

6 Pineapple Lane

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

DO NOT REMOVE UNTIL JOB IS COMPLETED

OWNER Mrs & Mrs Harold Staley
 CONTRACTOR Sea Coast Const C.O.
 LOT 3 BLOCK _____ SUB pineapple
 NO. 6 pineapple lane

NO. 2704 DATE ISSUED 2/5/90

Call 287-2455 From 8:00 A.M. - 12:00 Noon and
 1:00 P.M. - 4:00 P.M. For Inspections of Items 1 thru 13.

TOWN OF SEWALL'S POINT BUILDING PERMIT

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
1. LOT STAKES/SET BACKS		
2. TERMITE PROTECTION		
3. FOOTING - SLAB	DB	
4. ROUGH PLUMBING	OK 2/6/90 DB	
5. ROUGH ELECTRIC	OK 3/28/90 DB	
6. LINTEL	OK 2/16/90 DB	
7. ROOF	OK 3/26/90 DB	
8. FRAMING	OK 3/28/90 DB	
9. INSULATION	OK 3/28/90 DB	
10. A/C DUCTS	OK 3/26/90 DB	
11. FINAL ELECTRIC		
12. FINAL PLUMBING		
13. FINAL CONSTRUCTION		

Dennis F. Substantiating Co., Inc.
 Permit Specialist - Lawn Strengthening - Termites Control
 P.O. Box 1908 Stuart, Florida 34995
 Phone 888-7401 407-7111

- REQUESTS FOR INSPECTIONS REQUIRE AT LEAST 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 MUST BE ON JOB SITE BEFORE INITIAL INSPECTION.
- WORKING HOURS ARE FROM 8:00 TO 5:00 P.M. SATURDAY.

TO CONSTRUCT New ho
 REMARKS:

**MARTIN COUNTY
 PUBLIC HEALTH UNIT**

Your septic system was inspected on 2/28/90
 HD 2-28-90

Approved and Cover

Cover but hold for:

Final Grade (see permit for specifications)

Well Permit

Other:

Do not cover, disapproved for the following reasons:

Well and well reinspection fee _____

Other:

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

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

PERMIT NUMBER

DATE OF APPLICATION 1-10-90

To obtain a permit the following are required:

1. Florida certification of builder and sub-contractors.
2. Certification of insurance from contractor or owner/builder re: liability and workers' compensation.
3. **2704** Sets of building plans which must include: a) 1/4" scale building drawings, b) plot plan, c) foundation plan, d) floor plans, e) wall and roof cross-sections, f) plumbing, electrical and air conditioning layouts, g) at least two elevations showing the height of building from finished floor. Plans must be sealed by a Florida registered architect or engineer.
4. Recorded warranty deed to the property.
5. Septic tank permit and one set of plans with Martin County Health Department seal.
6. Energy code calculations.
7. Tree removal permit (for trees other than nuisance trees)
8. Certification of elevation from licensed surveyor and determination of flood zone.
9. Amount of fill anticipated - rough sketch showing location of fill
10. Manufacturer's schedule of windows.

Owner MR. & MRS. J. HAROLD STANLEY, JR. Current Address 2003 N.E. 24TH ST.
Telephone 334-6367 JENSEN BCH, FLA.

General Contractor SEACOAST CONSTR. INC Address 2895 E. OCEAN BLVD.
Telephone 407-283-6642

Where Licensed STATE OF FLA. License Number C6C-018346
 Plumbing Contractor ATLANTIC PLUMBING License Number _____
 Electrical Contractor RIVERSIDE ELEC. License Number _____
 Roofing Contractor PARACRE ROOFING License Number _____
 A/C Contractor PERSONAURED SERVICE License Number _____

Describe the building or alterations SINGLE FAMILY RESIDENCE
Name the street on which the building, its front building line and its front yard will face SOUTH

Subdivision PINEAPPLE LAKE Lot 3 Block ---

Building area (inside walls) 2319 Garage, porch, carport area 1118

Contract price (excluding carpet, land, appliances, landscaping) \$ 140,300.00

Cost of permit \$ --- Plans approved as submitted _____ as marked _____

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

1. Building area inside walls must be a minimum of 1,500 square feet.
2. Building permit fees are \$5. per \$1,000. of the cost of the building, plus \$50. each for plumbing, electric, a.c. and roof. For example a \$100,000. building x \$5. = \$500. plus \$200. (a.c., pl., el., roof) = \$700. cost of permit + \$365. impact fee = \$1,065. total. Also there is a charge of 1 cent per square foot for radon gas trust fund.
3. If no contract is submitted as proof as cost, the permit will be based on \$60. per square foot (inside walls) and \$25. per square foot (other areas). Owner-builder cost is 25% higher than the regular fee.
4. The Town has adopted the South Florida Building Code.
5. Building permits are issued for one year's duration.
6. Construction must be started within 180 days or permit will be subject to revocation and forfeiture of fee.
7. ALL changes in plans must be approved by the Building Department.
8. Work hours are 8:AM to 5:PM Monday through Friday. NO SUNDAY WORK
9. Portable toilets must be on all construction sites.

10. Inspections are made Monday through Friday, 8:AM to Noon, 1:PM to 4:PM. 24 hour notice is required prior to all inspections.

11. String lines along property lines to facilitate set back inspections.

12. Before a certificate of occupancy is issued, the following are required:

- a. An owner's affidavit of building cost (form available) any discrepancy between the original fee and final fee (based on affidavit) will be adjusted.
- b. Approval of septic tank installation by Martin Co. Health Dept.
- c. Rough grading and clean up of grounds.
- d. Affidavit from licensed surveyor showing slab elevation (if in "A" zone).

13. THIS SUMMARY IS NOT A SUBSTITUTE FOR TOWN ORDINANCES. APPROVAL OF THE BUILDING PLANS IN NO WAY RELIEVES THE OWNER OR CONTRACTOR FROM COMPLIANCE WITH TOWN ORDINANCES.

14. In addition to the requirements of this permit there may be additional restrictions applicable to this property that may be found in the public records of this county.

Contractor's Signature [Signature] Owner's Signature [Signature]
 Approval by Building Inspector [Signature] Date 2/5/90
 Approval by Building Commissioner _____ Date _____
 Certificate of Occupancy issued _____ Date _____

TOWN OF SEWALL'S POINT, FLORIDA
CERTIFICATE OF APPROVAL FOR OCCUPANCY

RECORD OF INSPECTIONS

Date 5/28/90

This is to request a Certificate of Approval for Occupancy to be issued to Mr + Mrs Stanley for a structure built under Permit # 2704
(Owner of Property)

Subdivision Pine apple Lot 3 Street Address 6 Pineapple lane
when completed in conformance with the approved plans.

J. U. [Signature]
Signed (Owner)

- 1. Lot Stakes/Set Backs _____
- 2. Termite Protection 2/6/90
- 3. Footing - Slab 2/7/90
- 4. Rough Plumbing 2/6/90
- 5. Rough Electric 3/26/90
- 6. Lintel 2/14/90
- 7. Roof 3/26/90
- 8. Framing 3/26/90
- 9. Insulation 3/28/90
- 10. A/C Ducts 3/26/90
- 11. Final Electric 5/28/90
- 12. Final Plumbing 5/28/90
- 13. Final Construction 5/28/90

Final Inspection for Issuance of Certificate of Occupancy.

Approved by Building Inspector Dale Brown 5/28/90
date

Approved by Building Commissioner [Signature] _____
date

Utilities notified F.P.L. 5/28/90 date

5-28-90

Distribution:
original - owner
copies - Town Building Inspector, Deputy Clerk

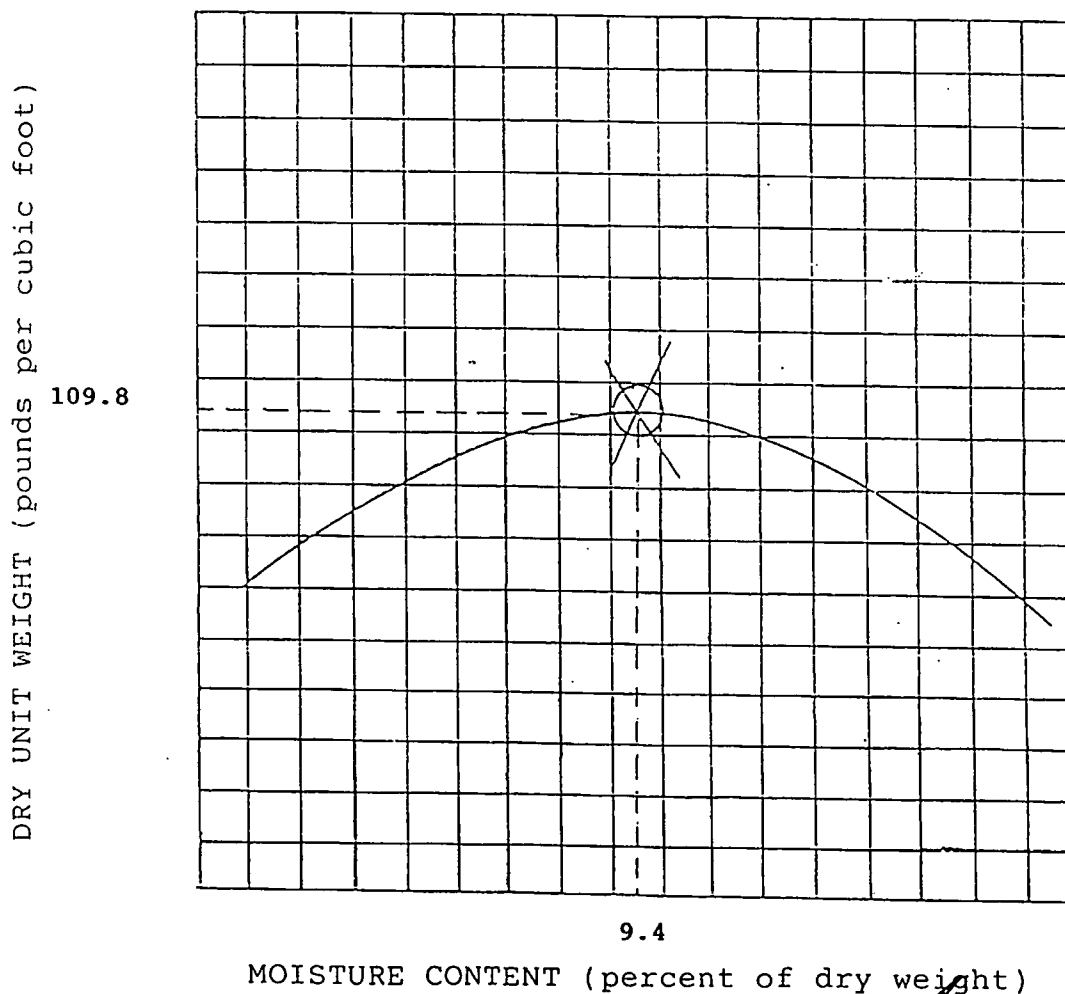


HENRIKSEN ENGINEERING, INC.
 Consultants in Geotechnical Engineering,
 Materials Testing and Construction Inspection Services

2660 S.E. Fairmont Street, Stuart, Florida 34997
 P.O. Box 1710, Stuart, Florida 34995

(407) 286-6124
 (407) 286-6047

PROJECT Lot #3 Pineapple Lane JOB/CLIENT NO 300-1752
 LOCATION Sewalls Point DATE 2/6/90
 CLIENT Seacoast Construction REPORT NO. -1-
 TYPE OF SOIL brown medium sand with marl TYPE OF PROCTOR T-180
 MAXIMUM DENSITY OF MATERIAL 109.8 (p.c.f.) OPTIMUM MOISTURE 9.4



Approved by Carl H.D. Henriksen
 Carl H.D. Henriksen, P.E.



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 Consultants in Geotechnical Engineering,
 Materials Testing and Construction Inspection Services

2660 S.E. Fairmont Street,
 P.O. Box 1710, Stuart, Florida 34995

(407) 286-6124
 (407) 286-6047


SOILS INSPECTION

PROJECT Lot #3 Pineapple Lane PROJECT NO. 300-1752
 LOCATION Sewalls Point REPORT NO. -2-
 CLIENT Seacoast Construction DATE 2/6/90
 TYPE OF FILL brown medium sand with marl
 METHOD OF COMPACTION n/a TYPE OF PROCTOR T-180
 MAXIMUM DENSITY OF MATERIAL 109.8 DENSITY REQUIRED 95%

LOCATIONS AND RESULTS OF TESTS

<u>TEST NUMBER</u>	<u>TEST LOCATION</u>	<u>DEPTH BELOW FINISHED GRADE</u>	<u>PERCENT MOISTURE</u>	<u>PERCENT COMPACTION</u>
1	Southwest corner of pad	0-1'	6.0	98.4
2	Southeast corner of pad	0-1'	6.3	96.8
3	Northeast corner of pad	0-1'	5.5	97.9
4	Northwest corner of pad	0-1'	6.6	97.5
5	Center of pad	0-1'	5.9	96.9
6	Center of pad	1-2'	6.4	98.0

REMARKS: _____

APPROVED BY: 
 CARL H.D. HENRIKSEN, P.E.

Homestead, Florida:
 (305) 248-1841

West Palm Beach, Florida:
 (407) 842-1422

744383

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 12 day of December, A.D. 1988, Between M & C Development, Inc., a Florida corporation, of the County of Martin, in the State of Florida, party of the first part, and Joseph H. Stanley, Jr. and Barbara D. Stanley, Husband and Wife of the County of Martin, in the State of Florida, whose post office address is: 117 Northgate Circle, Melville, New York 11747

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), 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, his heirs and assigns forever, the following described land to wit:

Lot 3, PINEAPPLE LANE, according to the plat thereof recorded in Plat Book 11, Page 62, Public Records of Martin County, Florida

Subject to:

- (1) Conditions, restrictions, reservations, limitations and easements of record including, but not limited to, that certain Declaration of Protective Covenants, Conditions and Restrictions of Pineapple Lane.
- (2) Taxes for the year 1988 and subsequent years.

The property being purchased is vacant land.

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 party of the first part has caused these presents to be executed in its name, and its corporate seal to be affixed, by its proper officers thereunto duly authorized, the day and year first above written.

M & C Development, Inc., a Florida corporation

Signed, sealed and delivered in the presence of:

BY Andrew B. Carlton, President

Patricia J. Waters
Mary G. Prueck

(Corporate Seal)



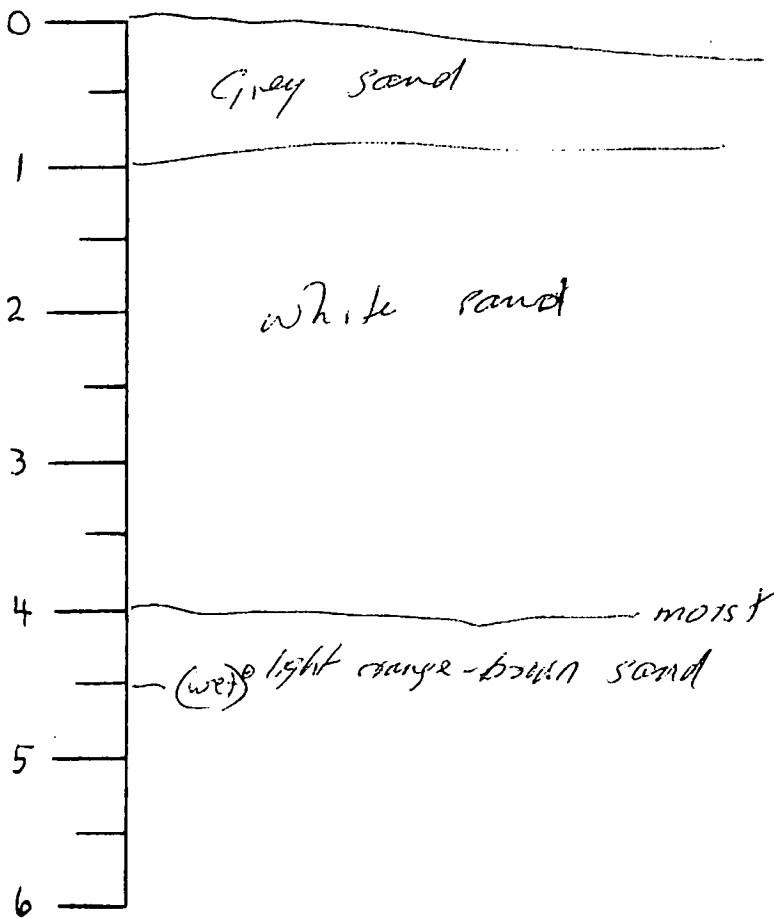
FLA. DOC. PAID
\$ 396.00
Priscilla Stiller
Clerk of Circuit Court
Martin Co., Fla.
By [Signature] D.C.

MARTIN COUNTY PUBLIC HEALTH UNIT
131 East 7th Street
Stuart, Florida 34997
287-2277
SITE EVALUATION

APPLICANT: SEACOAST CONSTRUCTION

LEGAL DESCRIPTION: Lot 3, Pineapple Ln.

SOIL PROFILE



USDA SOIL TYPE Jonathan sand

USDA SOIL NUMBER #41

Impervious soils are present at 56' below natural grade.

Present Water Depth Below Natural Grade 4'

Wet Season Range Per Soil Survey 40-60"

Estimated Wet Season Water Depth Below Natural Grade 30"

Indicator Vegetation Present Oak, sand pine, saw palm.

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

Approximate Amount of Fill on Neighboring Lots E ~ 3', N ~ 1'

Other Findings:

EVALUATION BY: [Signature]

DATE: 1/19/90

STANDARD FORM OF AGREEMENT BETWEEN CONTRACTOR AND OWNER

THIS AGREEMENT made the TENTH day of JANUARY in the year
Nineteen Hundred and NINETY by and between SEACOAST CONSTRUCTION, INC.,
hereinafter called the Contractor, and MR. & MRS. J. HAROLD STANLEY hereinafter called the
Owner, Witnesseth, that the Contractor and the Owner for the considerations named agree as follows:

ARTICLE 1. SCOPE OF THE WORK

The Contractor shall furnish all of the materials and perform all of the work shown on the Drawings and described in the Specifications
entitled STANLEY RESIDENCE, LOT 3, PINEAPPLE LN. SUBDIVISION, STUART, FL
prepared by BILL FLINT AND DATED 01-05-90, acting as and in these
Contract Documents entitled the Architect, and shall do everything required by this agreement, the general conditions of the Contract, the
Specifications and the Drawings.

ARTICLE 2. TIME OF COMPLETION

The work to be performed under this Contract shall be commenced UPON ISSUANCE OF BUILDING PERMIT and shall be
substantially completed ONE HUNDRED TWENTY DAYS LATER.

ARTICLE 3. THE CONTRACT SUM

The Owner shall pay the Contractor for the performance of the Contract, subject to additions and deductions provided therein, in current
funds as follows: ONE HUNDRED FIFTY TWO THOUSAND AND 00/100 \$152,000.00
(State here the lump sum amount, unit prices, or both, as desired)

Authorized Change Orders will be submitted by the Contractor for all work not specifically included in this Contract.

ARTICLE 4. PROGRESS PAYMENTS

PAYMENTS IN ACCORDANCE WITH HARBOR FEDERAL SAVINGS DRAW SCHEDULE.

(Insert here any provision made for the amount retained after the work reaches a certain stage of completion.)

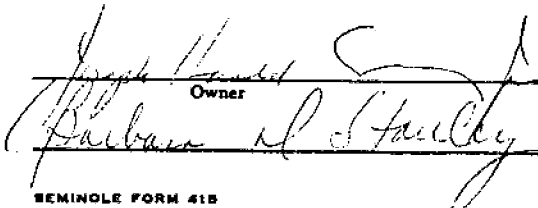
ARTICLE 5. ACCEPTANCE AND FINAL PAYMENT

Final payment shall be due 20 days after substantial completion of the work provided the work be then fully completed
and the Contract fully performed.

