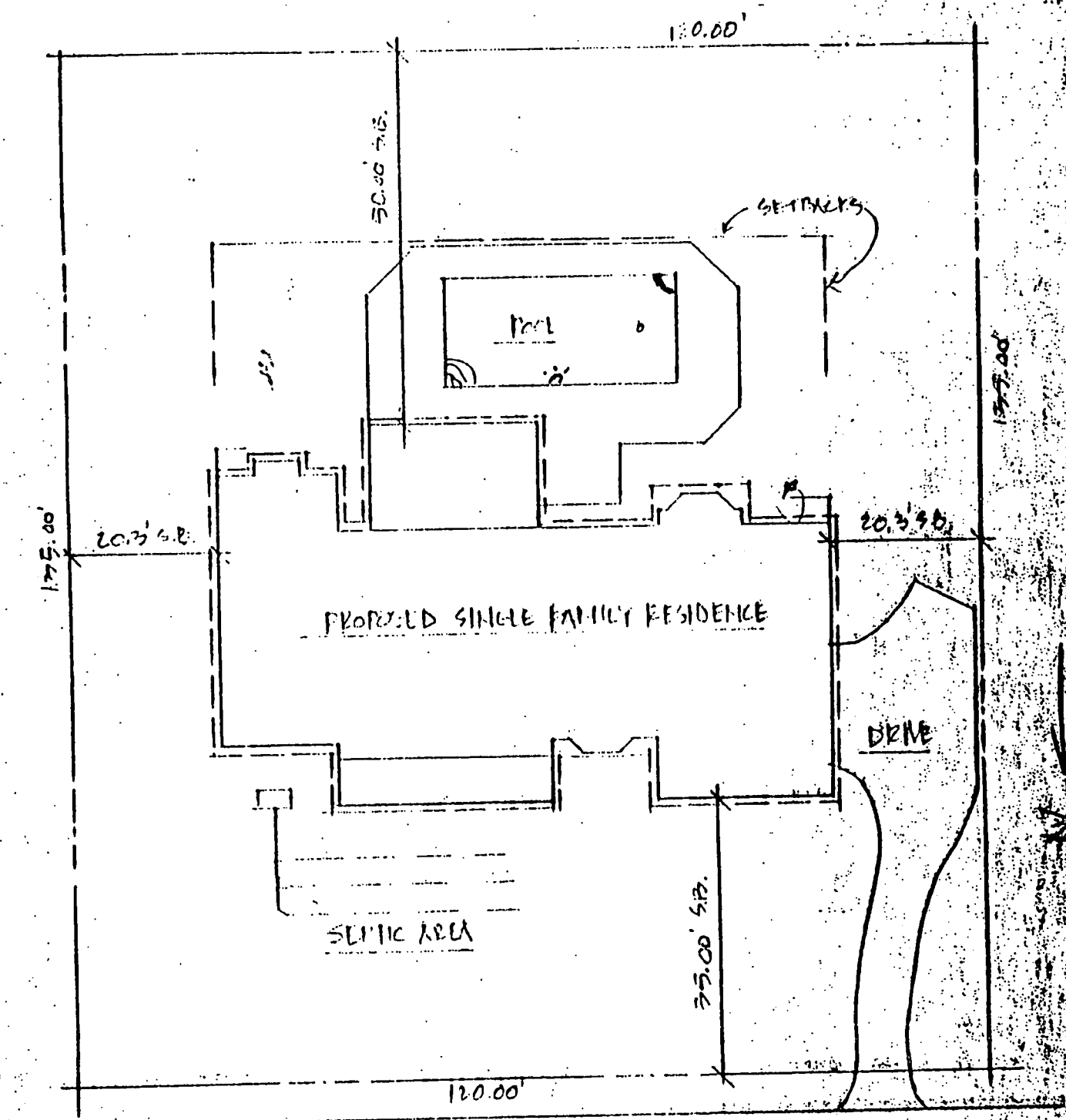
110.00'

75.00'

GARAGE

SWITCH

POOL



KILGUSTEN CT.

with plan



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Dick Wegman SEPTIC TANK PERMIT NO. HD 93-323

LEGAL DESCRIPTION: Lot 8 Pineapple Lane

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department. Approval of this stubout elevation certification constitutes commencement of building construction for septic system permits.

- 1. Building Permit Number: _____ (Certification not required for this item).
- 2. I certify that the elevation of the top of the lowest plumbing stubout is _____ inches (circle one) above / below benchmark elevation as indicated on septic tank permit.
- 3. I certify that the top of the lowest building plumbing stubout is _____ inches (circle one) above/ below crown of road elevation shown on septic tank permit.
- 4. I certify that the top of the drainfield pipe elevation is _____.
- 5. I certify that all severely limited soil has been removed from an area of _____ feet by _____ feet a minimum depth of six(6) feet below top of required stubout elevation. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram A / B on reverse side) Date Observed: / /
- 6. I certify that all moderately and severely limited soils have been removed in an area _____ feet wide or 33% of the area of the drainfield. This area is centered in the drainfield and extends to a depth of _____ feet where slightly limited soils exist. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram B on reverse side) Date Observed: / /
- 7. I certify that all severely limited soils have been removed from an area one foot beyond the perimeter of the drainfield rock and the excavation meets all detail requirements as shown in _____ "Diagram A", or _____ "Diagram B" on reverse side. Surveyor must submit 2 plot plans to scale of excavated area. Date Observed: / /

- NOTE:
- a. Severely limited soil includes but is not limited to hardpan, clay, silt, marl or rock.
 - b. Drainfield must be centered in the excavated area. Drainfield will not be approved if severe limited soils are not removed.
 - c. Condition numbers 5, 6 and 7 may be satisfied with excavation certification from the certified septic installer responsible for drainfield installation.

CERTIFIED BY: _____ As applicant or applicant's representative,
I understand the above requirements.

Date: _____ Job Number: _____

(Signature)

-----FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY-----

Martin County Health Unit Approval Signature

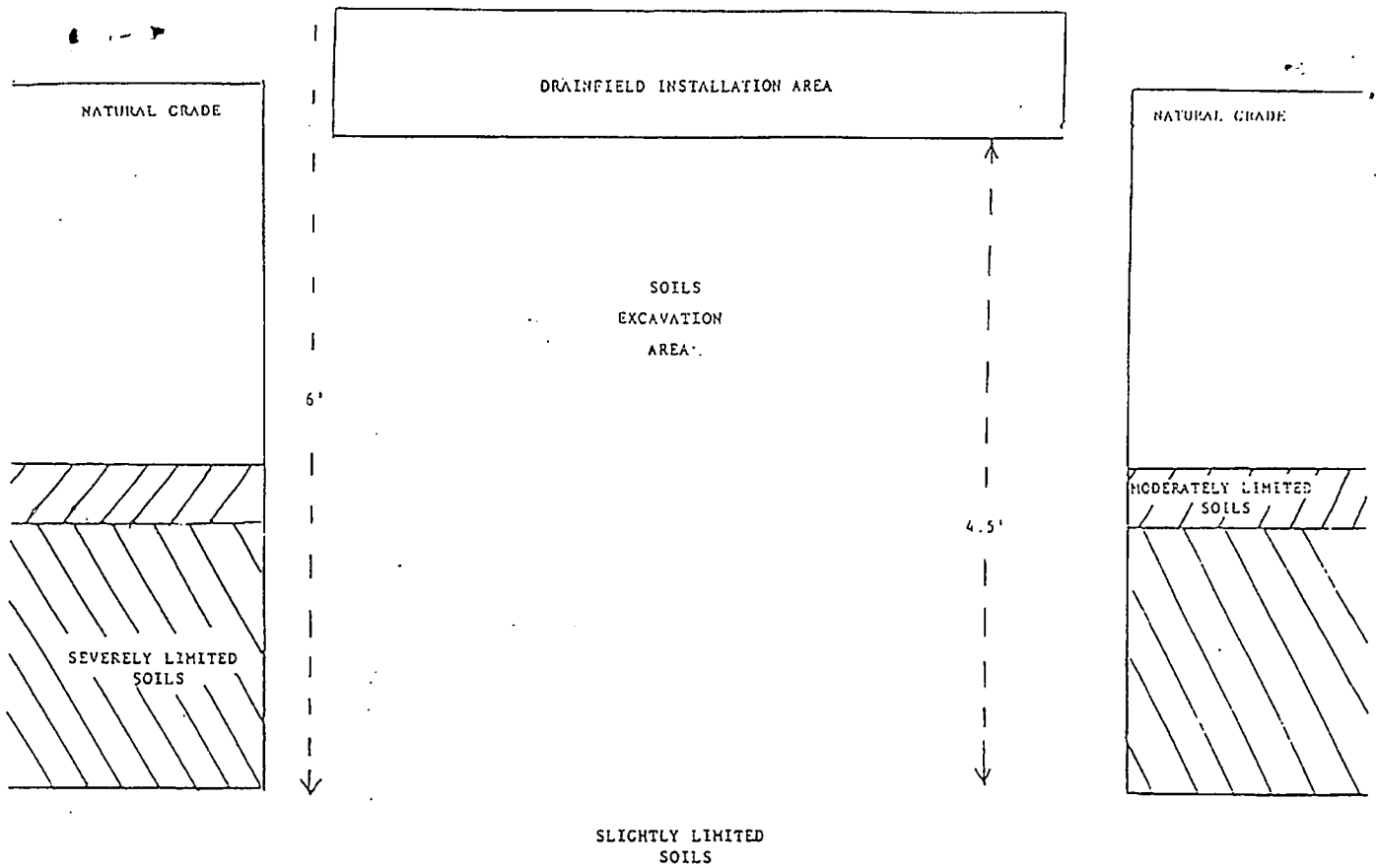
(Date)

MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994

Revised 3/28/92

9 - 12" SOIL COVER

DIAGRAM A



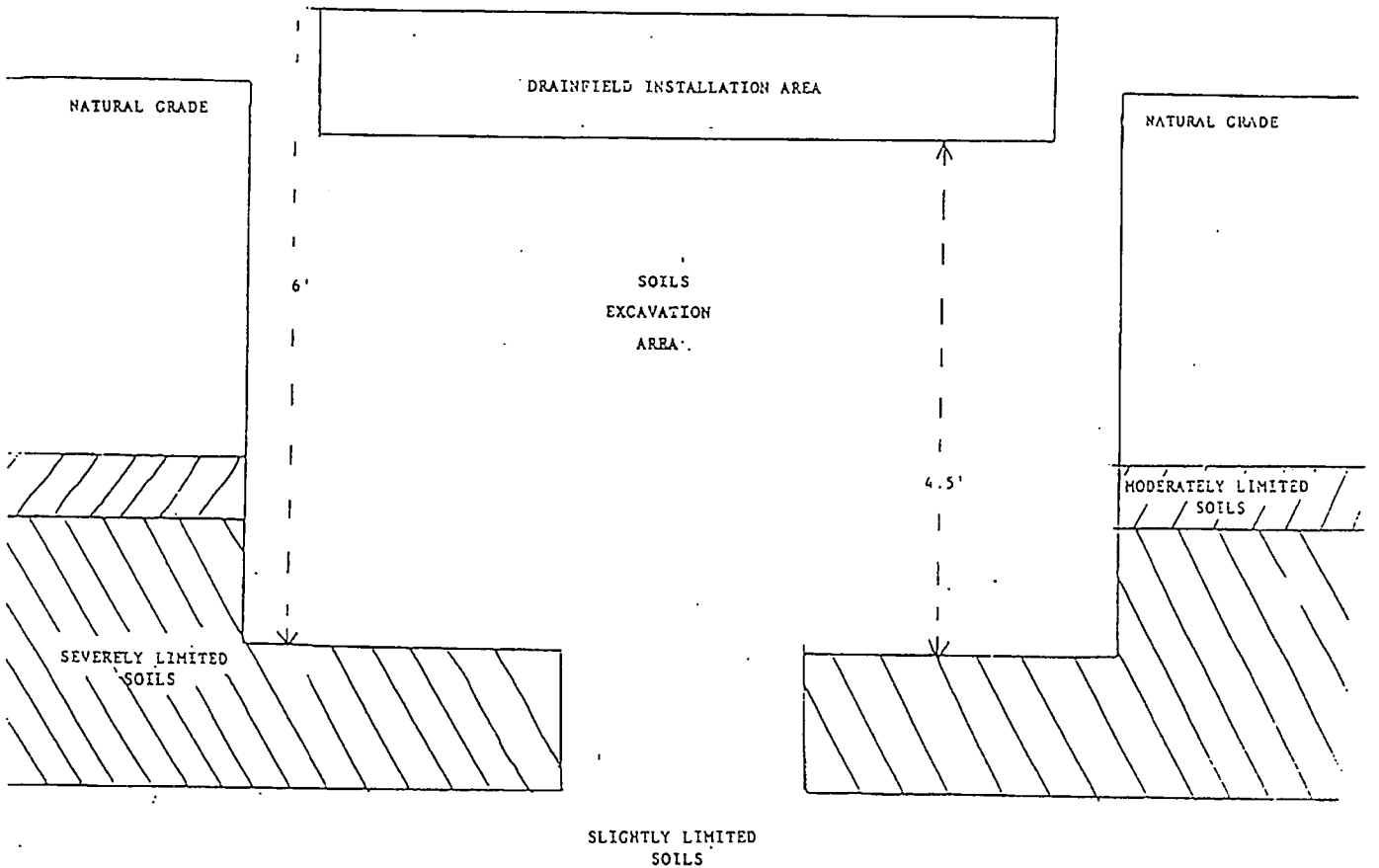
4/92

STUBOUT PIPE

9 - 12" SOIL COVER

"DIAGRAM B"

NTS



DOC-DEED \$ _____ MARSHA STILLEN

DOC-MTG \$ _____ MARTIN COUNTY

DOC-ASM \$ _____ CLERK OF CIRCUIT COURT

INT. TAX \$ _____ BY DM _____ D.C.

WARRANTY DEED
(F.S. 689.02)

THIS INDENTURE,

(Wherever 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.)

Made this 14th day of September, A.D. 1993, Between Vincent P. Vitolo and Lucille Vitolo, husband and wife, whose post office address is 5405 SE Running Oak Circle, Stuart, Florida 34997, party of the first part, and Richard A. Wegman and Celeste M. Wegman, husband and wife, whose post office address is 7 Kingston Court, Stuart, Florida 34996, party of the second part,

WITNESSETH, That the said party of the first part, for and in consideration of the sum of Ten and 00/100 Dollars (\$10.00), and other good and valuable consideration to it in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said party of the second part, their heirs and assigns forever, the following described land, situate, lying and being in the County of Martin, State of Florida, to wit:

Lot 8, PINEAPPLE LANE, as recorded in Plat Book 11, page 62, public records of Martin County, Florida.

Subject to: 1) conditions, restrictions, reservations, easements and limitations of record, 2) zoning and other regulatory ordinances; and 3) taxes for the year 1993 and subsequent years.

And the said party of the first part does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, the first party hereunto sets their hand and seal the day and year first above written.

Signed, sealed and delivered in the presence of:

~~Hope Could~~
~~HOPE Could~~
~~Deborah A Alvord~~
(Print Name Beneath Signature)
Deborah L. Alvord

By: ~~Vincent P. Vitolo~~
Vincent P. Vitolo

~~Hope Could~~ ~~Hope Could~~
~~Deborah A Alvord~~
(Print Name Beneath Signature)
Deborah L. Alvord

~~Lucille Vitolo~~
Lucille Vitolo

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me, by Vincent P. Vitolo and Lucille Vitolo. They () are personally known to me, or () have produced FL DL, as identification, and have executed the foregoing instrument as their voluntary act and deed.

Witness my hand and official seal in the County and State last aforesaid this 14th day of Sept., 1993.

~~Deborah A Alvord~~
Deborah L. Alvord
(Print Name Beneath Signature)
Notary Public

(NOTARIAL SEAL)

My Commission Expires:



DEBORAH L. ALVORD
MY COMMISSION # CC279289 EXPIRES
April 22, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

This Instrument Prepared By:

Michael H. Olenick, Esquire
Fry & Olenick, P.A.
900 E. Ocean Blvd., Suite 120
Stuart, Florida 34994
407-286-1600

(pw:wegdeed)



STATE OF FLORIDA
 DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
 ONSITE SEWAGE DISPOSAL SYSTEM
 CONSTRUCTION PERMIT

PERMIT # HD93-323
 DATE PAID _____
 FEE PAID \$ _____
 RECEIPT # _____
 Authority: Chapter 381, FS & Chapter 10D-6, FAC Building Permit# _____

HD93-323 Dick Wegman
 PERMIT NO. / APPLICANT

H.R.S. - MARTIN COUNTY PUBLIC HEALTH UNIT

CONSTRUCTION PERMIT FOR:

New System Existing System Holding Tank Temporary/Experimental
 Repair Abandonment Other (Specify) _____

APPLICANT: Dick Wegman AGENT: _____

PROPERTY STREET ADDRESS: Pineapple Lane

LOT: 8 BLOCK: _____ SUBDIVISION: Pineapple Lane

PROPERTY ID #: _____ [SECTION/TOWNSHIP/RANGE/PARCEL NUMBER]
 [OR TAX ID NUMBER]

=====

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS EXPIRE ONE YEAR FROM THE DATE OF ISSUE. HRS APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID.

=====

SYSTEM DESIGN AND SPECIFICATIONS

T 1500 [GALLONS / GPD] SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN SERIES:
 A [—] [GALLONS / GPD] _____ CAPACITY MULTI-CHAMBERED/IN SERIES:
 N [—] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
 K [—] GALLONS PER DOSE DOSING TANK CAPACITY DOSE RATE () PER 24 HRS NO. OF PUMPS: ()

D 900 SQUARE FEET PRIMARY DRAINFIELD SYSTEM 12'W X 75'L
 R [—] SQUARE FEET _____ SYSTEM
 A TYPE SYSTEM: () STANDARD FILLED () MOUND () _____
 I CONFIGURATION: () TRENCH BED () _____

N NOTE: If trenches are used, each trench must be 2ft/ 3ft wide w/ 2ft between each trench.

F LOCATION OF BENCHMARK/ Fixed Point of Reference: 5.43' NGVD

I ELEVATION OF PROPOSED SYSTEM SITE 4.44 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [5] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

L D FILL REQUIRED: [NA] INCHES EXCAVATION REQUIRED: [54] INCHES

O -Drainfield rock must be 9 ft. from property lines. Excavation must be a minimum of Limited
One/ Three ft. beyond drainfield installation area 14 ftW x 77 ftL x 4.5 ftD + 33% slightly soils

T -Top of building stubout is required to be a minimum elv. of 13" ABOVE CR 5.43' NGVD

H -Top of drainfield pipe is required to be a minimum elv. of 5" ABOVE CR

E -Top of septic tank is required to be a minimum elv. of 19" ABOVE CR

** SEE ATTACHED SPECIAL CONDITIONS FORM **

SPECIFICATIONS BY: _____ TITLE: _____

APPROVED BY: Edgar M. Rodriguez TITLE: Env. Spec. I Martin CPE: _____

DATE ISSUED: 11-04-93 Variance Y 10 EXPIRATION DATE: 11-04-94
NA (Includes Variance Expiration)



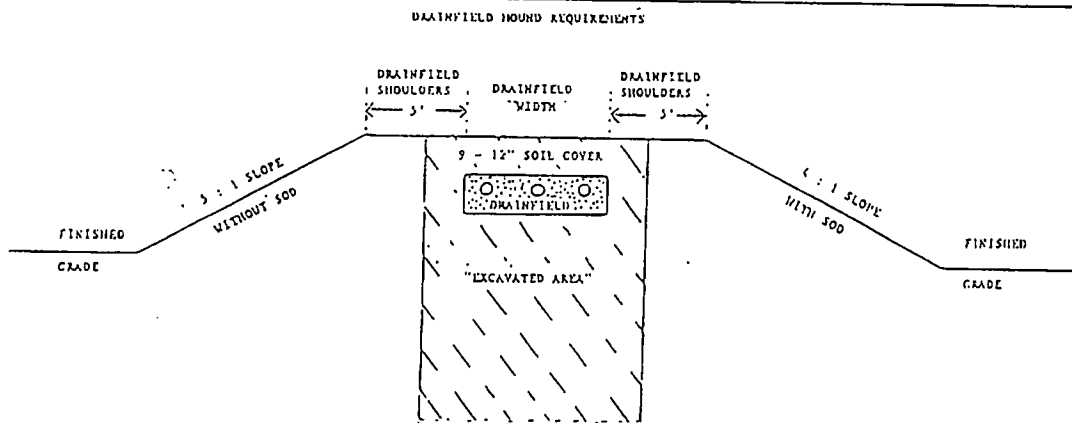
STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

CONDITIONS OF PERMIT

APPLICANT Wegman SEPTIC TANK PERMIT # HD93-323

For permit specifications see attached HRS-H Form 4016

1. Applicant is responsible for replacing excavated soils with a good grade of sand.
2. If fill is required, contact Martin County Building Division.
3. If building stubout is placed more than 20 feet from septic tank or drainfield, stubout elevation must be higher than permitted elevation and have prior approval.
4. NA reinspection fee required if well is not installed at time of onsite sewage disposal system initial inspection.
5. Inspection results will be posted on building permit. A copy of construction approval is available upon request.
6. If any information on this permit changes, an amended application is required to be filed immediately.
7. Any alteration to the information and conditions of this permit found to be in non-compliance with 10D-6 FAC shall be sufficient cause for immediate revocation of this permit.
8. If round drainfield is proposed, see following sketch of additional requirements.
9. Special Conditions: _____



NOTE: THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.
SEE EXCAVATION CERTIFICATION SHEET FOR EXCAVATION DETAILS.

MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY · STUART, FLORIDA 34994



SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: Wegman PERMIT NO. (HD) 93-323
SUBDIVISION: _____

N O T E SPECIAL CONDITION(S) MARKED "X" ARE IN EFFECT.

1. DRAINFIELD MUST BE MAINTAINED UNDER GRASS; _____ AND PROTECTED FROM VEHICULAR TRAFFIC (TRAFFIC BARRIERS).
2. OPERATIONAL TEST OF DOSING PUMP(S) AND HIGH WATER ALARM (AUDIBLE / VISUAL) REQUIRED PRIOR TO FINAL CONSTRUCTION APPR.
3. DRIVEWAY / SIDEWALK ELEVATION MUST BE 9" HIGHER THAN DRAINFIELD PIPE ELEVATION.
4. SEPTIC SYSTEM MUST BE 75' FROM SURFACE WATER / WETLANDS / MEAN HIGH WATER LINE.
5. EXCAVATE ONE / ~~THREE~~ FEET BEYOND DRAINFIELD AREA TO A DEPTH OF 4.5' BELOW DRAINFIELD ROCK.
6. IN ADDITION TO ITEM #5, 33% OF UNSUITABLE SOILS AT DEPTHS GREATER THAN 4.5' BELOW THE BOTTOM OF THE DRAINFIELD MUST BE REMOVED TO A DEPTH OF SLIGHTLY LIMITED SOILS.
7. EXISTING WELL(S) MUST BE PROPERLY ABANDONED BY A CERTIFIED WELL DRILLER. THE ATTACHED WELL ABANDONMENT FORM(S) MUST BE COMPLETED BY THE WELL DRILLER AND SUBMITTED TO THIS OFFICE PRIOR TO INITIAL BUILDING CONSTRUCTION OR SYSTEM INSTALLATION.
8. SEPTIC TANK ABANDONMENT PERMIT, FEE AND ABANDONMENT APPROVAL FOR THE EXISTING TANK(S) MUST BE RECEIVED BY THIS OFFICE PRIOR TO FINAL CONSTRUCTION APPROVAL.
9. MOUND AREA MUST BE SODDED OR STABILIZED WITH SEED AND HAY PRIOR TO FINAL GRADE INSPECTION.
10. ANY FUTURE PONDS OR SURFACE WATER CREATED ONSITE MUST BE 75' FROM SEPTIC SYSTEM(S).
11. AVAILABLE AREA FOR SEPTIC INSTALLATION MUST TO BE EVENLY FILLED AND LEVELED.
- * SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS.

MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994

SPECIAL CONDITION REQUIREMENTS

PAGE 2

12. SEPTIC SYSTEM MUST BE A MINIMUM OF 15 FEET FROM DRAINAGE CULVERTS, DRY RETENTION AREAS, STORM WATER DRAINAGE SYSTEMS.
- ___ 13. OCCUPATIONAL APPROVAL WILL NOT BE GIVEN UNTIL ALL REQUIREMENTS FOR PUBLIC WATER SYSTEM/ FOODSERVICE/ INSTITUTIONAL/ SEPTIC SYSTEM ARE MET.
-
- ___ 14. SEPTIC TANK/ DOSING CHAMBER/ GREASE TRAP MUST HAVE TRAFFIC LIDS WITH TWO MANHOLES COVERS PER TANK EXTENDING TO THE SURFACE.
- ___ 15. ___ GALLON OUTSIDE GREASE TRAP(S) IS REQUIRED. THE GREASE TRAP SHOULD BE CONNECTED WITH THE OUTLET TEE EXTENDING TO WITHIN 8" OF THE BOTTOM OF THE TANK. THE FOLLOWING MUST BE CONNECTED TO THE GREASE TRAP.
- A) HANDWASH SINK(S).
 - B) THREE COMPARTMENT SINK(S).
 - C) FLOOR DRAINS.
 - D) CAN WASH, JANITOR'S SINK(S).
 - E) DISHWASHER IF PRESENT.
- ALL OTHER GREASELESS FLOW SHOULD BE CONNECTED DIRECTLY TO THE SEPTIC TANK.
- ___ 16. _____ TO BE DOSED TWO / SIX TIMES IN A TWENTY-FOUR HOUR PERIOD IS REQUIRED. A HIGH WATER ALARM THAT GIVES AUDIBLE AND VISUAL SIGNALS IS REQUIRED. IF TWO DRAINFIELDS ARE USED, EACH FIELD MUST BE CONNECTED TO AN INDIVIDUAL PUMP.
- ___ 17. TWO PUMPS ARE REQUIRED TO ALTERNATELY DOSE INTO AT LEAST TWO SEPARATE FIELDS.
18. NO SPRINKLERS, ROOF DRAINAGE OR GUTTER DRAINS ARE ALLOWED TO DRAIN INTO DRAINFIELD ROCK AREA.
19. WATER LINE MUST BE TEN FEET FROM DRAINFIELD OR; A. DOUBLE SLEEVED. B. ENCASED IN CONCRETE.
- ___ 20. OTHER: _____
-
-
-

N O T E - \$25.00 REINSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE NOT MET DURING INSPECTION.

QUESTIONS CONCERNING SPECIAL CONDITIONS CAN BE ANSWERED BY CALLING EMR AT (407) 221-4090.



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT # HD93-323

APPLICANT: Dieth Wegman AGENT: Steve Brown

LOT: 8 BLOCK: _____ SUBDIVISION: Pineapple Lane

PROPERTY ID #: _____ [Section/Township/Range/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEER'S MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: YES [] NO NET USABLE AREA AVAILABLE: 0.44 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 550 GALLONS PER DAY [RESIDENCES-TABLE 1 / OTHER-TABLE 2]
AUTHORIZED SEWAGE FLOW: 900 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1800 SQFT UNOBSTRUCTED AREA REQUIRED: 1800 SQFT

BENCHMARK/REFERENCE POINT LOCATION: NOT ON SITE
ELEVATION OF PROPOSED SYSTEM SITE IS 4.4 [INCHES/~~FE~~] [ABOVE/~~BELOW~~] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES:
SURFACE WATER: N/A FT DITCHES/SWALES: 0 FT NORMALLY WET? [] YES NO
WELLS: PUBLIC: N/A FT LIMITED USE: N/A FT PRIVATE: N/A FT NON-POTABLE: N/A FT
BUILDING FOUNDATIONS: 4 FT PROPERTY LINES: 10 feet FT POTABLE WATER LINES: 10 FT

SITE SUBJECT TO FREQUENT FLOODING: YES NO 10 YEAR FLOODING? [] YES [] NO
10 YEAR FLOOD ELEVATION FOR SITE: N/A FT MSL/NGVD SITE ELEVATION: 5.8 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1			SOIL PROFILE INFORMATION SITE 2		
Munsell #/Color	Texture	Depth	Munsell #/Color	Texture	Depth
10YR5/1 gray	Sand	0 to 12	10YR5/1 gray	Sand	0 to 6
10YR6/2 light brown	Sand	12 to 48	10YR6/2 light brown	Sand	6 to 60
10YR3/3 dark brown	Sand	48 to 54	10YR3/3 dark brown	Sand	60 to 72
10YR6/3 pale brown	Sand	54 to 72			
USDA SOIL SERIES: <u>Ormaton #41</u>			USDA SOIL SERIES: <u>Ormaton #41</u>		

OBSERVED WATER TABLE: 30 INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 36 INCHES [ABOVE / BELOW] EXISTING GRADE.
HIGH WATER TABLE VEGETATION: [] YES NO MOTTLING: [] YES NO DEPTH: N/A INCHES
SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 1.0 DEPTH OF EXCAVATION: 54+ INCHES
DRAINFIELD CONFIGURATION: [] TRENCH BED [] OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: Ormaton, E.S.# DATE: 10-27-83

** SITE EVALUATION FIELD NOTES **

1. WET SEASON (SEASONAL HIGH) WATER TABLE PER USDA SOIL SURVEY 36 in.
(Below / ~~Above~~ - Ground surface.)

2. ESTIMATED SEASONAL HIGH WATER TABLE FROM FIELD VISIT 36 in.
(Below / ~~Above~~ - Ground surface.)

3. JUSTIFICATION FOR ESTIMATED SEASONAL HIGH WATER TABLE (IF NOT CONSISTENT WITH USDA MARTIN COUNTY SOIL SURVEY): NO FILE

4. FIELD NOTES (EXPLAIN UNIQUE CONDITIONS FOUND AT SITE): NO benchmark.

5. IS THE SITE PLAN ACCURATE? Y / N, IF NO, EXPLAIN Could not find benchmark. There is an old benchmark "x" on lot next to this one. Lot 7 or lot 3. Also, no house on lot # 7. Swale is also adjacent to septic area. (Proposed septic)

6. NATIVE VEGETATION PRESENT _____

7. OTHER COMMENTS _____

SEE: HD 89-593 *



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC
PREPARED BY: STEPHEN J. BROWN, INC.
290 FLORIDA STREET
STUART, FL. 34994 407-288-7176

PERMIT # HD93-323
DATE PAID 10-25-93
FEE PAID \$ 185.00
RECEIPT # 11003

HD93-323

APPLICATION FOR:
[] New System [] Existing System [] Holding Tank [] Temporary/Experimental
[] Repair [] Abandonment [] Other (Specify)

APPLICANT: Dick Wegman TELEPHONE:

AGENT: Stephen J. Brown, Inc.