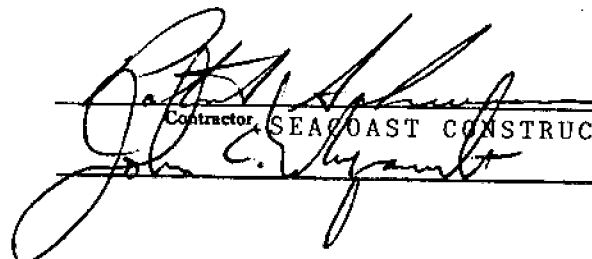
ARTICLE 6. THE CONTRACT DOCUMENTS

The General Conditions of the Contract, the Specifications and the Drawings, together with this Agreement, form the Contract, and they
are as fully a part of the Contract as if hereto attached or herein repeated. The following is an itemization of other essential pertinent
information:

APPENDIX I - ALLOWANCE SCHEDULE
APPENDIX II - LIST OF INCLUDED SPECIFICATIONS

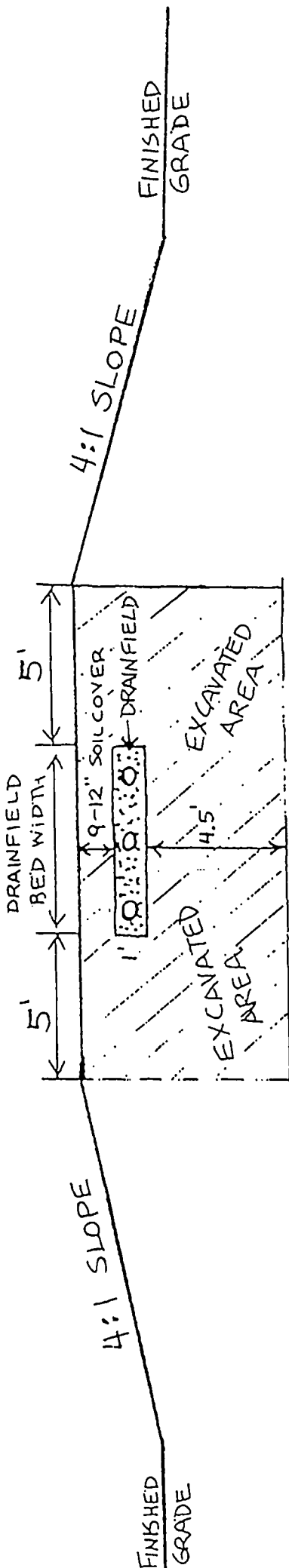


Owner



Contractor SEACOAST CONSTRUCTION, INC.

DRAINFIELD MOUND REQUIREMENTS

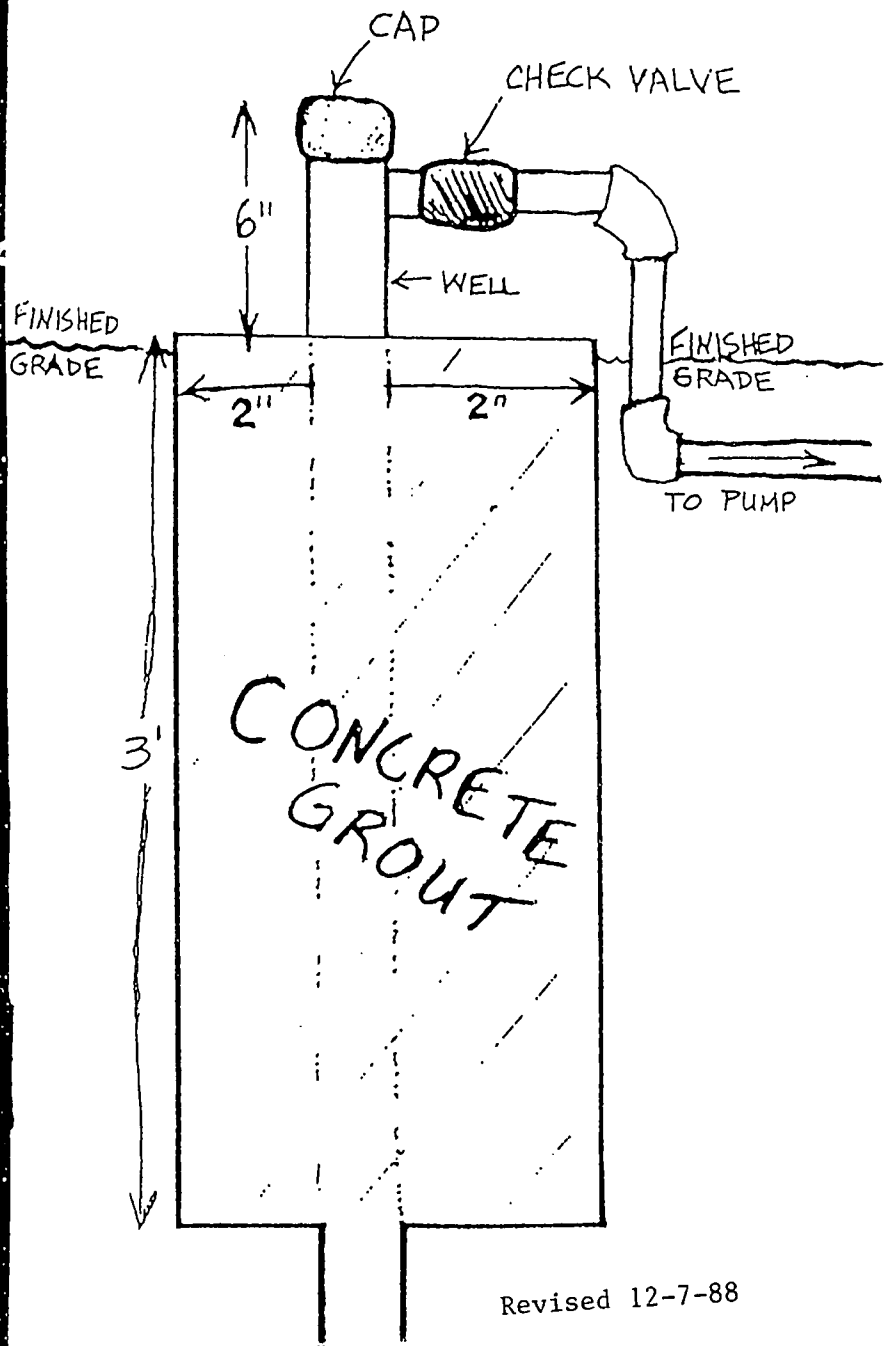


MMC 4185

WELL REQUIREMENTS

NOTES: THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.

NOTE: ALL WELLS MUST BE GROUTED AT LEAST 2" AROUND WELL CASING TO A DEPTH OF 3'. WELL CASING MUST EXTEND 6" ABOVE FINISHED GRADE AS SHOWN BELOW. NOTE LOCATION OF CHECK VALVE.



Revised 12-7-88



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

WS
2.5

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER HD90-28 HOME PHONE _____
NAME OF APPLICANT SEACREST CONSTRUCTION WORK PHONE 283-0042
MAILING ADDRESS OF APPLICANT 2895 SE. OCEAN BLVD. STUART FLA. 34996
ZIP CODE _____

LOT 3 BLOCK _____ SUBDIVISION PINEAPPLE LN.
IF NOT SUBDIVIDED, ATTACH A COMPLETE LEGAL DESCRIPTION
PLAT BOOK 11 PAGE C2 DATE SUBDIVIDED _____
RESIDENTIAL: NUMBER DWELLING UNITS _____ NUMBER BEDROOMS 3
LOT SIZE 19,895.4 FT² HEATED OR COOLED AREA OF HOME 2319 FT²
COMMERCIAL? TYPE OF BUSINESS PROPOSED _____
BUILDING SIZE _____ FT²

-----AFFIDAVIT-----

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

SIGNATURE OF PROPERTY OWNER OR OWNER'S
LEGALLY AUTHORIZED REPRESENTATIVE

John C. G. [Signature]

-----INSTALLATION SPECIFICATIONS-----

SEPTIC TANK CAPACITY 1050 GALLONS
DRAINFIELD SIZE 500 SQUARE FEET
DRAINFIELD ROCK MUST BE 14 FEET FROM FRONT OR REAR PROPERTY LINES
AND 11 FEET FROM SIDE PROPERTY LINES. EXCAVATION CAN NOT EXTEND MORE
THAN FIVE FEET FROM APPROVED INSTALLATION AREA.

TOP OF BUILDING STUB OUT IS REQUIRED TO BE A MINIMUM ELEVATION OF
TOP OF DRAINFIELD PIPE IS REQUIRED TO BE A MINIMUM ELEVATION OF
TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELEVATION OF

20" Above CR RD (EL 5.5 NGVD) 10" Above CR RD 24" Above CR RD

ISSUED BY: A. Lopez DATE 1/25/90
MARTIN COUNTY PUBLIC HEALTH UNIT

PLEASE NOTE:

- (1) IF BUILDING CONSTRUCTION DOES NOT START WITHIN ONE YEAR FROM DATE OF ISSUANCE, THIS PERMIT EXPIRES. IF BUILDING CONSTRUCTION STARTS WITHIN 1 YEAR FROM DATE OF ISSUANCE, THE DATE OF EXPIRATION WILL BE EXTENDED AN ADDITIONAL 90 DAYS.
- (2) APPLICANT IS RESPONSIBLE FOR REPLACING EXCAVATED SOILS WITH A GOOD GRADE OF SAND.
- (3) NA REINSPECTION FEE IF WELL NOT INSTALLED AT TIME OF ONSITE SEWAGE DISPOSAL SYSTEM INSPECTION.
- (4) INSPECTION RESULTS WILL BE POSTED ON BUILDING PERMIT OR ON ELECTRICAL BOX.
- (5) IF BUILDING STUBOUT IS PLACED MORE THAN 20 FEET FROM SEPTIC TANK OR DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.
- (6) IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.
- (7) IF ANY INFORMATION ON THIS PERMIT CHANGES, AN UPDATED APPLICATION IS REQUIRED.
- (8) IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS.

-----FINAL INSPECTION-----

CONSTRUCTION APPROVED BY: _____ DATE _____
MARTIN COUNTY PUBLIC HEALTH UNIT

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE



APPLICANT SEACOAST CONST.

LEGAL DESCRIPTION Lot 3, Pineapple Ln.

-----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 2,400 (+) 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 5.52 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 6.0 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? A-10 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: Edwin K. McArthur
FL. PROFESSIONAL NO. 3454
DATE: 1-11-80 JOB NO. 25006

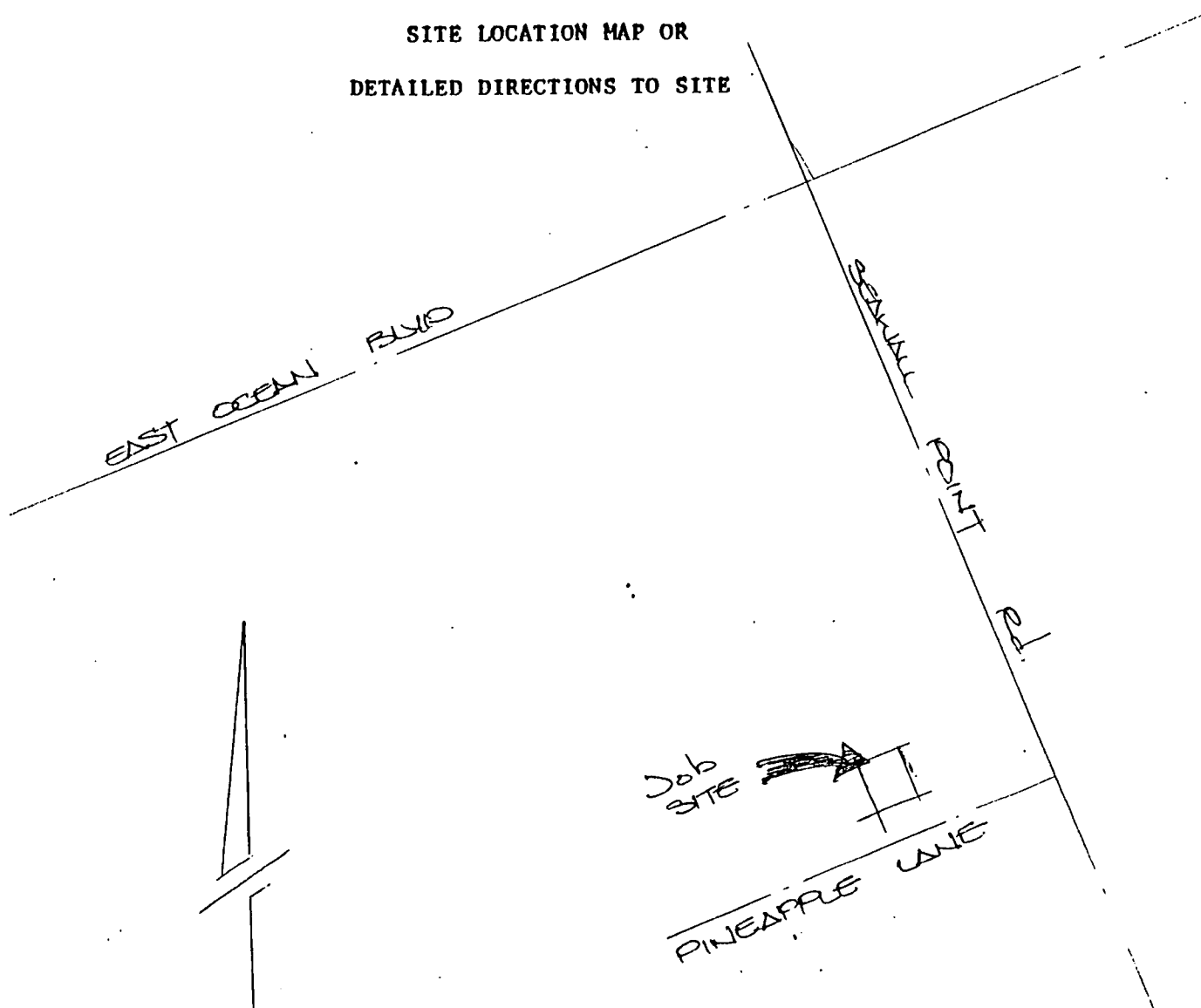


STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICANT SEACAST CONFET

LEGAL DESCRIPTION Lot 3, Pineapple Ln.

SITE LOCATION MAP OR
DETAILED DIRECTIONS TO SITE



PAGE 3
Revised 3/88

MARTIN COUNTY PUBLIC HEALTH UNIT
131 EAST SEVENTH STREET • STUART, FLORIDA 34994

Bob Martinez, Governor • Gregory L. Coler, Secretary

NOTICE OF COMMENCEMENT

812721

2337967B

This Notice of Commencement is filed in connection with mortgage filed in O. R. Book MARTIN Page 1999, Public Records of MARTIN County, Florida.

State of Florida
County of MARTIN

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Description of property LOT 3, PINEAPPLE LANE, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 11, PAGE 62, OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

General description of improvements SINGLE FAMILY RESIDENCE

Owner JOSEPH HAROLD STANLEY JR and BARBARA ANN STANLEY

Address 2003 NE 24TH STREET, JENSEN BEACH, FL. 34957

Owner's interest in site of the improvement FEE SIMPLE

Fee Simple Title holder (if other than owner) Name NONE

Address NONE

Contractor SEACOAST CONSTRUCTION, INC.

Address 2895 SE OCEAN BLVD. , STUART, FL. 34996

Surety (if any) NONE

Address NONE

Amount of Bond \$ NONE

Name of any person making a loan for the construction of the above improvements: HARBOR FEDERAL SAVINGS AND LOAN ASSOCIATION

Address POST OFFICE BOX 249, FORT PIERCE, FLORIDA 34954

Name of person within the State of Florida designated by owner upon whom notices or other documents may be served: HARBOR FEDERAL SAVINGS AND LOAN ASSOCIATION

Address POST OFFICE BOX 249, FORT PIERCE, FLORIDA 34954

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (F), Florida Statutes. (Fill in at Owner's option).

Name Harbor Federal Savings And Loan

Address P.O. Box 249, Fort Pierce, Florida 34954

THIS SPACE FOR RECORDER'S USE ONLY
STATE OF FLORIDA
COUNTY OF MARTIN

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

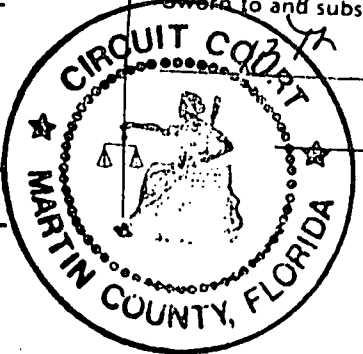
MARSHA STILLER, CLERK
BY Kathy Webster D.C.
DATE 2-15-90

Joseph H. Stanley Jr.
Owner
Barbara A. Stanley
JOSEPH HAROLD STANLEY JR
Sworn to and subscribed before me this

day of Feb 19 90

Carla Elbrecht
Notary Public 10-7-91

LN #30



FILED FOR RECORD
MARTIN COUNTY, FLA.
90 FEB 15 AM 11:30
MARSHA STILLER
CLERK OF CIRCUIT COURT
D.C.
This instrument prepared by:
Caroline Charles
HARBOR FEDERAL SAVINGS
& LOAN ASSOCIATION

TOWN OF SEWALL'S POINT, FLORIDA
CERTIFICATE OF APPROVAL FOR OCCUPANCY

RECORD OF INSPECTIONS

Date 5/28/90

This is to request a Certificate of Approval for Occupancy to be issued to Mr + Mrs Stanley for a structure built under Permit # 2704
(Owner of Property)

Subdivision Pine apple Lot 3 Street Address 6 Pineapple lane
when completed in conformance with the approved plans.

Signed (Owner)

1. Lot Stakes/Set Backs _____
2. Termite Protection 2/6/90
3. Footing - Slab 2/7/90
4. Rough Plumbing 2/6/90
5. Rough Electric 3/26/90
6. Lintel 2/16/90
7. Roof 3/26/90
8. Framing 3/26/90
9. Insulation 3/28/90
10. A/C Ducts 3/26/90
11. Final Electric 5/28/90
12. Final Plumbing 5/28/90
13. Final Construction 5/28/90

Final Inspection for Issuance of Certificate of Occupancy.

Approved by Building Inspector Dale Brown 5/28/90
date

Approved by Building Commissioner J.P. Priddy
date

Utilities notified F.P.L. 5/28/90 date

5-28-90

Distribution:

original - owner

copies - Town Building Inspector, Deputy Clerk

2714

SWIMMING POOL

TOWN OF SEWALL'S POINT, FLORIDA

Permit No. _____

Date 2/2/90

APPLICATION FOR 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 J. Harold Stanley 90 Sea Coast Court Present Address 2895 S.E. Ocean Blvd

Phone 283-6642 Stuart Fla 34996

Contractor Olympic Pool Address 1565 S.W. Martin Hwy

Phone 286-6070 Palm City, Fla 34990

Where licensed State Certified 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:

6 Pineapple Lane

Subdivision Pineapple Lot number 3 Block number _____

Contract price \$ 950 Cost of permit \$ _____

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 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 [Signature]

TOWN RECORD

Date submitted _____ Approved: [Signature] Building Inspector Date _____

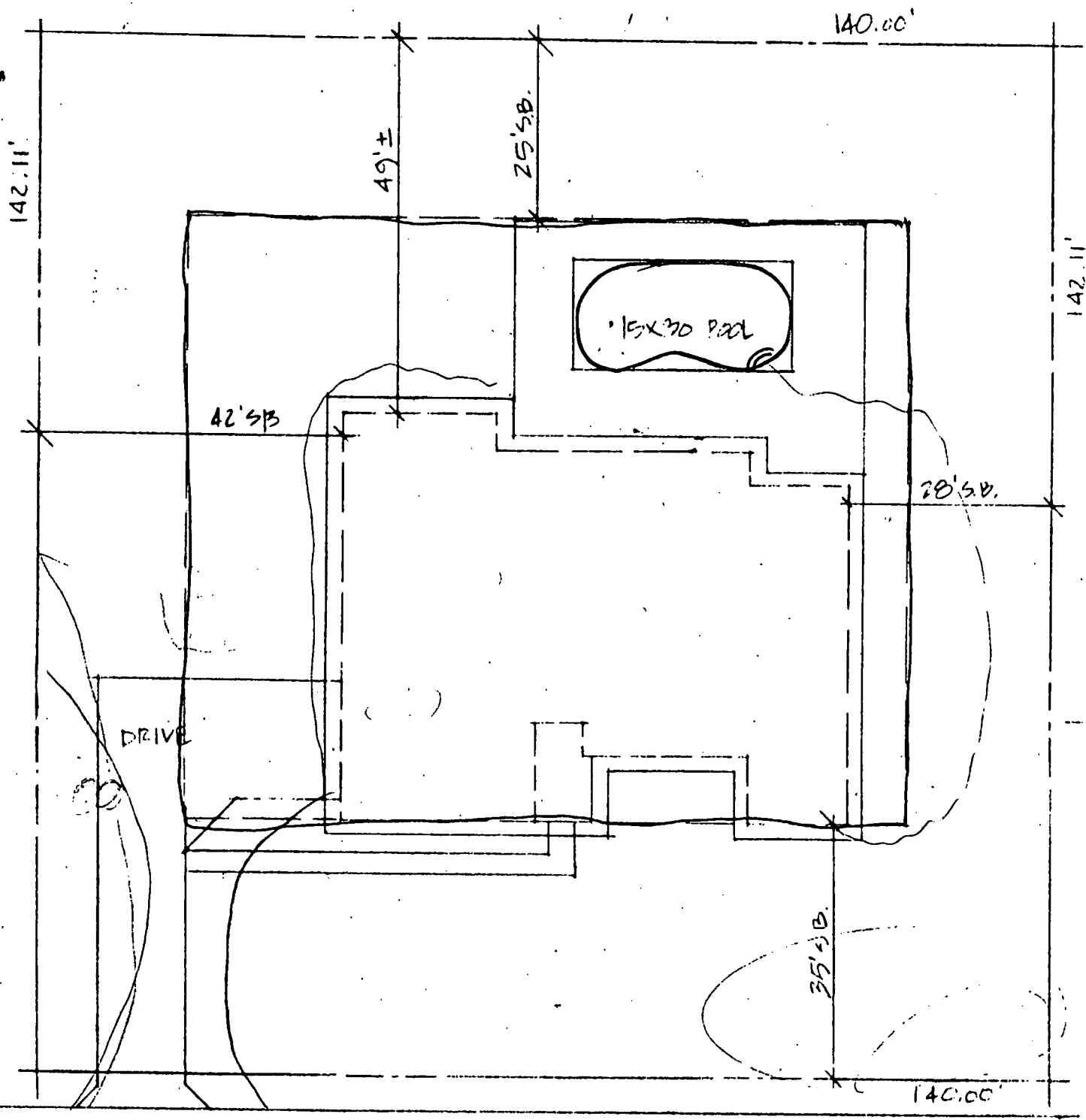
Approved: _____ Commissioner Date Final Approval given: _____ Date

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.



SITE PLAN 1"=20'

2905

POOL ENCLOSURE

Permit No. _____

Date 5/9/90

APPLICATION FOR 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 ARNOLD STANLEY Present Address _____

Phone _____

Contractor PIIONEER SCREEN SENFORST CONSTRUCTION Address 2895 E. OCEAN BLVD

Phone 283-6642

Where licensed _____ License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

6 PINEAPPLE - SEWALLS PT.

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

Subdivision PINEAPPLE Lot number 3 Block number _____

Contract price \$ 3990.00 Cost of permit \$ _____

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.

283-9197 # 00409

Contractor PIIONEER SCREEN CO. INC.

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 Craig Rice, PAO

TOWN RECORD

Date submitted _____ Approved: Ode Bw 5/9/90
Building Inspector _____ Date _____

Approved: _____ Commissioner _____ Date _____ Final Approval given: _____ Date _____

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

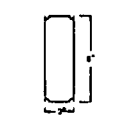
Permit No. _____

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.

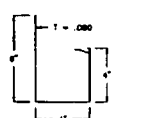
SUPER GUTTER
ALLOY 6063-T6
A = 1.20in²
WT = 1.44#/L.F.
I = 3.946in⁴
Sx = 1.973in³



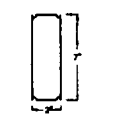
2"x6" S.M.B.
ALLOY 6063-T6
A = 1.396in²
WT = 1.87#/L.F.
I = 8.46in⁴
Sx = 2.82in³



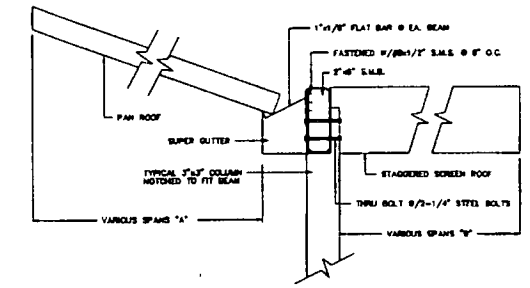
SUPER GUTTER
ALLOY 6063-T6
A = 1.20in²
WT = 1.44#/L.F.
I = 3.946in⁴
Sx = 1.973in³



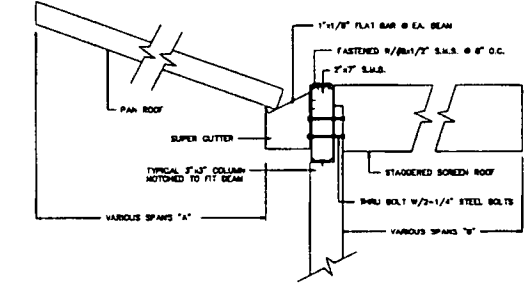
2"x7" S.M.B.
ALLOY 6063-T6
A = 1.782in²
WT = 2.14#/L.F.
I = 17.139in⁴
Sx = 4.89in³



COMBINATION Sx = 4.80in³



COMBINATION Sx = 6.87in³



SPAN TABLE - FOR COMBINATION - SUPER GUTTER + 2"x6" S.M.B.

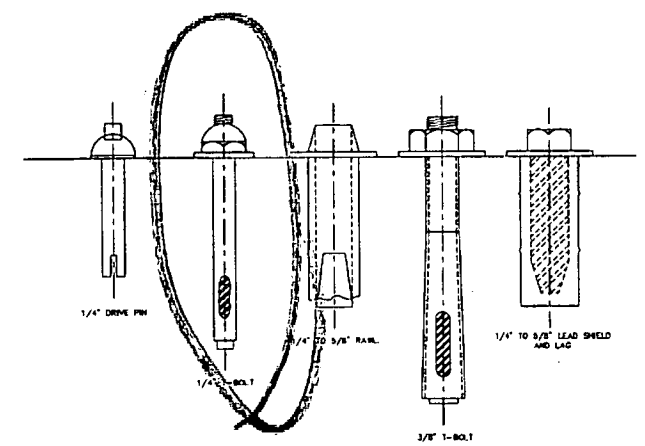
VARIOUS SPANS OF ROOF PANS "A"	VARIOUS SPANS OF SCREEN ROOFS "B"												
	18'	20'	22'	24'	26'	28'	30'	32'	34'	36'	38'	40'	42'
4'-0"	20'-8"	18'-10"	17'-4"	16'-10"	15'-4"	14'-10"	13'-4"	12'-10"	11'-4"	10'-10"	9'-4"	8'-10"	7'-4"
6'-0"	18'-4"	16'-8"	15'-2"	13'-8"	12'-2"	10'-8"	9'-2"	7'-8"	6'-2"	4'-8"	3'-2"	1'-8"	0'-2"
8'-0"	17'-0"	15'-4"	13'-8"	12'-2"	10'-6"	9'-0"	7'-4"	5'-8"	4'-2"	2'-6"	1'-0"	0'-6"	0'-0"
10'-0"	15'-8"	14'-2"	12'-6"	11'-0"	9'-4"	7'-8"	6'-2"	4'-6"	3'-0"	1'-4"	0'-0"	0'-6"	0'-0"
12'-0"	14'-10"	13'-4"	11'-8"	10'-2"	8'-6"	7'-0"	5'-4"	3'-8"	2'-2"	0'-6"	0'-0"	0'-6"	0'-0"
14'-0"	14'-0"	12'-10"	11'-4"	9'-8"	8'-2"	6'-6"	5'-0"	3'-4"	1'-8"	0'-2"	0'-0"	0'-6"	0'-0"

SPAN TABLE - FOR COMBINATION - SUPER GUTTER + 2"x7" S.M.B.

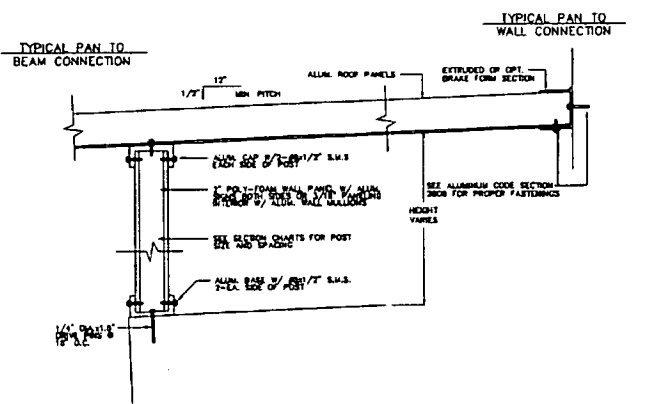
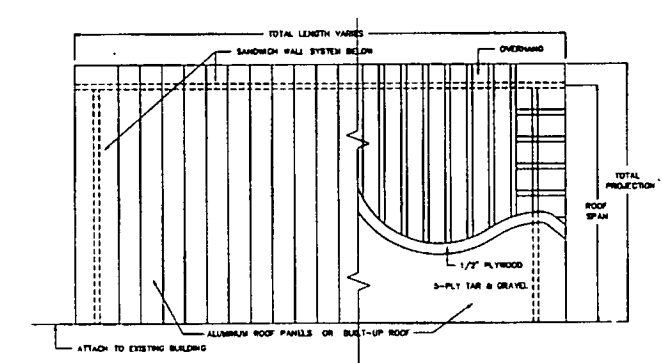
VARIOUS SPANS OF ROOF PANS "A"	VARIOUS SPANS OF SCREEN ROOFS "B"												
	18'	20'	22'	24'	26'	28'	30'	32'	34'	36'	38'	40'	42'
4'-0"	24'-8"	23'-8"	22'-8"	21'-8"	20'-8"	19'-8"	18'-8"	17'-8"	16'-8"	15'-8"	14'-8"	13'-8"	12'-8"
6'-0"	22'-0"	21'-0"	20'-0"	19'-0"	18'-0"	17'-0"	16'-0"	15'-0"	14'-0"	13'-0"	12'-0"	11'-0"	10'-0"
8'-0"	20'-3"	19'-11"	18'-8"	17'-5"	16'-2"	14'-9"	13'-6"	12'-3"	11'-0"	9'-7"	8'-4"	7'-1"	5'-8"
10'-0"	18'-10"	18'-7"	17'-3"	16'-0"	14'-7"	13'-4"	12'-1"	10'-8"	9'-5"	8'-2"	6'-9"	5'-6"	4'-3"
12'-0"	17'-8"	17'-5"	16'-1"	14'-8"	13'-5"	12'-2"	10'-9"	9'-6"	8'-3"	7'-0"	5'-7"	4'-4"	3'-1"
14'-0"	16'-8"	16'-5"	15'-1"	13'-8"	12'-5"	11'-2"	9'-9"	8'-6"	7'-3"	6'-0"	4'-7"	3'-4"	2'-1"

CARRIER BEAM - SPAN TABLE S-2
(SUPER GUTTER & 2"x6" S.M.B.)

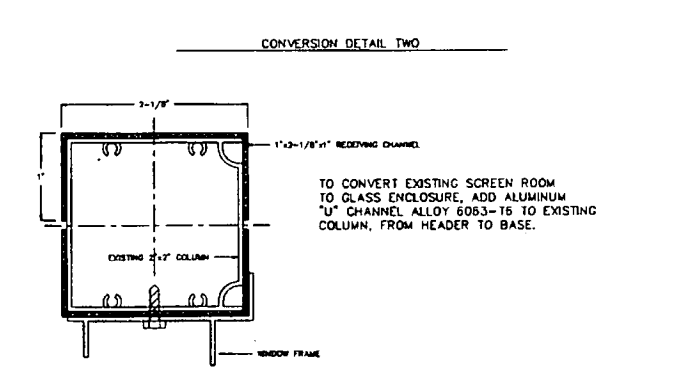
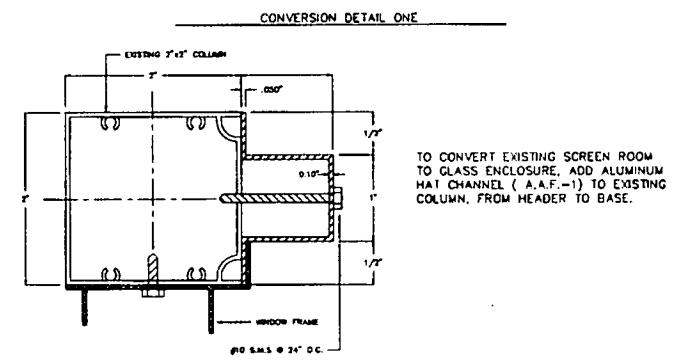
CARRIER BEAM - SPAN TABLE S-3
(SUPER GUTTER & 2"x7" S.M.B.)



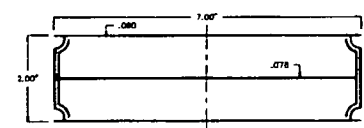
MASONRY - CONCRETE FASTENERS



GLASS ROOMS
(SANDWICH SYSTEM)



GLASS ROOM "HAT"
(REINFORCEMENT OF .040 POST)



2"x7" SELF MATING BEAM
WITH INSERT
ALLOY 6063-T6
A = 2.501 S.I.
WT = 2.93#/L.F.
I = 21.699in⁴
Sx = 6.35in³

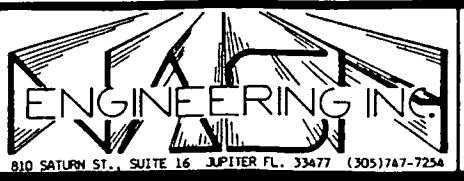
SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	56'-9"	47'-6"	30'-0"	27'-5"
4'	49'-2"	41'-2"	26'-0"	23'-9"
5'	44'-0"	36'-10"	24'-3"	21'-3"
6'	40'-2"	33'-6"	21'-3"	19'-4"
7'	37'-2"	31'-1"	19'-8"	17'-11"
8'	34'-9"	29'-0"	18'-5"	16'-0"
9'	32'-9"	27'-5"	17'-4"	15'-10"
10'	31'-0"	26'-0"	16'-5"	15'-0"

2"x7" S.M.B. WITH INSERT

DATE	BY	DESCRIPTION
3-23-88	JC	DETAILS 4-1, 4-2, 4-6 UPDATED
4-8-88	JC	MOVED DETAILS AROUND ON ALL 5 PAGES
4-15-88	XL	ADDED SPAN DEFINITION SHIT 5
REVISIONS		

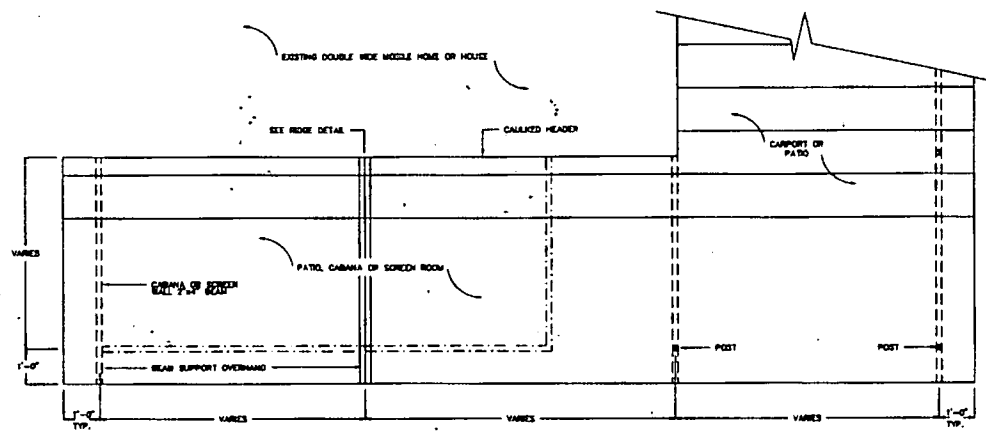
TREASURE COAST CHAPTER, INC.
OF THE ALUMINUM ASSOCIATION
OF FLORIDA



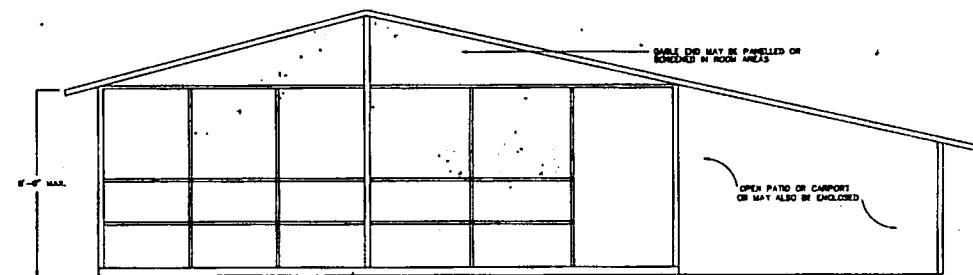
ALUMINUM CONSTRUCTION
DETAILS

DRAWN	COMPTON
CHECKED	NASH
SCALE	NT.S.
DATE	MARCH 1988
JOB NO.	88018

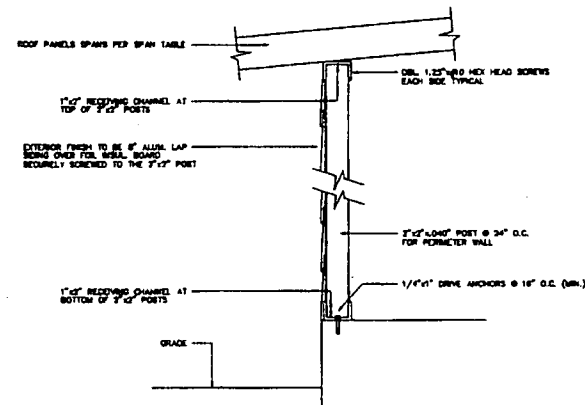
SEAL OF FIVE SHEETS



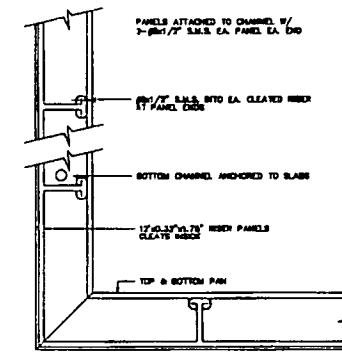
TYPICAL PLAN VIEW



TYPICAL ELEVATION



TYPICAL SECTION

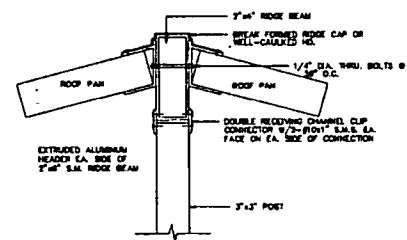


WALL DETAIL

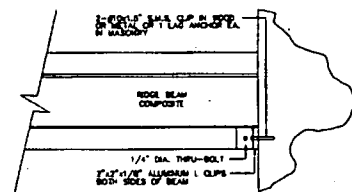
ATTACHED A-FRAME COMBINATION PATIO-CABANA OR CARPORT

TYPICAL UTILITY ROOM

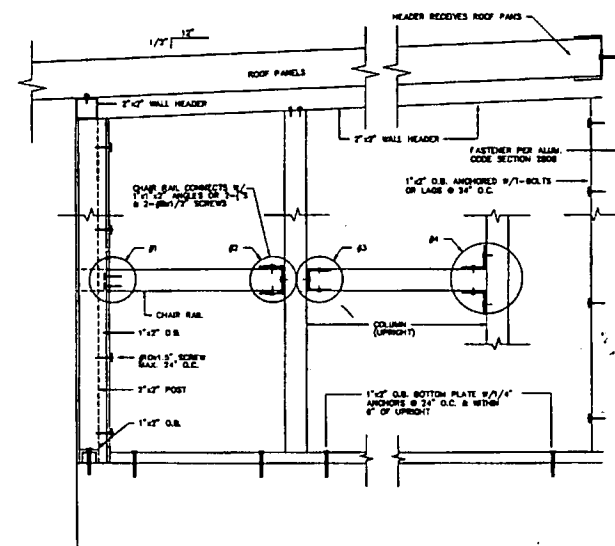
TYPICAL UTILITY ROOM



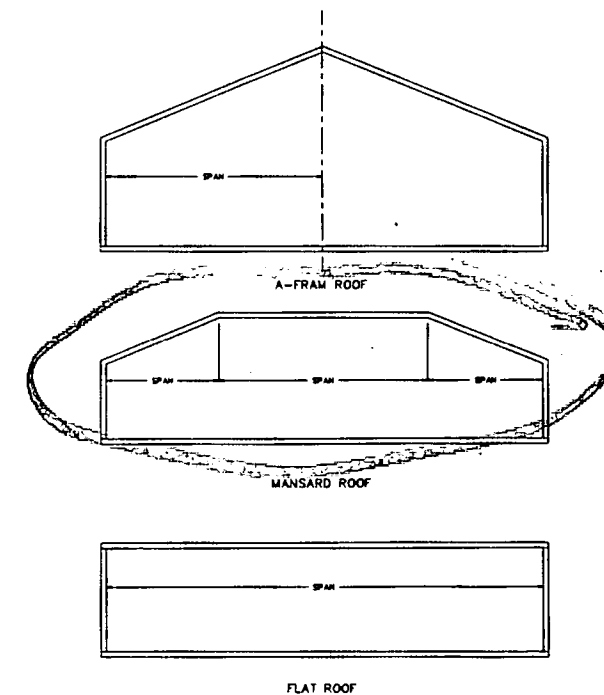
TYPICAL DETAIL



END CONNECTION



CHAIR RAIL CONNECTION ALTERNATIVES (PER CHAP. XXVII SECTION 2803.)
 1. INTERNAL SCREWS
 2. EXTERNAL SCREWS
 3. INTERNAL "U" CHANNEL
 4. EXTERNAL ANGLES