MAILING ADDRESS: 290 Florida Str., Stuart, Fla. 34994

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LOT: 8 BLOCK: N/A SUBDIVISION: Pineapple Lane DATE OF SUBDIVISION: 1988

PROPERTY ID #: [Section/Township/Range/Parcel No.] ZONING:

PROPERTY SIZE: 19199.7 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: [] PRIVATE [X] PUBLIC

PROPERTY STREET ADDRESS: Pineapple Lane

DIRECTIONS TO PROPERTY: "SEE LOCATION MAP"

BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL

Table with 6 columns: Unit No, Type of Establishment, No. of Bedrooms, Building Area Sqft, # Persons Served, Business Activity For Commercial Only. Row 1: Single Family, 4, 4061 3/4.

[] Garbage Grinders/Disposals [X] Spas/Hot Tubs [] Floor/Equipment Drains
[] Ultra-low Volume Flush Toilets [] Other (Specify)

APPLICANT'S SIGNATURE: STEPHEN J. BROWN DATE: 10/22/93



APPLICANT Dick Wegman
LEGAL DESCRIPTION Lot 8, Pineapple Lane

-----SITE INFORMATION-----

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? No
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? No
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? No
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? No
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? No
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? No
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? No
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? Yes
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? Yes
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? Yes
14. THERE IS 1800 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION 5.43 NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION _____ NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 5.84 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? YES IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? 8.00 NGVD.

NOTE: MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OF ENGINEER.

CERTIFIED BY: Stephen J. Brown
FL. PROFESSIONAL NO. 4849
DATE: 10-14-73 JOB NO. 1463-01-03

PREPARED BY : STEPHEN J. BROWN, INC
290 FLORIDA STREET,
STUART, FL. 34996 407-288-7176



WRIGHT, PONSOLDT & LOZEAU

TRIAL ATTORNEYS, L.L.P.

TIM B. WRIGHT
WILLIAM R. PONSOLDT, JR.*
LOUIS E. LOZEAU, JR.

* Board Certified in Business Litigation

May 26, 2004

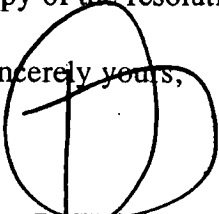
Mrs. Joan H. Barrow
Town Clerk
Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, Florida 34996

Re: Town of Sewall's Point; McCartney Administrative Variance

Dear Mrs. Barrow:

I enclose a copy of the draft resolution for the referenced matter. Please provide me with a copy of the resolution once it has been fully-executed.

Sincerely yours,


Tim B. Wright

TBW/mcf

Enclosure

cc: Mr. Gene Simmons (w/encl.) ✓
Ms. Lucy R. McCartney (w/encl.)

RESOLUTION NO. _____

**A RESOLUTION OF THE TOWN COMMISSION OF THE
TOWN OF SEWALL'S POINT, FLORIDA, GRANTING THE
ADMINISTRATIVE VARIANCE OF LUCY R. McCARTNEY
FOR ENCROACHMENTS ON LOT 8, PINEAPPLE LANE,
AS RECORDED IN PLAT BOOK 11, PAGE 62 OF THE
PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.**

WHEREAS, Lucy R. McCartney ("Applicant"), the owner of the above-described property, has applied for an administrative variance under the Code (see survey attached as Exhibit "A"); and

WHEREAS, the Town Building Department received, reviewed and recommended approval of the Applicant's application for a variance of the following:

1. An encroachment of 0.48 feet on the NE corner of the front porch; and
2. An encroachment of 0.42 feet on the NW corner of the front porch.

WHEREAS, the Town Commission held a public hearing on the variance on May 18, 2004; and

WHEREAS, notice of the public hearing was posted at the Town Hall bulletin board and notice of the public hearing was sent by certified mail, return receipt requested, by the Applicant, to all record owners of property located adjacent to the property involved in the variance and the date of the mailing was at least fifteen (15) days before the date of the hearing (or notice was waived by the adjacent owners); and

WHEREAS, the Applicant at the public hearing presented proof of the identity and address of the persons entitled to receive notice by mail and of the mailing of the notice to those

persons (or their waiver); and

WHEREAS, the Town Commission at the public hearing made the finding that: The Applicant demonstrated an extreme hardship, which justified a variance of the Town Code.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA, AS FOLLOWS:

1. The Applicant's variance is hereby conditionally granted by the Town Commission of the Town of Sewall's Point, Florida;
2. This variance is expressly conditioned upon the Applicant reimbursing the Town for all professional expenses of the Town incurred in connection with the application, pursuant to Section 46-31, Town of Sewall's Point Code of Ordinances; and
3. This Resolution shall be recorded by the Applicant in the Martin County, Florida Public Records at the Applicant's expense.

The vote was as follows:

	AYE	NAY
JON E. CHICKY, Mayor	_____	_____
RICHARD L. BARON, Vice Mayor	_____	_____
PAMELA M. BUSHA	_____	_____
THOMAS P. BAUSCH, Commissioner	_____	_____
E. DANIEL MORRIS, Commissioner	_____	_____

The Mayor thereupon declared this Resolution approved and adopted by the Town Commission of the Town of Sewall's Point on this 18th day of May, 2004.

TOWN OF SEWALL'S POINT, FLORIDA

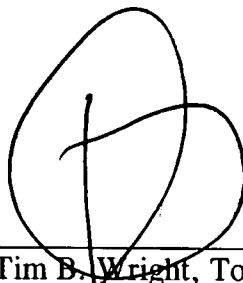
JON E. CHICKY, SR. Mayor

Resolution _____
Page 3 of 3

ATTEST:

Joan H. Barrow, Town Clerk

(TOWN SEAL)


A handwritten signature in black ink, consisting of a large, stylized loop on the left and a smaller loop on the right, with a vertical line through the center.

Tim B. Wright, Town Attorney
Approved as to form and
legal sufficiency

them that any objections to the requested administrative variance must be filed with the Town Clerk within fifteen days of the date that the notice was mailed.

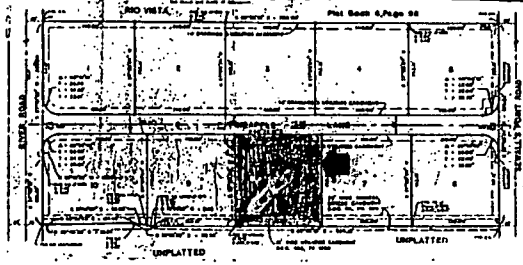
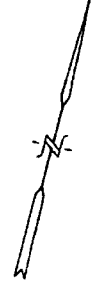
- 7. The Town Commission may grant the variance if the Town Commission finds that:
 - A. The encroachment is less than or equal to thirty (30) percent of the setback requirement in effect on the date that the encroachment was created.
 - B. Either letters of no objection have been filed by the applicant for all adjacent property owners, or 15 days have passed since the mailing to adjacent neighbors informing them of their right to file an objection with the town clerk, and no letter of objections to the administrative variance application have been filed.
 - C. The structure(s) for which a variance is sought was constructed under a valid permit. This requirement does not apply to variances with encroachments of less than twenty (20) inches.
 - D. The setback violation was a good faith error and was not intentional.

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


Applicant Signature

Dated this 23rd of APRIL 2004

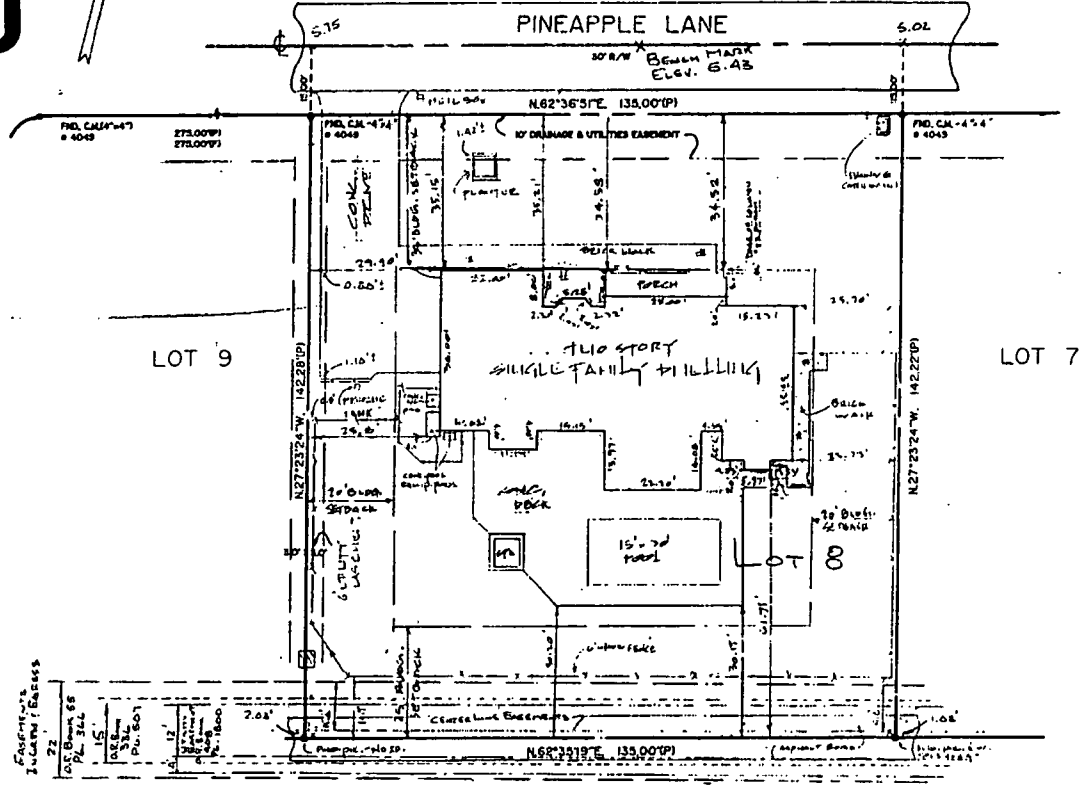
EXHIBIT
A



LOCATION MAP

REVISIONS	BY
11/10/89	
Corrected Error	SJB
7/1/93	SJB
10/22/93	SJB
TIE IN SURVEY	214
12/27/93	214
REVISOR	214
12/17/94	214
12/19/94	214
12/23/96	214
Issue updated	BAC
12/20/99	BAC
Update Area	TZ

GENERAL BOUNDING 8/27/94



LEGAL DESCRIPTION
KNOWN AS LOT 8, "PINEAPPLE LANE",
AS RECORDED IN PLAT BOOK II, PAGE 62,
PUBLIC RECORDS OF MARTIN COUNTY,
FLORIDA.

NOT PLATTED

BOUNDARY SURVEY

PREPARED FOR: MCALPIN

STEPHEN J. BROWN INC.
SURVEYORS · DESIGNERS · LANDPLANNERS · CONSULTANTS
619 EAST 5th STREET
STUART, FLORIDA 34994
(772) 288-7176

- ELEV. 8 & 9
- PROPERTY LOCATED WITHIN FLOOD ZONE: AE
 - PROPERTY ADDRESS: 5 PINEAPPLE LANE
 - CERTIFIED TO: DANIEL & PAMELA MCALPIN
OUGHTERSON, SUNDHEIM & WOODS, P.A.
ATTORNEYS TITLE INSURANCE FUND, INC.
BAUER & TWOHEY, P.A.

THE TOWN OF SEWALL'S POINT

- NOTES:**
- Survey of description as furnished by Client
 - Lands shown hereon were not abstracted for easements and/or rights-of-way of record.
 - (P) Denotes distance or bearing by description as furnished.
 - (F) Denotes measured distance or bearing
 - (C) Denotes calculated distance or bearing.
 - All bearings are referenced to the instrument of record as shown hereon, unless otherwise noted.
 - Elevations shown hereon are relative to National Geodetic Vertical Datum of 1929, and are based on bench mark.
 - There are no above ground encroachments, unless otherwise shown.
- SET I.B. - SET 5/78 IRON BAR & CAP 84049
FND. - FOUND OBJECT
I.P. - IRON PIPE
C.M. - CONCRETE MONUMENT
I.B. - IRON BAR
P.K. - P.K. NAIL
M.R.S. - RAILROAD SPIRE
N. & W. - NAIL & WASHER
N. & TT - NAIL & TIN TAB
- OW - OVERHEAD WIRE
D.F. - DRAINAGE FLOW
M.H. - MANHOLE
P.P. - POWER POLE
C.B. - CATCH BASIN
B.S. - BENCH MARK
E. - EXISTING ELEVATION

SURVEYOR'S CERTIFICATE

WE HEREBY CERTIFY THAT THE BOUNDARY SURVEY AS SHOWN HEREON IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AS SURVEYED UNDER OUR DIRECTION. WE FURTHER CERTIFY THAT IT MEETS THE MINIMUM TECHNICAL STANDARDS UNDER RULE 6817-6 FLA. ADMINISTRATIVE CODE, PURSUANT TO CHAPTER 472.027 FLA. STATUTES. **NOT VALID, UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.**

STEPHEN J. BROWN INC.

Stephen J. Brown PROFESSIONAL LAND SURVEYOR
REGISTRATION No. 4049, STATE OF FLORIDA

DRAWN W.G.H.
CHECKED S.J.B.
DATE 10/26/1989
SCALE 1" = 20.00'
JOB NO. 1463-01-01
SHEET ONE

LARRY C. O'STEEN
MARTIN COUNTY TAX COLLECTOR
DUPLICATE

NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS
REAL ESTATE

TOTAL TAXES IF PAID BY

FEB 1-FEB 29 10,112.36	MAR 1-MAR 31 10,214.51	DELINQUENT ON APRIL 1, 2004
---------------------------	---------------------------	--------------------------------

EX-TYPE	ESCROW	MILLAGE 2200	TAXES LEVIED	MAKE CHECK PAYABLE IN U.S. FUNDS TO:
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VALUES AND EXEMPTIONS TAXES	10,214.51
ASSESSED 600,500 TOTAL	10,214.51
TAXABLE 600,500	

HON. LARRY C. O'STEEN
P.O. BOX 9013
STUART, FL 34995

12 38 41
PINEAPPLE LANE, LOT 8

12-38-41-003-000-00080.90000 2003
MCCARTNEY, LUCY R (TR)
45 W HIGH POINT RD
STUART, FL 34996

*** PAID *** PAID *** PAID ***
02/04/04 PERIOD 04
01-20040204-011110
\$10,112.36 CK

LARRY C. O'STEEN
MARTIN COUNTY TAX COLLECTOR
DUPLICATE

NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS
REAL ESTATE

TOTAL TAXES IF PAID BY

FEB 1-FEB 29 10,112.36	MAR 1-MAR 31 10,214.51	DELINQUENT ON APRIL 1, 2004
---------------------------	---------------------------	--------------------------------

EX-TYPE	ESCROW	MILLAGE 0001	TAXES LEVIED	MAKE CHECK PAYABLE IN U.S. FUNDS TO:
---------	--------	-----------------	--------------	--------------------------------------

VALUES AND EXEMPTIONS TAXES	10,214.51
ASSESSED 600,500 TOTAL	10,214.51
TAXABLE 600,500	

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P.O. BOX 9013
STUART, FL 34995

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12-38-41-003-000-00080.90000 2003
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45 W HIGH POINT RD
STUART, FL 34996

*** PAID *** PAID *** PAID ***
02/04/04 PERIOD 04
01-20040204-011110
\$10,112.36 CK

Return Top Section with Payment - Keep remaining portion for your records.

IMPORTANT - PLEASE READ INSTRUCTIONS AND INFORMATION

- 1) If you have sold the property described on this notice, please forward notice to the New Owners or return this notice to this office.
- 2) Discounts allowed by law for early payment have been computed for you and are reflected in the amounts shown on this notice.
SCHEDULE OF DISCOUNTS: DISCOUNTS ARE DETERMINED BY POSTMARK OF PAYMENT
4% Discount if paid in November 2% Discount if paid in January
3% Discount if paid in December 1% Discount if paid in February
No discounts if paid in March
- 3) If postmark indicates payment was mailed on or after April 1st(Delinquent Date), additional interest and costs are added to amounts due.
- 4) AD VALOREM TAXES and NON-AD VALOREM ASSESSMENTS become delinquent APRIL 1 at which time a 3% penalty plus advertising costs are charged. Tax Certificates will be sold on all unpaid items on or before JUNE 1st.
- 5) If paying by mail, your cancelled check may serve as your receipt. If you need a copy of your receipt, include a stamped, self addressed envelope

IF YOU HAVE ANY QUESTIONS CONCERNING THIS NOTICE CONTACT:

If you have questions relating to this notice, Escrow Code, Millage Code or any payment problem, call (772) 288-5595
If your question relates to the millage - contact the Tax Collector for the proper telephone number.
If your question relates to the legal description, assessed value, exemptions or taxable value
- contact the Property Appraiser at (772) 288-5608.

List of adjacent property owners:

1. Lucy R. McCartney
Pineapple Lane, lot #7
(property on east side of 5 Pineapple is a vacant lot owned by the same owner as 5 Pineapple Lane)

2. Ellen V. Betz and Andrew J. Watson
7 Pineapple Lane
Stuart, Fl. 34996

LARRY C. O'STEEN
MARTIN COUNTY TAX COLLECTOR
DUPLICATE

NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS
REAL ESTATE

TOTAL TAXES IF PAID BY

FEB 1-FEB 29 1,852.40	MAR 1-MAR 31 1,871.11	DELINQUENT ON APRIL 1, 2004
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EX-TYPE	ESCROW	MILLAGE 2200	TAXES LEVIED	MAKE CHECK PAYABLE IN U.S. FUNDS TO:
VALUES AND EXEMPTIONS			TAXES 1,871.11	HON. LARRY C. O'STEEN
ASSESSED		110,000	TOTAL 1,871.11	P.O. BOX 9013
TAXABLE		110,000		STUART, FL 34995

12 38 41
PINEAPPLE LANE, LOT 7

12-38-41-003-000-00070.10000 2003 *** PAID *** PAID *** PAID ***
MCCARTNEY, LUCY R (TR) 02/05/04 PERIOD 04
45 W HIGH POINT RD 01-20040205-011168
STUART, FL 34996 \$1,852.40 CK

LARRY C. O'STEEN
MARTIN COUNTY TAX COLLECTOR
DUPLICATE

NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS
REAL ESTATE

TOTAL TAXES IF PAID BY

FEB 1-FEB 29 1,852.40	MAR 1-MAR 31 1,871.11	DELINQUENT ON APRIL 1, 2004
--------------------------	--------------------------	--------------------------------

EX-TYPE	ESCROW	MILLAGE 0001	TAXES LEVIED	MAKE CHECK PAYABLE IN U.S. FUNDS TO:
VALUES AND EXEMPTIONS			TAXES 1,871.11	HON. LARRY C. O'STEEN
ASSESSED		110,000	TOTAL 1,871.11	P.O. BOX 9013
TAXABLE		110,000		STUART, FL 34995

12 38 41
PINEAPPLE LANE, LOT 7

12-38-41-003-000-00070.10000 2003 *** PAID *** PAID *** PAID ***
MCCARTNEY, LUCY R (TR) 02/05/04 PERIOD 04
45 W HIGH POINT RD 01-20040205-011168
STUART, FL 34996 \$1,852.40 CK

Return Top Section with Payment - Keep remaining portion for your records.

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LARRY C. O'STEEN
MARTIN COUNTY TAX COLLECTOR
DUPLICATE

NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS
REAL ESTATE

TOTAL TAXES IF PAID BY

NOV 1-NOV 30 5,448.64	DEC 1-DEC 31 5,505.40	JAN 1-JAN31 5,562.16	FEB 1-FEB29 5,618.91	MAR 1-MAR 31 5,675.67	DELINQUENT ON APRIL 1, 2004
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EX-TYPE	ESCROW	MILLAGE 2200	TAXES LEVIED	MAKE CHECK PAYABLE IN U.S. FUNDS TO:
VALUES AND EXEMPTIONS			TAXES 5,675.67	HON. LARRY C. O'STEEN
ASSESSED		358,667	TOTAL 5,675.67	P.O. BOX 9013
REG HMST		25,000		STUART, FL 34995
TAXABLE		333,667		

12 38 41
PINEAPPLE LANE, LOT 9

12-38-41-003-000-00090.70000 2003
BETZ, ELLEN V (JTRS)
WATSON, ANDREW J &
7 PINEAPPLE LN
STUART, FL 34996

*** PAID *** PAID *** PAID ***
11/06/03 PERIOD 01
11-03110602-004117
\$5,448.64 CK

LARRY C. O'STEEN
MARTIN COUNTY TAX COLLECTOR
DUPLICATE

NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS
REAL ESTATE

TOTAL TAXES IF PAID BY

NOV 1-NOV 30 5,448.64	DEC 1-DEC 31 5,505.40	JAN 1-JAN31 5,562.16	FEB 1-FEB29 5,618.91	MAR 1-MAR 31 5,675.67	DELINQUENT ON APRIL 1, 2004
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EX-TYPE	ESCROW	MILLAGE 0001	TAXES LEVIED	MAKE CHECK PAYABLE IN U.S. FUNDS TO:
VALUES AND EXEMPTIONS			TAXES 5,675.67	HON. LARRY C. O'STEEN
ASSESSED		358,667	TOTAL 5,675.67	P.O. BOX 9013
REG HMST		25,000		STUART, FL 34995
TAXABLE		333,667		

12 38 41
PINEAPPLE LANE, LOT 9

12-38-41-003-000-00090.70000 2003
BETZ, ELLEN V (JTRS)
WATSON, ANDREW J &
7 PINEAPPLE LN
STUART, FL 34996

*** PAID *** PAID *** PAID ***
11/06/03 PERIOD 01
11-03110602-004117
\$5,448.64 CK

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- 3) If postmark indicates payment was mailed on or after April 1st(Delinquent Date), additional interest and costs are added to amounts due.
- 4) AD VALOREM TAXES and NON-AD VALOREM ASSESSMENTS become delinquent APRIL 1 at which time a 3% penalty plus advertising costs are charged. Tax Certificates will be sold on all unpaid items on or before JUNE 1st.
- 5) If paying by mail, your cancelled check may serve as your receipt. If you need a copy of your receipt, include a stamped, self addressed envelope

IF YOU HAVE ANY QUESTIONS CONCERNING THIS NOTICE CONTACT:

If you have questions relating to this notice, Escrow Code, Millage Code or any payment problem, call (772) 288-5595
If your question relates to the millage - contact the Tax Collector for the proper telephone number.
If your question relates to the legal description, assessed value, exemptions or taxable value
- contact the Property Appraiser at (772) 288-5608.

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

JON E. CHICKY
Mayor

RICHARD L. BARON
Vice Mayor

E. DANIEL MORRIS
Commissioner

THOMAS P. BAUSCH
Commissioner

PAMELA M. BUSHA
Commissioner

JOSEPH C. DORSKY
Town Manager

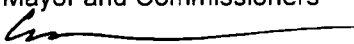
JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

GENE SIMMONS
Building Official

JOSE TORRES, JR.
Maintenance

To: Mayor and Commissioners

Fm: 
Gene Simmons
Building Official

Ref: Request for Administrative Variance by Lucy R. McCartney for the residence located at 5 Pineapple Lane, Sewall's Point, Florida

Date: May 11, 2004

Attached for your review and approval is an application for an administrative variance requested by Lucy R. McCartney for the residence located at 5 Pineapple Lane.

The encroachments, which need to be addressed, are as follows:

1. NE Corner Front Porch – existing front setback of 34.52 feet - required 35 feet front setback - encroachment of 0.48 feet exists.
2. NW Corner Front Porch – existing front setback of 34.58 feet – required 35 feet front setback – encroachment of 0.42 feet exists.

Per Administrative Ordinance No. 292 dated November 19, 2002 the applicant has met the following requirements as outline in the ordinance:

1. The setback violation(s) for the encroachment(s) shown on the survey was/were a good faith error(s) and was/were not intentional.
2. I have inspected the files for 5 Pineapple Lane and have determined that the residence for which this variance is requested was permitted under one permit number 3517 dated December 16, 1993.
3. I have received surveys (24" X 36" and one 8 ½" X 11" for recording) containing all pertinent information.
4. Letters of No Objection or proof of service filed at least 15 days prior to the town meeting.
5. The encroachments are less than 30% of the setback requirements.

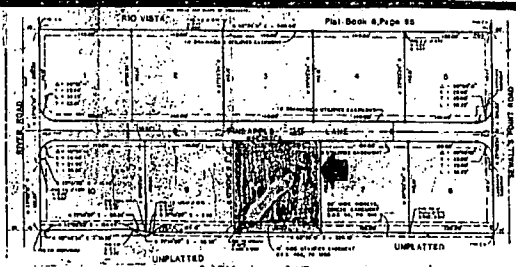
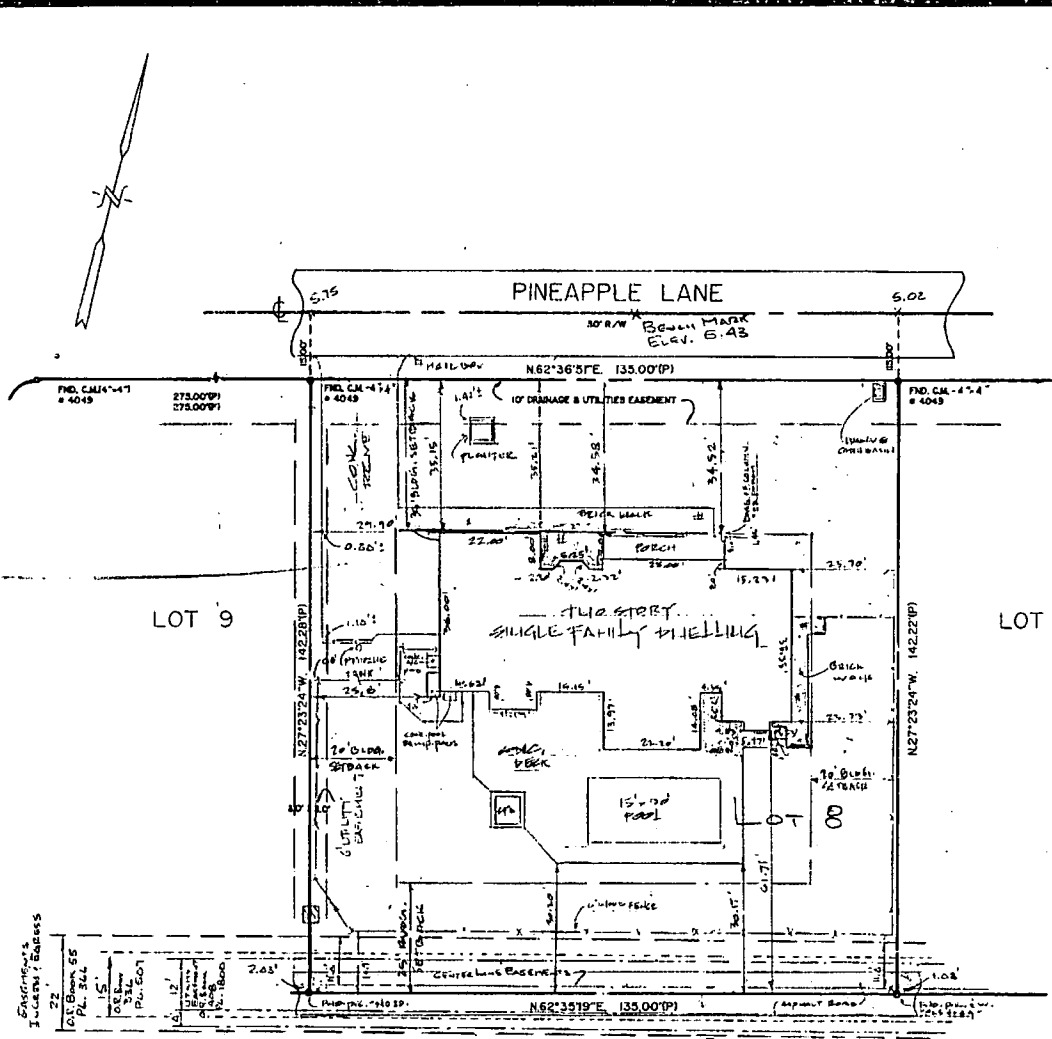
If any other information is requested please do not hesitate to contact me at 287-2455.



Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (561) 287-2455 • Fax (561) 220-4765 • E-Mail: clerk@sewallspoint.org
Police Department (561) 781-3378 • Fax (561) 286-7669 • E-Mail: police@sewallspoint.org

TOWN OF SEWALL'S POINT ADMINISTRATIVE VARIANCE APPLICATION

1. Owner of Property: LUCY R. McCARTNEY
2. Owner of Property: _____
3. Address of Property: 5 PINEAPPLE LANE, Sewall's Pt., FL. 34996
4. Address of Applicant: 45 W. HIGH POINT, Sewall's Pt., FL. 34996
5. Phone Number of Applicant: 285-9835, 286 5573
6. Length and location (front, rear, & side) of encroachment (if more than one, please list separately):
FRONT PORCH + COLUMNS AS VIEWED FROM THE ROAD.
FOUR COLUMNS - EASTERNMOST COLUMN ENCLOSED .48' INTO
FRONT 35' SETBACK. WESTERNMOST COLUMN ENCLOSED .42' INTO
FRONT 35' SETBACK.
7. The following items must accompany this application:
 - a. \$400.00 Filing Fee (non-refundable).
 - b. Certificate of Ownership (copy of warranty deed or tax receipt).
 - c. A list certifying the name and address of all adjacent property owners as shown in the Official Records of the Martin County Tax Collector's Office.
 - d. A building permit or building permit application with the building permit number indicated on it. (The Building Department will verify)
 - e. Original permit drawings, plans or surveys. (The Building Department will verify)
 - f. Current surveys (eight each) 24" X 36" and one (1) 8 1/2" X 11".
Surveys must be:
 - (1). Prepared by a licensed surveyor registered in Florida in accordance with the minimum technical standards established by the Florida Board of Professional Surveyors and Mappers.
 - (2). Contain the address of the property, including street name and number, and show the proximity of all boundary streets.
 - (3). Show the location of all buildings, structures, and above-ground encroachments and improvements.
 - (4). Show all setback requirements under the Town of Sewall's Point Code of Ordinances.
 - (5). Show location and identification of all encroachments into setbacks under this code, including the type of improvement comprising the encroachments and specifically identifying any encroachment that is the subject of the application.
 - (6). Contain a certification to the Town of Sewall's Point.
 - (7). Contain any other information the Town Commission may require to show whether the setback encroachment is entitled to an administrative variance.



LOCATION MAP

LEGAL DESCRIPTION
 KNOWN AS LOT 8, "PINEAPPLE LANE",
 AS RECORDED IN PLAT BOOK II, PAGE 62,
 PUBLIC RECORDS OF MARTIN COUNTY,
 FLORIDA.

- ELEV. 6.8.9
- PROPERTY LOCATED WITHIN FLOOD ZONE: AE
 - PROPERTY ADDRESS: 5 PINEAPPLE LANE
 - CERTIFIED TO: DANIEL & PAMELA MCALPIN
 OUGHTERSON, SUNDHEIM & WOODS, P.A.
 ATTORNEYS TITLE INSURANCE FUND, INC.
 BAUER & TWOHEY, P.A.

- NOTES:**
- Survey of description as furnished by Client.
 - Lands shown hereon were not abstracted for easements and/or rights-of-way of record.
 - (P) Denotes distance or bearing by description as furnished.
 - (F) Denotes measured distance or bearing
 - (C) Denotes calculated distance or bearing.
 - All bearings are referenced to the instrument of record as shown hereon, unless otherwise noted.
 - Elevations shown hereon are relative to National Geodetic Vertical Datum of 1929, and are based on bench mark.
 - There are no above ground encroachments, unless otherwise shown.
- FND. - FOUND OBJECT
 I.P. - IRON PIPE
 C.M. - CONCRETE MONUMENT
 I.B. - IRON BAR
 P.K. - P.A. NAIL
 N.R.S. - RAILROAD SPIKE
 N. & W. - NAIL & WASHER
 N. & TT - NAIL & TIN TAB
 O.V. - OVERHEAD WIRE
 M.H. - MANHOLE
 P.P. - POWER POLE
 C.B. - CATCH BASIN
 E. - EXISTING ELEVATION

SURVEYOR'S CERTIFICATE

WE HEREBY CERTIFY THAT THE BOUNDARY SURVEY AS SHOWN HEREON IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AS SURVEYED UNDER OUR DIRECTION. WE FURTHER CERTIFY THAT IT MEETS THE MINIMUM TECHNICAL STANDARDS UNDER RULE 61G17-6 FLA. ADMINISTRATIVE CODE, PURSUANT TO CHAPTER 472.027 FLA. STATUTES. **NOT VALID, UNLESS SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.**

STEPHEN J. BROWN INC.

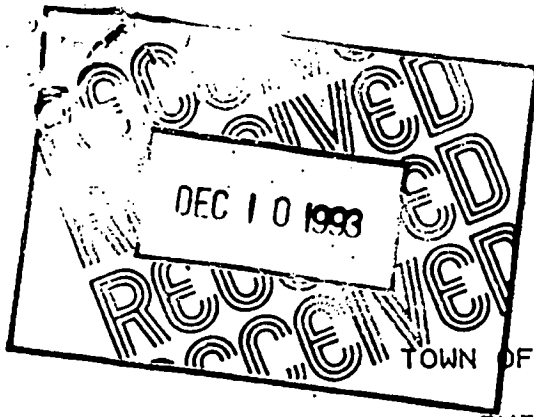
Stephen J. Brown PROFESSIONAL LAND SURVEYOR
 REGISTRATION NO. 4049, STATE OF FLORIDA

REVISIONS	BY
12/18/89	
CORRECT EAST	SJB
REVISUE	SJB
7/1/95	SJB
10/22/95	SJB
SECTION	
TWO IN TWO	244
12/27/95	
REVISUE	RHS
10/17/95	
REVISED	RHS
10/23/96	RHS
ISSUE REPORT	
APPROVED BY SURVEY	
12/22/95	
UPDATE AREA	ZAC
DATE	TZ

BOUNDARY SURVEY

PREPARED FOR: MCALPIN
STEPHEN J. BROWN INC.
 SURVEYORS · DESIGNERS · LANDPLANNERS · CONSULTANTS
 619 EAST 5th STREET
 STUART, FLORIDA 34994
 (772) 288-7176

DRAWN	W.G.H.
CHECKED	S.J.B.
DATE	10/26/1989
SCALE	1" = 20.00'
JOB NO.	1463-01-01
SHEET	
OF ONE SHEETS	



3517

Tax Folio No. _____

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name RICHARD A. WEGMAN

Owner's Address 8 OAK HILL WAY

Owner's Telephone 407-283-9352

Fee Simple Titleholder's Name (if other than owner) N/A

Fee Simple Titleholder's Address (if other than owner) N/A

City N/A State N/A Zip N/A

Contractor's Name RICHARD GEISINGER

Contractor's Address 2363 EAST OCEAN BLVD

City STUART State FLA Zip 34996

Contractor's Telephone 283-2800 License Number CG C005776

Job Name - PINEAPPLE PROJECT -

Job Address 8 PINEAPPLE LANE STUART, FLA 34996

City Town of Sewall's Point State Florida Zip 34996

Legal Description LOT 8 PINEAPPLE LANE PLAT BOOK 11

PAGE 62

Bonding Company N/A

Bonding Company Address N/A

City N/A State _____

Architect/Engineer's Name S.J. AMICO P.E.

Architect/Engineer's Address STUART, FLORIDA

Mortgage Lender's Name N/A -

Mortgage Lender's Address N/A -

w

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

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

Plumbing Contractor SOUTH PARK / STUART License No. - 49 -
Electrical Contractor BLOSSER ELEC / DSL License No. - MC-ME00258
Roofing Contractor PANACHE - STUART License No. - CGCA07037
A/C Contractor NIS / A/C License No. - CAC041199
Description of Building or Alterations NEW HOUSE

Name of Street Designated as Front Building Line and Front Yard

PINEAPPLE LAKE

Subdivision PINEAPPLE LAKE Lot 8 Block PLAT BK 11

Building Area (air conditioned) 4061 sq. ft.

Garage, Porch, Carport Area 696 sq. ft.

Contract Price (excluding carpet, land, appliance, landscaping)

\$ 253,200

Richard W. Weymo
(Owner or Authorized Agent)

DATE 11/29/93

Sworn and Subscribed before me this

29th day of Nov. 1993

Deborah L. Alvord
NOTARY PUBLIC

State of Florida at Large
My Commission Expires:

(SEAL)



DEBORAH L. ALVORD
MY COMMISSION # CC279289 EXPIRES
April 22, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

X Richard G. Geisinger
(Contractor)

DATE 11/29/93

Sworn and Subscribed before me this

29th day of Nov. 1993

Deborah L. Alvord
NOTARY PUBLIC

State of Florida at Large
My Commission Expires:

(SEAL)



DEBORAH L. ALVORD
MY COMMISSION # CC279289 EXPIRES
April 22, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

Certificate of Competency Holder

X Contractor's State Certification or Registration No. CGC005776

X Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Dale Brown Permit Officer

R. Chardange 12/16/93

For Official Use Only

Plans approved as submitted ✓ Date 12/15/93

Plans approved as marked _____ Date _____

A/C Area 4061 sq. ft. x \$60. = \$ 243,660

Non A/C Area 696 sq. ft. x \$25. = \$ 17,400

~~FF~~ Total = \$ 261,060

Contract Price \$ 253,700 (fee will be charged on higher amount)

261,060 M. x \$8.00 = \$ 2088.48 Building Fee
 25% Owner/Builder Fee \$ NA (if applicable)
 A/C Fee \$ 100.00
 Electrical Fee \$ 100.00
 Plumbing Fee \$ 100.00
 Roofing Fee \$ 100.00
 Radon Fee \$ 50.30
 County Impact Fee \$ 1508.20
 TOTAL PERMIT FEE \$ 4046.98

PAYMENT RECEIVED Dale Brown 12/14/93
 Signature Date

- Contractor's License
- Sub-Contractors' Licenses
- Workers' Comp. Insurance
- General Liability Insurance
- Three sets of Plans
- Plans sealed by architect or engineer
- Plot Plan
- Boundary survey
- Topographic survey certified to the Town of S.P.
- Recorded warranty deed
- Septic tank permit
- Energy Code calculations
- Elevation certificate
- Recorded notice of commencement
- Application for c.o.

Contract Price

LETTER OF NO OBJECTION

The Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, Fl 34996

Ref: Application for Administrative Variance Pursuant to Appendix B - Zoning Section VIII.F, Town of Sewall's Point Code of Ordinances Filed by Lucy McCartney

Dear Town of Sewall's Point:

I have received the Administrative Variance Application filed by Lucy McCartney with the Town of Sewall's Point. I am an adjacent property owner to the property, which is the subject of the Administrative Variance, and I have no objection to the Town of Sewall's Point granting the Administrative Variance.

Sincerely yours,

Andrew Watson
Ellen Betz
Signature of Adjacent Property Owner
ANDREW J. WATSON

4/23/04
Date

ELLEN BETZ
Printed Name of Adjacent Property Owner

7 PINEAPPLE LANE
Address of Adjacent Property Owner

LETTER OF NO OBJECTION

The Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, FI 34996

Ref: Application for Administrative Variance Pursuant to Appendix B – Zoning Section VIII.F, Town of Sewall's Point Code of Ordinances Filed by Lucy McCartney

Dear Town of Sewall's Point:

I have received the Administrative Variance Application filed by Lucy McCartney with the Town of Sewall's Point. I am an adjacent property owner to the property, which is the subject of the Administrative Variance, and I have no objection to the Town of Sewall's Point granting the Administrative Variance.

Sincerely yours,


Signature of Adjacent Property Owner

4/23/04
Date

LUCY R. MCCARTNEY
Printed Name of Adjacent Property Owner

Pineapple Lane, Lot #7
Address of Adjacent Property Owner

persons (or their waiver); and

WHEREAS, the Town Commission at the public hearing made the finding that: The Applicant demonstrated an extreme hardship, which justified a variance of the Town Code.

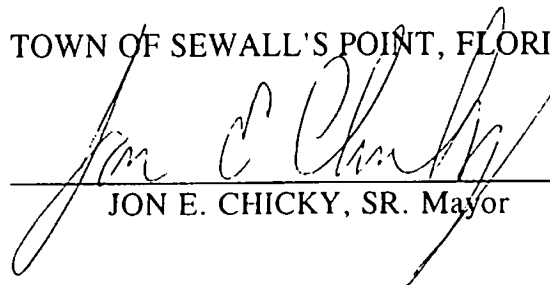
NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA, AS FOLLOWS:

1. The Applicant's variance is hereby conditionally granted by the Town Commission of the Town of Sewall's Point, Florida;
2. This variance is expressly conditioned upon the Applicant reimbursing the Town for all professional expenses of the Town incurred in connection with the application, pursuant to Section 46-31, Town of Sewall's Point Code of Ordinances; and
3. This Resolution shall be recorded by the Applicant in the Martin County, Florida Public Records at the Applicant's expense.

The vote was as follows:	AYE	NAY
JON E. CHICKY, Mayor	✓ _____	_____
RICHARD L. BARON, Vice Mayor	✓ _____	_____
PAMELA M. BUSHA	✓ _____	_____
THOMAS P. BAUSCH, Commissioner	✓ _____	_____
E. DANIEL MORRIS, Commissioner	✓ _____	_____

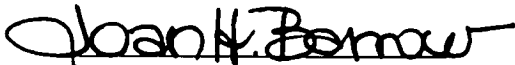
The Mayor thereupon declared this Resolution approved and adopted by the Town Commission of the Town of Sewall's Point on this 18th day of May, 2004.

TOWN OF SEWALL'S POINT, FLORIDA

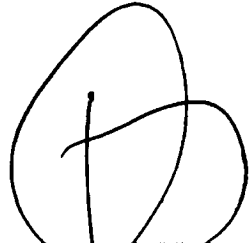


JON E. CHICKY, SR. Mayor

ATTEST:


Joan H. Barrow, Town Clerk

(TOWN SEAL)



Tim B. Wright, Town Attorney
Approved as to form and
legal sufficiency



OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

BEFORE ME, the undersigned notary public, personally appeared the undersigned Affiant, who, being first duly sworn, under penalties of perjury, deposes and says:

1. That Affiant is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affiant's signature.

2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 253,700 .

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

Paul Deane
Affiant
Property street address:
5 PINEAPPLE LN
SEWALL, FLA

Sworn to and subscribed
before me this 20th day of
October, 1994.

Joan H. Barrow

Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

Notary Public, State of Florida
My Commission Expires Nov. 16, 1994
Bonded Thru Troy Fair - Insurance Inc.

(NOTARY SEAL)

RECORD OF INSPECTIONS
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 10/20/94

This is to request that a Certificate of Approval for Occupancy be issued to Mr Richard Wegman III.

For property at # 5 Pineapple Lane built under Permit No. 3517 Dated 12/16/93 when completed in conformance with the Approved Plans.

Signed *Richard Wegman*

ITEM	DATE	APPROVED BY (initials)
1. Form board tie in	<u>12/27/93</u>	<u>DB</u>
2. Termite protection	<u>12/29/93</u>	<u>DB</u>
3. Footing - slab	<u>12/29/93</u>	<u>DB</u>
4. Rough plumbing - slab	<u>12/28/93</u>	<u>DB</u>
5. Rough electric - slab	<u>N/A</u>	<u>—</u>
6. Lintel	<u>N/A</u>	<u>—</u>
7. Dry in (final)	<u>7/15/94</u>	<u>DB</u>
8. Roof	<u>8/17/94</u>	<u>DB</u>
9. Framing	<u>7/14/94</u>	<u>DB</u>
10. Rough electric	<u>7/14/94</u>	<u>DB</u>
11. Rough plumbing	<u>7/14/94</u>	<u>DB</u>
12. A/C Ducts	<u>7/14/94</u>	<u>DB</u>
13. Insulation	<u>8/18/94</u>	<u>DB</u>
14. Final electric	<u>10/20/94</u>	<u>DB</u>
15. Final plumbing	<u>10/20/94</u>	<u>DB</u>
16. Final construction	<u>10/20/94</u>	<u>DB</u>
17. As-built survey	<u>10/20/94</u>	<u>DB</u>
18. Affidavit of cost	<u>10/20/94</u>	<u>DB</u>

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector *Dale Brown* 10/20/94 date

Approved by Building Commissioner *J. Brown* 10-20-94 date

Utilities notified *RPL* 10/20/94 date

Original Copy sent to *owner* date
(owner)

(Keep carbon copy for Town files)

3535
POOL

TAX FOLIO NO. _____

DATE 1/20/94

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 Dick & Celeste Wegman Present Address 8 Oakhill Way

Phone 283-9352 Stuart Fla

Contractor Olympic Pools of Stuart Address 1565 S.W. Martin Hwy

Phone 286-6070 Palm City, Fla 34990

Where licensed State of Fla License Number CPC039888

Electrical Contractor _____ License Number _____

Plumbing Contractor _____ License Number _____

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

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

Subdivision Pineapple Lot Number 8 Block Number _____

Contract Price \$ 10,000 Cost of Permit \$ 200.00

Plans approved as submitted Plans approved as marked _____

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

Contractor X [Signature]

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

Owner X [Signature]

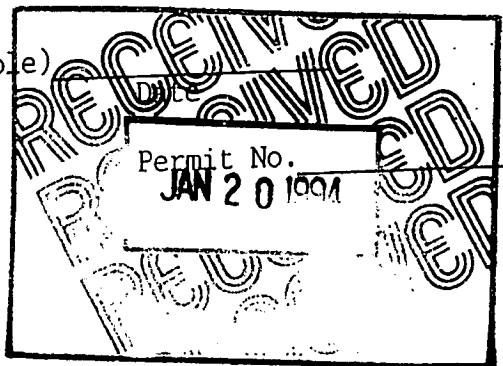
TOWN RECORD

Date submitted _____ Approved: Dale Brown Building Inspector Date _____

Approved: [Signature] Commissioner Date 1/21/94 Final Approval given: _____ Date _____

Certificate of Occupancy issued(if applicable) _____

SP1282



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

Permit No. _____ Tax ID No. _____

NOTICE OF COMMENCEMENT

State Of Florida
County Of Martin

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

Legal Description of property and street address, if available
Lot 8 Pineapple Subdivision Seawalks Pl
Pineapple Lane

General description improvements _____

Owner Dick & Celeste Weyman
Address 8 Oakhill Way Stuart, Fla
Owner's interest in site of improvement _____

Fee Simple Title holder (if other than owner) _____

Address _____

Contractor Olympic Pools of Stuart Corp
Address 1565 S.W. Martin Hwy Palm City Fla
34940

Surety _____
Address _____
Amount of Bond \$ _____

Lender _____
Address _____

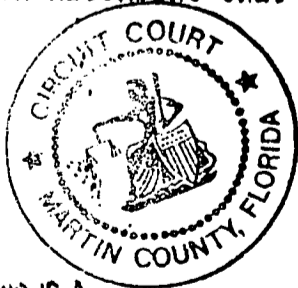
Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:

Name _____
Address _____
In addition to himself, owner designates _____

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

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

THIS SPACE FOR RECORDING ONLY



STATE OF FLORIDA
COUNTY OF MARTIN

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

MARSHA STILLER, CLERK
BY Marsha Stiller D.C.
DATE 1-14-94

(seal)

[Signature]

OWNERS NAME
STATE OF FLORIDA
COUNTY OF Martin
The foregoing instrument was
acknowledged before me this 10
day of Jan, 1994, by
Dick Weyman, who is
personally known to me or who has
produced _____
as identification.

[Signature]
SIGNATURE OF NOTARY
John L. Davis, Jr.
TYPE OR PRINT NAME OF NOTARY
NOTARY PUBLIC TITLE
COMMISSION NUMBER

NOTARY PUBLIC, STATE OF FLORIDA AT LARC
MY COMMISSION EXPIRES MAY 07, 1995
BONDED THROUGH AGENTS NOTARY BROKERAGE

3645

SPA

Permit No. _____

Date 8/25/94

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 Dick Wegman Present Address 8 Oak Hill Way
Stuart, Fla.

Phone 283-9352

Contractor Olympic Pools Address 1505 SW Martin Hwy

Phone 286-6070 Palm City, Fla 34995

Where licensed State License number CP6039888

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: White Pool SPA

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

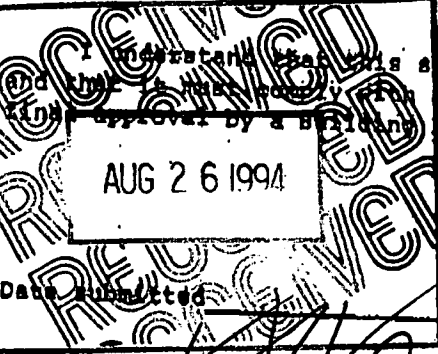
Subdivision Pineapple Lot number 8 Block number _____

Contract price \$ 6,300 Cost of permit \$ 200.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]



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

Owner [Signature]

TOWN RECORD Approved: [Signature] 8/25/94
Building Inspector Date

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

Certificate of Occupancy issued (if applicable) _____
Date

SP1282

Permit No. _____

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

3663

FENCE

TAX FOLIO NO. 1026-4

DATE 9-29-94

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

3663

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 Dick Wegman Present address 8 Oakhill Way
Phone 283-9352 Sewalls Pt., Fl.

Contractor Professional Fence Address 265 SW Pt. St. Louis Fl., Ste 106
Phone 828-2159 Pt. St. Louis Fl.

Where licensed Stuart, PSC, SCC, A License number 5273, 4270, 04757, 05609

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: 4' Chain Link around backyard with
self closing latches on 2 walk gates.

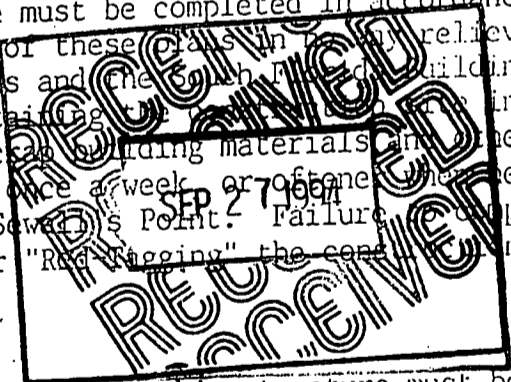
State the street address at which the proposed structure will be built:
5 Pine apple Lane, Sewalls Pt.

Subdivision Pine apple Lot Number 8 Block Number _____

Contract price \$ 1485.00 Cost of permit \$ 2500

Plans approved as submitted _____ Plans approved as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand that approval of these plans in accordance with the Town of Sewall's Point Ordinance and the Florida Building Code. Moreover, I understand that I am responsible for maintaining the work 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, as necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "Red Tagging" the construction project.



Contractor William Butler

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 Dick Wegman

TOWN RECORD

Date submitted _____

Approved: Dale Burr 9/29/94
Building Inspector Date

Approved: [Signature] _____
Commissioner Date

Final approval given: _____
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

Licensed & Insured

Professional

Free Estimates

Fence Contractors

Phone/FAX (407) 878-2159 • 800-778-2159

265 S.W. Port St. Lucie Blvd., Suite 196, Port St. Lucie, Florida 34984

Handwritten: *1026-4*
Del Wagner
Sub Pineapple Lot 8

Handwritten: *Permit 3577*
GC 085-776

Page No. of Pages

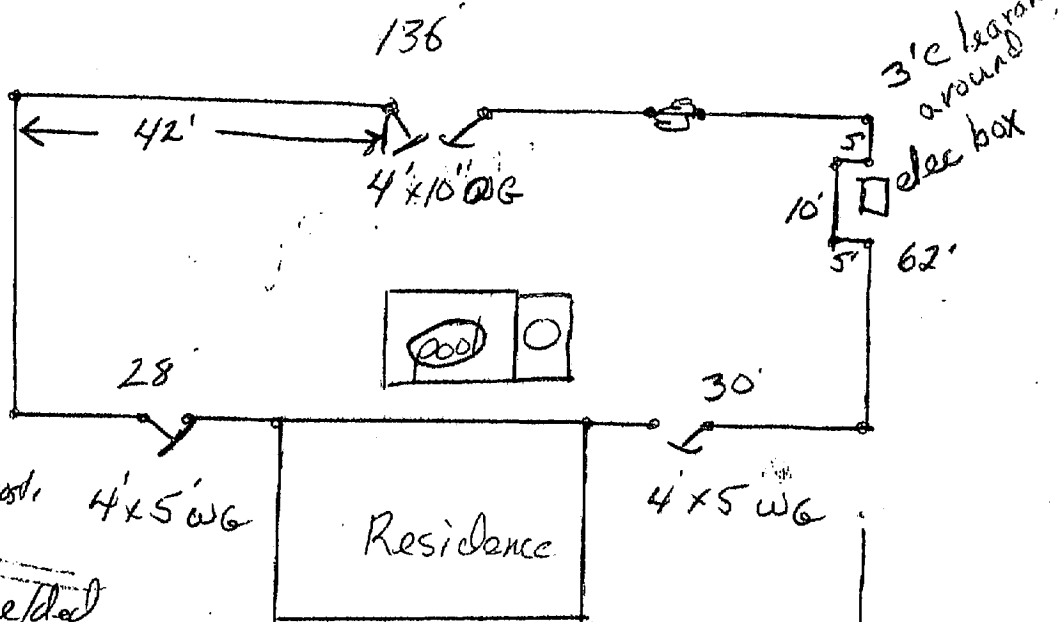
PROPOSAL SUBMITTED TO <i>G.R. Const.</i>		PHONE <i>283-9352</i>	DATE <i>9-26-94</i>
STREET <i>8 Oakhill Way</i>		JOB NAME <i>5 Pineapple Lane</i>	
CITY, STATE AND ZIP CODE <i>Sewall Pt. 34996</i>		JOB LOCATION <i>Sewall Pt. FL.</i>	
ARCHITECT	DATE OF PLANS	ATTN: <i>Del Wagner</i>	JOB PHONE

We hereby propose to furnish materials and labor necessary for the completion of:

Thank you for the opportunity to present you with this proposal.

Furnish + Install:

- 324' of 4' Ch Link fence
- 9 ga. green vinyl wire
- 1 3/8" galv. top rail
- 1 5/8 galv. 1" no post
- 2 1/2 galv. term posts
- 2 1/2 galv. 2" out. pipe gate post
- 2 ea. 4'x5' walk gates } welded corners
- 1 ea. 4'x10' obl. gate } welded corners



WE PROPOSE hereby to furnish material and labor - complete in accordance with above specifications, for the sum of:

dollars \$ 1495.00 + tax

Payment to be made as follows:

All material is guaranteed to be as specified. All work to be completed in a substantial workmanlike manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature *[Signature]*

Note: This proposal may be withdrawn by us if not accepted within _____ days.

ACCEPTANCE OF PROPOSAL The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outline above.

Signature *[Signature]*

Date of Acceptance: 9-27-94

Signature _____

3715
FENCE

3715

TAX FOLIO NO. _____

DATE 1.6.95

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 SNIPES Present address # 5 PINEAPPLE LA.

Phone 283-8460

Contractor UNITED FENCE Address 367 NOTLEM DR., FT. P.

Phone 335-2627

Where licensed Molten License number SP 00541

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: 6' STAD. Box FENCE
REAR PERIMETER

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

Subdivision PINEAPPLE LA. Lot Number _____ Block Number _____

Contract price \$ 1660.00 Cost of permit \$ 25.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor George J. J...