SPAN DEFINITION

RIDGE BEAM

RIDGE BEAM

SCREEN ROOM
(WITH ALUMINUM ROOF)

DATE	BY	DESCRIPTION
3-23-88	JC	DETAIL 5-6 UPDATED & DETAIL 5-7 ADDED
4-8-88	JC	MOVED DETAILS AROUND ON ALL 5 PAGES
4-25-88	JC	ADDED SPAN DEFINITION TO SHT. 5
REVISIONS		

TREASURE COAST CHAPTER, INC.
 OF THE ALUMINUM ASSOCIATION
 OF FLORIDA

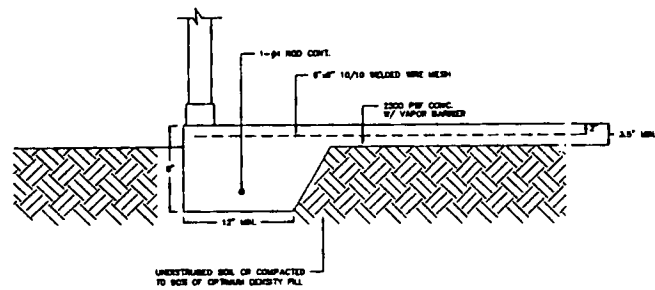


ALUMINUM CONSTRUCTION
 DETAILS

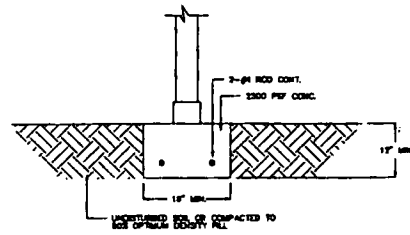
DRAWN	COMPTON
CHECKED	NASH
SCALE	N.T.S.
DATE	MARCH 1988
JOB NO.	88018

John Nash
 4/27/88
 SEAL

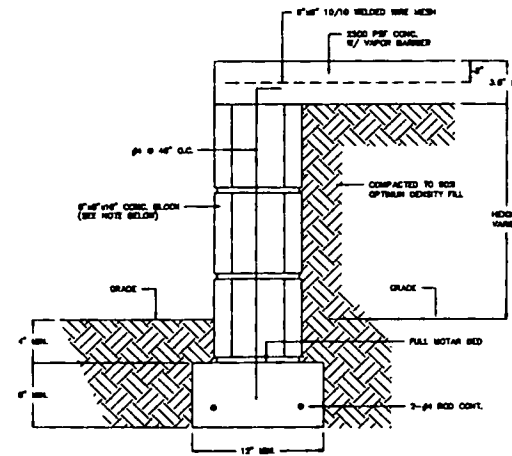
SHEET
 5
 OF FIVE SHEETS



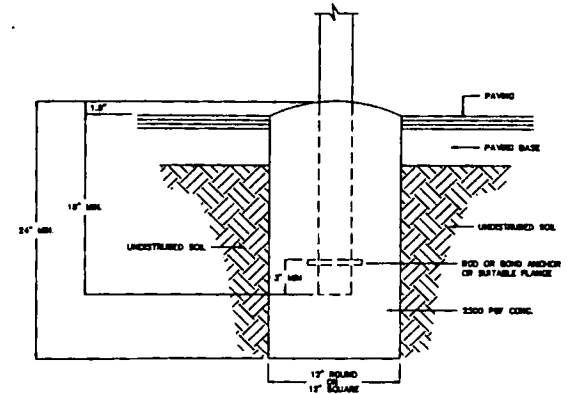
(NEW) SLAB ON GRADE
ALUMINUM SCREEN ROOMS, GLASS ROOMS, PATIO COVERS AND CARPORTS



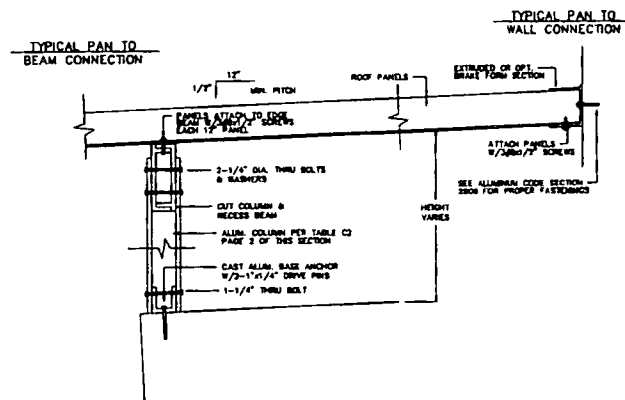
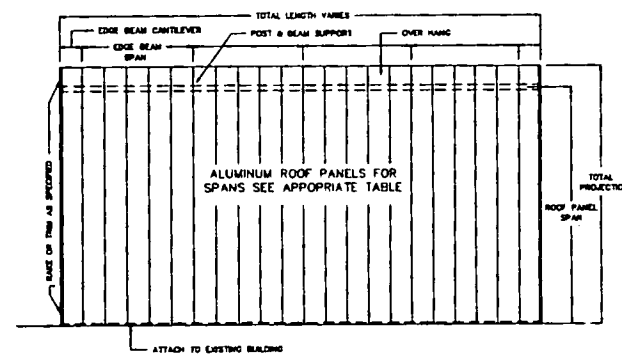
CONTINUOUS WALL FOOTING
FOR ALUMINUM ENCLOSURES WITH SOLID ALUMINUM ROOFS



RAISED SLAB
WITH 8\"/>



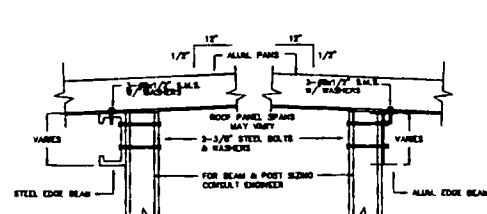
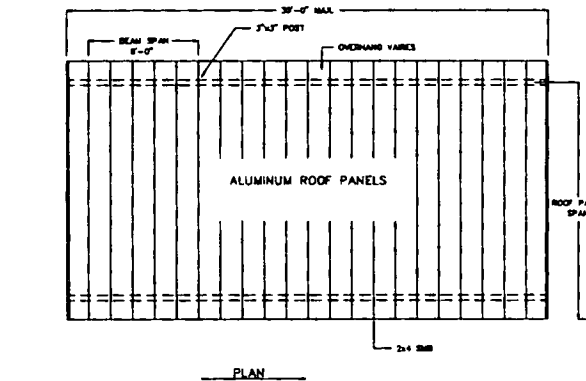
PIER TYPE FOOTING



CARPORT
(ATTACHED)

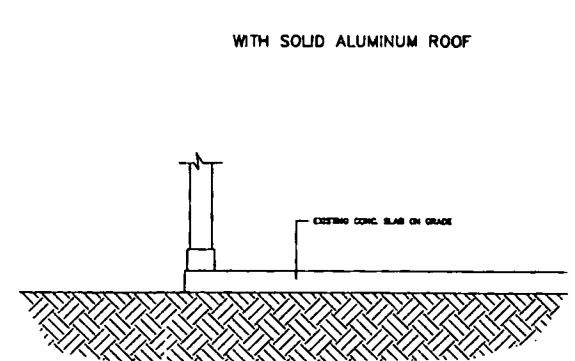
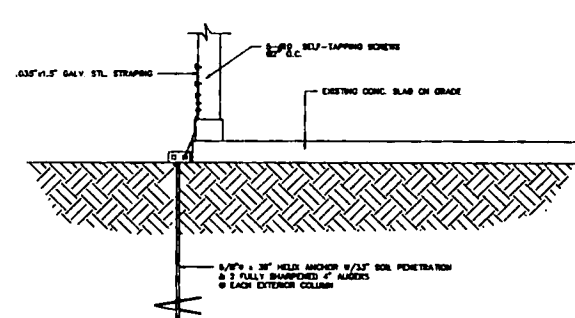
BEAM SIZE AND SHAPE	MAXIMUM CLEAR BEAM SPANS CONT. EDGE BEAM FOR ROOF SPANS BELOW					TYPICAL POST SIZE & NO. OF BASE ANCHORS
	10'	12'	14'	15'	18'	
1\"/>	4'-10"	4'-5"	4'-0"	3'-11"	3'-10"	1\"/>
1\"/>	6'-0"	5'-10"	5'-0"	5'-2"	5'-0"	1\"/>
1\"/>	8'-0"	7'-0"	6'-0"	5'-0"	4'-0"	1\"/>
2\"/>	10'-0"	9'-11"	8'-0"	8'-0"	8'-0"	1\"/>
2\"/>	12'-0"	11'-0"	10'-11"	9'-0"	8'-0"	1\"/>
2\"/>	13'-0"	12'-11"	11'-0"	10'-0"	10'-0"	1\"/>
2\"/>	15'-0"	14'-0"	13'-0"	12'-0"	12'-0"	1\"/>
2\"/>	17'-0"	16'-0"	14'-10"	14'-0"	14'-0"	1\"/>
2\"/>	18'-0"	17'-0"	15'-0"	14'-0"	14'-0"	1\"/>
2\"/>	20'-0"	18'-0"	16'-0"	15'-0"	15'-0"	1\"/>
2\"/>	22'-0"	20'-10"	18'-0"	17'-0"	17'-0"	1\"/>
2\"/>	24'-0"	22'-0"	19'-0"	18'-0"	18'-0"	1\"/>

EDGE BEAM & POST SPAN TABLE C-1
(ATTACHED ROOFS ONLY)



NOTE: FOR BEAM & POST SIZING CONSULT ENGINEER SEE THIS SHEET, CARPORT (ATTACHED), FOR DETAILS

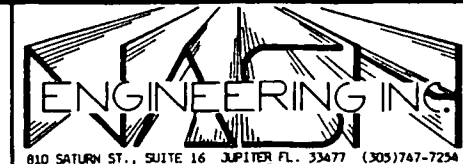
CARPORT
(FREE STANDING)



EXISTING SLAB ON GRADE
(ALL ALUMINUM CONSTRUCTION ENCLOSURE)

DATE	BY	DESCRIPTION
3-24-88	JC	DETAILS 2-1, 2-2, 2-3, 2-4 UPDATED
4-8-88	JC	MOVED DETAILS AROUND ON ALL 5 PAGES
4-25-88	JL	ADDED SPAN DEFINITION SHTS
REVISIONS		

TREASURE COAST CHAPTER, INC.
OF THE ALUMINUM ASSOCIATION
OF FLORIDA

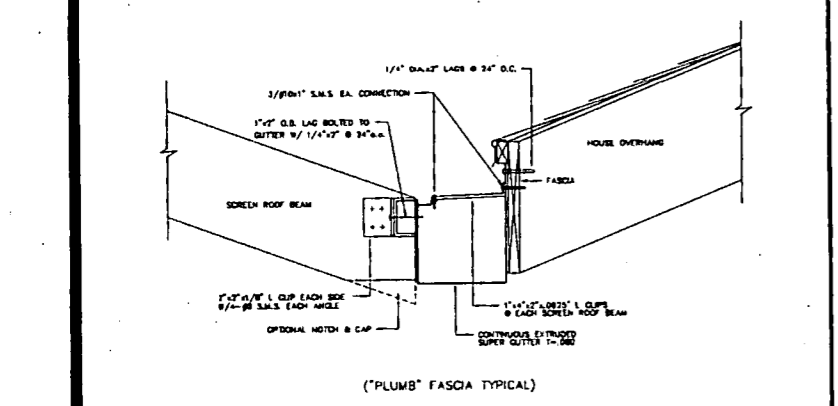
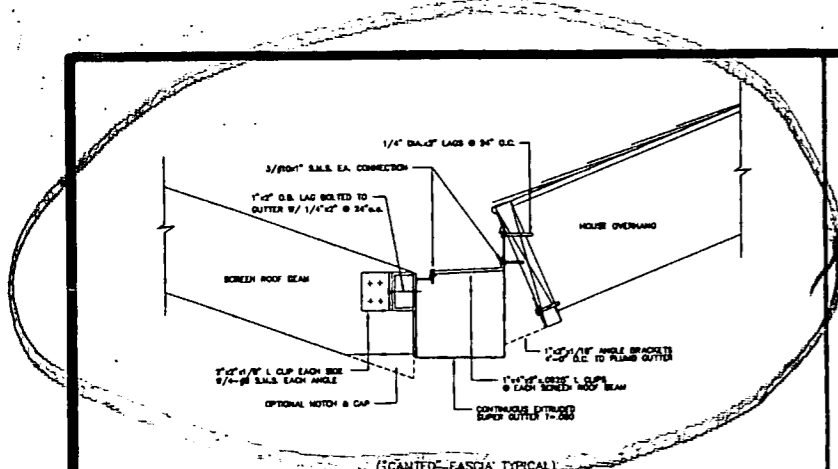


ALUMINUM CONSTRUCTION
DETAILS

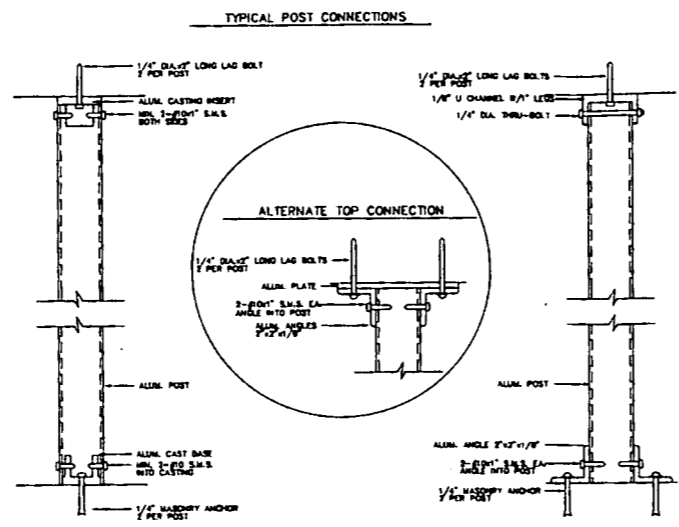
DRAWN	COMPTON
CHECKED	NASH
SCALE	N.T.S.
DATE	MARCH 1988
JOB NO.	88018

J. Nash
4/27/88
SEAL

SHEET
2
OF FIVE SHEETS

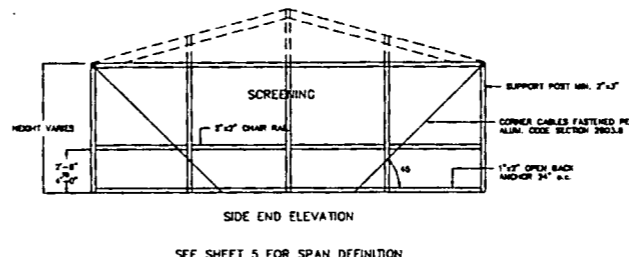
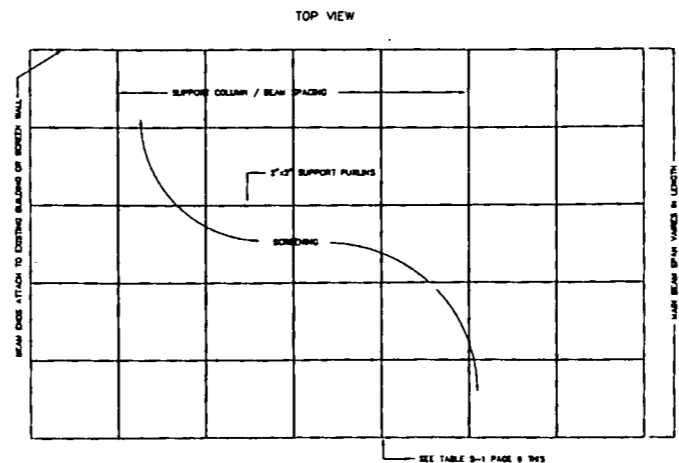


SUPER GUTTER - FASGIA ATTACHMENT

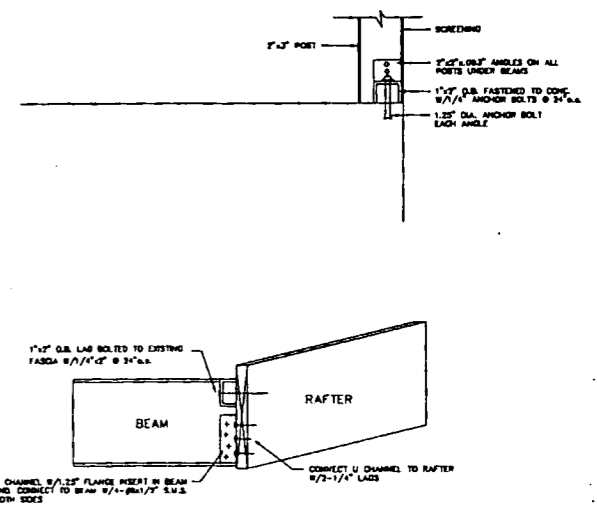


NOTE: ANGLES MAY HAVE 1 LEG INSIDE POST

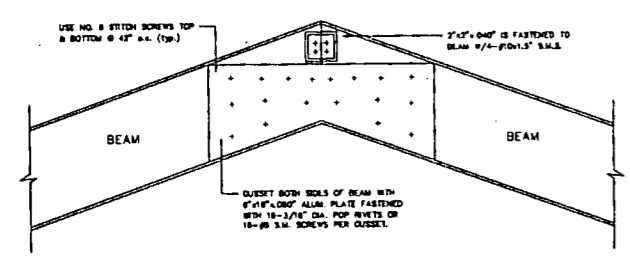
SCREEN ROOM (UNDER WOOD ROOF)



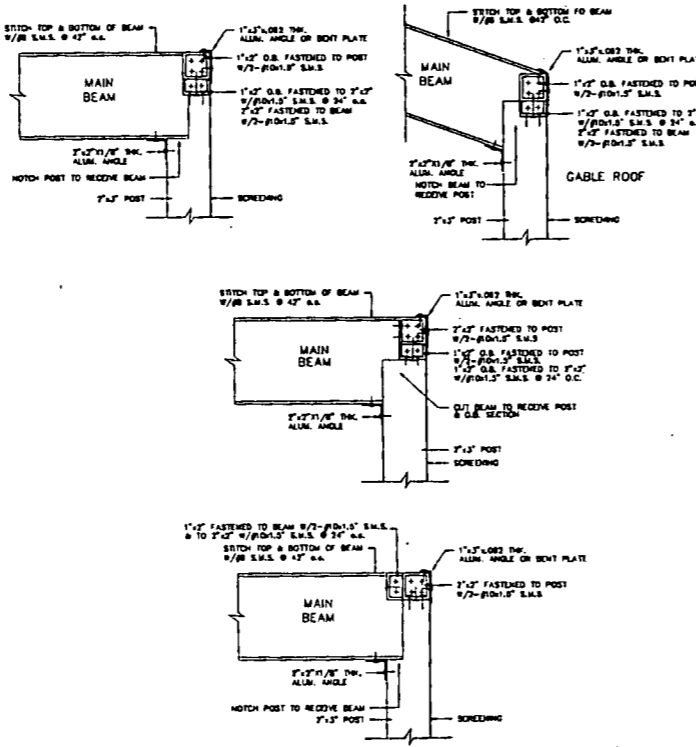
POOL ENCLOSURE (TYPICAL)