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 George J. J... AGENT

TOWN RECORD
Approved: Dale Brown 1/6/95
Building Inspector Date

Date submitted _____

Approved: [Signature]
Commissioner Date

Final approval given: _____
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

6847

REMODEL

Date: **RECEIVED 04**
JUL 26 2004

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: DANIEL McALPIN Phone (Day) (305) 494-1392 (Fax) _____

Job Site Address: 5 PINEAPPLE LANE City: SEWALL'S PT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) PINEAPPLE LANE, LOT 8 Parcel Number: 12-38-4-003-000-00080-9

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

Description of Work To Be Done: REMODELING, EXTERIOR FRENCH DOORS, ENLARGE 4TH BEDROOM

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

CONTRACTOR/Company: PAUL L. GILLETTE inc Phone: 772 529 5449 Fax: _____

Street: 3673 NE SANDRA DRIVE City: SEWSEN State: FL Zip: 34957

State Registration Number: _____ State Certification Number: CR0021210 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 7200.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION: 20,000

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

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

ENGINEER MEVANT & ASSOCIATES, INC Phone Number: 772-335-0772
Street: 201 SW PSL BLVD - SUITE 104 City: PORT ST LUCIE State: FL Zip: 34984

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 4,200 Garage: 480 Covered Patios: N/A Screened Porch: N/A
Carport: N/A Total Under Roof 4,680 Wood Deck: N/A Accessory Building: N/A

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: National Electrical Code: 2002 Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001 Florida Energy Code: 2001 Florida Accessibility Code: 2001

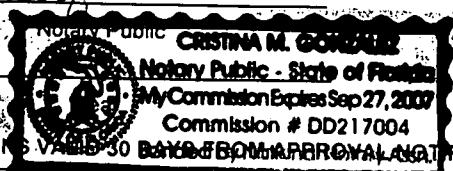
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (required)
[Signature]
State of Florida, County of: Miami-Dade
This the 16th day of June, 2004
by Daniel McAlpin who is personally
known to me or produced
as identification. [Signature]

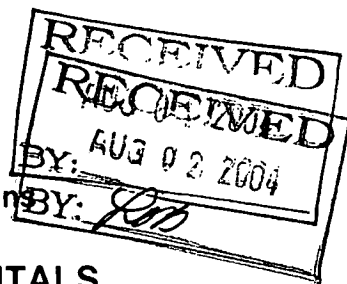
CONTRACTOR SIGNATURE (required)

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
My Commission Expires: _____ Notary Public



CRITIQUE



Owner: Daniel McAlpin
Contractor: Paul Giotto Inc.
Contractor's Phone Number: 528-5449

Date: July 27, 2004
Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR REMODEL OF BEDROOM AND INSTALLATION OF FRENCH DOORS LOCATED AT 5 PINEAPPLE LANE

Submittals (2 copies)

1. Product approvals (**current**) from Miami/Dade or other testing institutes approved by the Florida Building Code for the following items:
 - a. Exterior Doors
 - b. Siding ~~_____~~ *NO SIDING ADDED - REMOVED FROM WINDOW TO ACCOMMODATE DOOR*
2. Proof of Ownership *CITY HALL*
3. Energy Calculations
4. Notice of Commencement *UPON PICK-UP*
5. Copy of State, Martin County Licenses
6. Copy of Liability Insurance
7. Copy of Workmen's Compensation *HAS COPIES OF ALL*

The following documents must be signed and sealed by a registered Architect or Engineer. (2 copies)

1. Section/Detail Drawings and Schedules showing the following information:
 - a. Engineers drawing of steel connector in actic need to have actual shop drawing of plates with sizes, thickness, bolt placement and sizes of bolts, etc.
 - b. Second page showing installation of new French doors must be signed *SIGNAL* and sealed by engineer since you doing exterior framing.
 - c. Door schedules showing design pressures (+ and -) *SEE PAGE*
 - d. You are cutting truss members for bookcase need engineers approval and correction detail signed and sealed
 - e. Need connector schedule for strapping at french doors (mfg. name and numbers, etc.) *SP45 -*

STOP WORK ORDER

DATE: 5/18/04

ADDRESS: S PINEAPPLE LANE

OWNER/CONTRACTOR is hereby notified to STOP WORK immediately upon reading this notice.

The work described below requires a permit:

WORK W/O PERMIT

Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.

CECILE SIMMONS
BUILDING OFFICIAL OR INSPECTOR

**DO NOT REMOVE THIS NOTICE
UNTIL PERMIT IS OBTAINED!**

PERMIT # 47716 140 102

TAX FOLIO # 12384, 00300000080

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):

5 PINEAPPLE LANE, LOT 8

GENERAL DESCRIPTION OF IMPROVEMENT: EXPAND BEDROOM, INTERIOR FRENCH DOORS, RENOVATING, ETC.

OWNER: DANIEL M'ARPIN

ADDRESS: 5 PINEAPPLE LANE, STREET, FL 34996

PHONE #: (772) 288-3322

FAX #: (772) 429-2723

CONTRACTOR: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

SURETY COMPANY (IF ANY) _____

STATE OF FLORIDA

MARTIN COUNTY

ADDRESS: _____

PHONE #: _____

FAX #: _____

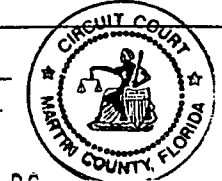
THIS IS TO CERTIFY THAT THE FOREGOING 1 PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

MARSHA EWING, CLERK

BY

DATE

[Signature]
7/30/04



BOND AMOUNT: _____

ENDER: _____

ADDRESS: _____

PHONE #: _____

FAX #: _____

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

NAME: N/A

ADDRESS: _____

PHONE #: _____

FAX #: _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____

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: _____

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

SIGNATURE OF OWNER [Signature]

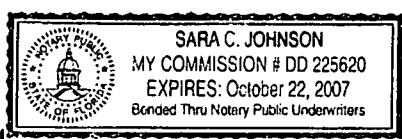
WAS FORN TO AND SUBSCRIBED BEFORE ME THIS 29 DAY OF July BY Daniel M'ARPIN

SIGNATURE [Signature]

OR

PERSONALLY KNOWN
PRODUCED ID
TYPE OF ID FDR 1241-160-61-107-0

1770519 1926 80 INSTR. # 1770519 OR BK 01926 PG 2080 REGD 07/30/04 04:40:58 PM MARSHA EWING, CLERK



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: DANIEL McALPIN Date: 7/29/04

Signature: 

Address: 5 PINE APPLE LANE

City & State: STUART, FL 34996

Permit No. _____

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date AUGUST 3, 2004

BUILDING PERMIT NO. 6847

Building to be erected for McALPIN

Type of Permit Remodel/Fr. Doors

Applied for by PAUL L. GHIOTTO

(Contractor) Building Fee \$20K x 9.60/1000 = 384.00
(work w/ permit)

Subdivision PINEAPPLE LANE Lot 8 Block _____

Radon Fee _____

Address 5 PINEAPPLE LANE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

12384.1003.0000008090000

Plumbing Fee _____

Amount Paid 422.40 Check # 5033 Cash _____

Other Fees Roofing Fee 38.40
10% PLAN REVIEW

Total Construction Cost \$ 20,000.

TOTAL Fees 422.40

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

PERMIT

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT 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 _____ |

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600C-01

Residential Limited Applications Prescriptive Method C

SOUTH 7 8 9

Small Additions, Renovations & Building Systems

Compliance with Method C of Chapter 6 of the Florida Energy Efficiency Code may be demonstrated by the use of Form 600C-01 for additions of 600 square feet or less, site-installed components of manufactured homes, and renovations to single and multifamily residences. Alternative methods are provided for additions by use of Form 600B-01 or 600A-01.

PROJECT NAME: AND ADDRESS:	DANNY McALPIN 5 PINEAPPLE LANE SEWALL'S POINT	BUILDER: PERMITTING OFFICE:	PAUL GHIO TO SEWALL'S POINT	CLIMATE ZONE:	7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/>
OWNER:	DANNY McALPIN	PERMIT NO.:		JURISDICTION NO.:	531300

SMALL ADDITIONS TO EXISTING RESIDENCES (600 Square feet or less of conditioned area). Prescriptive requirements in Tables 6C-1, 6C-2 and 6C-3 apply only to the components of the addition, not to the existing building. Space heating, cooling, and water heating equipment efficiency levels must be met only when equipment is installed specifically to serve the addition or is being installed in conjunction with the addition construction. Components separating unconditioned spaces from conditioned spaces must meet the prescribed minimum insulation levels. RENOVATIONS (Residential buildings undergoing renovations costing more than 30% of the assessed value of the building): Prescriptive requirements in Tables 6C-1 and 6C-2 apply only to the components and equipment being renovated or replaced. MANUFACTURED HOMES AND BUILDINGS. Only site-installed components and features are covered by this form. BUILDING SYSTEMS Comply when complete new system is installed.

Please Print

CK

- Renovation, Addition, New System or Manufactured Home
- Single family detached or Multifamily attached
- If Multifamily—No. of units covered by this submission
- Conditioned floor area (sq. ft.)
- Predominant eave overhang (ft.)
- Glass area and type:
 - Clear glass
 - Tint, film or solar screen
- Percentage of glass to floor area
- Floor type and insulation:
 - Slab-on-grade (R-value)
 - Wood, raised (R-value)
 - Wood, common (R-value)
 - Concrete, raised (R-value)
 - Concrete, common (R-value)
- Wall type and insulation:
 - Exterior:
 - Masonry (Insulation R-value)
 - Wood frame (Insulation R-value)
 - Adjacent:
 - Masonry (Insulation R-value)
 - Wood frame (Insulation R-value)
 - Marriage Walls of Multiple Units* (Yes/No)
- Ceiling type and insulation:
 - Under attic (Insulation R-value)
 - Single assembly (Insulation R-value)
- Cooling system*
(Types: central, room unit, package terminal A.C., gas, existing, none)
- Heating system*: (Types: heat pump, elec. strip, natural gas, L.P. gas, gas h.p., room or PTAC, existing, none)
- Air Distribution System*:
 - Backflow damper or single package systems* (Yes/No)
 - Ducts on marriage walls adequately sealed* (Yes/No)
- Hot water system:
(Types: elec., natural gas, other, existing, none)

1.	RENOVATION		
2.	SINGLE FAMILY		
3.	-		
4.	4600 SQ FT		
5.	2 FT		
	Single Pane	Double Pane	
6a.	870 sq. ft.		
6b.			
7.	19 %		
8a.	R= -	-	lin. ft.
8b.	R= 11	1550	sq. ft.
8c.	R= -	-	sq. ft.
8d.	R= -	-	sq. ft.
8e.	R= -	-	sq. ft.
9a-1	R= -	4250	sq. ft.
9a-2	R= -	-	sq. ft.
9b-1	R= -	-	sq. ft.
9b-2	R= -	-	sq. ft.
9c.			
10a.	R= 19	1550	sq. ft.
10b.	R=		sq. ft.
11.	Type: CENTRAL		
	SEER/EER: 10		
12.	Type: 10 KW HEAT		
	HSPF/COP/AFUE: STRIP		
13a.	N/A		
13b.	N/A		
14.	Type: ELECT		
	EF: 1.0		

* Pertains to manufactured homes with site installed components.

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code. PREPARED BY: <u>D. Weyant</u> DATE: <u>7/27/04</u> I hereby certify that this building is in compliance with the Florida Energy Code. OWNER AGENT: _____ DATE: _____	Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S. BUILDING OFFICIAL: _____ DATE: _____
---	--



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

PAUL L GHIOTTO INC
3673 NE SANDRA DRIVE
JENSEN BEACH FL 34957-3977

STATE OF FLORIDA AC# 1282006
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 QB29149 02/18/04 200413350
 QUALIFIED BUSINESS ORGANIZATION
 PAUL L GHIOTTO INC
 (NOT A LICENSE TO PERFORM WORK.
 ALLOWS COMPANY TO DO BUSINESS IF
 IT HAS A LICENSED QUALIFIER.)
 IS QUALIFIED under the provisions of ch.489 FS.
 Expiration date: AUG 31, 2005 L04021800153

DETACH HERE

AC# 1282006

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L04021800153

DATE	BATCH NUMBER	LICENSE NBR
02/18/2004	200413350	QB29149

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2005
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

PAUL L GHIOTTO INC
3673 NE SANDRA DRIVE
JENSEN BEACH FL 34957-3977

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

GHIOTTO, PAUL LOUIS
PAUL L GHIOTTO INC
3673 NE SANDRA DRIVE
JENSEN BEACH FL 34957-3977

STATE OF FLORIDA AC# 1283274
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CRC021210 02/18/04 030403119

CERTIFIED RESIDENTIAL CONTRACTOR
GHIOTTO, PAUL LOUIS
PAUL L GHIOTTO INC

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2004 L04021801421

DETACH HERE

AC# 1283274

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L04021801421

DATE	BATCH NUMBER	LICENSE NBR
02/18/2004	030403119	CRC021210

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



GHIOTTO, PAUL LOUIS
PAUL L GHIOTTO INC
3673 NE SANDRA DRIVE
JENSEN BEACH FL 34957-3977

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

**2003-2004 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

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

LICENSE 2004-513-014 CERT CRC021210
PHONE (772)334-8041 SIC NO 233210
LOCATION:
3673 NE SANDRA DR JB

\$25.00

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL			<u>25.00</u>

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

OF **RESIDENTIAL CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

30 DAY OF SEPTEMBER 2003
AND ENDING SEPTEMBER 30, 2004

GHIOTTO PAUL L
PAUL L GHIOTTO
3673 NE SANDRA DRIVE
JENSEN BEACH FL 34957

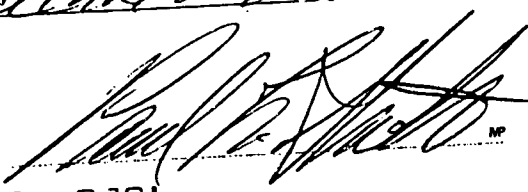
RECEIPT OF PAYMENT
 6818
 LARRY C. O'STEEN
 99 WY/30/2003 UCCI NORMAL
 200451300014000
 02200309300009034CK

PAUL L. GHIOTTO
3673 N.E. SANDRA DR. 772-334-8041
JENSEN BEACH, FL 34957-3977

Date 9/30/05 204
63-8376/2670
182

Pay to the Order of Martin Co. Tax Collector \$ 25.00
Twenty Five Dollars & 00/100 Dollars

Bank Atlantic Jensen Beach #182
1170 NE Jensen Beach Blvd.
Jensen Beach, FL 34957

For one lic. 

⑆ 267083763⑆ 0001680669⑆ 0204

GUARDIAN SAFETY BLUE WDL

PAID

LARRY C. O'STEEN
MARTIN COUNTY TAX COLLECTOR
DATE _____ AMOUNT _____
CLERK _____

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



CONSTRUCTION INDUSTRY

CERTIFICATE OF EXEMPTION FROM FLORIDA
WORKERS' COMPENSATION LAW

EFFECTIVE: 03/28/2003

EXPIRATION: 03/27/2005

PERSON: GHIOTTO PAUL

SSN: 266-21-1410

FEIN: 010761200

BUSINESS: PAUL L. GHIOTTO, INC.
3673 NE SANDRA DRIVE
JENSEN BEACH FL 34957

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)
03/08/2004

PRODUCER
Futurity Insurance, Inc.
P.O. Box 4433
Deerfield Beach, FL 33442-4433
561-361-8331

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 Paul L. Ghiotto, Inc.

3673 N.E. Sandra Dr.
Jensen Beach, FL 34957

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: Mid-Continent Casualty	
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.

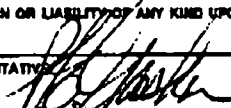
CLASS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC.	04-GL-548251	02/20/04	02/20/05	EACH OCCURRENCE \$300,000.
	<input type="checkbox"/> DAMAGE TO RENTED PREMISES (Ea. occurrence) \$100,000. <input type="checkbox"/> MED EXP (Any one person) Excluded <input type="checkbox"/> PERSONAL & ADV INJURY \$300,000. GENERAL AGGREGATE \$600,000. PRODUCTS - COMPROP AGG \$600,000.				
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> MERED AUTOS <input type="checkbox"/> NON-OWNED AUTOC				COMBINED SINGLE LIMIT (Ea. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA AOC \$ AOC \$
	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE \$ <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/DIRECTOR ETC. LIMITS? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> 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
Residential Remodeler & Home Builder

CERTIFICATE HOLDER

Town of Sewalls Point
1 South Sewalls Point Road
Sewalls Point, FL 34996

Fax: 772-220-4765

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: 



Department of Environmental Protection
 Division of Environmental Quality
 6200 International Drive, Suite 100
 Jacksonville, Florida 32217
 Telephone: 904-253-3000
 Fax: 904-253-3001
 Internet: www.dep.state.fl.us

Exemption Detail Page

Exemption Details					
Permit	Type	Effective Date	Expiration Date	Exemption Type	Exemption Reason
PAUL L GHIOTTO	PR	Jan 1 2004	Mar 27 2005	Construction	
PAUL L GHIOTTO	SP	Mar 28 2003	Dec 31 2003	Construction	

COUNTY OCCUPATIONAL LICENSE

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

PHONE 1121334-8041 SIC NO 2330

LOCATION:
3673 NE SANDRA DR JB

CHARACTER COUNTS IN MARTIN COUNTY

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

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

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

30 DAY OF SEPTEMBER 2003
AND ENDING SEPTEMBER 30, 2004

RECEIPT OF PAYMENT
LARRY C. O'STEEN
99 89/30/2003 UCCI NORMAL
200451300014886
X19260666666666666666
\$25.00

GHIOTTO PAUL L
PAUL L GHIOTTO
3673 NE SANDRA DRIVE
JENSEN BEACH FL 34957

STATE OF FLORIDA AC# 1283274
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CIRC021210 02/18/04 030403119
CERTIFIED-RESIDENTIAL CONTRACTOR
GHIOTTO, PAUL LOUIS
PAUL L GHIOTTO INC
IN GOD WE TRUST
IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2004 L04021801421

DETACH HERE

STATE OF FLORIDA AC# 1282006
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
QB29149 02/18/04 200413350
QUALIFIED BUSINESS ORGANIZATION
PAUL L GHIOTTO INC
(NOT A LICENSE TO PERFORM WORK.
ALLOWS COMPANY TO DO BUSINESS IF
IT HAS A LICENSED QUALIFIER)
IS QUALIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2005 L04021800153



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 5 PINEAPPLE

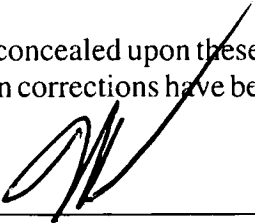
I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

FRAMING

NEED ENGR LETTER OF APPROVAL
FOR TRUSS MODIFICATIONS.
BASED ON ENGR SITE
VISIT

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: 8/13



INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/13, 2008 ⁴ Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	ROSS	TREE	PASS	
3	85 S. RIVER RD			INSPECTOR:
6847	McAUPIN	Roof Framing	FAIL	
4	SP NEAPPLE LA GHOTTO			INSPECTOR:
6581	LASKY	WINDOW BUCK	PASS	
1	27 W HIGH POINT SEAGATE BLDG			INSPECTOR:
6771	ALMAN	FOOTER	PASS	
5	106 S. RIVER RD OIB			INSPECTOR:
6781	SANGRAJKA	INSULATION	PASS	
6	20 S. VIA LUCINDIA AZTEKA	ELEC. ROUGH	FAIL	INSPECTOR:
6413	POWERS	WINDOWS	PASS	
7	70 S. SEWALLS PT FLORIDA'S FINEST	LATH	PASS	INSPECTOR:
6663	GANDI	TINTAG + METAL	PASS	
8	23 N. VIA LUCINDIA PACIFIC			INSPECTOR:

OTHER: _____

Weyant Engineering, Inc.

Civil & Structural Engineers
201 SW Port St. Lucie Blvd., Suite #104
Port St. Lucie, FL 34984

Phone 772-335-0772 WPB 561-832-9094
Fax 772-335-0866

August 17, 2004

Job No. 04 1947

Town of Sewall's Point
One South Sewall's Point Road
Sewall's Point, Florida 34996

Handwritten signature and the number 6847.

Attention: Gene Simmons, CBO

Subject: DANNY McALPIN
5 PINEAPPLE LANE
PERMIT NO. 6847

Dear Gene:

At the request of your inspector, I have performed a structural inspection at the McAlpin residence.

Specifically, I observed the framing installation for the trusses in the easterly 2nd floor bedroom and the bookcase framing in the northerly 2nd floor bedroom.

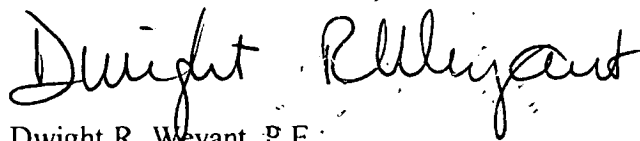
Based upon my inspection, I herein report that the bolted steel framing to replace the removed wood truss webs at the easterly bedroom is in substantial compliance with the details shown in the permitted plans.

I further report that the wood framing for the bookcase construction is structurally sound and is recommended to be accepted.

If you should have any questions, please contact me at your convenience.

CERTIFIED THIS 17TH DAY OF AUGUST 2004.

WEYANT ENGINEERING, INC.

Handwritten signature of Dwight R. Weyant.

Dwight R. Weyant, P.E.
Principal Structural Engineer

CRANE

JUST TRYING TO BE
THOROUGH

I PROPOSE A

PARTIAL FRAMING INSPECTION

SO PHC CAN CATCH-UP TO

WHAT HAPPENED AND THE STRUC-

TURAL FIX w/ THE BLEEDS

GENE IN HANDS - THEN ANY ADDITIONAL

INSPECTIONS YOU MAY REQUIRE - IF

HE HAS TIME - OR I WILL, UPON

PERMITTING, INSTALL EXTERIOR DOORS

w/ FRAMING ATTACHMENTS PER

PLAN AND AVAILABLE FOR INSPECTION

Along w/ All other items

THANKS

PAUL CHOTHIA
CRC021210

772-528-5449

AIR-EZE

scientific services

Refrigeration • Scientific Products • A Division of Air-Eze Air Conditioning

Serving South Florida Since 1985

June 16, 2004

REF: Air-conditioning 5 Pineapple Lane

Building Department,

I have examined the extension/enlargement of the upstairs, 4th bedroom of the house at 5 Pineapple Lane, Sewall's Point. I found that this increases the volume of the room by approximately 315 cubic feet. The existing air conditioning and duct system is adequate (large enough) to handle this additional load as is.

Regards,



Ron McAlpin
State License # CAC035471


*Barbaro J. Diaz
1020 SW 23 Ave, #1
Miami, Fl 33135*

May 27, 2004

To whom it May Concern,

I, Barbaro Diaz, am a certified welder and did fabricated and welded certain truss pieces as directed by Dan McAlpin. I used approved welding procedures and practices while carrying out this work.

Barbaro J. Diaz

 BARBARO DIAZ

N.D.T. and Inspections, Inc.

5047 S.W. 167th Avenue
Miramar, Florida 33027
(954) 450-8536 FAX (954) 442-4157

Date Tested: 3/07/03
Lab Number: 03-050
A.W.S. A.T.F. # 990203

WELDER QUALIFICATION TEST RECORD

Client: Moby Marine Corp.
Welders' Name: Barbaro Diaz
Welder: X Operator:

Address: 1350 N.W. 18th Avenue, Miami, FL 33125
Social Security #: 593-55-6745
Eye Correction: N/A

TESTING VARIABLES

AWS WPS NO.: <u>B2.1-1-001-90</u>	SUPPLEMENT NO.: <u>G</u>	TEST NO.: <u>D1.1-SM-F4-M1-3G-L</u>
PROCESS(ES): <u>S.M.A.W.</u>	TYPE: <u>MANUAL</u>	POSITION: <u>Vertical (3G)</u>
PROGRESSION: <u>Up</u>	PASSES: <u>MULTIPLE</u>	BEAD: <u>STRING/WEAVE</u>
BASE METAL SPEC.: <u>ASTM A36</u>	MATERIAL NO.: <u>M-1</u>	MATERIAL THICK: <u>1.0"</u>
FILLER METAL SPEC.: <u>AWS A 5.1</u>	CLASSIFICATION: <u>E 7018</u>	F NO.: <u>F-4</u> SIZE: <u>1/8"</u>
CURRENT: <u>DC Reverse</u>	SHIELDING GAS: <u>N/A</u>	BACKING: <u>1/4"</u>

TEST RESULTS

VISUAL TEST RESULTS:	PASS: <u>X</u>	FAIL: <u> </u>
BEND TEST RESULTS:	PASS: <u> </u>	FAIL: <u> </u>
RADIOGRAPHIC TEST RESULTS:	PASS: <u>X</u>	FAIL: <u> </u>

TEST WITNESSED BY: David Ortigoza A.W.S. S.C.W.I. # 97080018 RADIOGRAPHER: Mark Selfridge, Level II, R.T.

QUALIFICATION VARIABLES

PROCESS QUALIFIED FOR: S.M.A.W. THICKNESS QUALIFIED FOR: 1/8" To Unlimited PIPE DIA.: * > 24"
* (With backing or bekgouging)

POSITIONS:	<u>GROOVE</u>	<u>FILLET</u>
PLATE:	<u>CJP</u> Flat, Horz., Vert. <u>PJP</u> Flat, Horz., Vert.	PLATE: Flat, Horz., Vert.
PIPE:	* Flat, Horz., Vert. * Flat, Horz., Vert.	PIPE: Flat, Horz., Vert.

CERTIFICATION STATEMENT

We certify that the statements in this record are correct and that the test welds were prepared, welded and tested in accordance with the requirements of the latest edition of ANSI/AWS D1.1-02 – Structural Welding Code – Steel.

A.W.S. S.C.W.I.: David Ortigoza
Cert. #: 97080018



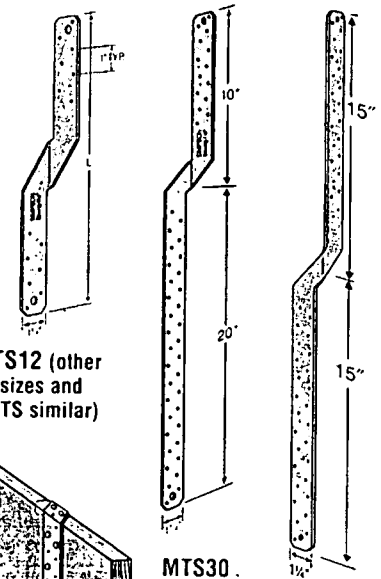
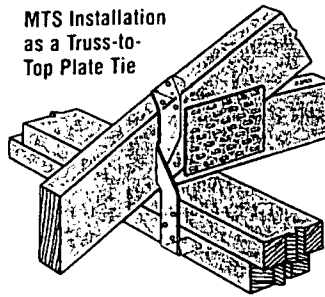
Reviewed By: [Signature]
Date: 3/7/03

Twist straps provide a tension connection between two wood members. They resist uplift at the heel of a truss economically. The 3" bend section eliminates interference at the transition points between wood members.

MATERIAL: LTS-18 gauge; MTS-16 gauge; HTS-14 gauge
FINISH: Galvanized. Some products available in stainless steel and Z-MAX; see Corrosion-Resistance, page 7.

INSTALLATION: Use all specified fasteners. See General Notes.
CODES: See page 8 for Code Listing Key Chart.

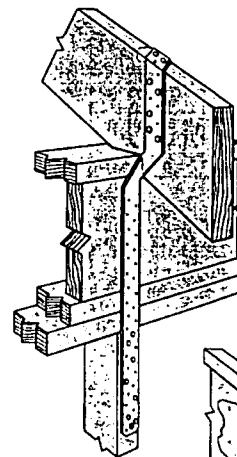
MTS Installation as a Truss-to-Top Plate Tie



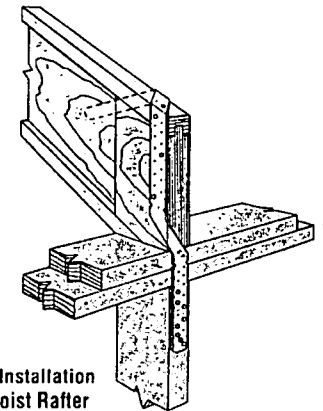
LTS12 (other sizes and MTS similar)

MTS30

MTS30C



Typical MTS30 Installation



MTS30 Installation with I-joist Rafter

Model No.	L	Fasteners ²		Avg Ull	Doug-Fir-Larch/So Pine Allowable Uplift Loads ³			Spruce-Pine-Fir Allowable Uplift Loads			Code Ref.
		10d	10dx1 1/2"		10d	10dx1 1/2"	10d	10dx1 1/2"			
		(133/160)	(133)		(160)	(133/160)	(133)	(160)			
LTS12	12	12-10d	12-10dx1 1/2"	2383	775	720	720	665	620	620	3, 41
LTS16	16	12-10d	12-10dx1 1/2"	2383	775	720	720	665	620	620	
LTS18	18	12-10d	12-10dx1 1/2"	2383	775	720	720	665	620	620	
LTS20	20	12-10d	12-10dx1 1/2"	2383	775	720	720	665	620	620	
MTS12	12	14-10d	14-10dx1 1/2"	3116	1000	840	1000	860	730	860	3, 41, 128
MTS16	16	14-10d	14-10dx1 1/2"	3116	1000	840	1000	860	730	860	
MTS18	18	14-10d	14-10dx1 1/2"	3116	1000	840	1000	860	730	860	
MTS20	20	14-10d	14-10dx1 1/2"	3116	1000	840	1000	860	730	860	
MTS30	30	14-10d	—	3092	995	—	—	720	—	—	
MTS24C	24	14-10d	14-10dx1 1/2"	3116	1000	840	1000	860	730	860	170
MTS28C	28	14-10d	14-10dx1 1/2"	3116	1000	840	1000	860	730	860	
MTS30C	30	14-10d	14-10dx1 1/2"	3116	1000	840	1000	860	730	860	
HTS16	16	16-10d	16-10dx1 1/2"	4430	1260	1005	1150	1085	865	990	62
HTS20	20	20-10d	24-10dx1 1/2"	4430	1450	1450	1450	1245	1245	1245	
HTS24	24	20-10d	24-10dx1 1/2"	4430	1450	1450	1450	1245	1245	1245	
HTS28	28	20-10d	24-10dx1 1/2"	4430	1450	1450	1450	1245	1245	1245	
HTS30	30	20-10d	24-10dx1 1/2"	4430	1450	1450	1450	1245	1245	1245	
HTS30C	30	20-10d	24-10dx1 1/2"	4430	1450	1450	1450	1245	1245	1245	

- LTS12 thru LTS20, MTS16 through MTS30, HTS24 through HTS30C (except HTS30) have additional nail holes.
- Install half of the fasteners on each end of strap to achieve full loads.
- Loads have been increased 33% and 60% for earthquake or wind loading; no further increase allowed; reduce where other loads govern.
- All straps except the MTS30 and HTS30 have the twist in the center of the strap.
- Twist straps do not have to be wrapped over the truss to achieve the load.
- Optional nail holes are provided on some straps.

Catalog C-2003 © Copyright 2002 SIMPSON STRONG-TIE CO., INC.

HH HEADER HANGERS

For fast, accurate installation of door and window headers and other cross member details, HH header hangers can speed up the job, strengthen the frame, and eliminate the need for trimmers.

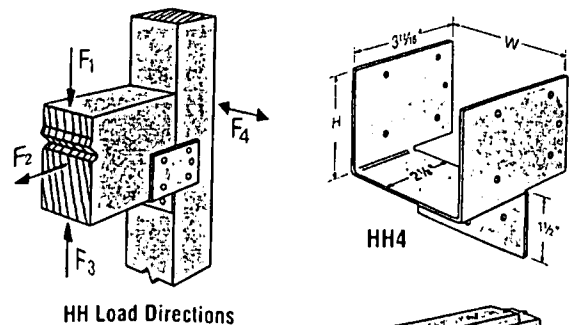
MATERIAL: 16 gauge.

FINISH: Galvanized

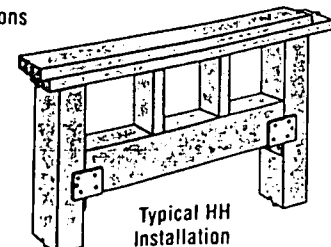
INSTALLATION: Use all specified fasteners. See General Notes.

CODES: See page 8 for Code Listing Key Chart.

Model No.	W	H	Fasteners		Down Avg Ull	Allowable Loads				Code Ref.
			Stud	Header		(100)		(133)		
			F ₁	F ₂		F ₃	F ₄			
HH4	3 1/2"	2 1/4"	9-16d	4-16d	6697	1195	710	710	1085	3, 41, 88, 124
HH6	5 1/2"	5"	12-16d	6-16d	6697	1595	1065	1065	1085	



HH Load Directions



Typical HH Installation

- F₁ Loads may be increased up to 25% for short-term loading in accordance with the code.
- A 2 1/2" minimum lumber thickness is required to achieve the full load.

Frank

IMPACT



**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)

**PGT Industries
P.O. Box 1529
Nokomis, FL 34274**

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: Series SWD-101 Outswing Aluminum French Door-Impact

APPROVAL DOCUMENT: Drawing No. 971, titled "French Door-X, XX", sheets 1 through 4 of 4, prepared, signed and sealed by Robert L. Clark, P.E., dated 4/13/01, bearing the Miami-Dade County Product Control Revision Stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA revises NOA # 01-0417.04 and, consists of this page 1 as well as approval document mentioned above. The submitted documentation was reviewed by Theodore Berman, P.E.

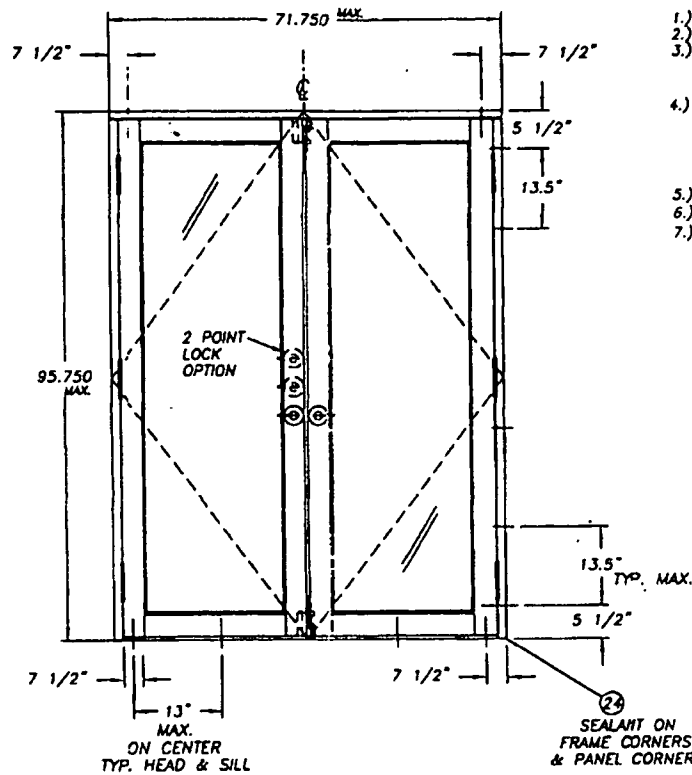
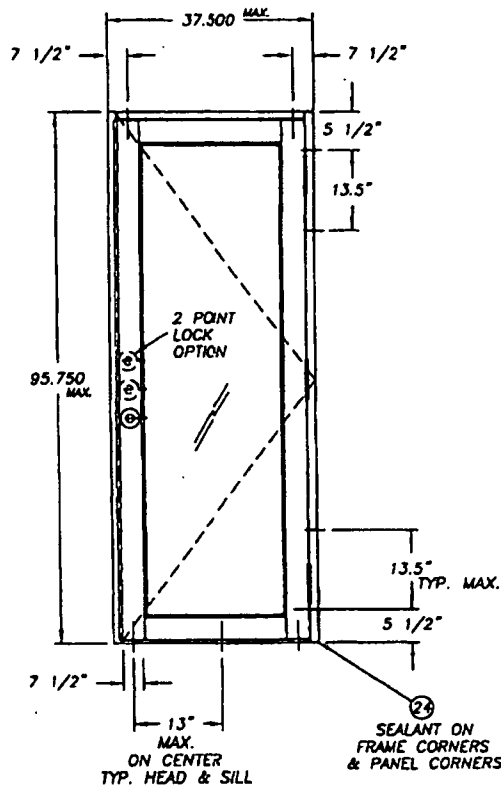


**NOA No 02-0701.12
Expiration Date: November 22, 2006
Approval Date: July 12, 2002
Page 1**

X

XX

LARGE MISSILE IMPACT DOORS



- 1.) GLAZING: .401/.484 LAMINATED W/INTERLAYER (MONSANTO OR DUPONT)
- 2.) CONFIGURATIONS: X, XX
- 3.) DESIGN PRESSURE RATING:
 - 3a) 484 LAM.: +75 P.S.F. -75 P.S.F.
 - 3b) 401 LAM.: +60 P.S.F. -60 P.S.F.
- 4.) ANCHORS:
 - MAX. 7 1/2" FROM CORNERS (HEAD & SILL)
 - MAX. 5 1/2" FROM CORNERS (JAMB)
 - MAX. SPACING AT HEAD & SILL: 13.000
 - MAX. SPACING AT JAMB: 13.500
- 5.) NO SHUTTERS REQUIRED
- 6.) REFERENCE TEST REPORT: FTL-2241
- 7.) FOR LOCKING ASSEMBLY OPTION - SEE SHEET 3 OF 4

PRODUCT REVISED
 as complying with the Florida
 Building Code
 Acceptance No. 02-0701-2
 Expiration Date 11/22/00
 By: *Shirley Bernier*
 Miami Dade Product Control
 Division

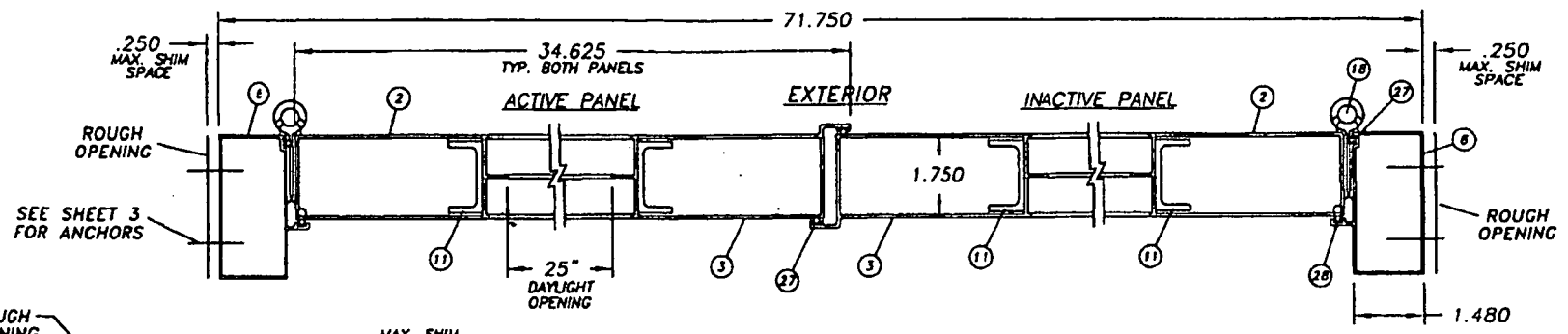
PRODUCT RENEWED

ACCEPTANCE No. 01-0417.04
 EXPIRATION DATE: November 22, 2006
 By: *Shirley Bernier*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE

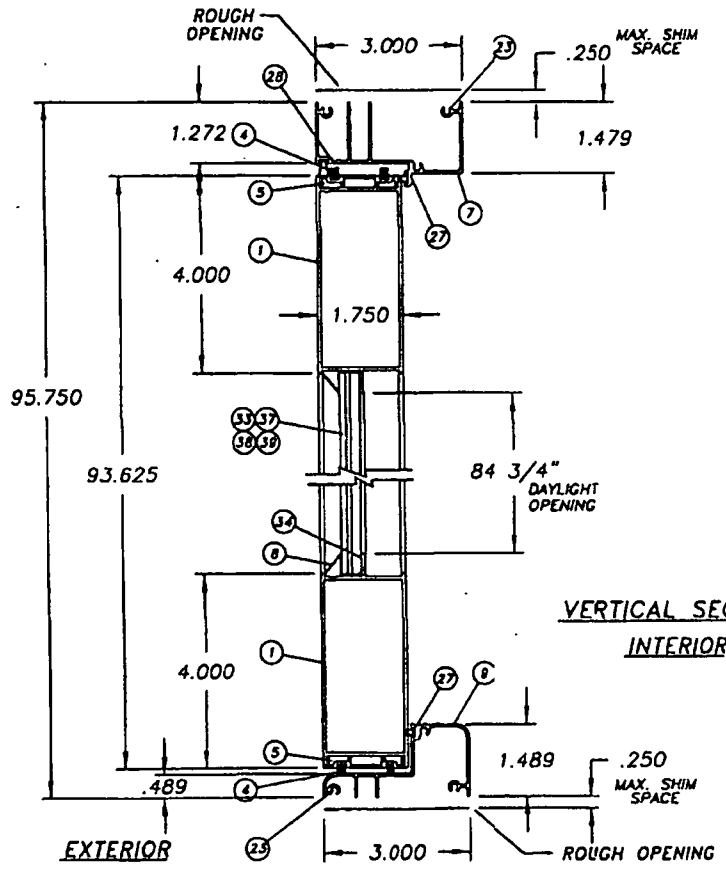
Robert Clark
 4/13/01

Robert L. Clark, P.E.
 P.E. #39712
 Structural

Revisions: D) added 2pt. lock info		Interferences: Unusual Material Fracture: 1/8" Distort: .002 & Distort: .002 & Angular: 1°		1070 Technology Dr. Nokomis, Fl. 34275			
Material: SWD-101		Description: French Door - X, XX		PGT NO:		VENDOR NO:	
Revisd By: D.B.	Date: 11/17/00	Chkd By:	Date:	Scale: 1x	Sheet: 1 of 4	Drawing No. 971	Rev: D
Drawn By: D.B.	Date: 2/16/98						



HORIZONTAL SECTION
INTERIOR



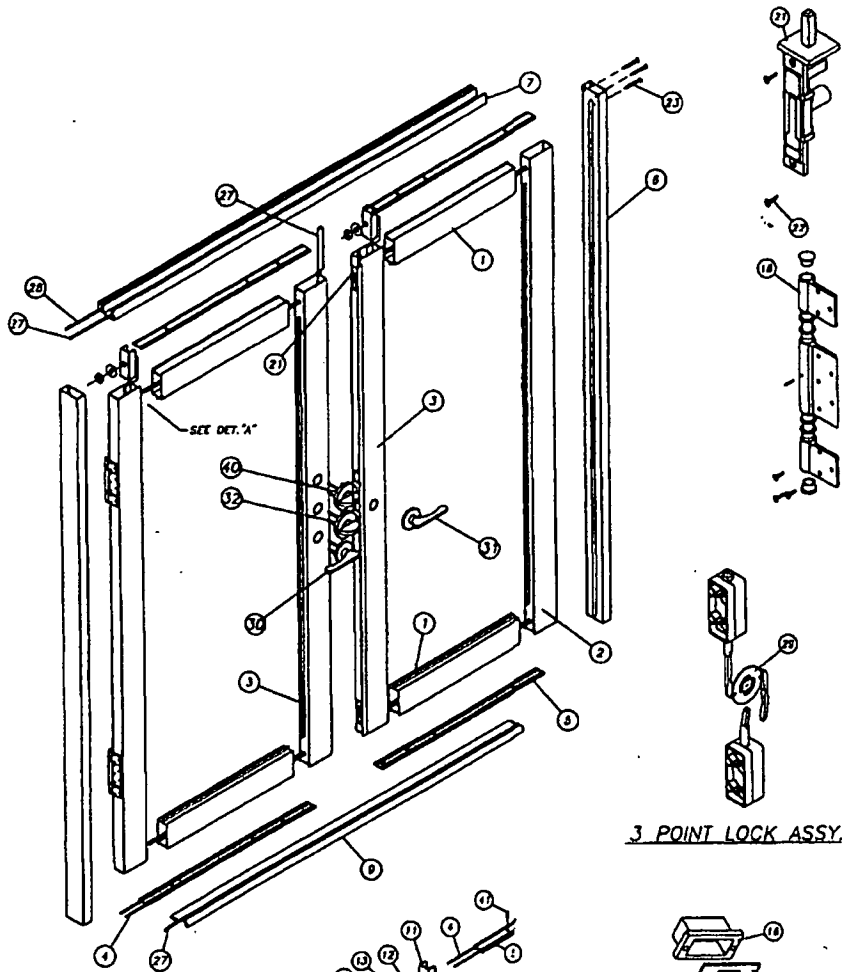
VERTICAL SECTION
INTERIOR

PRODUCT REVISED
to comply with the Florida
Building Code
Acceptance No 03-070112
Expiration Date 11/22/06
By Robert L. Clark
Miami Code Product Control
Division

PRODUCT RENEWED
ACCEPTANCE No 01-0417-04
EXPIRATION DATE: NOVEMBER 22, 2006
By Ichang I. Llanza
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE

Robert L. Clark
4/13/01
Robert L. Clark, P.E.
P.E. #39712
Structural

Revisions: D) added 2 pt. lock info		Information - Unless Noted Finishes: \pm 1/8" Decimal .00 & Decimal .000 & Angles: \pm 1"		1070 Technology Dr. Nokomis, Fl. 34275			
Material:		Series/Model:		Description:			
SWD-10:		French Door - Elevations		P&G NO:		VENDOR NO:	
Revised By: O.B. Date: 11/17/00 Drawn By: O.B.		Chkd By: O.B. Date: 2/16/98		Scale:		Sheet: 2 of 4	
Drawing No. 971		Rev. D					

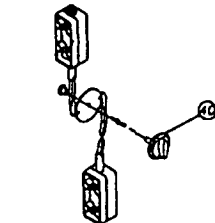


SEE DET. "A"

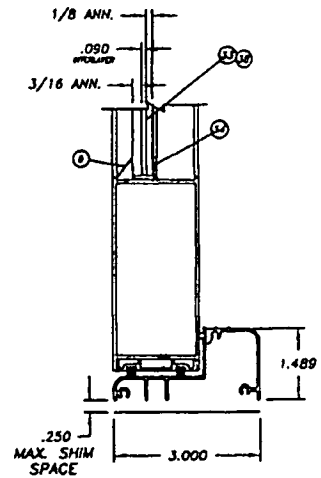
DETAIL "A"



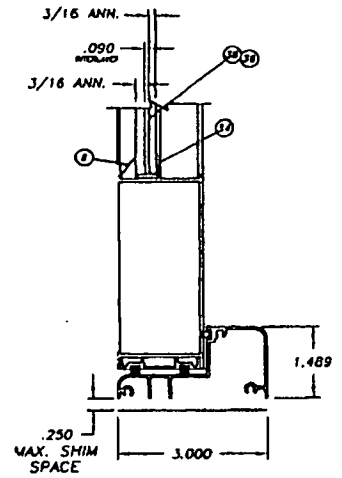
3 POINT LOCK ASSY.



2 POINT LOCK ASSY.



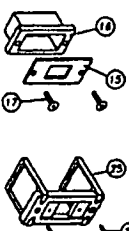
.401" LAM. W/MONSANTO SAFLEX PVB INTERLAYER
OR .401" LAM. W/DUPONT BUTALITE INTERLAYER
SEE NOTE 3 ON SHEET 1
DESIGN PRESSURE RATING: ±80 psf



.464" LAM. W/MONSANTO SAFLEX PVB INTERLAYER
OR .464" LAM. W/DUPONT BUTALITE INTERLAYER
SEE NOTE 3 ON SHEET 1
DESIGN PRESSURE RATING: ±75 psf

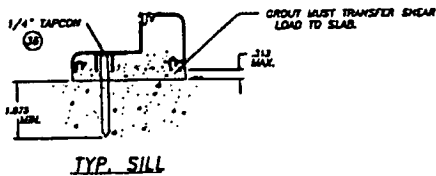
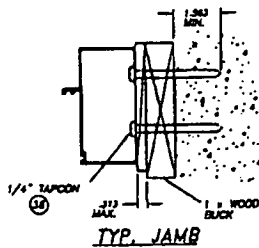
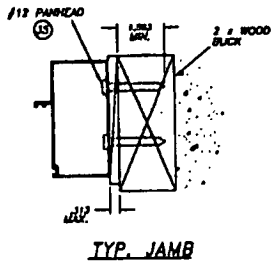
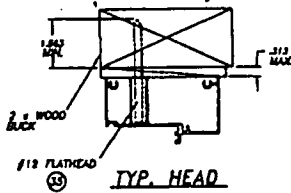
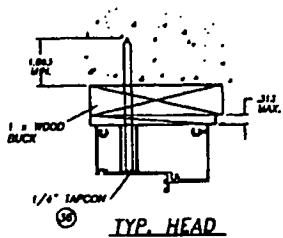
PRODUCT REVISED
to comply with the Florida
Building Code
Acceptance No. 02-0701-12
Expiration Date 11/22/06
By: *Robert L. Clark*
Miami/Dade Product Control
Division

PRODUCT RENEWED
ACCEPTANCE No. 01-0417-04
EXPIRATION DATE: NOVEMBER 21, 2006
By: *Isaac J. Chanda*
PROJECT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE



Robert L. Clark
4/13/01
Robert L. Clark,
P.E. #19712
-Structural

Revisions: D) added 2 pt. lock info		Intercom Unit: United Fracture: 1/64 Distorted: .005 Distorted: .005 Angular: 1°		1070 Technology Dr. Nokomis, Fl. 34275			
Material: SWD-101		Series/Model: SWD-101		Description: French Door - Exploded/Glazing		Scale:	
Rev'd By: D.B. Date: 11/17/00	Ch'd By:	Date:	PGT NO:	VENDOR NO:	Sheet: 3 of 4	Drawing No. 971	Rev: D



ITEM	DESCRIPTION	V.T. #	QTY./DESCRIPTION	VENDOR	VENDOR #
1	DOOR HEAD/SILL	60375		ALUMAX	AF-10375
2	DOOR JAMB (HINGED)	60376		ALUMAX	AF-10376
3	DOOR ASTRAGAL	60377		ALUMAX	AF-10377
4	2.50 x .187 FINSEAL STRIP	67924G	8 (2/each door top & bot. rail)	SCHLEGEL CORP.	FS7924-187
5	DOOR W-STRIP CHANNEL	60379		ALUMAX	AF-10379
6	FRAME JAMB	60380		ALUMAX	AF-10380
7	FRAME HEAD	60411		ALUMAX	AF-12378
8	GLAZING BEAD (ROLL FORM)	65170		FLORIDA SCREEN	
9	OUTSWING THRESHOLD	61069M		ALUMAX	AF-12375
10	5/16x18 THREADED ROD	61R0DA	4 (1/door top & bot. rail)	FASTEC INDUSTRIAL	
11	TRUSS CLAMP	60378M	8 (2/ea. door top & bot. rail)	ALUMAX	AF-10378
12	5/16x1/16 TRUSS WASHER	7WASHA	8 (2/ea. door top & bot. rail)	FASTEC INDUSTRIAL	
13	5/16x18 TRUSS NUT	7JNUTA	8 (2/ea. door top & bot. rail)	FASTEC INDUSTRIAL	
14	FRAME SCR. COVER CAP	41722W		PGT INDUSTRIES	41722W
15	STRIKE PLATE	7955X		CAMCORP	
16	STRIKE PLATE INSERT	41721		PGT INDUSTRIES	41721
17	10x3/4 SCR. FLT. HD. PHIL.	71034A		MERCHANTS FASTENER	
18	Hinge ASSY.	7ERMOW	6 (3/frame jambs)	NATIONWIDE IND.	
19	10x.625 FLY. HD. PHIL.	71058FP	26 (6/hinge - hinge-door jamb)	MERCHANTS FASTENER	
20	10x1/2 FLY. HD. PHIL.	710x12PPW	30 (5/hinge & hinge-frame jamb)	MERCHANTS FASTENER	
21	TCP/BOTT. SLIDE BOLT LOCK	41720	2 (1 @ top/bot. of l.h. astragal)	PGT INDUSTRIES	41720
22	6x1/2 FLY. HD. PHIL.	7612FW	4 (2/slide bolt locks)	MERCHANTS FASTENER	
23	8x1 1/2 SCR. PN HD. QUAD.	78112A	12 (6/head & sill)	FASTEC INDUSTRIAL	
24	SEAM SEALER	6SM55W		SCHNEE MOREHEAD	SM5504
25	LOCK SUPPORT ASSY.	4UBLOK	3 (1/lock)	PGT INDUSTRIES	4UBLOK
26	6x3/4 FLY. HD. PHIL.	7634F	6 (2/lock support assy.)	FASTEC INDUSTRIAL	
27	200 x 190 QLOW	60200K	5 (1/astragals, fr. jambs & head)	SCHLEGEL CORP.	Q200X190
28	375 x 190 QLOW	60300W	4 (1/astragals & frame jambs)	SCHLEGEL CORP.	Q375X190
29	3 POINT LOCK ASSY.	FD3PTAY	1 (@ r.h. astragal)	PGT INDUSTRIES	FD3PTAY
30	LOCK (ACTIVE)	7LOKAP	1 (@ r.h. astragal)	HARLOC	100
31	LOCK (DUMMY)	7LORIP	1 (@ r.h. astragal)	HARLOC	880
32	DEAD-BOLT LOCK	7BLTIP	1 (@ r.h. astragal)	HARLOC	820
33	401 LAM. W/MONSANTO			H.P.G.	
34	SILICONE	62699C		DOW CORNING	899
35	#12 Ph. Pn. SMS				
36	1/4" TAPCON				
37	431 LAM. W/DUPONT			H.P.G.	
38	454 LAM. W/DUPONT			H.P.G.	
39	454 LAM. W/MONSANTO			H.P.G.	
40	2 POINT LOCK ASSY.		1 (@ r.h. astragal)	PGT INDUSTRIES	
41	#8 x .75 Ph. Fl. Tek	7834FFT		SPENCER PRODUCTS	

PRODUCT REVISED
as complying with the Florida
Building Code
Acceptance No 07-0701.12
Expiration Date 11/13/06

By: *Robert L. Clark*
Material Made Product Control
Division

PRODUCT RENEWED

ACCEPTANCE No. 01-0417.04
EXPIRATION DATE: November 22, 2006

By: *Robert L. Clark*
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE

Robert L. Clark
4/13/01
Robert L. Clark, P.E.
P.E. #39712
Structural

Revisions: D) added 2 pt. lock info	Interferences: Unless Noted: Fraction: 1/64 Decimal: .001 Angular: 1°	1070 Technology Dr. Nokomis, Fl. 34275	PGT INDUSTRIES
Material:	Series/Model: SWD-101	French Door - Anchorage/B.O.M.	
Revised By: O.B. Date: 11/17/00	Checked By: O.B. Date: 2/16/98	PGT NO:	VENDOR NO:
Scale: 4 of 4	Sheet: 971	Rev: D	

= ITEMS THAT DONT REQUIRE PERMIT

FILE

Scope of Work 5 Pineapple Lane

Cosmetic/Non Structural

Exterior

- 1) Install child proof safety fence around pool and spa

Down Stairs

Master Bedroom/ Closets /bath

- 1) Strip off wall paper in bath room, paint throughout
- 2) Install interior plantation shutters

Living Room

- 1) Install interior plantation Shutters
- 2) Paint
- 3) Install interior French Door between living room and Dining room for privacy/aesthetic purposes

Dining room

- 1) Install plantation shutters
- 2) Strip wall paper and paint

Garage

- 1) Paint

Laundry Room

- 1) Paint
- 2) Chip up existing tile and install new marble (*FLOOR ONLY*)

Half Bath next to Laundry Room

- 1) Paint
- 2) Chip up tile install new marble (*FLOOR ONLY*)
- 3) Reinstall toilet
- 4) Install new Vanity/sink Cabinet

Family Room

- 1) Paint
- 2) Install 2 sets of interior French Doors on either side of fireplace going to sun room for privacy/aesthetic purposes

Half Bath Next to Family Room

- 1) Strip wall paper and paint
- 2) Install new Vanity/sink cabinet

Breakfast Room

- 1) Strip wallpaper and paint
- 2) Chip up tile and replace with new marble (*FLOOR ONLY*)

Kitchen

- 1) Chip up tile and replace with marble
- 2) Remove tile and plywood counter tops and replace with granite
- 3) Remove tile and drywall backsplash and replace with dou rock (wonder board) and tile
- 4) Replace dishwasher and microwave oven (portable shelf mount)
- 5) Replace sinks
- 6) Replace hood and reinstall existing soffit over hood
- 7) Remove 24" on non-load bearing wall at entrance between family room and kitchen.
- 8) Install blind over window
- 9) Refinish existing cabinets in place

Upstairs

Game Room or 5th Bedroom

- 1) Install window box/seats under 2 dormer windows (20" h x 24" d x 42" w)
- 2) Install window box/seat under large window (approximately 10' long) and install book shelf over box/seat on both sides of window
- 3) Install bead board on walls and in hall way
- 4) Install new blinds
- 5) Paint
- 6) Install new carpet

Bathroom #2, #3, and #4

- 1) Strip wall paper and paint

Bedroom #2

- 1) Paint
- 2) New carpet
- 3) Install 10" wide shelf on two walls (approximately 22' of shelving)

Bedroom #3

- 1) Paint
- 2) New carpet
- 3) Install window box/seats at both dormer windows (app. 24" w x 20h x 42" w)
- 4) Install chair rail trim

Structural

Sunroom

- 1) Install two sets of 55" wide French doors from sunroom to pool patio, Hurricane proof glass. This work has not been started yet (there is a hole in drywall for exploration purposes).