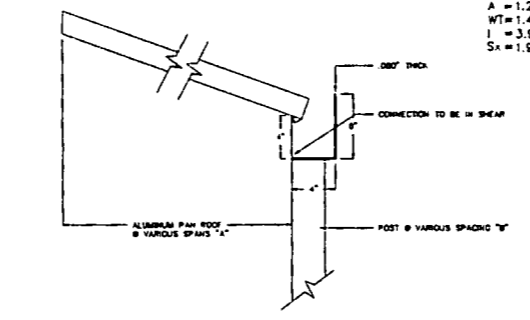
POOL ENCLOSURE & SCREEN ROOM WITH SCREEN ROOF



POOL ENCLOSURE (CONNECTION TYPICALS)



POOL ENCLOSURE (POST TO BEAM TYPICALS)



SUPER GUTTER AS EDGE BEAM SPAN TABLE C-2

GUTTER/EDGE BEAM SPAN B	VARIOUS SPANS OF PAN ROOF A				
	8'	10'	12'	14'	16'
13'-9"	12'-4"	11'-3"	10'-5"	9'-9"	

BEAM SIZE	MAXIMUM CLEAR SPAN FOR SCREENED ROOF BEAMS @ VARIOUS SPACING							
	1'-0" C-C	5'-0" C-C	7'-0" C-C	8'-0" C-C	9'-0" C-C	10'-0" C-C	12'-0" C-C	15'-0" C-C
2"x4" S.M. BEAM S _x = 1.25	21'-8"	19'-4"	18'-6"	17'-8"	17'-0"	16'-4"	15'-10"	15'-3"
2"x4" S.M. BEAM W/ INSERT S _x = 1.76	25'-5"	22'-9"	21'-9"	20'-9"	20'-0"	19'-3"	18'-8"	18'-0"
2"x6" S.M. BEAM S _x = 2.62	32'-9"	29'-4"	28'-0"	26'-9"	25'-9"	24'-9"	24'-0"	23'-2"
2"x6" S.M. BEAM W/ INSERT S _x = 3.58	42'-9"	38'-3"	36'-7"	35'-0"	33'-8"	31'-4"	30'-3"	
2"x7" S.M. BEAM W/ INSERT S _x = 4.83	49'-2"	44'-0"	42'-0"	40'-2"	38'-8"	37'-2"	36'-0"	34'-9"
3"x7" I BEAM W/ SNAP S _x = 2.9	25'-10"	25'-0"	24'-3"	23'-7"	23'-0"	22'-5"	21'-11"	21'-5"
3"x7" I BEAM W/ SNAP S _x = 3.19	34'-10"	31'-1"	29'-10"	28'-6"	27'-5"	26'-4"	25'-5"	24'-8"
4"x8" I BEAM W/ SNAP S _x = 4.83	42'-10"	38'-4"	36'-8"	35'-0"	33'-9"	32'-5"	31'-5"	30'-4"
2"x9" S.M. BEAM S _x = 7.21	--	--	--	52'-8"	50'-0"	48'-8"	47'-0"	45'-8"

SCREEN ROOF BEAM - SPAN TABLE S-1

DATE	BY	DESCRIPTION
3-24-88	JC	DETAIL 3-4 UPDATED
4-8-88	JC	MOVED DETAILS AROUND ON ALL 5 PAGES
4-25-88	JC	ADDED SPAN DEFINITION TO SHT. 5
REVISIONS		

TREASURE COAST CHAPTER, INC.
OF THE ALUMINUM ASSOCIATION
OF FLORIDA



ALUMINUM CONSTRUCTION
DETAILS

DRAWN	COMPTON
CHECKED	NASH
SCALE	NT.S.
DATE	MARCH 1988
JOB NO.	88017

John Nash
4/22/88

SHEET
3
OF FIVE SHEETS

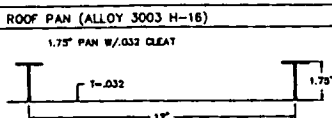
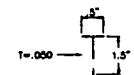
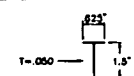
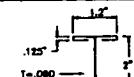
MARCH 1988

TREASURE COAST CHAPTER, INC
OF THE ALUMINUM ASSOCIATION
OF FLORIDA

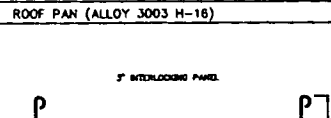
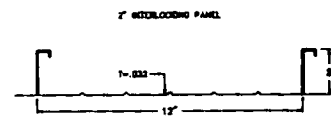
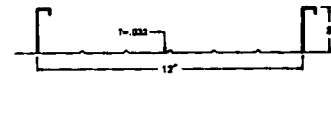


PREPARED BY:

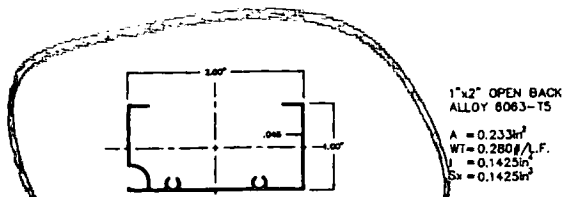
NASH ENGINEERING, INC.
810 SATURN ST. SUITE 16
JUPITER, FLORIDA 33477
(305)747-7254

ROOF PAN (ALLOY 3003 H-18)	PAN THICKNESS	Sx	MAX. SPAN @ WIND VELOCITIES SHOWN		
			100MPH	110MPH	120MPH
1.75" PAN W/.032 CLEAT 	.032	.236h ³			10'
CLEAT ALTERNATIVES FOR 1-3/4" PAN					
T-BAR 	.032				11'
T-BAR 	.032				11'
EXTRUDED "1" CLEAT 	.032				13'

NOTE:
PANS MAY OVERHANG 1/3 OF SIMPLE SPAN. SPANS MAY BE INCREASED 2% FOR EACH 12" OF OVERHANG UP TO 3'-0". CONSULT AN ENGINEER FOR GREATER OVERHANG.

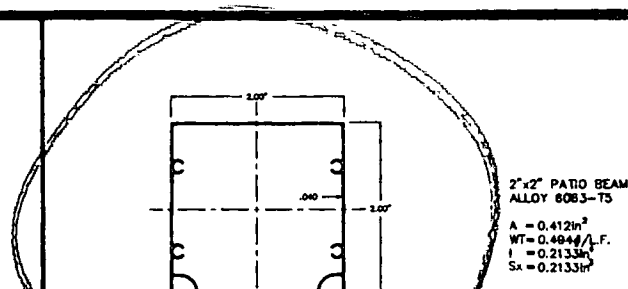
ROOF PAN (ALLOY 3003 H-18)	PAN THICKNESS	Sx	MAX. SPAN @ WIND VELOCITIES SHOWN		
			100MPH	110MPH	120MPH
2" INTERLOCKING PANEL 	.024	.450h ³			13'-4"
2" INTERLOCKING PANEL 	.032	.608h ³			15'-6"
2" INTERLOCKING PANEL 	.032	.346h ³			11'-0"

NOTE:
PANS MAY OVERHANG 1/3 OF SIMPLE SPAN. SPANS MAY BE INCREASED 2% FOR EACH 12" OF OVERHANG UP TO 3'-0". CONSULT AN ENGINEER FOR GREATER OVERHANG.



SPACING AND SPAN TABLES

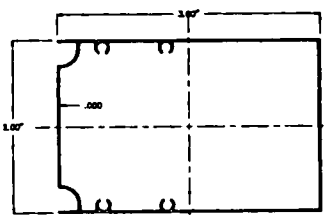
SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	8'-6"	7'-4"	4'-6"	4'-0"
4'	7'-4"	6'-2"	3'-10"	3'-8"
5'	6'-7"	5'-2"	3'-8"	3'-2"
6'	6'-0"	5'-0"	3'-2"	2'-10"
7'	5'-6"	4'-8"	2'-11"	2'-8"
8'	5'-2"	4'-4"	2'-9"	2'-8"
9'	4'-10"	4'-2"	2'-8"	2'-4"
10'	4'-6"	3'-10"	2'-5"	2'-3"



SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	10'-5"	8'-6"	5'-6"	5'-0"
4'	9'-0"	7'-6"	4'-9"	4'-4"
5'	8'-0"	6'-6"	4'-3"	3'-10"
6'	7'-4"	6'-2"	3'-10"	3'-8"
7'	6'-10"	5'-6"	3'-8"	3'-4"
8'	6'-4"	5'-4"	3'-4"	3'-0"
9'	6'-0"	5'-0"	3'-2"	2'-11"
10'	5'-8"	4'-8"	3'-0"	2'-9"

CLEATED ROOF PANS



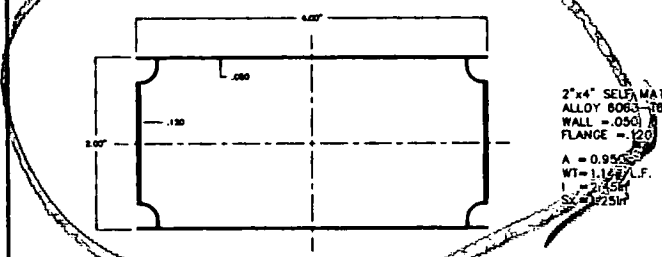
2"x3" PATIO BEAM ALLOY 6063-T5
A = 0.65h³
WT = 0.78#/L.F.
I = 0.741h⁴
Rx = 1.068h³
Sx = 0.435h³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	16'-5"	13'-9"	8'-8"	8'-0"
4'	14'-3"	11'-11"	7'-8"	6'-11"
5'	12'-9"	10'-8"	6'-9"	6'-2"
6'	11'-8"	9'-9"	6'-2"	5'-7"
7'	10'-9"	9'-1"	5'-8"	5'-2"
8'	10'-1"	8'-8"	5'-4"	4'-10"
9'	9'-6"	7'-11"	5'-0"	4'-7"
10'	9'-1"	7'-6"	4'-9"	4'-4"

2"x3" PATIO BEAM

INTERLOCKING ROOF PANS



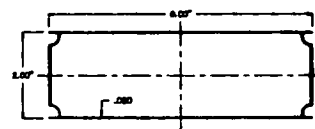
2"x4" SELF MATING BEAM ALLOY 6063-T5
WALL = .050"
FLANGE = .120"
A = 0.95h³
WT = 1.12#/L.F.
I = 2.45h⁴
Sx = 2.75h³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	25'-0"	20'-11"	13'-3"	12'-0"
4'	21'-8"	18'-1"	11'-5"	10'-5"
5'	19'-4"	16'-2"	10'-3"	9'-4"
6'	17'-8"	14'-9"	9'-4"	8'-8"
7'	16'-4"	13'-8"	8'-8"	7'-11"
8'	15'-3"	12'-10"	8'-0"	7'-4"
9'	14'-4"	12'-0"	7'-8"	7'-0"
10'	13'-8"	11'-5"	7'-3"	6'-7"

2"x4" SELF MATING BEAM

1"x2" OPEN BACK



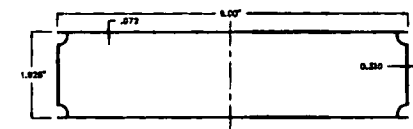
2"x6" SELF MATING BEAM ALLOY 6063-T5
A = 1.386h³
WT = 1.87#/L.F.
I = 8.46h⁴
Sx = 2.82h³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	37'-10"	31'-8"	20'-0"	18'-3"
4'	32'-9"	27'-5"	17'-4"	15'-10"
5'	29'-4"	24'-6"	15'-8"	14'-2"
6'	26'-9"	22'-3"	14'-2"	12'-11"
7'	24'-9"	20'-8"	13'-1"	12'-0"
8'	23'-2"	19'-5"	12'-3"	11'-2"
9'	21'-10"	18'-3"	11'-8"	10'-8"
10'	20'-9"	17'-4"	11'-0"	10'-0"

2"x6" SELF MATING BEAM

2"x2" PATIO BEAM

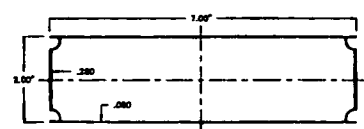


2"x9" SELF MATING BEAM ALLOY 6063-T5
A = 2.630 S.I.
WT = 1.578#/L.F.
Sx = 7.21h³

MAXIMUM CLEAR SPAN FOR SCREENED ROOF BEAMS AT VARIOUS BEAM SPACING

5'-0"	5'-6"	6'-0"	6'-6"	7'-0"	7'-6"	8'-0"
---	---	52'-6"	50'-0"	48'-6"	47'-0"	45'-6"

2"x9" SELF MATING BEAM



2"x7" SELF MATING BEAM ALLOY 6063-T5
A = 1.782h³
WT = 2.14#/L.F.
I = 17.13h⁴
Sx = 4.89h³

SPACING AND SPAN TABLES

SPACING	SCREEN ROOF 7# PER S.F.	SCREEN WALL 10# PER S.F.	SOLID WALL 25# PER S.F.	SOLID ROOF 30# PER S.F.
3'	49'-4"	41'-4"	28'-2"	23'-10"
4'	42'-9"	35'-9"	22'-8"	20'-8"
5'	38'-3"	32'-0"	20'-3"	18'-5"
6'	35'-0"	29'-2"	18'-6"	16'-10"
7'	32'-4"	27'-0"	17'-1"	15'-7"
8'	30'-3"	25'-3"	16'-0"	14'-7"
9'	28'-6"	23'-10"	15'-0"	13'-9"
10'	27'-0"	22'-8"	14'-4"	13'-0"

2"x7" SELF MATING BEAM

DATE	BY	DESCRIPTION
4-8-88	JC	MOVED DETAILS AROUND ON ALL 5 PAGES
4-25-88	JL	ADDED SPAN DEFINITION SHEET

REVISIONS

TREASURE COAST CHAPTER, INC.
OF THE ALUMINUM ASSOCIATION
OF FLORIDA



ALUMINUM CONSTRUCTION DETAILS

DRAWN	COMPTON
CHECKED	NASH
SCALE	NT.S.
DATE	MARCH 1988
JOB NO.	8501D

SHEET 1 OF FIVE SHEETS

3653

INTERIOR REMODEL

TOWN RECORD

Date submitted _____

Approved: Dale Brown 9/12/94
Building Inspector Date

Approved: [Signature]
Commissioner Date

Final approval given: _____
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

NOTICE OF COMMENCEMENT

STATE OF Florida
COUNTY OF Martin

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. This notice shall be void and of no force and effect if construction is not commenced within 30 days of recordation.

DESCRIPTION OF PROPERTY:

General description of improvements: RENOVATIONS TO HOME INTERIOR

Owner: JOSEPH HAROLD STANLEY
Address: 6 PINEAPPLE LN, STUART, FL 34996

Owner's interest in site of the improvement: OWNER

Contractor: SEACOAST CONSTRUCTION INC.
Address: P.O. Box 2279, STUART, FL 34995

Surety (if any): NONE

Address: _____

Amount of Bond: _____

Lender: HARBOR FEDERAL SAVINGS & LOAN
Address: 2861 S.E. OCEAN BLVD, STUART, FL 34996

Name of person within the State of Florida designated by owner upon whom notices or other documents may be served:

Name: NONE
Address: _____

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06(2)(b), Florida Statutes:

Name: NONE
Address: _____

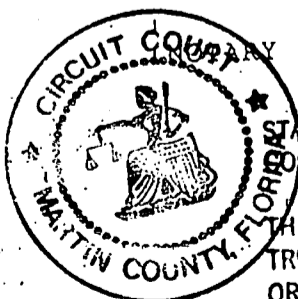
Joseph Harold Stanley
Barbara A Stanley

Sworn to and subscribed before me this 7th day of September, 1994

Joan A. Bantini

I am a Notary Public of the STATE OF Florida AT LARGE, and My Commission Expires: 11-16-94

Notary Public of Florida
My Commission Expires 11-16-94
Bonded Through 11/16/94



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 [Signature] DC.
DATE 9-15-94

4540

**ADDITION &
ALTERATIONS**

Town of Sewall's Point

P.I.N. _____

Date 1/28/99

BUILDING PERMIT APPLICATION #4540

to construct:

NEW CONSTRUCTION ADDITION ALTERATION DEMOLITION

RESIDENTIAL COMMERCIAL 100 SF 1000 CF

OTHER: _____ CONTRACT PRICE \$2500.00

Owner's Name JOSEPH H. & BARBARA D. STANLEY

Owner's Address 6 PINEAPPLE LANE, SEWALLS POINT 34996-6340

Fee Simple Titleholder's Name (If other than owner) _____

Fee Simple Titleholder's Address (If other than owner) _____

City SEWALL'S POINT State FL Zip 34996-6340

Contractor's Name SELF

Contractor's Address SAME

City SAME State SAME Zip SAME

Job Name _____

Job Address _____

City _____ State _____ Zip _____

Legal Description _____

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name T. STILES PEET, P.E. (#49200)

Architect/Engineer's Address 1046 S.E. ST. LUCIE BLVD, STUART FL 34996

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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.

OWNERS 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.

Joseph H. Stanley
Owner or Agent

1/28/99
Date

Contractor

Date

COUNTY OF MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 28th day of Jan, 1999 by
Joseph H. Stanley who: [] is/are personally known to me, or [] has/have produced _____
as identification, and who did not take an oath.

Name: Joan H. Barrow



Joan H. Barrow
Typed, printed or stamped
(NOTARY SEAL) CC763645 EXPIRES
November 30, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

I am a Notary Public of the State of Florida having a
commission number of _____ and my
commission expires: 11-30-02

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this ___ day of _____, 199___ by
_____, who: [] is/are personally known to me, or [] has/have produced _____
as identification, and who did not take an oath.

Name: _____

Typed, printed or stamped
(NOTARY SEAL)

I am a Notary Public of the State of Florida having a
commission number of _____ and my
commission expires: _____

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Rob Batt Permit Officer

_____ Building Commissioner

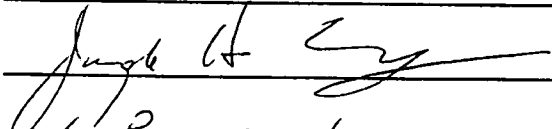
INDEPENDENT INSPECTIONS, LTD.