Bedroom #3

- 1) Install bookcase (inset in wall) between dormer windows. Approximate size 53" w x 42" h x 12" d. The drywall has been removed but no trusses or supports have been removed or cut

Bedroom #4

- 1) Remove Closet and wall and modify trusses to increase width of the room. This work has begun and will need structural plans.
- 2) Relocate electric outlets
- 3) Paint
- 4) Replace carpet

ITEMS NEEDED FOR PERMIT.

1. APPLICATION
2. 2 COPIES OF FOLLOWING:
 - a. FLOOR PLAN - EXISTING - PROPOSED
 - b. SECTION OF SECOND FLOOR TRUSSES WITH CONNECTORS. DETAILS FROM TRUSS ENGINEER - SIGNED & SEALED.
 - c. NAME OF COMPANY THAT FABRICATED ALL STEEL MEMBERS WITH CERTIFICATE OF WELDER THAT WORKED ON THESE MEMBERS.
 - d. ELECTRICAL LAYOUT FOR SECOND FLOOR ^{† KITCHEN} REVISED BEDROOM.
 - e. LTR FROM A/C CONTRACTOR STATING EXISTING SYSTEM LARGE ENOUGH TO CARRY ADDITIONAL LOAD.
 - f. ENERGY CALCULATIONS IF CHANGING SIZE OF EXTERIOR WINDOWS OR DOORS
 - g. PRODUCT APPROVALS FOR FRENCH DOORS (ERT.)

**Scope of Work
5 Pineapple Lane**

Cosmetic/Non Structural

Exterior

- 1) Install child proof safety fence around pool and spa

Down Stairs

Master Bedroom/ Closets /bath

- 1) Strip off wall paper in bath room, paint throughout
- 2) Install interior plantation shutters

Living Room

- 1) Install interior plantation Shutters
- 2) Paint
- 3) Install interior French Door between living room and Dining room for privacy/aesthetic purposes

Dining room

- 1) Install plantation shutters
- 2) Strip wall paper and paint

Garage

- 1) Paint

Laundry Room

- 1) Paint
- 2) Chip up existing tile and install new marble

Half Bath next to Laundry Room

- 1) Paint
- 2) Chip up tile install new marble
- 3) Reinstall toilet
- 4) Install new Vanity/sink Cabinet

Family Room

- 1) Paint
- 2) Install 2 sets of interior French Doors on either side of fireplace going to sun room for privacy/aesthetic purposes

Half Bath Next to Family Room

- 1) Strip wall paper and paint
- 2) Install new Vanity/sink cabinet

Breakfast Room

- 1) Strip wallpaper and paint
- 2) Chip up tile and replace with new marble

Kitchen

- 1) Chip up tile and replace with marble
- 2) Remove tile and plywood counter tops and replace with granite
- 3) Remove tile and drywall backsplash and replace with dou rock (wonder board) and tile
- 4) Replace dishwasher and microwave oven (portable shelf mount)
- 5) Replace sinks
- 6) Replace hood and reinstall existing soffit over hood
- 7) Remove 24" on non-load bearing wall at entrance between family room and kitchen.
- 8) Install blind over window
- 9) Refinish existing cabinets in place

Upstairs

Game Room or 5th Bedroom

- 1) Install window box/seats under 2 dormer windows (20"h x 24"d x 42"w)
- 2) Install window box/seat under large window (approximately 10' long) and install book shelf over box/seat on both sides of window
- 3) Install bead board on walls and in hall way
- 4) Install new blinds
- 5) Paint
- 6) Install new carpet

Bathroom #2, #3, and #4

- 1) Strip wall paper and paint

Bedroom #2

- 1) Paint
- 2) New carpet
- 3) Install 10" wide shelf on two walls (approximately 22' of shelving)

Bedroom #3

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Structural

Sunroom

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Bedroom #3

- 1) Install bookcase (inset in wall) between dormer windows. Approximate size 53"w x 42"h x 12"d. The drywall has been removed but no trusses or supports have been removed or cut

Bedroom #4

- 1) Remove Closet and wall and modify trusses to increase width of the room. This work has begun and will need structural plans.
- 2) Relocate electric outlets
- 3) Paint
- 4) Replace carpet

Dan McAlpin
5 Pineapple Lane
Sewall's Point, FL 34996
(305) 494-1392

Gene Simmons, CBO
Director of Public Works
One Sewall's Point Road
Sewall's Point, FL 34996
Fax # (772) 220-4765

May 19, 2004
REF: Scope of work/Building Permit

Dear Mr. Simmons,

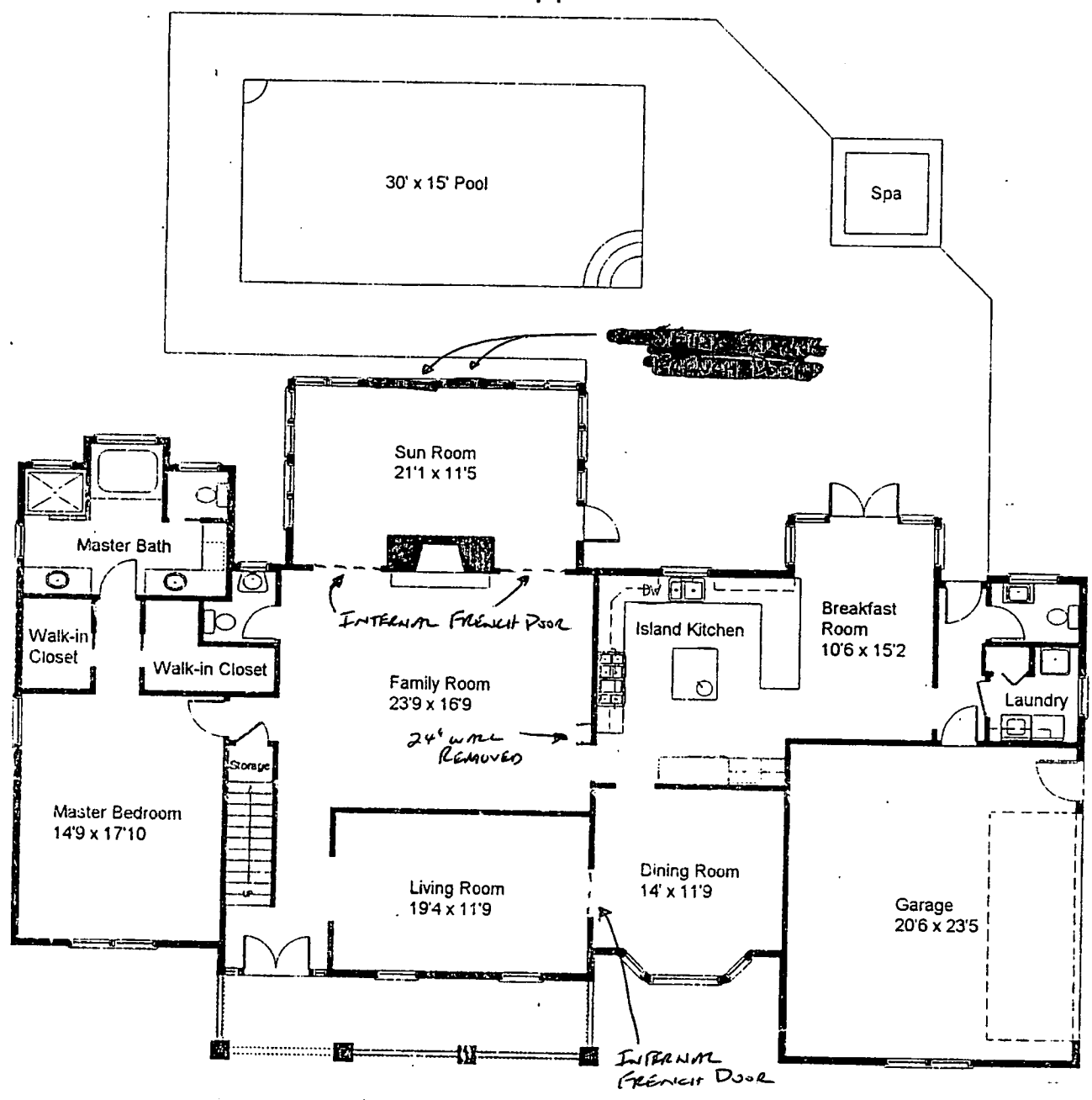
Thank you for taking the time to meet with me yesterday and discussing the renovations and building permit on my house at 5 Pineapple Lane. Per your request, I have compiled a scope of work to be done at my house. I have arranged this list room by room. The first list is renovations I believe to be cosmetic in nature. The second list (3 items) are the items that I believe to be structural and will require plans. I am enclosing a floor plan of the house with the areas in question marked. As you are aware, I have asked your secretary to make copies of the floor plan in the your file. I will forward these floor plans to you as soon as possible. I have also taken some digital pictures for reference purposes. I have written on these pictures of the work in progress and the items yet to be installed. I would like to meet with you or speak with you and discuss this scope of work at your earliest convenience. If you have any question, comments, or concerns, please do not hesitate to contact me.

Sincerely,

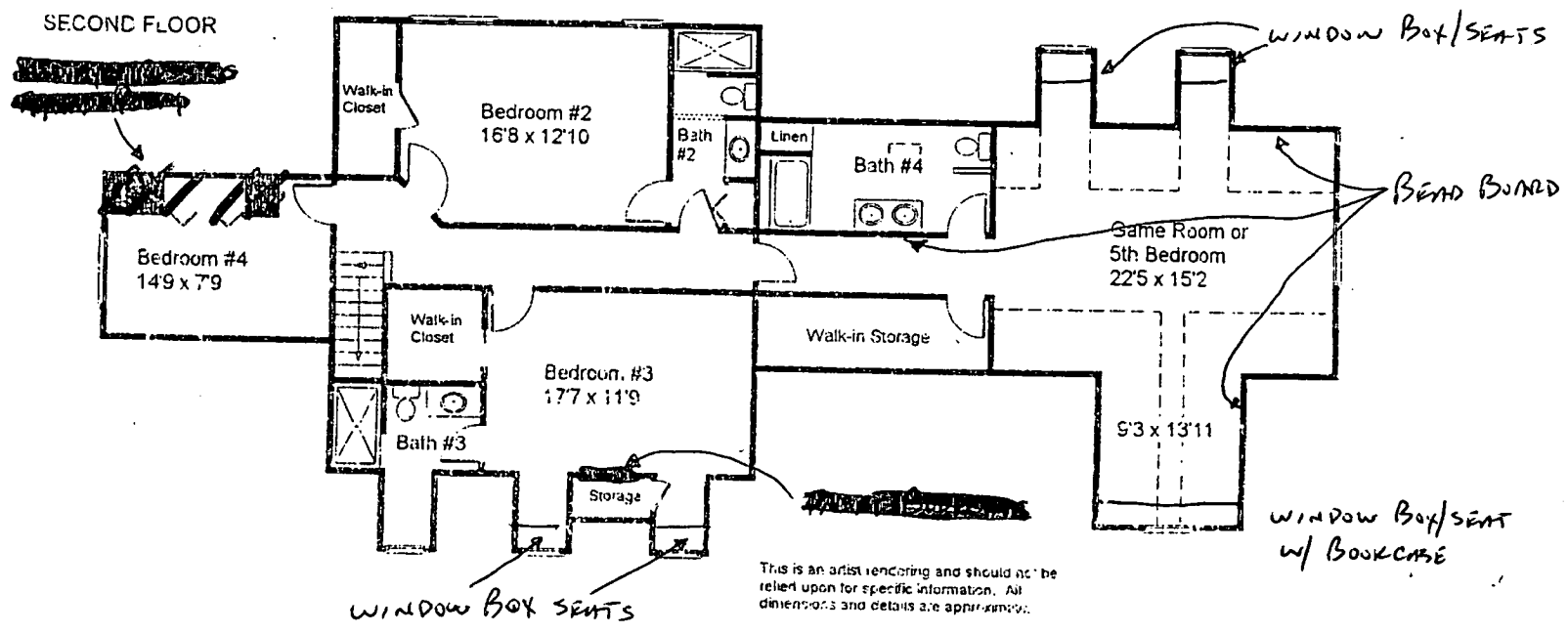

Dan McAlpin

~~_____~~ = STRUCTURAL ITEMS

5 Pineapple Lane

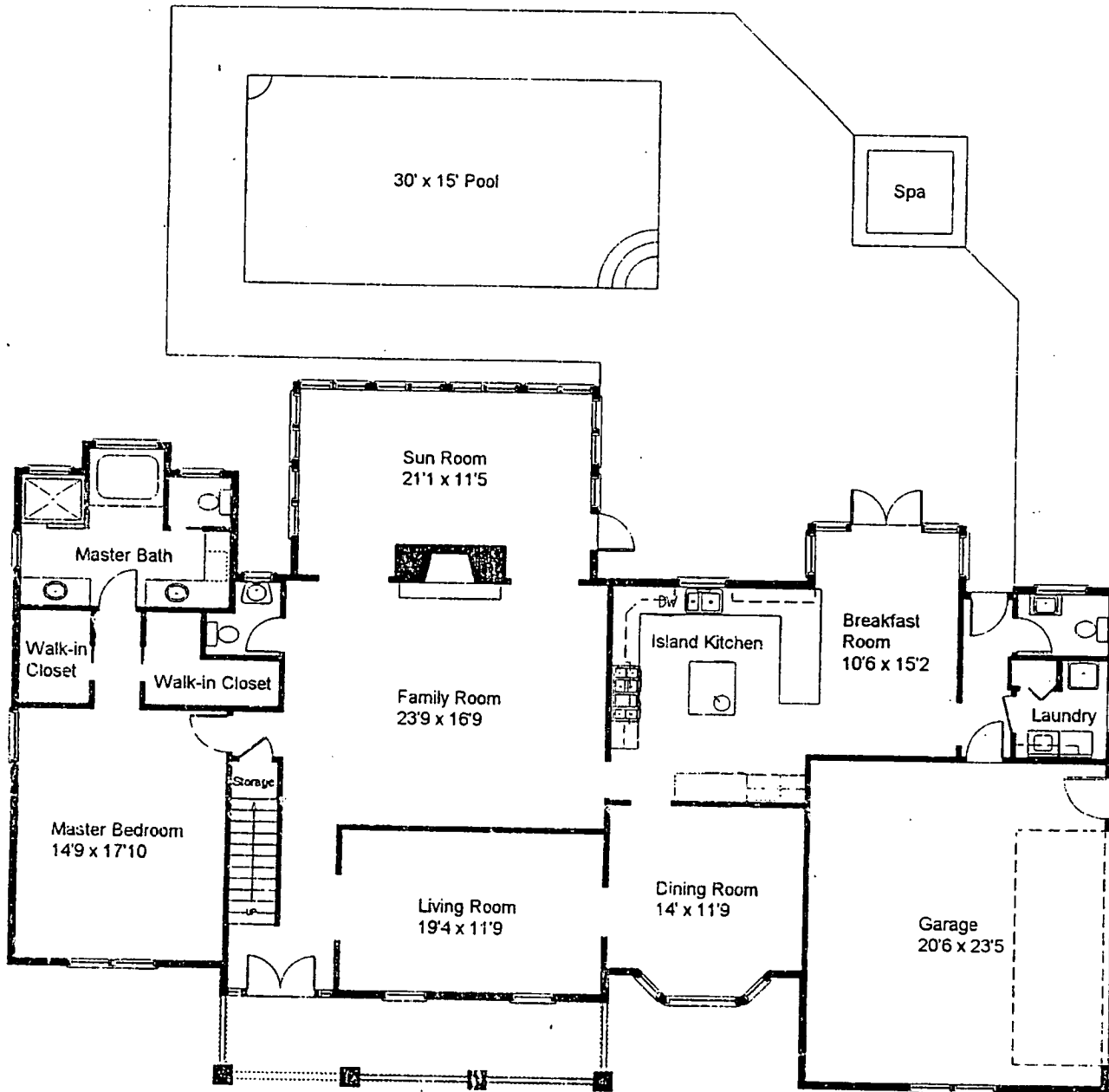


SECOND FLOOR

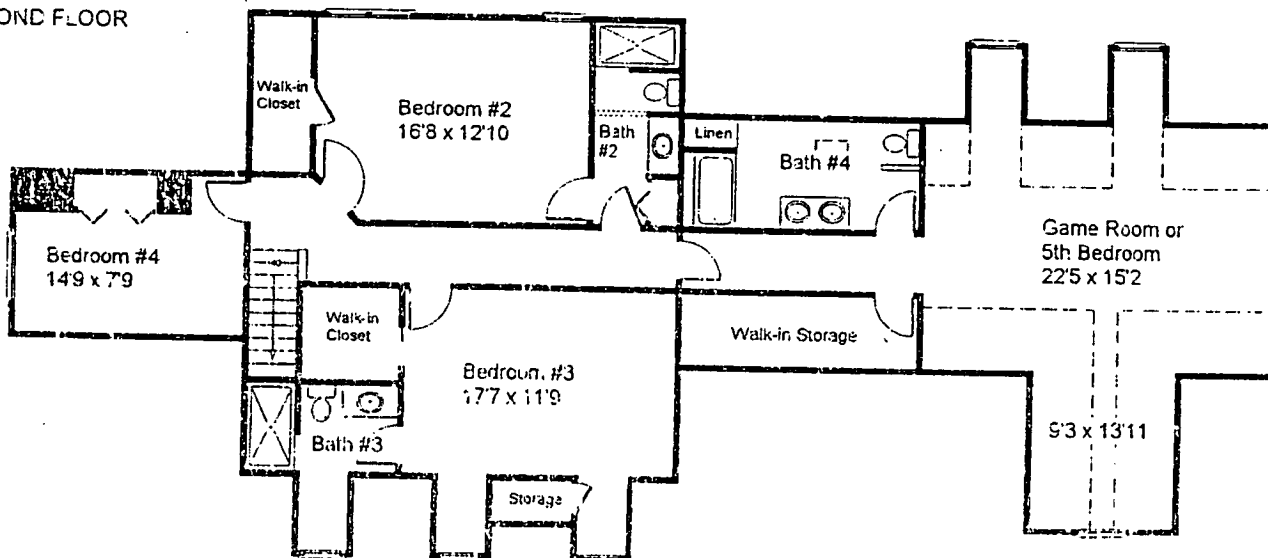


This is an artist rendering and should not be relied upon for specific information. All dimensions and details are approximate.

5 Pineapple Lane



SECOND FLOOR



This is an artist rendering and should not be relied upon for specific information. All dimensions and details are approximate.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6921	BEN	FINAL REPAIR	PASS	CLOSE
8	86 N. SEWALL'S Pt WALTER WHITE	DRYWALL		INSPECTOR:
6741	OSTEEN	GARAGE SLAB	FAIL	
5	1 RIDGEVIEW ANGUS ENTERPRISES			INSPECTOR:
6812	MADER	SEPTIC	PASS	
2	106 ABBIE COURT PARADIGM PUMBINA			INSPECTOR:
6719	DONAHUE	FOOTING	FAIL	WILL RESCHEDULE
1	163 S. SEWALL'S Pt SAMMENS/HAN	Exam? (Early please)		INSPECTOR:
6820	AMOS	FINAL DECK/BAU	FAIL	
4	114 S. SEWALL'S Pt MASTERPIECE	#7662 (IF WORKING) MANUALLY IF GATE NOT WORKING OPEN		INSPECTOR:
7070	WINSLOW	FRAMING ^{MISC.} BEDRM		
7	10 S. SEWALL'S Pt O/B	P/E/EC/AC	FAIL	INSPECTOR:
6817	WALTON	FINAL INST.	PASS	CLOSE
3	SPINAPPE LA GHOTO			INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/25, 200X4 Page of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6806	BRADEN	FINAL FENCE	PASS	CLOSE
3	12 OAKWOOD DR STUART FENCE			INSPECTOR: <i>OM</i>
6682	MILORD	POOR SHEATHING	PASS	
7	10 N. SEWALL'S PT MILORD			INSPECTOR: <i>OM</i>
6757	FENSTERER	FINAL POOL	PASS	CLOSE
4	71 S. SEWALL'S PT TWIN POOLS			INSPECTOR: <i>OM</i>
6551	LANGER	PARTIAL SHEATHING GARAGE	PASS	GARAGE ONLY
9	3 LOFTING WAY FLORIDA'S FINEST			INSPECTOR: <i>OM</i>
10347	MCALPIN	DOOR/WINDOW	PASS	
3A	5 PINEAPPLE CT PAUL OHOTTO	INSTALLATION FRAMING INSULATION	PASS PASS	INSPECTOR: <i>OM</i>
				INSPECTOR: <i> </i>
				INSPECTOR: <i> </i>

OTHER: _____

Date: JUNE 14, 2004

REFER TO
Permit Number: _____

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

6847

OWNER/TITLEHOLDER NAME: DANIEL McALPIN Phone (Day) (305) 494-1392 (Fax) _____

Job Site Address: S PINEAPPLE LANE City: SEWALL'S PT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) PINEAPPLE LANE, LOT 8 Parcel Number: 12-38-4-003-000-00080-9

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

Description of Work To Be Done: REMODELING, EXTERIOR FRENCH DOORS, ENLARGE 4TH BEDROOM ELECTRICAL

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

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

COST AND VALUES: Estimated Cost of Construction or Improvements: STATE PERMIT #6847 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: DANIEL G. SIROIS State: FL License Number: EC0002941

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: 4,200 Garage: 480 Covered Patios: N/A Screened Porch: N/A
Carpport: N/A Total Under Roof 4,680 Wood Deck: N/A Accessory Building: N/A

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)
[Signature]

State of Florida, County of MIAMI DADE

This the 16th day of JUNE, 2004

by DANIEL McALPIN who is personally

known to me or produced

as identification. [Signature]

Notary Public

My Commission Expires _____

CONTRACTOR SIGNATURE (required)
[Signature]

On State of Florida, County of: MARTIN

This the 20th day of AUGUST, 2004

by DANIEL G SIROIS who is personally

known to me or produced FLX 5620-167-62-305-0

As identification. [Signature] X 8/25/06

Notary Public

My Commission Expires _____



PERMIT APPLICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY

MASTER PERMIT NO. 6847

TOWN OF SEWALL'S POINT

Date 8-20-04

BUILDING PERMIT NO. 6867

Building to be erected for McALPIN

Type of Permit SUB-ELEC

Applied for by DANIEL G. SIKORS ELEC (Contractor)

Building Fee /

Subdivision PINEAPPLE Lot 8 Block _____

Radon Fee _____

Address 5 PINEAPPLE LANE

Impact Fee _____

Type of structure SFR

A/C Fee SEE 684

Parcel Control Number: 123841-003-000-0008090000

Electrical Fee 35.00

Plumbing Fee /

Roofing Fee _____

Amount Paid 35.00 Check # 1027 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ X

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- | | | |
|---|--|--|
| <input type="checkbox"/> BUILDING | <input checked="" type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT 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	_____

AC# 0450280

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ#L0205070048

DATE	BAUNCH NUMBER	LICENSE NUMBER
06/07/2002	011124	REC0002941

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 499, F.S.
Expiration date: AUG 31, 2004



SIROIS, DANIEL GEORGE
DANIEL G SIROIS ELECTRICAL SERVICES
717 SW NICHOLS TERR
PORT ST LUCIE FL 34953

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY SEYER
SECRETARY

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

CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE	03/23/2003	EXPIRATION DATE	03/22/2005
PERSON	SIROIS	DANIEL	G
SSN	004-74-9011		
FEIN	650195434		
BUSINESS	DANIEL G. SIROIS ELECTRICAL SERVICES 392 SE WALTERS TERRACE PORT SAINT LUCIE FL 34983		

NOTE: Pursuant to Chapter 440.10(1),(g), 2, F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

RE-ISSUANCE

01-05-2004



TOM GALLAGHER
CHIEF FINANCIAL OFFICER

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

** RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION **

This certificate exempts the Officer of the Corporation or the Member of the Limited Liability Company listed below from the provision of Florida Workers' Compensation Law for the period indicated below.

EFFECTIVE DATE: 01/01/2004 EXPIRATION DATE: 03/22/2005

CORPORATE OFFICER/
LLC MEMBER NAME: SIROIS DANIEL G

FEIN: 200318329

BUSINESS NAME AND ADDRESS: DG SIROIS ELECTRICAL SERVICES INC
392 SE WALTERS TERRACE
PORT SAINT LUCIE FL 34983

SCOPE OF BUSINESS OR TRADE: ELECTRICAL CONTRACTOR

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

QUESTIONS? (850) 488-2333

DWC - 253 RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION REVISED 11-03

Please cut out the card below and retain for inspection by any Department of Financial Services representative while conducting work.

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p>** RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION **</p> <p>This certificate exempts the Officer of the Corporation listed below from the provision of Florida Workers' Compensation Law for the period indicated below.</p> <p>EFFECTIVE DATE: 01/01/2004 EXPIRATION DATE: 03/22/2005</p> <p>CORPORATE OFFICER/ LLC MEMBER NAME: SIROIS DANIEL FEIN: 200318329</p> <p>BUSINESS NAME AND ADDRESS: DG SIROIS ELECTRICAL SERVICES 392 SE WALTERS TERRACE PORT SAINT LUCIE FL 34983</p> <p>SCOPE OF BUSINESS OR TRADE: ELECTRICAL CONTRACTOR</p>	<p style="text-align: center;">IMPORTANT</p> <p>F This certificate applies only to the corporate officer named on this certificate and applies only within the scope of the business or trade listed hereon.</p> <p>O</p> <p>L A copy of this card or the duplicate above must be carried and available for inspection at all time while conducting any construction work.</p> <p>D</p> <p>H Pursuant to chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p>E</p> <p>R Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.</p> <p style="text-align: right;">QUESTIONS? (850) 488-2333</p>
--	---

CUT HERE

OCCUPATIONAL TAX RECEIPT
CITY OF PORT ST. LUCIE
121 SW PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FLORIDA 34954-5099

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

TERM: October 1, 2004 to September 30, 2005

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

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

LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS.

VALID AT THIS BUSINESS ADDRESS ONLY.

Business/Lic. 104547/05-1015326

Business Address: 2884 SE PACE DR
Classification: CONT CONTRACTOR
Issued to: DANIEL G SIROIS ELECTRICAL SERVICES
2884 SE PACE DR

Fee: 115.77
Discount: 0.00

PORT ST LUCIE FL 34984

Mary B. Mastro
BUSINESS LICENSE COORDINATOR
199/091 KA BUSINESS COPY

Fees: 126.27 Late Fees: 0.00 Total this payment : 126.27

OCCUPATIONAL TAX RECEIPT
CITY OF PORT ST. LUCIE
121 SW PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FLORIDA 34954-5099

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2884 SE PACE DR

Fee: 115.77
Discount: 0.00

PORT ST LUCIE FL 34984

BUSINESS LICENSE COORDINATOR
199/091 KA PAYMENT RECEIPT

Fees: 126.27 Late Fees: 0.00 Total this payment : 126.27

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Dec 6, 2004 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6867	McAULIN	FINAL ELEC	PASS	LOSE
3	5 PINEAPPLE LA SIDOUS ELEC			INSPECTOR:
6821	POWERS	GAS TANK + LINES	PASS	LOSE
6	70 S. SEWALLS PT FERRELL GAS			INSPECTOR:
6060	ELDER	HARD PLANK SIDING	RESCHEDULE	
	12 EMARITA O/B			INSPECTOR:
6882	ELDER	REEROOF FINAL		
	12 EMARITA O/B			INSPECTOR:
6894	ELDER	REPL. GARAGE DOOR	FINAL	
	12 EMARITA O/B			INSPECTOR:
7026	PURVIS	REPAIR FENCE	PASS	LOSE
	7 QUAIL RUN O/B			INSPECTOR:
				INSPECTOR:

OTHER: _____

7313
FENCE

FEB 11 2005

BY:

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME: DAN McALPIN

Phone (Day) 288-3322 (Fax) _____

Job Site Address: 5 PINEAPPLE LANE

City: STUART State: FL Zip: 34996

Legal Description of Property: PINEAPPLE LANE, LOT 8

Parcel Number: 12 38 41 003 000 00080-9

Owner Address (if different): _____

City: _____ State: _____ Zip: _____

Description of Work To Be Done: INSTALL 327' of TANGLED & GROOVE PVC FENCE & GATE S

WILL OWNER BE THE CONTRACTOR?:

Yes No

(If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: Stuart Fence Co

Phone: 288-1151 Fax: 288-3035

Street: PO Box 2636

City: STUART State: FL Zip: 34995

State Registration Number: _____

State Certification Number: _____

Martin County License Number: CFE3584

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 13360.00 (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

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

ENGINEER

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC

Carport: _____ Total Under Roof _____ Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
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:

National Electrical Code: 2002

Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
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 26 day of JAN, 2005

by _____ who is personally

known to me or produced DL

as identification. JANIS L. LOUDIN

My Commission Expires May 21, 2006



Bonded Thru Atlantic Bonding Co., Inc

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: MARTIN

This the 8 day of FEB, 2005

by CHESTER RICHMOND who is personally

known to me or produced _____

As identification. JANIS L. LOUDIN

My Commission Expires May 21, 2006



Bonded Thru Atlantic Bonding Co., Inc

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 2/15/05

BUILDING PERMIT NO. 7313

Building to be erected for McALPIN

Type of Permit FENCE

Applied for by STUART FENCE (Contractor)

Building Fee 30.00

Subdivision PINEAPPLE LA Lot 8 Block _____

Radon Fee _____

Address 5 PINEAPPLE LANE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

12384100300000008090000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 30.00 Check # 2918 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 13,360.

TOTAL Fees 30.00

Signed Gary Lupin
Applicant

Signed Jane Simmons (Reg)
Town Building Official

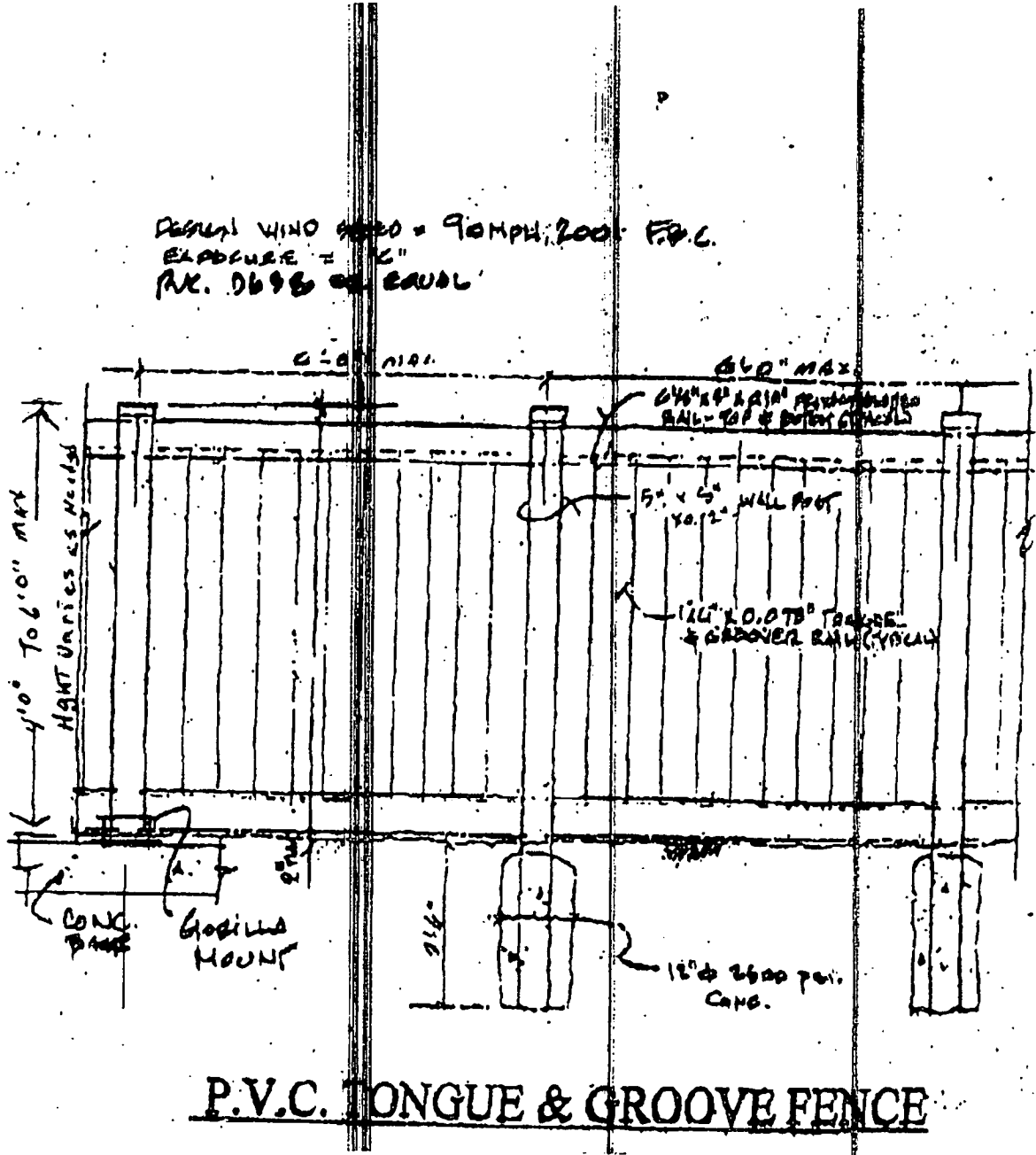
PERMIT

- | | | |
|---|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input checked="" 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 _____ |

DESIGN WIND SPEED = 90 MPH, 200' F.P.C.
EXPOSURE = "C"
PX. 0698 OR EQUAL



DATE (MM/DD/YYYY)
8/23/04

ACORD. CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
MARIE HOWELL INSURANCE SERVICES
3215 S US 1 SUITE B-201
PORT PIERCE FL 34982
772-461-4733

INSURED
STUART FENCE COMPANY, INC.
CUNZETER J. RICHMOND & JOHN JAMASON
P O B 2636
STUART, FL 34995

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: WESTERN WORLD	
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.

POLICY NUMBER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
04GL010	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		8/18/04	8/16/05	EACH OCCURRENCE	\$ 1,000,000
	DISCRIMINATED PREMISES (EA OCCURRENCE)				\$ 50,000	
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COM/OP AGG	\$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRE/AUTO NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	QUALITY LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	EA ACC \$
					AGG	\$
	UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> PRODUCTS <input type="checkbox"/> RETENTION				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	ADVOKETS COMPENSATION AND EMPLOYERS LIABILITY ANY PROFESSIONAL/EXECUTIVE OR CONTRACTOR EXCLUDED Uses, Exclusions & SPECIAL PROVISIONS below OTHER				VS STATUTE (OR LIMITS) OTHER	\$
					EL DISEASE - EA EMPLOYEE	\$
					EL DISEASE - POLICY/LIMIT	\$

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

CERTIFICATE HOLDER
TOWN OF SEWELL'S POINT
1 S. SEWELL'S POINT ROAD
SEWELL'S POINT, FL 34996
ATTN: LORA
PHONE 772-220-4765

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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
M. Howell

Producer: Lion Insurance Company
2739 U.S. Highway 19 N.
Holiday, FL 34691
Phone: 727-938-5562 Fax: 727-937-2138

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insured: South East Personnel Leasing
2739 U.S. Highway 19 N.
Holiday, FL 34691
Phone : (727)938-5562

Insurers Affording Coverage		NAIC #
Insurer A:	Lion 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 LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> Any Auto				Auto Only - Ea Accident	\$
						Other Than EA Acc.	\$
						Autos 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	
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2005	01/01/2006	<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> OTH-ER	
						E.L. Each Accident	\$1000000
						E.L. Disease - Ea Employee	\$1000000
						E.L. Disease - Policy Limits	\$1000000

Other 3465485
Stuart Fence Company

COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: ADD ON DATE: 5/10/2004
COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Stuart Fence Company * FAX: 772-288-3035 & 772-220-4765 / ISSUE: 10-21-04 (PDC)


CERTIFICATE HOLDER

CANCELLATION

TOWN OF SEWALLS POINT
ATTN: LAURA
1 S. SEWALLS POINT RD.
SEWALLS POINT

FL 34998

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.



2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5804

LICENSE 2004-518-003 CERT CFE3584
PHONE (772) 519-6263 SIC NO 235990

LOCATION:
2832 SE IRIS ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>.00</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL			<u>25.00</u>

IF HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF FENCE ERECTION CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

21 DAY OF SEPTEMBER 20 04
AND ENDING SEPTEMBER 30 2005

RICHMOND, CHESTER - QUALIFIER
STUART FENCE COMPANY INC
2832 SE IRIS STREET
STUART FL 34997

12 04091402 002561 PAID

This Certificate is subject to St. Lucie County revocation
and suspension by Contractor Certification St. Lucie County
Examining Board.

Chap. 20978

STUART ACTV

TBA. STUART FENCE CO. INC

THIS IS TO CERTIFY THAT CHESTER J. III RICHMOND has qualified
as a certified FENCE contractor

for period from 10/1/2004 to 9/30/2005 subject to St. Lucie
County Code of Ordinances and Compiled Laws.

Date: 08/30/04

Charles Wenzel

Contractor Licensing official

EASEMENT AGREEMENT

Date: 1-26-05

Gentlemen:

I propose to apply for a Martin County permit to erect a FENCE in the (utility)/drainage) easement on my property at _____

5 Pineapple Ln.

LEGAL DESCRIPTION:

LOT 8, BLOCK _____, SUBDIVISION Pineapple Lane

(Brief description of dimensions and location from property lines)

SCL SURVEY

In the event you have no objection to this project, please complete this form and return to me at FAX 772-288-3035

I understand your company will not be responsible in any way for repair or replacement of any portion of this FENCE and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: [Signature] Phone: _____

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: BellSouth

By: Susan Morse

Title: Engineering Specialist

Company records indicate that a potential conflict (DOES) (DOES NOT) exist. The conflict consists of _____

____ BellSouth has buried facilities in this easement. These facilities must be located prior to digging by calling 1-800-432-4770. Hand digging must be done within 2 feet of facilities. Should we need access to our facilities in the future, it will be at customer expense.

EASEMENT AGREEMENT

Date: 1-26-05

Gentlemen:

I propose to apply for a Martin County permit to erect a FENCE in the (utility/drainage) easement on my property at _____

5 Pineapple Ln.

LEGAL DESCRIPTION:

LOT 8, BLOCK _____, SUBDIVISION Pineapple Lane

(Brief description of dimensions and location from property lines)

SEE SURVEY

In the event you have no objection to this project, please complete this form and return to me at FAX 772-288-3035

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I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: [Signature] Phone: _____

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: Adelphia Cable

By: [Signature]

Title: Construction Supervisor

Company records indicate that a potential conflict (DOES) (DOES NOT) exist. The conflict consists of _____

Please call for underground locates prior to starting work @ 1-800-432-4770

EASEMENT AGREEMENT

Date: 1-26-05

Gentlemen:

I propose to apply for a Martin County permit to erect a FENCE

in the (utility)/drainage) easement on my property at _____

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(Brief description of dimensions and location from property lines)

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I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: [Signature] Phone: _____

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: Florida Power & Light Co

By: John Friede [Signature]

Title: Customer Project Manager

Company records indicate that a potential conflict (NOT) exist. The conflict consists of (DOES) (DOES)

EASEMENT AGREEMENT

Date: 1-26-05

Gentlemen:

I propose to apply for a Martin County permit to erect a FENCE

in the (utility/drainage) easement on my property at _____

5 Pineapple Ln.

LEGAL DESCRIPTION:

LOT 8, BLOCK _____, SUBDIVISION Pineapple Lane

(Brief description of dimensions and location from property lines)

SEE SURVEY

In the event you have no objection to this project, please complete this form and return to me at FAX 772-288-3035

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I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: [Signature] Phone: _____

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: Martin County Utilities

By: Riley M. Beasley

Title: Environmental Engineer II

Company records indicate that a potential conflict (DOES) (DOES) (NOT) exist. The conflict consists of water main

PERMIT # _____

TAX FOLIO # 12 38 41 00 3 000

NOTICE OF COMMENCEMENT

STATE OF FL

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): 5 Pineapple Lane

GENERAL DESCRIPTION OF IMPROVEMENT: Install PVC fence & gates

OWNER: DAN ALPIN

ADDRESS: 5 Pineapple Ln., Sewalls Point

PHONE #: 288-3322 FAX #: _____

CONTRACTOR: Stuart Fence

ADDRESS: 2832 SE IRIS ST., STUART FL 34997

PHONE #: 288-1151 FAX #: _____

SURETY COMPANY (IF ANY) _____

ADDRESS: _____

PHONE # _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 719.13(1)(A)7., FLORIDA STATUTES:

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

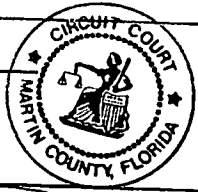
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

SIGNATURE OF OWNER: [Signature] M241-160-61-107-0

SWORN TO AND SUBSCRIBED BEFORE ME THIS 26 DAY OF JAN 2005 BY DAN McALPIN

NOTARY SIGNATURE: [Signature] OR PERSONALLY KNOWN PRODUCED ID TYPE OF ID DL

Janis L. Loudin
Commission # DD119654
Expires May 21, 2006
Bonded Thru
Atlantic Bonding Co., Inc.



STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK
FAX BY: [Signature]
DATE: 2/11/05 D.C.

INSTR # 1814250 OR BK 01981 PG 2963 RECD 02/11/2005 02:46:34 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK M Ferschke



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 5 PINE APPLE

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.


FENCE

PERMIT MUST BE POSTED
FOR FINAL INSPECTION

\$40 FEE

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: 5/13








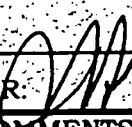
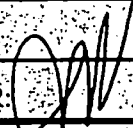
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/13, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7126	Hemmers	FINAL ROOF REPAIR	PASS	CLOSE
11	4 PALMETTO DRIVE O/B			INSPECTOR: 
7313	McALPIN	FENCE FINAL	FAIL	
4	5 PINEAPPLE LA STUART FENCE			\$140 INSPECTOR: 
7512	LENIHAN	FINAL ROOF	PASS	CLOSE
9	25 LANTANA LA COLLINS ROOFING			INSPECTOR: 
7528	SWEET	DECK-IN	PASS	
10	19 S. RIDGEVIEW RD CARDINAL ROOFING			INSPECTOR: 
6753	RADER	ELEC	PASS	
1A	5 HERITAGEWAY A&P CONSTR.	ALC PLUMBING	FAIL PASS	INSPECTOR: 
11	11	FRAMING	FAIL	
				INSPECTOR: 
TREE	SEAMAN	TREE	PASS	
7	104 S. RIVER RD			INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/17/05 2002 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
(none)		Illegal Pilings	—	(Gene wants to accompany you)
18	22 Palm Road			INSPECTOR:
7313	McAlpin	final fence	PASS	Reinspection Fee paid.
4	5 Pineapple Lane	Steel Fence		INSPECTOR:
6396	MURSON	METER RELEASE	PASS	
11	17 S. RIVER RD	Buford		INSPECTOR:
7414	WHITING	ROOF FINAL	PASS	CLOSE
7A	7 S. RIDGEVIEW	TUTTLE ROOFING		INSPECTOR:
7510	DONOHUE	POOL STEEL	PASS	
3	163 S. Sewalls	FLORIDA WEST POOLS		INSPECTOR:
6772	ELDER	STAIRING	FAIL	
5A	4 MARGUERITA	O/B		INSPECTOR:
7310	VALLI	SIDING & CHIMNEY SHEATHING	PASS	CLOSE
5	10 S. Sewalls Pt	O/B	FINAL	INSPECTOR:

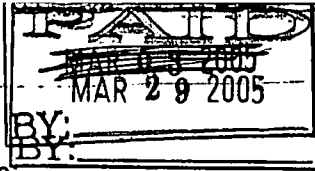
OTHER:

11 N. VIA LUCINDA ROOF FINAL - ROOF MEETS CONE REQUIREMENTS.

STOP WORK ORDER 7 MANUAL HY - NO PERMIT

7482

WALKWAY



Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: McAlpin, Daniel Phone (Day) 772-288-3332 (Fax) _____

Job Site Address: 5 Pineapple Lane City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Pineapple Lane, Lot 8 Parcel Number: 12-38-41-003-000-00080-9

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

Description of Work To Be Done: Clay brick paver walkway

WILL OWNER BE THE CONTRACTOR?:

YES (NO)

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2,200
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

(If no, fill out the Contractor & Subcontractor sections below)

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: US Brick and Block Systems, Inc Phone: 561-354-0100 Fax: 561-354-0098

Street: 1516 Cypress Drive City: Jupiter State: FL Zip: 33469

State Registration Number: _____ State Certification Number: 050885 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

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

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

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

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

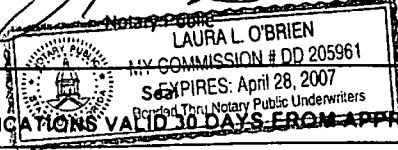
This the 24th day of JANUARY, 2005

by DANIEL McALPIN who is personally

known to me or produced _____

as identification. _____ x3/27/07

My Commission Expires: _____



CONTRACTOR SIGNATURE (required)

On State of Florida, County of: BROWARD

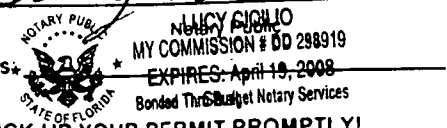
This the 13 day of MARCH, 2005

by JAMES BOND who is personally

known to me or produced _____

As identification. _____

My Commission Expires: _____



MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/13/05

BUILDING PERMIT NO. 7482

Building to be erected for McALPIN

Type of Permit PAVER WALK

Applied for by US BRICK + BLOCK (Contractor)

Building Fee 35.00

Subdivision PINEAPPLE LA Lot 8 Block _____

Radon Fee _____

Address 5 PINEAPPLE LANE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

123841003 000 000 00 90000

Plumbing Fee _____

Amount Paid 35.00 Check # 3789 Cash _____

Roofing Fee _____

Other Fees (_____)

Total Construction Cost \$ 2200.00

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- | | | |
|---|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT 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 checked="" type="checkbox"/> ADDITION
<u>PAVER WALK</u> |

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	_____



GENE SIMMONS, CBO
 Director of Public Works
 Building Official

Laura O'Brien

TOWN OF SEWALL'S POINT

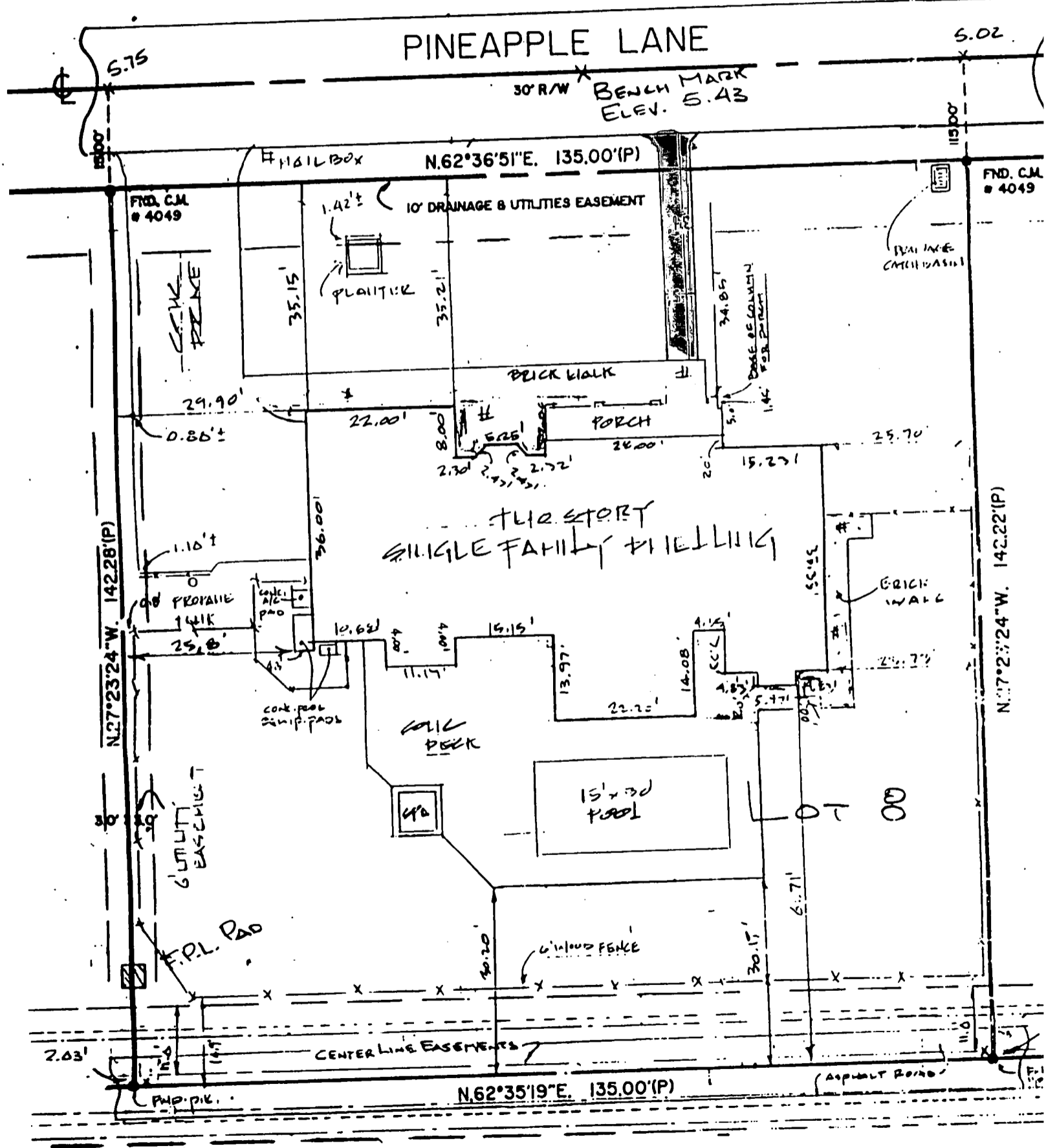
Town Hall
 One South Sewall's Point Road
 Sewall's Point, FL 34996

Phone (772) 287-2455
 Fax (772) 220-4765
 buildoff@sewallspoint.martin.fl.us

TOWN OF OLD CHICAGO PAVERS

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 3/30/05
 BUILDING OFFICIAL
 Gene Simmons

ITEM	SF	PERCENTAGE
TOTAL PROPERTY	19,170	
CURRENT IMPERVIOUS SF	8,608	34.47%
PROPOSED IMPERVIOUS SF	170	2.97%
TOTAL NEW IMPERVIOUS SF	8,778	35.36%



NOT PLATTED

CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
W. F. Roemer Insurance Agency
 P.O. Box 190669
 Ft. Lauderdale FL 33319-0669
 Phone: 954-731-5566 Fax: 954-731-8438

INSURED
U.S. Brick & Block Systems, Inc
 2701 Reese Road
 Davie FL 33314

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: AmComp Preferred 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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR 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 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 \$ \$ \$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WCV7044335 00 01	04/16/04	04/16/05	<table border="1"> <thead> <tr> <th>WC STATUTORY LIMITS</th> <th>OTH-ER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1000000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1000000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1000000</td> </tr> </tbody> </table>	WC STATUTORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 1000000	E.L. DISEASE - EA EMPLOYEE	\$ 1000000	E.L. DISEASE - POLICY LIMIT	\$ 1000000
WC STATUTORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$ 1000000												
E.L. DISEASE - EA EMPLOYEE	\$ 1000000												
E.L. DISEASE - POLICY LIMIT	\$ 1000000												
	OTHER												

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

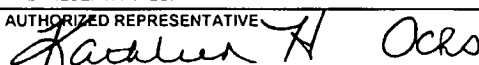
CERTIFICATE HOLDER

SEWAL - 1

Town of Sewall's Point
 1 S. Sewall's Point Road
 Sewall's Point FL 34996

CANCELLATION

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


BROWARD COUNTY
 ENG 3B MINOR ROADS
 90-1220 04-07553
 BOND, JAMES S - QUALIFYING
 U.S. BRICK & BLOCK SYSTEMS, INC
 941 N ST RD 7
 PLANTATION FL 33317
 EXPIRES 8/31/04 CTL# 6918



CERTIFICATE OF COMPETENCY

Detach and SIGN the reverse side of this card IMMEDIATELY upon receipt! You should carry this card with you at all times.

BOND, JAMES S
 10431 N LAKE VISTA CIR
 DAVIE FL 33328

BROWARD COUNTY, FLORIDA
CERTIFICATE OF COMPETENCY
 ENG 3B MINOR ROADS
 CC# 90-1220 PS# 04-07553
 BOND, JAMES S - QUALIFYING
 U.S. BRICK & BLOCK SYSTEMS, INC
 941 N ST RD 7
 PLANTATION FL 33317
 EXPIRES 8/31/04 CTL# 6918

4937



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

BOND, JAMES SCOTT
U S BRICK & BLOCK SYSTEMS INC
2701 REESE RD
DAVIE FL 33314

STATE OF FLORIDA AC# 1015740
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CGC050885 08/19/03 030104458
CERTIFIED GENERAL CONTRACTOR
BOND, JAMES SCOTT
U S BRICK & BLOCK SYSTEMS INC

IS CERTIFIED under the provisions of Ch. 489 fs.
Expiration date: AUG 31, 2004 L03081900353

DETACH HERE

AC# 1015740

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L03081900353

DATE	BATCH NUMBER	LICENSE NBR
08/19/2003	030104458	CGC050885

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

BOND, JAMES SCOTT
U S BRICK & BLOCK SYSTEMS INC
2701 REESE RD
DAVIE FL 33314

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
1/03/05

PRODUCER
Acordia
Miami Division
3225 Aviation Ave, Suite 400
Coconut Grove, FL 33133
305-443-4886

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
U.S. Brick & Block Systems, Inc.
U.S. Transport, Inc.
2701 Reese Road
Davie, FL 33314

INSURER A: HARTFORD FIRE INS CO
INSURER B: OHIO CASUALTY 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	21UUNUT9228	12/31/04	12/31/05	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY	21UUNUT9228	12/31/04	12/31/05	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
B	EXCESS LIABILITY	52771875 UMBRELLA	12/31/04	12/31/05	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER	21UUNUT9228	12/31/04	12/31/05	TIV CONTENTS \$305,000. ** BUS. INC. \$300,100.

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

**DED \$1000 AOP EXCEPT WIND/HAIL DED 3% APPLIES TO LOC. 1, 5% APPLIES TO LOC. 2, 3, 5, 8.(INLAND MARINE CONTR. EQU. \$523,020.)