2431 Aloma Avenue
Winter Park, Florida 32792
1-800-422-5220 (407) 679-2272
Fax 1-800-422-9680

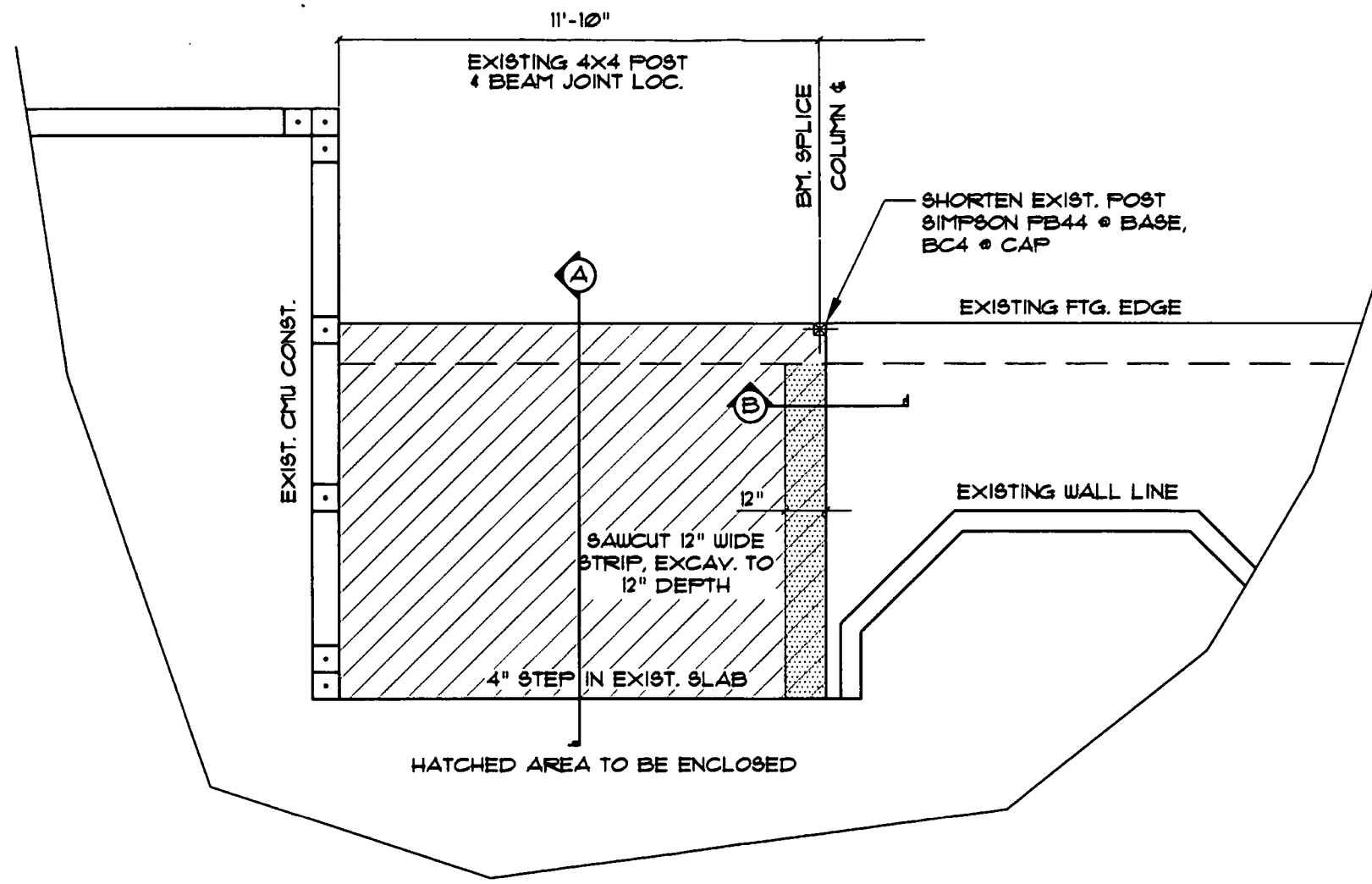
Disclosure Statement

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 in 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 JOSEPH H. STANLEY Date 1/28/99
Signed 
Address 6 PINEAPPLE LANE
City & State SEWALL'S POINT, FL
Permit No. _____

This form is for all permits except electrical.
Revised October 25, 1995



FOUNDATION PLAN
SCALE: 1/4" = 1'-0"

T. STILES PEET, P.E.
JAN 22 1999
NO. 49200

T. Stiles Peet

Scale :	1/4" = 1'-0"
Date :	12-30-98
Designed :	TSP
Drawn :	TSP
Checked :	TSP
Project No.:	88051
CAD File :	88051.DWG

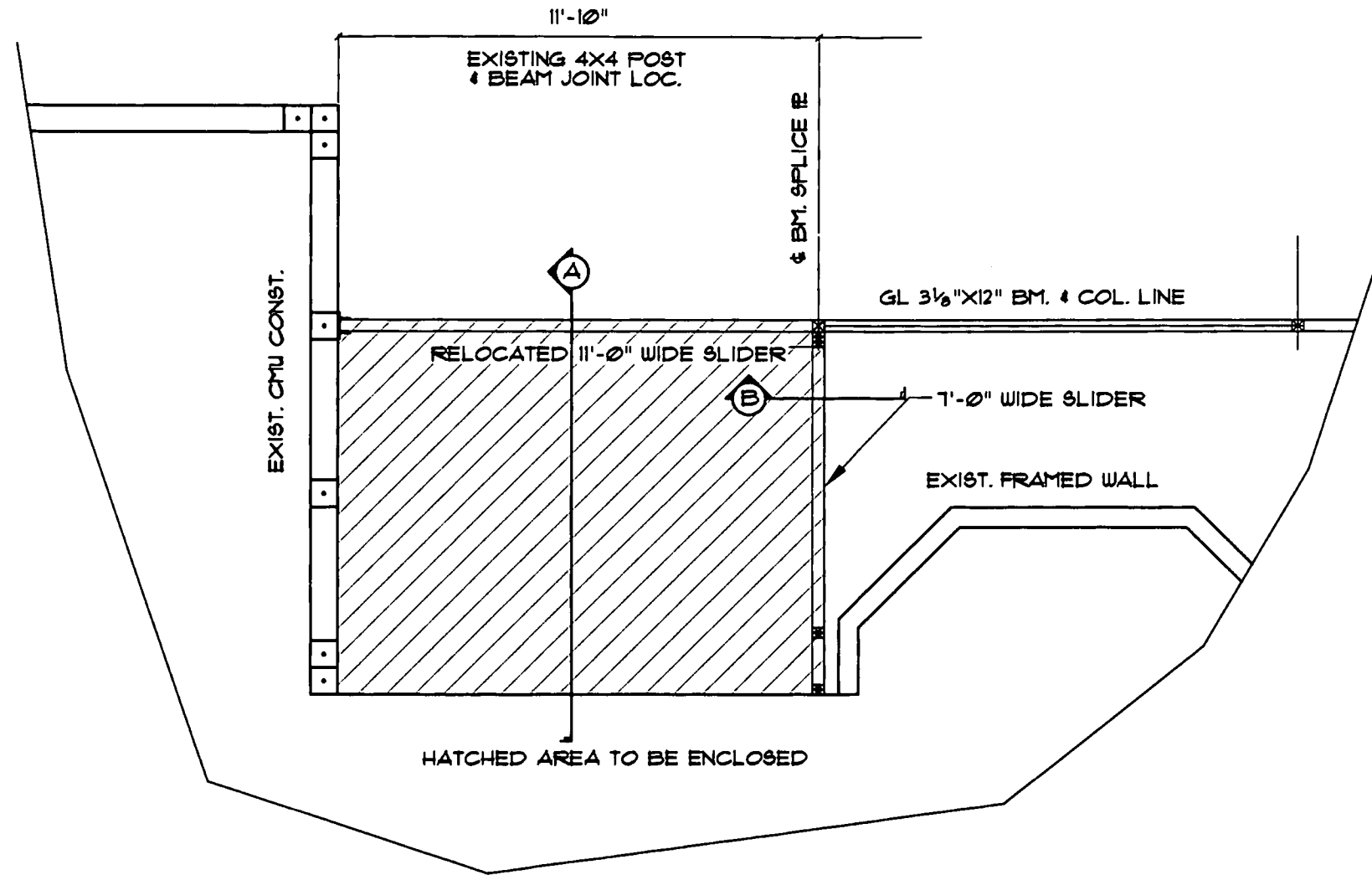
Date	Revision

**STANLEY ADDITION
FOUNDATION PLAN**

T. STILES PEET, P.E.
1046 SE ST. LUCIE BLVD
STUART, FL 34996
VOICE: (888) 2233-9863 FAX: (888) 2233-9862

STANLEY RESIDENCE
FINEAPPLE LANE
SEWALL'S POINT, FL

Project #88051	Sheet	1	of	3



FRAMING PLAN

SCALE: 1/4" = 1'-0"

T. STILES PEET, P.E.

JAN 22 1999

NO. 49200

T. Stiles Peet

Scale : 1/4" = 1'-0"
 Date : 12-30-88
 Designed : TSP
 Drawn : TSP
 Checked : TSP
 Project No.: 88051
 CAD File : 88T2.DWG

Date	Revision

**STANLEY ADDITION
FRAMING PLAN**

T. STILES PEET, P.E.
 1046 SE ST. LUCIE BLVD
 STUART, FL 34996
 VOICE: (86) 12233-8883 FAX: (86) 1223-8882

STANLEY RESIDENCE
 PINEAPPLE LANE
 SEWALL'S POINT, FL

Project # 88051
 Sheet 2 of 3

GENERAL STRUCTURAL NOTES:

CAST IN PLACE CONCRETE:

- A. All concrete design is based on the " Building Code requirements for Reinforced Concrete" (ACI 318-95).
- B. All structural concrete shall have a minimum compressive strength of 2,500 PSI.
- C. Concrete shall be proportioned utilizing Type II or Type V cement.

REINFORCING STEEL:

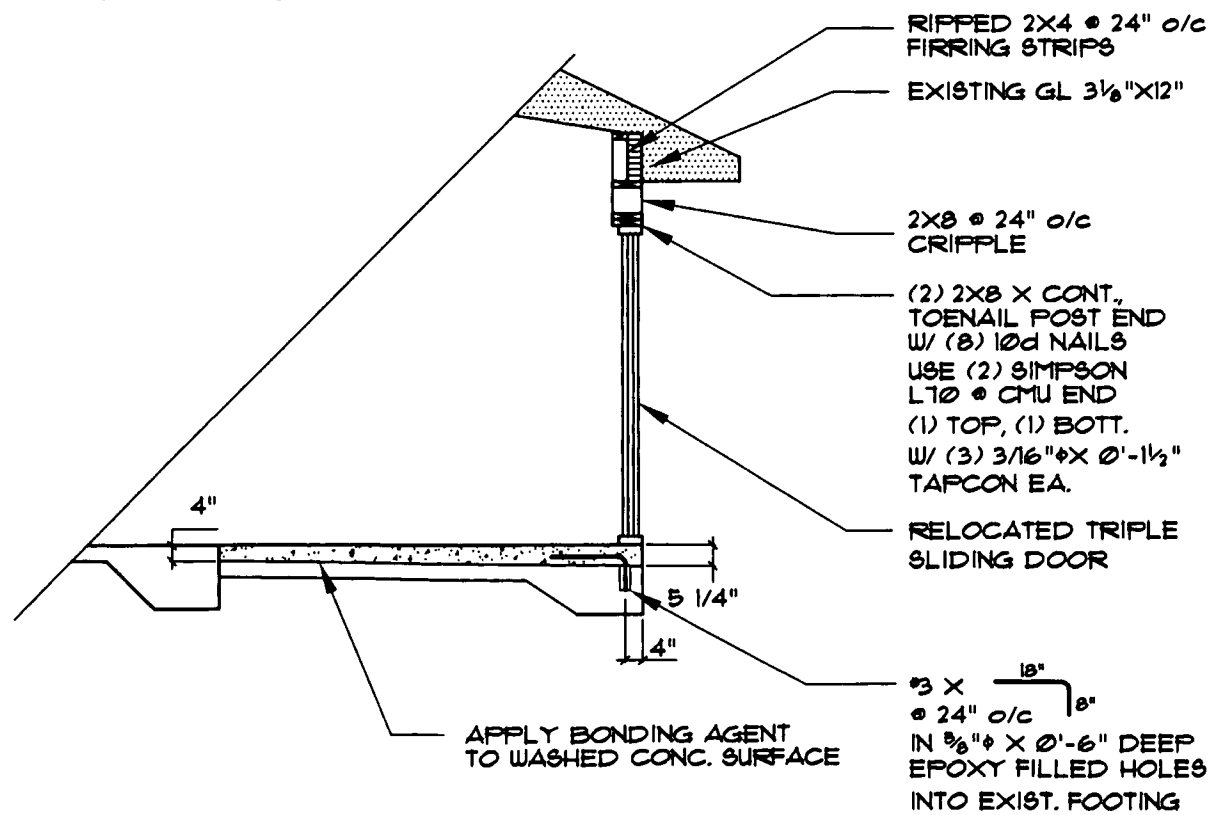
- A. All detailing, fabrication, and placement of reinforcing steel shall be in accordance with the ACI Manual of Concrete Practice.
- B. Except where otherwise noted on the drawings, reinforcing bars shall conform to ASTM Specification A615, latest edition, including supplemental requirements, and shall be grade 60.

STRUCTURAL WOOD FRAMING:

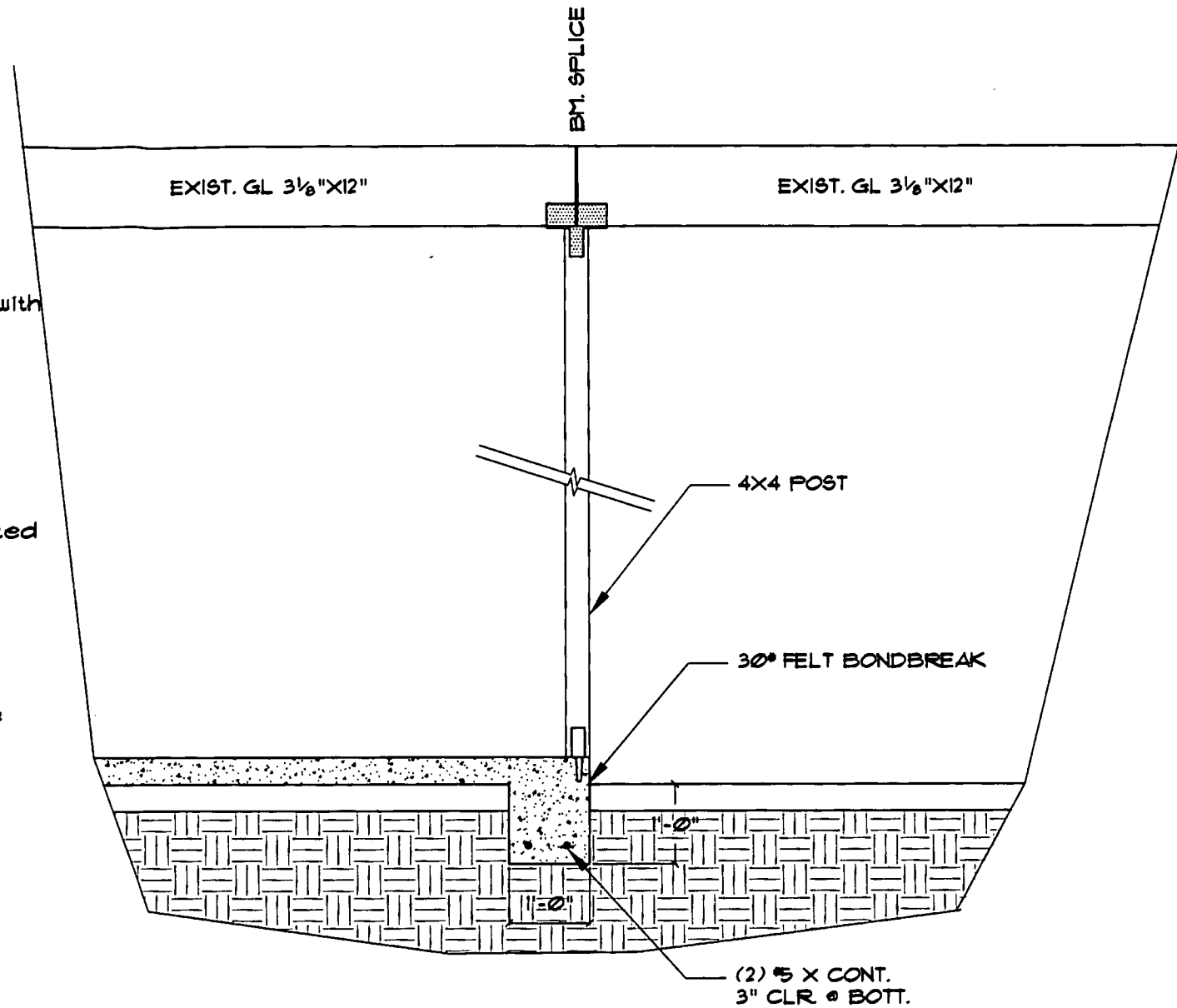
- A. Studs shall be stud grade and better Hem Fir or Mixed Southern Pine.
- B. Wood bearing directly on top of concrete and wood framing members, shall be treated for moisture resistance.

STRUCTURAL ERECTION AND BRACING REQUIREMENTS:

- A. The structural drawings illustrate the completed structure with all their elements in their final positions, properly supported and braced.
- B. The contractor, in the proper sequence, shall provide shoring and bracing as may be required during construction to achieve the final completed structure.



A SECTION
SCALE: 1/4" = 1'-0"



B SECTION
SCALE: 1/2" = 1'-0"

T. STILES PEET, P.E.

JAN 22 1999

NO. 49200

T. Stiles Peet

Scale:	1/4" = 1'-0"
Date:	12-30-88
Designed:	TSP
Drawn:	TSP
Checked:	TSP
Project No.:	88051
CAD File:	SHTS.DWG

Date	Revision

STANLEY ADDITION SECTIONS & NOTES

T. STILES PEET, P.E.
1046 SE ST. LUCIE BLVD
STUART, FL 34996
VOICE: (86) 17233-3883 FAX: (86) 17233-3882

STANLEY RESIDENCE
PINEAPPLE LANE
SEWALL'S POINT, FL

7209
RE-ROOF

REISSUED
3/1/06

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/10/05

BUILDING PERMIT NO. 7209

Building to be erected for MOSCATELLO Type of Permit REROOF

Applied for by ENERGY COATINGS CORP (Contractor) Building Fee _____

Subdivision PINEAPPLE LA Lot 3 Block _____ Radon Fee _____

Address 6 PINEAPPLE LANE Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number:

1238410030000003000000 Roofing Fee 120.00

Amount Paid 120.00 Check # 3776 Cash _____ Other Fees (_____) 1

Total Construction Cost \$ 58,000. TOTAL Fees 120.00

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 checked="" 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 | _____ |

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: 1209

PAID
Date: 1/10/05
JAN 10 2005

OWNER/TITLEHOLDER NAME: William F. Moscatello Phone (Day) 772-341-0526 (Fax) _____

Job Site Address: 6 Pineapple Ln City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: 12-38-41-003-000-00030-0

Owner Address (if different): 6 Pineapple LN. City: _____ State: FL Zip: _____

Description of Work To Be Done: Re-roof

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 58,000⁰⁰

(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: Energy Coatings Corp. Phone: 772-562-7916 Fax: 772-562-7497

Street: 1000 OLD DIXIE HWY City: VERO BEACH State: FL Zip: 32960

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

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: Energy Coating Corporation State: FL License Number: CCC057982

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)
William F. Moscatello

State of Florida, County of: MARTIN

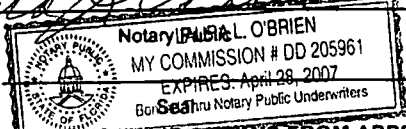
This the 11th day of JANUARY, 2005

by WILLIAM F. MOSCATELLO who is personally

known to me or produced NJDL, MARS/18566 05425

as identification. [Signature] 6/30/07

My Commission Expires: _____



CONTRACTOR SIGNATURE (required)
David Moberly

On State of Florida, County of: MARTIN

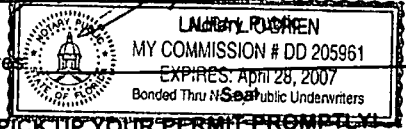
This the 10th day of JANUARY, 2005

by DAVID T. MOBERLY who is personally

known to me or produced FLDI, MARY/58-59-180-0

As identification. [Signature] 5/22/09

My Commission Expires: _____



ACORD CERTIFICATE OF LIABILITY INSURANCE

10/27/2004

PRODUCER (407)628-3441 FAX (407)539-0619
 Lassiter-Ware Insurance
 of Orange/Seminole, Inc.
 PO Box 940159
 Maitland, FL 32794-0159

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 Energy Coatings Corporation
 1000 Old Dixie Hwy.
 Vero Beach, FL 32960

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Penn America Insurance Co.	32859
INSURER B:	American Interstate Ins. Co.	31895
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	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY	SUB1009907	10/30/2004	10/30/2005	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Per occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMPROP AGG	\$ 1,000,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY - EA ACC	\$
	EXCESS/UMBRELLA LIABILITY					
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$
	<input type="checkbox"/> DEDUCTIBLE				AGGREGATE	\$
	<input type="checkbox"/> RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	AVWCFL1305382004	08/28/2004	08/28/2005	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 100,000
	OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 We will not alter the Cancellation Clause per Insurance Regulations.
 For Informational purposes only.