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
SEWALL'S POINT 1 SOUTH SEAWALLS POINT ROAD SEWALL POINT, 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 <i>Michael D. Pote</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/18, 20015 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7328	SCHMADER	PREPOUR SLAB	FAIL	
2	102 HENRY SEWALL		PASS	\$40 FEE
	CONWAY		FEE PAID	INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7482	M CALPIN	PAVER WALKWAY	PASS	CLOSE
3	5 PINEAPPLE LA			
	US BRICK & BLOCK			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7335	 VANT BOSCH	MECH	PASS	
4	36 S. RIVER RD	PLUMBING	PASS	
	FIRST FLORIDA	PLUMBING (EARLY PLEASE)	FAIL	INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7084	MAUD	DOCK REPAIR FIRM		CANCEL
	21 N. RIVER RD			
	O/B			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
11	HONETAN	TREE	PASS	
	7 COPAIRE			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	M CALPIN	TREE	PASS	
	5 PINEAPPLE			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				TALKED w/ OWNER
	24 SIMARA			ABOUT FENCE
				INSPECTOR: <i>OM</i>
OTHER:	MOSCATELLO	DRY-IN	PASS	
7209	6 PINEAPPLE			
	EVERLY			

9729

**CEILING
REPLACEMENT**

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: _____ Permit Number: _____

OWNER/TITLEHOLDER NAME: Daniel McAlpin Phone (Day) (813)-494-1372 (Fax) _____

Job Site Address: 5 Pineapple Ln. City: Sewalls Pt State: FL Zip: 34996

Legal Description Pineapple Lane Lot 8 Parcel Control Number: 1238410030000008090000

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

Scope of work (please be specific): replace ceiling (only) drywall + insulation due to water damage

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2,200
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: CDR Builders Corp Phone: 781-2505 Fax: 781-2506

Street: 6739 SE Raintree Ave City: Stuart State: FL Zip: 34997

State License Number: CGC1509749 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Curtis Tucher Phone Number: 781-2505

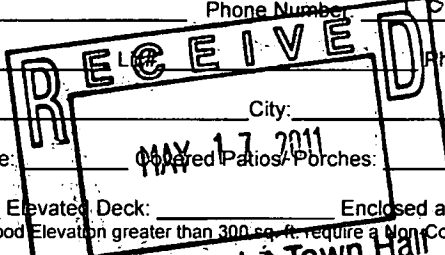
DESIGN PROFESSIONAL: N/A Phone Number: _____

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

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

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

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



NOTICES TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS 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, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

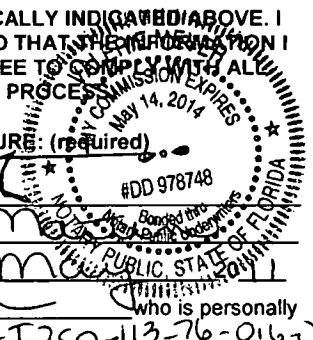
APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
[Signature]
State of Florida, County of: Martin
This the 16 day of May, 2011
by Daniel McAlpin who is personally
known to me or produced FL DL
as identification. [Signature]

CONTRACTOR SIGNATURE: (required)
[Signature]
On State of Florida, County of: Martin
This the 17 day of May, 2011
by Curtis Tucher who is personally
known to me or produced FL DL # T250-113-76-016-2
as identification. [Signature]

My Commission Expires: 4/3
YVETTE ALBERT
Notary Public - State of Florida
My Comm. Expires Apr 3, 2015

Commission Expires: _____
Notary Public



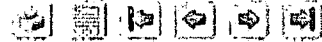
SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 90 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



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

Site Provided by...
 governmax.com 1,13

Summary



Address
 1 of 7

Tabs

- Summary**
- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- NEW: Navigator
- Parcel Map →
- Parcel Map (To be phased out 6/1/11) →
- Trim Notice →

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
12-38-41-003-000-00080-9	27627	5 PINEAPPLE LANE, SEWALL'S POINT	\$512,510	5/14/2011

Owner Information	
Owner(Current)	MCALPIN DANIEL & PAMELA
Owner/Mail Address	5 PINEAPPLE LN STUART FL 34996
Sale Date	5/7/2004
Document Book/Page	1895 1793
Document No.	1749147
Sale Price	935000

Searches

- Parcel ID
- Owner
- Address**
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- NEW: Navigator
- Maps →
- Maps (To be phased out 6/1/11) →

Location/Description			
Account #	27627	Map Page No.	SP-05
Tax District	2200	Legal Description	PINEAPPLE LANE, LOT 8
Parcel Address	5 PINEAPPLE LANE, SEWALL'S POINT		
Acres	.4410		

Parcel Type	
Use Code	0100 Single Family
Neighborhood	120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

Functions

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

Assessment Information	
Market Land Value	\$178,000
Market Improvement Value	\$334,510
Market Total Value	\$512,510

Print Back to List First Previous Next Last

Legal Disclaimer / Privacy Statement





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:	9792	DATE ISSUED:	MAY 17, 2011
SCOPE OF WORK:	REPLACE CEILING DRYWALL IN MASTER BEDROOM & CLOSET		
CONDITIONS :			
CONTRACTOR:	CDR BUILDERS		
PARCEL CONTROL NUMBER:	123841003-000-000809	SUBDIVISION	PINEAPPLE LN-LOT 8
CONSTRUCTION ADDRESS:	5 PINEAPPLE LANE		
OWNER NAME:	MC ALPIN		
QUALIFIER:	CURTIS TUCHON	CONTACT PHONE NUMBER:	781-2505

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**

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.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 5-31-11 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9992	McOpen 5 Riverpointe Dr	Final		
	COR			INSPECTOR <i>MS</i>
9683	Sharfi 73 NSPR Masley	driveway FINAL	PASS	CLOSE INSPECTOR <i>AK</i>
9725	Alteklaben 7 N. River OB	FINAL DWY	Pass	CLOSE INSPECTOR <i>AK</i>
9791	Rose 4 Indialucia Open Paver	Final Paver driveway Pool deck	PASS	CLOSE INSPECTOR <i>AK</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR

10939

AC

CHANGEOUT

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 7/14/14

OWNER/LESSEE NAME: Ryan Jenny Askeland Phone (Day) 319-4886 (Fax) _____
 Job Site Address: 5 Pineapple Ln City: STUART State: FL Zip: 34996
 Legal Description Pineapple Lane Lot 8 Parcel Control Number: 18-38-41-003-000-0000-9
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

*SCOPE OF WORK (PLEASE BE SPECIFIC): replace a/c equipment like for like change

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 8009.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 ___ AE9 ___ AE8 ___ X ___
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to Improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: KRAUSS & CRANE Phone: 8871007 Fax: 8834085
 Qualifiers name: JOHN H. CRANE Street: 904 SE DIXIE HWY City: STUART State: FL Zip: 34994
 State License Number: CFC019806 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____
 DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof 4121 Elevated Deck: _____ Enclosed area below BFE*: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-93.
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER/AGENT/LESSEE - NOTARIZED SIGNATURE: _____
 State of Florida, County of: Martin
 On This the 14 day of July, 2014
 by Jenny Askeland who is personally known to me or produced _____
 As identification: MICHELLE THOMAS
 MY COMMISSION #FF100795
 EXPIRES March 23, 2018

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: _____
 State of Florida, County of: Martin
 On This the 14 day of July, 2014
 by John Crane who is personally known to me or produced _____
 As identification: Michelle Thomas
 MY COMMISSION #FF100795
 EXPIRES March 23, 2018

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

5225997

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12072500

DATE	BATCH NUMBER	LICENSE NBR
07/25/2012	128017754	CAC049286

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489, 49
Expiration date: AUG 31, 2014



CRANE, JOHN HENRY III
KRAUSS AND CRANE INC
904 S DIXIE HWY
PO BOX 1259
STUART

FL 34995-1259

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

2013-2014 MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT
HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-5604

ACCOUNT 1973-518-0285 CEN CAC049286

PHONE (772) 287-1227 SIC NO 023511

LOCATION:

904 S DIXIE HWY MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR.	\$.00	LIC. FEE	\$ 26.25
	\$.00	PENALTY	\$.00
	\$.00	COL. FEE	\$.00
	\$.00	TRANSFER	\$.00
TOTAL		26.25	

CRANE, JOHN HENRY III (QUALIFIER)
KRAUSS & CRANE, INC.
P O BOX 1259
STUART, FL 34995-1259

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF A/C CONTRACTOR
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

13 DAY OF SEPTEMBER 20 13
AND ENDING SEPTEMBER 30, 2014

11 2012 33682.0001

26.25 PAID





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/21/14

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

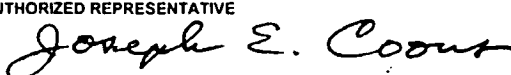
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in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

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City, FL 34990 Joseph E. Coons, CPCU. CIC.	Phone: 772-286-4334 Fax: 772-286-9389	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Krauss & Crane, Inc. John Crane P.O. Box 1259 Stuart, FL 34995	INSURER A: Southern Owners		10190
	INSURER B: Auto Owners Insurance Co		18988
	INSURER C: Zenith Insurance Company		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			72057542	06/01/14	06/01/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			9543505401	06/01/14	06/01/15	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 500,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Z068006409	01/01/14	01/01/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Heating & A/C Systems						

CERTIFICATE HOLDER TOWSP-1 Town of Sewalls Point 1 South Sewalls Point Road Sewalls Point, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10939		
ADDRESS:	5 PINEAPPLE LANE		
DATE ISSUED:	7/18/2014	SCOPE OF WORK:	A/C CHANGEOUT

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

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

ACCESSORY PERMIT	Declared Value:	\$	\$ 3,009.00
Total number of inspections: @ \$ 100.00 per insp. # insp.		\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)			
		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)			
		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)			
		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	109.00

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

generated on 7/17/2014 2:28:47 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-003-000-00080-9	27627	5 PINEAPPLE LANE, SEWALL'S POINT	\$553,250	7/13/2014

Owner Information

Owner(Current)	ASKELAND RYAN E & JENNY L
Owner/Mail Address	5 PINEAPPLE LN STUART FL 34996
Sale Date	7/12/2011
Document Book/Page	2527 0213
Document No.	2283691
Sale Price	679000

Location/Description

Account #	27627	Map Page No.	SP-05
Tax District	2200	Legal Description	PINEAPPLE LANE, LOT 8
Parcel Address	5 PINEAPPLE LANE, SEWALL'S POINT		
Acres	.4410		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

Assessment Information

Market Land Value	\$165,000
Market Improvement Value	\$388,250
Market Total Value	\$553,250

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

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: TRANE Model# TAMBCC48
Volts ²⁰⁰/240 CFM's 1480 Heat Strip 10 Kw
Min. Circuit Amps 54 Wire gauge #6
Max. Breaker size 60 Min. Breaker size 54
Ref. line size: Liquid 3/8 Suction 1/2
Refrigerant type R410A
Location: Existing New _____
Attic/Garage/Closet (specify) Garage
Access: garage
(Contractor must provide ladder if required)

Condenser: Mfg TRANE Model# 4TTV0048
Volts ²⁰⁰/240 SEER/EER 20 BTU's 45500
Min. Circuit Amps 83 Wire gauge #8
Max. Breaker size 35 Min. Breaker size 83
Ref. line size: Liquid 3/8 Suction 1/2
Refrigerant type R410A
Location: Existing New _____
Left/Right/Rear/Front/Roof R. side of house
Condensate Location @ cond

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: LENNOX Model# N/A
Volts ²⁰⁰/240 CFM's 1480 Heat Strip 10 Kw
Min. Circuit Amps 54 Wire gauge #6
Max. Breaker size 60 Min. Breaker size 54
Ref. line size: Liquid 3/8 Suction 1/2
Refrigerant type R22
Location: Ext. New _____
Attic/Garage/Closet (specify) Garage
Access: garage

Condenser: Mfg LENNOX Model# 13ACC048
Volts ²⁰⁰/240 SEER/EER N/A BTU's 48000
Min. Circuit Amps 83 Wire gauge #8
Max. Breaker size 35 Min. Breaker size 83
Ref. line size: Liquid 3/8 Suction 1/2
Refrigerant type R22
Location: Ext. New _____
Left/Right/Rear/Front/Roof R. side of house
Condensate Location @ cond

Certification:

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

John [Signature]
Signature

7/14/14
Date



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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: Ryan Jenny Askeland Contractor name: Krauss & Crane
Street address: 5 Pineapple Ln Jurisdiction: Sewalls Point
City: Stuart Permit No.: _____
Zip: 34996 Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: John H. Crane Date: 7/14/14

Printed Name: JOHN H. CRANE III

Contractor License #: CAC049860

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____

Printed Name: _____



Product Specifications

Air Conditioner Models

OUTDOOR UNIT ^(a) ^(b)	4TTV0024A1000A	4TTV0036A1000A	4TTV0048A1000A	4TTV0060A1000A
POWER CONNS. — V/PH/HZ ^(c)	208/230/1/60	208/230/1/60	208/230/1/60	208/230/1/60
MIN. BRCH. CIR. AMPACITY	17.0	18.0	23.0	27.0
BR. CIR. PROT. RTG. — MAX. (AMPS)	25	25	35	40
COMPRESSOR	SCROLL	SCROLL	SCROLL	SCROLL
NO. USED — NO. SPEEDS	1-VARIABLE	1-VARIABLE	1-VARIABLE	1-VARIABLE
R.L. AMPS ^(d) — L.R. AMPS	11.5 — 10.2	12.4 — 10.2	16.0 — 12.0	19.3 — 12.0
FACTORY INSTALLED				
START COMPONENTS ^(e)	NA	NA	NA	NA
INSULATION/SOUND BLANKET	YES	YES	YES	YES
COMPRESSOR HEAT	YES	YES	YES	YES
OUTDOOR FAN				
DIA. (IN.) — NO. USED	23 — 1	23 — 1	27.5 — 1	27.5 — 1
TYPE DRIVE — NO. SPEEDS	DIRECT — VARIABLE	DIRECT — VARIABLE	DIRECT — VARIABLE	DIRECT — VARIABLE
CFM @ 0.0 IN. W.G. ^(f)	2680	2850	4560	4787
NO. MOTORS — HP	1 — 1/3	1 — 1/3	1 — 1/3	1 — 1/3
MOTOR SPEED R.P.M.	200 — 1200	200 — 1200	200 — 1200	200 — 1200
VOLTS/PH/HZ	208/230/1/60	208/230/1/60	208/230/1/60	208/230/1/60
F.L. AMPS	2.8	2.8	2.8	2.8
OUTDOOR COIL — TYPE	SPINE FIN™	SPINE FIN™	SPINE FIN™	SPINE FIN™
ROWS — F.P.I.	1 — 24	1 — 24	1 — 24	1 — 24
FACE AREA (SQ. FT.)	19.77	23.75	27.87	30.80
TUBE SIZE (IN.)	3/8	3/8	3/8	3/8
REFRIGERANT	R410-A	R410-A	R410-A	R410-A
LBS. — R-410A (O.D. UNIT) ^(g)	7 lb — 6 oz	7 lb — 14 oz	11 lb — 1 oz	11 lb — 14 oz
FACTORY SUPPLIED	YES	YES	YES	YES
LINE SIZE — IN. O.D. GAS	5/8 ^(h)	3/4 ^(h)	7/8 ^(h)	1-1/8 ⁽ⁱ⁾
LINE SIZE — IN. O.D. LIQ. ^(h)	3/8	3/8	3/8	3/8
CHARGING SPECIFICATIONS				
SUBCOOLING	10°	10°	10°	10°
DIMENSIONS	H X W X D	H X W X D	H X W X D	H X W X D
CRATED (IN.)	51.6 X 30.1 X 33	51.6 X 30.1 X 33	53.4 X 35.1 X 38.7	57.4 X 35.1 X 38.7
WEIGHT				
SHIPPING (LBS.)	228	239	285	299
NET (LBS.)	207	218	259	273

(a) Certified in accordance with the Air-Source Unitary Air-conditioner Equipment certification program, which is based on AHRI standard 210/240.

(b) Rated in accordance with AHRI standard 270.

(c) Calculated in accordance with Natl. Elec. Codes. Use only HACR circuit breakers or fuses.

(d) This value shown for compressor RLA on the unit nameplate and on this specification sheet is used to compute minimum branch circuit ampacity and max. fuse size. The value shown is the branch circuit selection current.

(e) NA means no start components. Yes means quick start kit components. PTC means positive temperature coefficient starter.

(f) Standard Air — Dry Coil — Outdoor

(g) This value approximate. For more precise value see unit nameplate.

(h) Max. linear length 150 ft.; Max. lift — Suction 50 ft.; Max. lift — Liquid 50 ft.

(i) Max length of refrigerant lines from outdoor to indoor unit MUST NOT exceed 80 feet. The max vertical change MUST NOT exceed 25 feet. See footnote (h) if 7/8" suction line is used.



Electrical Data

TAM8 HEATER ATTRIBUTE DATA

Heater Attribute Data											
TAM8C0C36V31CB, TAM8C0C36V31EA											
Heater Model No.	No. of Circuits	240 Volt					208 Volt				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	0	-	-	3.0**	4	15	-	-	3.0**	4	15
BAYEVAC04++1	1	3.84	13100	16.0	24	25	2.88	9800	13.8	21	25
BAYEVAC05++1	1	4.80	16400	20.0	29	30	3.60	12300	17.3	25	25
BAYEVAC08++1	1	7.68	26200	32.0	44	45	5.76	19700	27.7	38	40
BAYEVAC10++1	1	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEVAC10LG3	1-3 PH	9.60	32800	23.1	32	35	7.20	24600	20.0	28	30
BAYEVBC15LG3	1-3 PH	14.40	42000	34.6	47	50	10.80	36900	30.0	41	45
BAYEVBC15BK1 - Circuit 1 ⊕ BAYEVBC15BK1 - Circuit 2	2	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
		4.80	16400	20.0	25	25	3.60	12300	17.3	22	25
BAYEVBC20BK1 - Circuit 1 ⊕ BAYEVBC20BK1 - Circuit 2	2	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
		9.60	32800	40.0	50	50	7.20	24600	34.6	43	45

Note: ** Motor Amps
⊕ MCA and MOP for circuit 1 contains the motor amps

Heater Attribute Data											
TAM8C0C42V31CB, TAM8C0C42V31EA											
Heater Model No.	No. of Circuits	240 Volt					208 Volt				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	0	-	-	3.0**	4	15	-	-	3.0**	4	15
BAYEVAC04++1	1	3.84	13100	16.0	24	25	2.88	9800	13.8	21	25
BAYEVAC05++1	1	4.80	16400	20.0	29	30	3.60	12300	17.3	25	25
BAYEVAC08++1	1	7.68	26200	32.0	44	45	5.76	19700	27.7	38	40
BAYEVAC10++1	1	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEVAC10LG3	1-3 PH	9.60	32800	23.1	32	35	7.20	24600	20.0	28	30
BAYEVBC15LG3	1-3 PH	14.40	42000	34.6	47	50	10.80	36900	30.0	41	45
BAYEVBC15BK1 - Circuit 1 ⊕ BAYEVBC15BK1 - Circuit 2	2	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
		4.80	16400	20.0	25	25	3.60	12300	17.3	22	25
BAYEVBC20BK1 - Circuit 1 ⊕ BAYEVBC20BK1 - Circuit 2	2	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
		9.60	32800	40.0	50	50	7.20	24600	34.6	43	45

Note: ** Motor Amps
⊕ MCA and MOP for circuit 1 contains the motor amps

Notes:

1. See Product Data or Air Handler nameplate for approved combinations of Air Handlers and Heaters
2. Heater model numbers may have additional suffix digits.

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TRANE®

General Data

PRODUCT SPECIFICATIONS			
MODEL	TAM8C0A24V21CB TAM8C0A24V21EA	TAM8C0B30V21CB TAM8C0B30V21EA	TAM8C0C36V31CB TAM8C0C36V31EA
RATED VOLTS/PH/HZ.	200-230/1/60	200-230/1/60	200-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — F.P.I.	3 - 14	3 - 14	3 - 14
Face Area (sq. ft.)	3.67	5.04	5.50
Tube Size (in.)	3/8	3/8	3/8
Refrigerant Control	EEV	EEV	EEV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 8	11 X 10	11 X 10
No. Used	1	1	1
Drive - No. Speeds	Direct - Variable	Direct - Variable	Direct - Variable
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/2	1 - 1/2	1 - 1/2
Motor Speed R.P.M.	Variable ECM	Variable ECM	Variable ECM
Volts/Ph/Hz	208-230/1/60	208-230/1/60	208-230/1/60
F.L. Amps	3.0	3.0	3.0
FILTER			
Filter Furnished?	No	No	No
Type Recommended	Throwaway	Throwaway	Throwaway
No.-Size-Thickness	1 - 16 X 20 - 1 in.	1 - 20 X 20 - 1 in.	1 - 22 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed	Brazed
Coupling or Conn. Size — in. Gas	3/4	3/4	7/8
Coupling or Conn. Size — in. Liq.	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	51 x 20 x 24.5	56.8 x 23.5 x 24.5	58 x 25.5 x 24.5
Uncrated	49.9 x 17.5 x 21.8	55.7 x 21.3 x 21.8	56.9 x 23.5 x 21.8
WEIGHT			
Shipping (Lbs.)/Net (Lbs.)	126/116	150/138	157/146

PRODUCT SPECIFICATIONS			
MODEL	TAM8C0C42V31CB TAM8C0C42V31EA	TAM8C0C48V41CB TAM8C0C48V41EA	TAM8C0C60V51CB TAM8C0C60V51EA
RATED VOLTS/PH/HZ.	200-230/1/60	200-230/1/60	200-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — F.P.I.	4 - 14	4 - 14	4 - 14
Face Area (sq. ft.)	5.04	5.96	5.96
Tube (in.)	3/8	3/8	3/8
Refrigerant Control	EEV	EEV	EEV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 10	11 X 10	11 X 10
No. Used	1	1	1
Drive - No. Speeds	Direct - Variable	Direct - Variable	Direct - Variable
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/2	1 - 3/4	1 - 1
Motor Speed R.P.M.	Variable ECM	Variable ECM	Variable ECM
Volts/Ph/Hz	208-230/1/60	208-230/1/60	208-230/1/60
F.L. Amps	3.0	4.2	5.5
FILTER			
Filter Furnished?	No	No	No
Type Recommended	Throwaway	Throwaway	Throwaway
No.-Size-Thickness	1 - 22 X 20 - 1 in.	1 - 22 X 20 - 1 in.	1 - 22 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed	Brazed
Coupling or Conn. Size — in. Gas	7/8	7/8	7/8
Coupling or Conn. Size — in. Liq.	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	58 x 25.5 x 24.5	62.8 x 25.5 x 24.5	62.8 x 25.5 x 24.5
Uncrated	56.9 x 23.5 x 21.8	61.7 x 23.5 x 21.8	61.7 x 23.5 x 21.8
WEIGHT			
Shipping (Lbs.)/Net (Lbs.)	162/150	174/162	175/163

① These Air Handlers are AHRI, certified with various Split System Air Conditioners and Heat Pumps (AHRI STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

② 3/4" Male Plastic Pipe (Ref.: ASTM 1785-76)

askeland



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

AHRI Certified Reference Number: 6751246 Date: 7/14/2014

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

Outdoor Unit Model Number: 4TTV0048A1

Indoor Unit Model Number: *AM8C0C42V31

Manufacturer: TRANE

Trade/Brand name: TRANE

Series name: XV20I

Manufacturer responsible for the rating of this system combination is TRANE

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

Cooling Capacity (Btuh):	45500
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	20.00
IEER Rating (Cooling):	

www.ahridirectory.org

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

DISCLAIMER

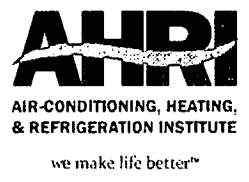
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CERTIFICATE VERIFICATION

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



Project Information

For: Ryan/Jenny Askeland
 5 Pineapple Lane, Stuart, FL 34996
 Phone: 772-349-4226

Notes:

Design Information

Weather: West Palm Beach Intl AP, FL, US

Winter Design Conditions

Outside db **47** °F
 Inside db 70 °F
 Design TD 23 °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 24080 Btuh
 Ducts 3826 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 27907 Btuh

Sensible Cooling Equipment Load Sizing

Structure 29813 Btuh
 Ducts 5210 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 33761 Btuh

Infiltration

Method	Simplified	
Construction quality	Average	
Fireplaces	0	
	Heating	Cooling
Area (ft ²)	2184	2184
Volume (ft ³)	21840	21840
Air changes/hour	0.32	0.16
Equiv. AVF (cfm)	116	58

Latent Cooling Equipment Load Sizing

Structure 7437 Btuh
 Ducts 1972 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 9409 Btuh
 Equipment total load 43170 Btuh
 Req. total capacity at 0.70 SHR 4.0 ton

Heating Equipment Summary

Make _____
 Trade _____
 Model _____
 AHRI ref no. n/a

Efficiency	100 EFF
Heating input	0 Btuh
Heating output	27907 Btuh
Temperature rise	17 °F
Actual air flow	1502 cfm
Air flow factor	0.054 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make _____
 Trade _____
 Cond _____
 Coil _____
 AHRI ref no. _____

Efficiency	0 SEER
Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	1502 cfm
Air flow factor	0.043 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.79

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 12/19/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11118	Hart	Final		
AM Requested	14 Rio Vista Dr	Mechanical	PASS	CLOSE
	Grossman A/c			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10939	Askeland	Final		
AM Requested	5 Pineapple Lane	Mechanical	PASS	CLOSE
	Krauss + Crane			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11123	Friburg	Final		
	9 Copaire Rd	Pool Enclosure	PASS	CLOSE
	Mark Jenkins, Inc			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11109	Beecher	Final		
	12 Ridgeland Drive	Electric	PASS	CLOSE
	Arlington Electric			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
10879	Chapman	Final		
	11 Palm Road	Shutters	PASS	CLOSE
	Expert Shutters			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

100-567

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 R. Wegman Address 8 Oak Hill Way Phone 2839512

Contractor Gelsman Address Colson Phone 2832800

Number of trees to be removed (list kinds of trees) 32

PAUM - OAK - Ficus - Asp Pine - Hickory
Number of trees to be relocated within 30 days (no fee) (list kinds of trees):

- 0 -
Number of trees to be replaced (list kinds of trees):

5 PALM -

Permit Fee \$ 100 (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.)

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant [Signature] Date submitted 12/14/93

Approved by Building Inspector Dale Brown Date 12/14/93

Approved by Building Commissioner [Signature] Date 12/15/93

Completed _____ Date _____ Checked by _____

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

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

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION

OWNER NAME: R Weyman

ADDRESS: 8 Oak Hill

CONTRACTOR: C. S. S. Inc.

ADDRESS: STUART FLA

LICENSE NUMBER: ON FILE

PHONE: R. Cassin R. Weyman
Owner Contractor Contractor Owner

CONTRACT PRICE: \$ _____

PERMIT FEE: \$ _____ PAID: _____ Date

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:

HOME CONSTRUCTION
IN WAY OF HOME FOOTPRINT & POOL

APPLICATION MATERIAL CHECK LIST:

- Plan showing shape and dimension of lot or parcel, together with existing and proposed location of structure and improvements.
- Plan showing all proposed re-plants of trees or other vegetation, by species and size, along with the type of ground cover to be installed, including the proposed new location for the trees.
- Statement regarding how trees are to be protected during land clearing and construction.
- Statement and drawing showing how vegetation not proposed for removal or relocation will be protected during land clearing and construction (a diagram and notation of a protective barrier).
- Plan showing location and dimensions of all setbacks and easements.
- Topographical survey sealed by an appropriate professional registered in the state of Florida indicating grade changes proposed for the site (not necessary when the grade changes are limited to beneath the floor area of the dwelling unit).
- Plan showing location of all trees, specimen trees, specimen tree stands, wet lands, native vegetative communities or buffers, which are on or within ten feet of the site being developed. Vegetation proposed to remain, to be transplanted or to be removed, shall be identified.

APPLICABLE PERMIT CONDITIONS

Required

owner will Replace 5 Handwood Trees 1"Per 1"

1. Applicant must relocate trees being removed or replace the trees inch for inch.
2. Applicant shall provide special construction techniques and designs to increase oxygen exchange and water and nutrient availability to trees (tree wells, turf or paving block, aeration systems, or stem walls).

N/A

3. Applicant shall install silt barriers, hay bales, or similar erosion control barriers in any area where erosion or siltation may cause protective vegetation to be damaged.

4. Other: _____

APPROVED: Dale Brown
Building Inspector

Date: 12/14/93

DENIED: _____
Building Inspector

Date: _____

Building Commissioner

Date: _____

REASON FOR DENIAL, IF APPLICABLE:

Will PROTECT TREES NOT BEING REMOVED BY
USING FLAGS + STAKES SURROUNDING TREES

TOWN OF SEWALL'S POINT, FLORIDA

Date April 18 2005 TREE REMOVAL PERMIT N^o 2462

APPLIED FOR BY McALPIN (Contractor or Owner)

Owner 5 PINEAPPLE LANE

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 FLORIDA PINE

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed Gene Simmons (Att)
Town Clerk
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspect
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 _____

Horizontal lines for project description details.

REMARKS _____

Horizontal lines for 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, Marberry, 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 DAH McALPIN Address 5 PINEAPPLE LANE Phone (772) 288-3322

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: FLORIDA PINE

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

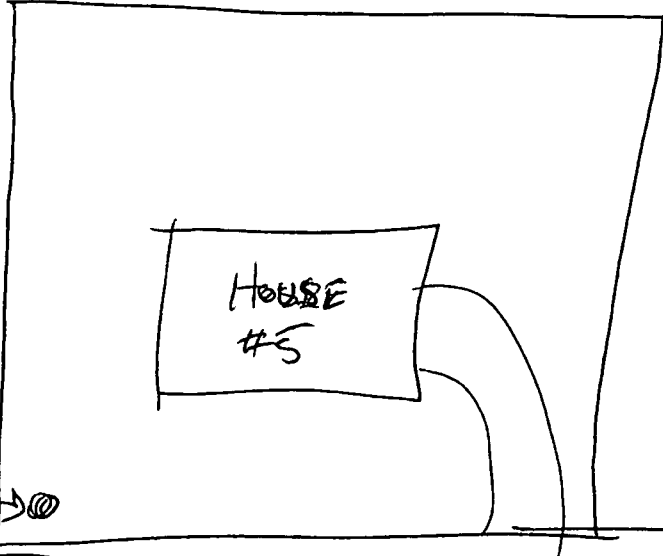
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: TREE DIED FROM HURRICANE

Signature of Property Owner [Signature] Date 4/18/05

Approved by Building Inspector: [Signature] Date 4/18 Fee: 0

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



DEND
PINE
TREE

PINEAPPLE CANE

TOWN OF SEWALL'S POINT, FLORIDA

Date 5-16-07 ~~xx~~ TREE REMOVAL PERMIT No 0608

APPLIED FOR BY McAlpin (Contractor or Owner)

~~Owner~~ McTrees

Sub-division 5 Pineapple Ln, Block _____

Kind of Trees Hickory

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed, Phil Wentworth
Blog Inspector
~~Tree Clerk~~

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M. - 12:00 Noon for Inspect
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

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

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

Application procedures:

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

Owner Dan McALPIN Address 5 PINEAPPLE LANE Phone (772) 288-3322 HOME
(305) 494-1392 MOBILE
 Contractor M.C. TREES Address _____ Phone (772) 201-8787

No. of Trees: REMOVE 1 Type: HICKORY
 No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____
 No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: DEAD

Signature of Property Owner [Signature] Date 5/15/07

Approved by Building Inspector: [Signature] Date 5/16 Fee: 0

Plans approved as submitted [checkmark] Plans approved as revised/marked: _____