CERTIFICATE HOLDER

Energy Coatings Corporation
 1010 Old Dixie Hwy.
 Vero Beach, FL 32960

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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Ron Brown/DEED *[Signature]*



PERMIT # _____

TAX FOLIO # _____

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): 6 Pineapple Ln Stuart, FL 34996 (Lot 3) Parcel ID # 12-38-41-003-000-0003 Serial ID 27622

GENERAL DESCRIPTION OF IMPROVEMENT: Re-roof

OWNER: William E. Moscatello

ADDRESS: 6 Pineapple Ln, Stuart, FL 34996

PHONE #: 772-341-0526 FAX #: _____

CONTRACTOR: Energy Coating Corporation

ADDRESS: 1000 Old Dixie Hwy, Vero Beach, FL 32960

PHONE #: 772-562-7916 FAX #: 772-562-7497

SURETY COMPANY(IF ANY) _____ STATE OF FLORIDA MARTIN COUNTY

ADDRESS: _____ THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL _____

PHONE # _____ BY [Signature] D.C. _____

BOND AMOUNT: _____ DATE 1/14/05

LENDER: _____

ADDRESS: _____ PHONE #: _____ FAX #: _____

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13(1XA)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(1XB), FLORIDA STATUTES. PHONE #: _____ FAX #: _____

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 14th DAY OF JANUARY 2005 BY WILLIAM F MOSCATELLO

OR PERSONALLY KNOWN PRODUCED ID M6687 78566 05425 x6/30/07 TYPE OF ID NEED

[Signature]
NOTARY SIGNATURE
LAURA L. O'BRIEN
MY COMMISSION # DD 20596;
EXPIRES: April 28, 2007
Bonded Thru Notary Public Underwriters

INSTR # 1806778 OR BK 01973 PG 1022 RECD 01/14/2005 01:50:48 PM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L WOOD

AC# 1510000

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04072800816

DATE	BATCH NUMBER	LICENSE NBR
07/28/2004	040093670	CCC057982

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

NEDRELID, NILS P
ENERGY COATING CORPORATION
1000 OLD DIXIE HWY
VERO BEACH FL 32960

JEB BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW

COUNTY OCCUPATIONAL LICENSE TAX

2004-2005

ACCOUNT 000567-0003744

INDIAN RIVER COUNTY, FLORIDA

EXPIRES SEPT. 30. 2005

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

TYPE OF BUSINESS 000567 CONTRACTOR-ROOFING/REGISTERED
000520 *CONTR-PAINTING

SUPPLEMENTAL
RENEWAL
NEW LICENSE
TRANSFER
ORIGINAL TAX

BUSINESS ADDRESS 1000 OLD DIXIE HIGHWAY
IR - INDIAN RIVER

HOME MAILING ADDRESS ENERGY COATINGS CORPORATION
NEDRELID, NILS P
1000 OLD DIXIE HWY
VERO BEACH FL 32960-4359

AMOUNT
PENALTY
TOTAL

CHARLES W. SEMBLER
TAX COLLECTOR
1775 281-0001 90001
DATE 8/30/05
PAID 40.00
TAX COLLECTOR

This license is in addition and not in lieu of any other license required by law or municipal ordinance and is subject to regulations of zoning, health and any other lawful authority. Licensee must notify the Tax Collector's Office of any changes in business name, ownership, location address or mailing address.

CHARLES W. SEMBLER, TAX COLLECTOR
P.O. BOX 1509, VERO BEACH, FL 32961

CHARLES W. SEMBLER
TAX COLLECTOR
INDIAN RIVER COUNTY, FLORIDA

000000000 0000004000 0000005670003744 1001 1

ALCORN CERTIFICATE OF LIABILITY INSURANCE

02/28/2006

PRODUCER (407)628-3441 FAX (407)539-0619

Lassiter-Ware Insurance
of Orange/Seminole, Inc.
PO Box 940159
Maitland, FL 32794-0159

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 Energy Coatings Corporation
1000 Old Dixie Hwy.
Vero Beach, FL 32960

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: First Mercury Insurance Co.

INSURER B: American Interstate Ins. Co.

31895

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.

INSURER ADD'L LTD. INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
					EACH OCCURRENCE	\$
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM MADE <input checked="" type="checkbox"/> OCCUR	FMFL001320	11/21/2005	11/21/2006	EACH OCCURRENCE	\$ 1,000,000
	PROPERTY DAMAGE TO RENTED PREMISES (Per occurrence)				\$ 50,000	
	MED EXP (Any one person)				\$ Excluded	
	PERSONAL & ADV INJURY				\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. SUBJECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE: RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETARY PARTNER/EXECUTIVE OFFICERS/OWNERS EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	AVWCFL1417282005	08/28/2005	08/28/2006	WC STATUTORY LIMITS	OTH-ER
	E.L. EACH ACCIDENT				\$ 100,000	
	E.L. DISEASE - EA EMPLOYEE				\$ 100,000	
OTHER					E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
The cancellation clause will not be altered per insurance regulations. The certificate holder is named as Additional Insured per Blanket Additional Insured form in General Liability form.

CERTIFICATE HOLDER

Tom of Sewalls Point
1 South Sewalls Point Rd.
Sewalls 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 ISSUED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Ron Brown/DEDED

©ACORD CORPORATION 1999

COUNTY OCCUPATIONAL LICENSE TAX

2005-2008

INDIAN RIVER COUNTY, FLORIDA

ACCOUNT 000567-0003744

EXPIRES SEPT. 30, 2006

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

TYPE OF BUSINESS 000567 CONTRACTOR-ROOFING/REGISTERED
000520 *CONTR-PAINTING

BUSINESS ADDRESS 1000 OLD DIXIE HWY
IR - INDIAN RIVER

NAME MAILING ADDRESS ENERGY COATINGS CORPORATION
NEORELTD. NILS P
1000 OLD DIXIE HWY
VERO BEACH FL 32960-4359

SUPPLEMENTAL RENEWAL NEW LICENSE TRANSFER - ORIGINAL TAX 40.00

AMOUNT PENALTY TOTAL 40.00

1000000001 of 0001
DATE 08/28/06
PAID 40.00

This license is in addition and not in lieu of any other license required by law or municipal ordinance and is subject to regulations of zoning, health and any other lawful authority. Licensee must notify the Tax Collector's Office of any changes in business name, ownership, location address or mailing address.

CHARLES W. SEMBLER, TAX COLLECTOR
P.O. BOX 1509, VERO BEACH, FL 32961

CHARLES W. SEMBLER
TAX COLLECTOR
INDIAN RIVER COUNTY, FLORIDA

0000000000 0000004000 0000005670003744 1001 1



MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING

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

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

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

PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 372-6339

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Scandinavian Profiling Systems, Inc.
5449 Maule Way
Mangonia Park ,FL 33407

Your application for Notice of Acceptance (NOA) of:

Scandinavian Nordman Tile Metal Roof

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

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

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

ACCEPTANCE NO.: 01-0820.03
EXPIRES: 08/27/2006

Raul Rodriguez
Chief Product Control Division

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

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

APPROVED: 10/05/2001

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: <u>11/1/05</u>
BUILDING OFFICIAL
Gene Simmons

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

ROOFING SYSTEM APPROVAL:

Category: Roofing Approval Date: **October 5, 2001**
Sub-Category: Metal, Panels(Non-Structural)
Material: Steel Expiration Date: **August 27, 2006**
Deck Type: Wood
Maximum Design Pressure -52.5 psf

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

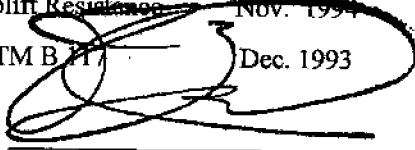
<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Nordman™ Panel	l = 50' max w = 44 - 1/4"	PA 110	Hot dipped galvanized (G-90) Kynar or PVC coated steel, clay-tile-look roofing panels.
Trim pieces	L=varies W=varies	PA 110	Galvanized (G-90) Kynar or PVC coated.
HYLAR	N/A	PA 110	Corrosion resistant flourocarbon coating.
5000™/KYNAR 500	N/A	PA 110	Corrosion resistant Polyvinyl Chloride (PVC) coating.
PLASTISOL	N/A	PA 110	Corrosion resistant Polyvinyl Chloride (PVC) coating.

TRADE NAMES OF PRODUCTS MANUFACTURED OTHERS:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>	<u>Manufacturer</u>
Pop Rivets	#8	PA 114	Corrosion Resistant, standard steel pop rivets	generic
Sheet Metal Screws	#9	Appendix E PA 114	Corrosion resistant, standard sheet metal screws, with metal and neoprene sealing washers.	generic
Sealant	N/A	N/A	Sealant for use at foam closure strip.	generic

EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Underwriter Laboratories, Inc.	98RT4631	UL 580	June 1998
Center For Applied Engineering	MTS 257847A	PA 100	Nov. 1996
Construction Research Laboratory, Inc.	5855	Wind Driven Rain Test and Static Uplift Test	Jun. 1993
Ramtech Laboratories, Inc.	9519-92	ASTM G 23	Dec. 1992
Ramtech Laboratories, Inc.	IC-1303-94	Wind Uplift Resistance	Nov. 1994
Valspar Corporation	Salt Spray Testing	ASTM B 117	Dec. 1993


 Frank Zuloaga, RRC
 Roofing Product Control Examiner

APPROVED ASSEMBLIES

- System: A:** Nordman™ Tile
- Deck Type:** Wood, Non-insulated
- Deck Description:** New Construction or $1\frac{9}{32}$ " or greater plywood or wood plank or Re-roof $1\frac{5}{32}$ " plywood.
- Slope Range:** 2":12" or greater
- Maximum Uplift Pressure:** The maximum allowable design pressure for system A shall be **-52.5 psf**.
- Deck Attachment:** In accordance with applicable building code, but in no case shall it be less than #8 x $1\frac{3}{4}$ " wood screws or annular ring shank nails at a spacing of 6" o.c. at supports. For re-roof applications, minimum $1\frac{5}{32}$ " plywood deck panels shall be acceptable and attached to wood trusses using minimum #8 x $1\frac{3}{4}$ " wood screws or annular ring shank nails at a spacing of 6" o.c. in addition to the existing attachment.
- Underlayment:** Minimum underlayment shall be an ASTM D 226 Type II installed with a minimum 4" side-lap and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and 12 gauge $1\frac{1}{4}$ " annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.
- Valleys:** Valley construction shall be in compliance with Roofing Application Standard RAS 133 and with Scandinavian Profiling Systems, Inc. current published installation instructions.
- Battens:** (Optional) Install nominal 1" x 4" battens pressure treated LP 2 or decay resistant lumber over underlayment at a maximum spacing of $13\frac{3}{4}$ " using minimum of two #8-10 x $2\frac{1}{2}$ " bugle head screws spaced 12" o.c. and at $\frac{1}{2}$ " from each end.
- Fire Barrier Board:** For class A or B fire rating, install minimum $\frac{1}{4}$ " thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Tritex, RockRoof (with current NOA) or $\frac{5}{8}$ " water resistant type X gypsum sheathing with treated core and facer.
- Metal Panels and Accessories:** Install the Nordman Tile™ Panel and accessories in compliance with Scandinavian Profiling Systems, Inc. current, published installation instructions and details. Flashing, penetrations, valley construction and other details shall be constructed in compliance with the minimum requirements provided in Roofing Application Standard RAS 133.
- Fasteners shall be a minimum of #9 hex head metal/wood fasteners with color match cap and concealed 0.60 neoprene washers, of sufficient length to penetrate through the sheathing a minimum of $\frac{3}{16}$ ", at a spacing ~~not to exceed 14" o.c.~~ Fasteners shall be placed in accordance with fastener detail herein as follows:

Fasteners shall be installed at a tile valley of each vertical step at all side laps, at the tile valley of each horizontal tile step along eave & ridge, and at the tile valley of every other horizontal tile valley in the field of each panel. This leads to 7 fasteners per panel width along the eave & ridge and 4 fasteners per panel width in the field of the panel.

Side laps are secured at each vertical tile step with one #9 metal/wood fastener with color match cap and concealed 0.60 neoprene washers, of sufficient length to penetrate through the sheathing a minimum of 3/16".



Frank Zuloaga, RRC
Roofing Product Control Examiner

- SYSTEM A-2:** Nordman™ Tile
- Deck Type:** Wood, Non-insulated
- Deck Description:** Recover over existing Asphalt Shingle Roof
1⁵/₃₂" or greater plywood
- Slope Range:** 2":12" or greater
- Maximum Uplift Pressure:** The maximum allowable uplift pressure for System A-2 shall be -52.5 psf. (See Limitation #2)
- Deck Attachment:** For rcover applications, existing deck attachments shall be confirmed to be in compliance with the minimum requirements of applicable Building Code.
- Existing Shingles:** Existing shingles shall be minimum Class 'C' organic felt shingles or minimum Class 'A' fiberglass shingles to maintain a Class 'A' or 'B' fire rating, as noted below.
- Fire Barrier:** (For a Class 'A' Fire Rating) Apply one layer of mechanically attached ½" thick UL Classification type X gypsum, with a moisture resistant facer and core, or apply one layer minimum 4mm thick of Tritex, RockRoof (with current NOA), or any approved fire barrier.
- Underlayment:** Minimum underlayment shall be an ASTM D 226 Type II installed with a minimum 4" side-lap and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and 12 gauge 1 ¼" annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.
- Battens:** (For a Class 'B' Fire Rating) Install minimum 2" x 2" wood battens of LP2 pressure treated or decay resistant lumber, running perpendicular to the roof slope, at a spacing of 13-¾" using a minimum of one #10 x 2-½" bugle head screws spaced 12" o.c. and ½" from each end.
- Valleys:** Valley construction shall be in compliance with Roofing Application Standard RAS 133 and with Scandinavian Profiling Systems, Inc. current published installation instructions.
- Metal Panels and Accessories:** Install the Nordman Tile™ Panel and accessories in compliance with Scandinavian Profiling Systems Inc. current, published installation instructions and details. Flashing, penetrations, valley construction and other details shall be constructed in compliance with the minimum requirements provided in Roofing Application Standard RAS 133.

Fastener shall be #9 hex head metal/wood fasteners with color match cap and concealed 0.60 neoprene washers, of sufficient length to penetrate through the

sheathing a minimum of 3/16", at a spacing not exceed 14" o.c. Fasteners shall be place in accordance with fastener detail herein as follows:

Fasteners shall be installed at a tile valley of each vertical step at all side laps, at the tile valley of each horizontal tile step along eave & ridge, and at the tile valley of every other horizontal tile valley in the field of each panel. This leads to 7 fasteners per panel width along the eave & ridge and 4 fasteners per panel width in the field of the panel.

Side laps are secured at each vertical tile step width one #9 metal/wood fastener with color match cap and concealed 0.60 neoprene washers, of sufficient length to penetrate through the sheathing a minimum of 3/16".

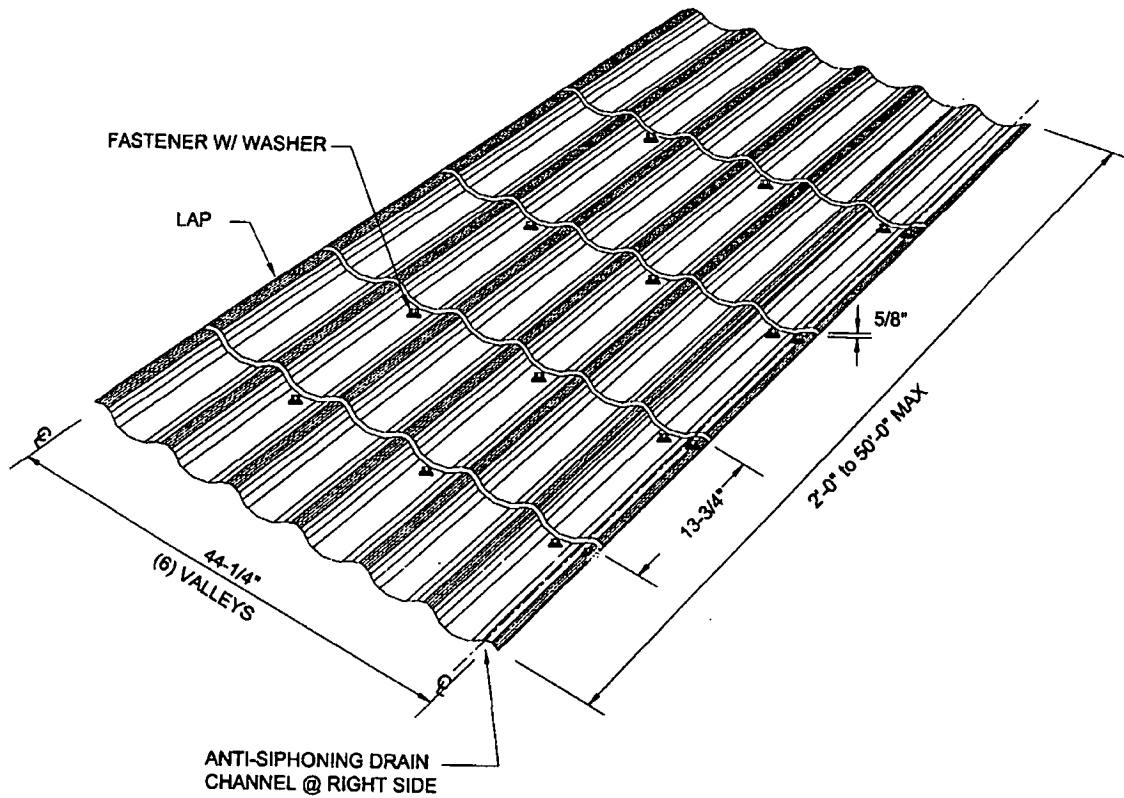
LIMITATIONS

1. The standard minimum roof pitch for Scandinavian Profiling Systems applications is 2" rise in 12" run (2":12").
2. Increased design pressures at perimeter and corner areas, in compliance with applicable building code may be met through rational analysis by increasing the number of attachment points in these areas. The maximum fastener spacing noted in the "Systems Description" section of this approval shall not be exceeded. All rational analysis computation shall be prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant.
3. All panels shall bear the imprint or identifiable marking of the manufacturer's name or logo for identification in the field.
4. Fire classification is not part of this acceptance, refer to a current Approved Roofing Materials Directory for fire ratings of this product.

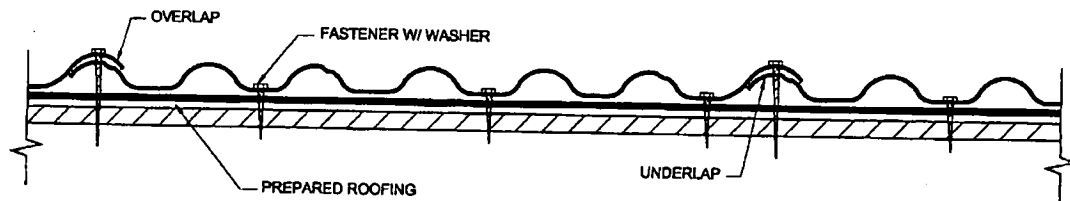


Frank Zuloaga, RRC
Roofing Product Control Examiner

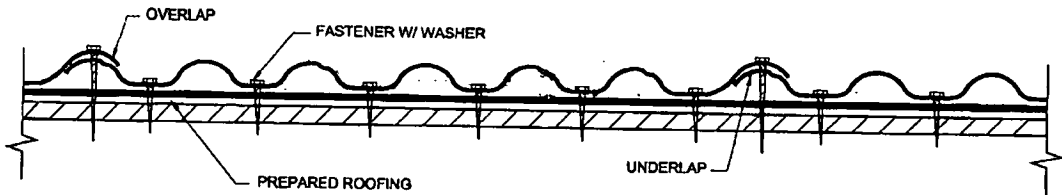
PROFILE DRAWINGS



NORDMAN TILE



FIELD SECTION



EAVE, RIDGE & ENDLAP SECTION

FASTENER DETAIL

Frank Zuloaga, RRC
Roofing Product Control Examiner

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

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

END OF THIS ACCEPTANCE



Frank Zuloaga, RRC
Roofing Product Control Examiner

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/10, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7901	ALLMAN	FINAL WINDOWS	FAIL	
8	45 RIO VISTA O/B			INSPECTOR: <i>OM</i>
8073	SHAW	SCREEN RM REPAIR FINAL	PASS	CLOSE
12	78 N SEWALLS Pt STRUCTURE CON			INSPECTOR: <i>OM</i>
6812	MADER	INSULATION	PASS	
4	106 ABBIE COURT BUFORD			INSPECTOR: <i>OM</i>
7764	RUCKS.	SUB. SIDING	FAIL PASS	
13	20 N. SEWALLS PT. MASTER PIECE	WINDOW + DOOR BUCKS TRUSS E	FAIL FAIL	INSPECTOR: <i>OM</i>
7883	DENNLSON	IN PROGRESS	PASS	
3	49 W HIGH POINT SQUARE ROOFING			INSPECTOR: <i>OM</i>
8070	ENGELSTAD	FINAL GARAGE DOOR	FAIL	
9	23 LANANA LA O/B			INSPECTOR: <i>OM</i>
7209	MOSCATELLO	FINAL ROOF	PASS	CLOSE
6	6 PINEAPPLE LA ENERGY COATINGS			INSPECTOR: <i>OM</i>

OTHER:

12. S. S. Pt. PERMIT NOT TO BE
 129 55 Pt. WAIVED TO TREE
 FINAL ELEC. PASS *OM*

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/20, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6917	SEYMOUR	FINAL RENOVATION	PASS	CLOSE
7	73 S. SEWALL'S Pt O/B			INSPECTOR:
7420	JENKINS	FENCE	PASS	CLOSE
14	4 SABAL COURT O/B			INSPECTOR:
7209	MISCATELLO	DECK	PASS	
4	6 PINEAPPLE LA ENERGY COATING			INSPECTOR:
7472	KALOYANNIS	FENCE PERM	PASS	CLOSE
6	80 S. RIVER RD O/B			INSPECTOR:
7430	MURPHY	FINAL DECK	PASS	CLOSE
10	8 HERON'S NEST O/B			INSPECTOR:
7487	GRASSAM	PRE DEMO WALL	PASS	CLOSE
16	8 COPAIBERD O/B			INSPECTOR:
TREE	WILCOX	TREE	PASS	
8	11 RIVERVIEW			INSPECTOR:

OTHER: _____

754-224-7306

SOUTHERN TRADING

8079
REPAIR
STRUCTURAL
BEAMS

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3/2/06

BUILDING PERMIT NO. 8079
Repair Structure

Building to be erected for MOSCATELLO

Type of Permit BEAMS

Applied for by FLORIDA'S FINEST

(Contractor) Building Fee 92.16
*9.60 * 9600/1000 = 92.16*

Subdivision PINEAPPLE LA Lot 3 Block _____

Radon Fee _____

Address 6 PINEAPPLE LANE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

123841003000000300

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 92.16 Check # 15122 Cash _____ Other Fees (_____)

Total Construction Cost \$ 9600

TOTAL Fees 92.16

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 _____ |

Date: 2/8/06



Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: 8019

OWNER/TITLEHOLDER NAME: William Moscatello Phone (Day) (772) 781-8188 (Fax)

Job Site Address: 6 Pineapple Lane City: Stuart State: FL Zip: 34996

Legal Description of Property: Pineapple Lane, Lot 3 Parcel Number: 12-38-41-003-000-00030-0

Owner Address (if different): 1 Worth Court City: Stuart State: FL Zip: 34996

Description of Work To Be Done: Repair termite damaged structural beams

WILL OWNER BE THE CONTRACTOR?:

Yes No

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

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 9,600
(Notice of Commencement needed over \$2500)
Is improvement cost 50% or more of Fair Market Value? Yes No
Method of Determining Fair Market Value:

CONTRACTOR/Company: Florida's Finest Construction, Inc. Phone: (772) 288-1715 Fax: (772) 288-2126

Street: 3163 SE Lionel Terrace City: Stuart State: FL Zip: 34997

State Registration Number: State Certification Number: CBC047650 Martin County License Number: 1990-513-069

SUBCONTRACTOR INFORMATION:

Electrical: N/A State: License Number:
Mechanical: N/A State: License Number:
Plumbing: N/A State: License Number:
Roofing: N/A State: License Number:

ARCHITECT Braden & Braden Phone Number: (772) 287-8258

Street: 417 Coconut Ave. City: Stuart State: FL Zip: 34994

ENGINEER Phone Number:

Street: City: State: Zip:

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

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

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

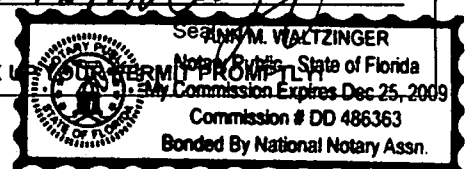
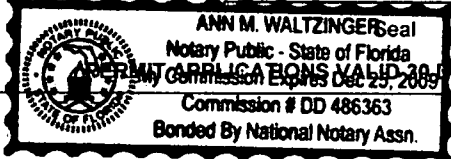
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (required)
William F. Moscatello
State of Florida, County of: Florida
This the 10th day of February, 2006
by William Moscatello who is personally known to me or produced as identification.
Notary Public

My Commission Expires:

CONTRACTOR SIGNATURE (required)
On State of Florida, County of: Florida
This the 9th day of February, 2006
by who is personally known to me or produced as identification.
Notary Public

My Commission Expires:



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

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

PERMIT # _____ TAX FOLIO # _____

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):

6 PINEAPPLE LANE PINEAPPLE LANE, LOT 3

GENERAL DESCRIPTION OF IMPROVEMENT: REPAIR TERMITE DAMAGED STRUCTURAL BEAM

OWNER: WILLIAM MOSCATELLO

ADDRESS: 1 WORTH COURT, STUART, FL 34996

PHONE #: (772) 781-8188 **FAX #:** _____

CONTRACTOR: Florida's Finest Construction Inc.

ADDRESS: 3163 SE Lionel Terrace Stuart, FL 34997

PHONE #: (772) 288-1715 **FAX #:** (772) 288-2126

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13(1)(A), 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 ON (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

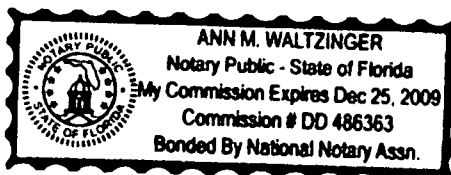
William Moscatello
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 10th DAY OF February

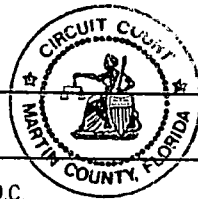
2006 BY William WHO IS PERSONALLY KNOWN TO ME OR

PRODUCED _____ AS IDENTIFICATION.

Ann M. Waltzinger
NOTARY PUBLIC



INSTR # 1909912
OR BK 02111 PG 1168
Pg 1168; (1pg)
RECORDED 02/10/2006 01:52:47 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY L Wood



THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK
BY [Signature] D.C.
DATE 2/10/06

AGORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/06/2005

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

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

INSURED Florida's Finest Construction, Inc.
3163 SE Lionel Terrace
Stuart, FL 34997

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Quanta Indemnity 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	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	QAG000559500	08/24/2005	08/24/2006	EACH OCCURRENCE	\$ 1,000,00
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,00
						PERSONAL & ADV INJURY	\$ 1,000,00
						GENERAL AGGREGATE	\$ 2,000,00
						PRODUCTS - COMP/OP AGG	\$ 2,000,00
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

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

CERTIFICATE HOLDER

Sewall's Point, Town of
1 South Sewall's Point Road
Stuart, FL 23996

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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
David Deakins/BLF



ACORD.. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2006

PRODUCER
Insurance Company of the Americas
1310 Utica Street
P.O. Box 855
Oriskany, New York 13424
Tel: (315) 768-2726 Fax: (315) 736-8731

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
Employee Leasing Solutions, Inc.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Insurance Company of the Americas

33030

INSURER B:

INSURER C:

INSURER D:

INSURER E:

1401 Manatee Ave W. Suite 600
Bradenton, FL 34205

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <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	WC69203010103	01/01/2006	01/01/2007	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
		OTHER Client ID: #4041063 Print Ref #: 9751:25645					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:

Florida's Finest Construction
 Qualifiers Name: Roy P Kraemer

Aprox active employee count: 9

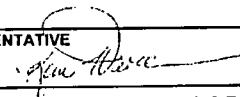
CERTIFICATE HOLDER

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, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



**2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

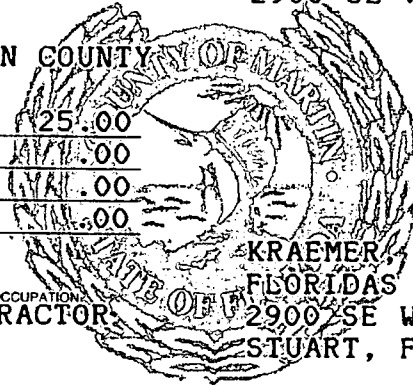
LICENSE 1990-513-069 CERT CBC047650

PHONE (561)288-1715 SIC NO 233210

LOCATION:
2900 SE WAALER ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>0.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>0.00</u>
TOTAL			<u>25.00</u>



KRAEMER, ROY PAUL
FLORIDA'S FINEST CONSTRUCTION
2900 SE WAALER ST
STUART, FL 34997

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **CERTIFIED BUILDING CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

13 DAY OF SEPTEMBER 2005
AND ENDING SEPTEMBER 30 2006

12 05091302 005971

AC#1499630

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04072101304

DATE	BATCH NUMBER	LICENSE NBR
07/21/2004	040074181	GBC047650

The BUILDING CONTRACTOR
Named below is CERTIFIED
Under the provisions of Chapter 489, F.S.
Expiration date: AUG 31, 2006



KRAEMER, ROY PAUL
FLORIDAS FINEST CONSTRUCTION
2900 SE WAALER ST
STUART FL 34997

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
SECRETARY

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 298-5804

LICENSE 1990-513-069 CERT GBC047650
PHONE (561) 288-1715 RIC NO 233210

LOCATION:
2900 SE WAALER ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

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



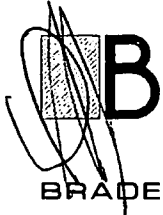
IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF
CERTIFIED BUILDING CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

21 DAY OF SEPTEMBER 04
A.D. BEGINNING SEPTEMBER 2005

ROY PAUL
FLORIDAS FINEST CONSTRUCTION
2900 SE WAALER ST
STUART, FL 34997

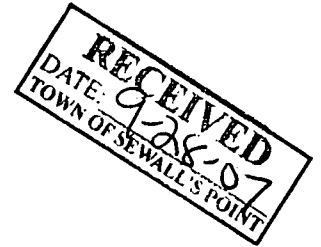
12 04092101 004691



BRADEN & BRADEN, A. I. A., P. A.

Architects & Planners

417 COCONUT AVENUE, STUART, FLORIDA 34996
TELEPHONE: (772) 287-8258 FAX (772) 287-8283
#AAC-000032



September 25, 2007

Town Of Sewall's Point
1 South Sewall's Point Road
Stuart, Florida 34996
Attention: Phil Wintercorn / John Adams
Re: Permit # 8079

Dear Phil,

This letter is in regard to the truss repairs completed at 6 Pinapple Lane. The damaged portions of truss cord have been cut out and replaced with Southern Yellow Pine and gusseted with a minimum plywood thickness of 1/2". The plywood gussets are fastened to both faces of truss and secured with 8d or greater nails placed at a maximum of 8" O.C staggered,

Thank you,


Dan Braden
Braden & Braden Architects



8079

TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 6 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

BOTTOM CHORD OF TRUSS
WHICH HAS BEEN REPLACED
NEEDS ENGINEERING FOR
APPROVED SPICE. TERMITES
DAMAGE STILL IS EVIDENT
ON PORTIONS OF SAME
TRUSS CHORD

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: 3/10

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/10, 2006 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8070	MOSCATELLO	FRAMING	PASS	
6	6 PINEAPPLE FLORIDA'S FINEST	BEAMS & COLUMNS		INSPECTOR: <i>[Signature]</i>
8061	CLEMENTS	FINAL DUCT ELECT.	PASS	CLOSE
1	11 W. HIGH POINT RD FORWARD ELECTRIC		PASS	INSPECTOR: <i>[Signature]</i>
783	NOHEJL	LATH	PASS	
2	26 W. HIGH POINT O/B			INSPECTOR:
TREE	GLOVER	TREE	PASS	
5	16 RIVERVIEW			INSPECTOR: <i>[Signature]</i>
7831	JENKINS	FINAL FENCE	PASS	CLOSE
9A	3 HERITAGE WAY O/B			INSPECTOR: <i>[Signature]</i>
8012	TRAN TER	ELEC.		CALL FPL
2A	9 MIDDLE ROAD HUBERT ELEC	TEMP. POWER	PASS	INSPECTOR: <i>[Signature]</i>
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-7, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8123	Lulsh	Water final	PASS	
1st	20 E High Pt Seagate			INSPECTOR: <i>QW</i>
8099	2B Pineapple La	final	PASS	Close RECEIVED EPLC REPORT
2B	Pineapple La Florida Forest			INSPECTOR: <i>QW</i>
2A	37 W High Pt	Roof structure investigate		SPOKE w/ OWNER NEED PERMIT FOR REPAIR INSPECTOR: <i>QW</i>
8576	Cummings	Final seawall only	FAIL	
4	83 S River Rd Wilco			INSPECTOR: <i>QW</i>
7837	Krapil	Garage door	FAIL	
3	4 Rio Vista Advanced Concepts			INSPECTOR: <i>QW</i>
8636	Villar	electric-	PASS	CONTACT
5 10AM	92 N Sewalls Pt O/B	service charge		FPL. INSTALL METER INSPECTOR: <i>QW</i>
8769	Behringer	doors		
6	18 Indialucie Handyman Matter	WINDOWS	PASS	INSPECTOR: <i>QW</i>
OTHER:				

8422

ELECTRIC REPAIR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10-24-06

BUILDING PERMIT NO. 8422

Building to be erected for Thompson

Type of Permit Electric repair

Applied for by Arlington Electric (Contractor)

Building Fee _____

Subdivision Pineapple Lane lot 3 Block _____

Radon Fee _____

Address 6 Pineapple Lane

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee 35-

Parcel Control Number:

Plumbing Fee _____

12-38-41-003-000-000-3000000

Roofing Fee _____

Amount Paid \$35- Check # 068094 Cash _____ Other Fees (_____)

Total Construction Cost \$ 800

TOTAL Fees 35-

Signed Dell Perotti
Applicant

Signed John Adams
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	_____

Date: 10-17-06

RECEIVED
10-17-06

Permit Number: 8422

Town of Sewall's Point
BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Dorothy Thompson Phone (Day) 239-594-0217 (Fax) NONE

Job Site Address: 6 Pineapple Lane City: Sewalls Point State: FL Zip:

Legal Desc. Property (Subd/Lot/Block) Pineapple Lane / 3 Parcel Number: 12-38-41-003-000-00030-0

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

Description of Work To Be Done: Repair rusted conduit at the meter service lateral

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

CONTRACTOR/Company: Arlington Electric Inc. Phone 772-267-1353 Fax: 772-287-2380

Street: 3250 SE Dixie Highway City: Stuart State: Florida Zip: 34997

State Registration Number: State Certification Number: EC0000127 Martin County License Number:

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 800.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: Arlington Electric Inc. State: Florida License Number: EC0000127

Mechanical: State: License Number:

Plumbing: State: License Number:

Roofing: State: License Number:

ARCHITECT Phone Number:

Street: City: State: Zip:

ENGINEER Phone Number:

Street: City: State: Zip:

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Ken L. F.

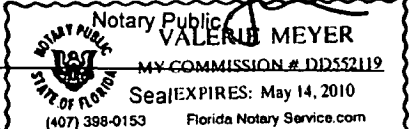
State of Florida, County of: Martin

This the 20th day of October, 2006

by Kevin Thompson who is personally

known to me or produced as identification. Valerius Meyer

My Commission Expires:



CONTRACTOR SIGNATURE (required)
JP Williams

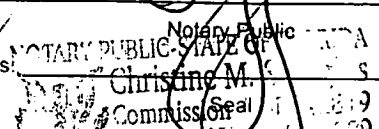
On State of Florida, County of: Martin

This the 16th day of Oct, 2006

by JP Williams who is personally

known to me or produced as identification. Christina M. Seay

My Commission Expires:





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

Site Provided by...
governmentmax.com T1.13

Summary

print Address 7 of 14

Parcel Info Summary

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
12-38-41-003-000-00030-0	6 PINEAPPLE LANE	27622	Address	0	1

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Parcel Map →
- Full Legal →

Summary
Property Location 6 PINEAPPLE LANE
Tax District 2200 Sewall's Point
Account # 27622
Land Use 101 0100 Single Family
Neighborhood 120400
Acres

Legal Description
Property Information
 PINEAPPLE LANE, LOT 3

Search By

- Parcel ID
- Owner
- Address**
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 MOSCATELLO, WILLIAM F

Mail Information
 1 WORTH CT
 STUART FL 34996

Assessment Info
 Front Ft. 0.00

Market Land Value \$275,000
Market Impr Value \$225,220
Market Total Value \$500,220

Site Functions

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

Recent Sale
 Sale Amount \$349,000

Sale Date 1/29/2001
Book/Page 1529 2284

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

Legal disclaimer / Privacy Statement

Data updated on 10/09/2006



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SB
ARLIE-1

DATE (MM/DD/YYYY)
03/13/06

PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389 JRED Arlington Electric, Inc. P.O. Box 63 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: Owners Insurance Company	32700
	INSURER B: Auto Owners Insurance Co	18988
	INSURER C: Bridgefield Insurance Co	
INSURER D:		
INSURER E:		

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	20648722	04/01/06	04/01/07	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
		<input checked="" type="checkbox"/> XCU not Excluded				PERSONAL & ADV INJURY	\$ 1,000,000
		Broad From PD				GENERAL AGGREGATE	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
B		AUTOMOBILE LIABILITY	95-435-006	04/01/06	04/01/07	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
B		EXCESS/UMBRELLA LIABILITY	9543500601	04/01/06	04/01/07	EACH OCCURRENCE	\$ 5,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 5,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	830-21298	05/01/06	05/01/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B		INSTALLATION	20511046	04/01/06	04/01/07	Installat	100,000
		RENTED EQUIPMENT	20511046 \$250 DEDUCTIBLE	04/01/06	04/01/07	Rented Eq	150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Electrical Contractor - State of Florida FAX 220-4765

CERTIFICATE HOLDER

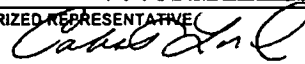
TOWNS - 1

Town of Sewalls Point
 Attn: Ed
 fax 220-4765
 1 S Sewalls Point Road
 Stuart FL 34996

CANCELLATION

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



2006-2007 MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (772) 288-5604

LICENSE 1966-508-0008 CERT _____
 PHONE (772) 287-1353 SIC NO 235210

LOCATION:
 3251 SE DIXIE HWY MAR

CHARACTER COUNTS IN MARTIN COUNTY

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

RECEIPT of PAYMENT
 LARRY C. O'STEEN
 99 08/17/2006 NORMA
 19660005080000
 002 2006 0011737
 ARLINGTON ELECTRIC

WILLIAMS, JAMES P JR (OWN/QUAL)
 ARLINGTON ELECTRIC INC
 JAMES P WILLIAMS JR
 PO BOX 63
 STUART FL 34995

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

17 DAY OF AUGUST 2006
 AND ENDING SEPTEMBER 30, 2007

DETACH HERE

AC# 2695543 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 ELECTRICAL CONTRACTORS LICENSING BOARD SEQ# L06080301319

DATE	BATCH NUMBER	LICENSE NBR
08/03/2006	058091376	EC0000127

The ELECTRICAL CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489, FS.
 Expiration date: AUG 31, 2008

WILLIAMS, JAMES P JR
 ARLINGTON ELECTRIC INC
 P O BOX 63
 STUART FL 34995-0063

JEB BUSH
 SIMONE MARSTILLER

FUND COMMITMENT FORM
SCHEDULE A

Commitment No.: 3029294

Effective Date: 08/24/06

Agent's File Reference: THOMPSON

11 :00 .00 p .m.

1. Policy or Policies to be issued:

OWNER'S: ALTA Owner's Policy (10/17/92)

Proposed Insured:

Kevin L. Thompson and Darcey M. Thompson

Proposed Amount of Insurance:

\$ 609,000.00

MORTGAGEE: ALTA Loan Policy (10/17/92)

Proposed Insured:

B. F. Saul Mortgage, its successors and/or assigns.

\$ 487,200.00

2. The estate or interest in the land described or referred to in this commitment is a Fee Simple (if other, specify same) and title thereto is at the effective date hereof vested in:

William F. Moscatello

3. The land referred to in this commitment is described as follows:

Lot 3, PINEAPPLE LANE, according to the map or plat thereof as recorded in Plat Book 11, Page(s) 62, Public Records of Martin County, Florida.

ISSUING AGENT

CHRISTOPHER J. TWOHEY, P.A.

ATTORNEY OR FIRM OF ATTORNEYS

844 EAST OCEAN BLVD.
SUITE A

MAILING ADDRESS

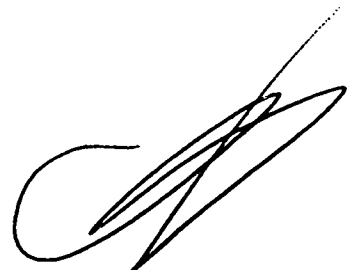
FUND Form C-SCH. A (Rev. 1/98) [486]

22173

AGENT NO.

STUART

CITY



AGENT'S SIGNATURE

, Florida 34994

ZIP

(12/05 DisplaySoft 01-WIN-FL-CSCHA)

A. Settlement Statement

U.S. Department of Housing
and Urban Development



OMB No. 2502-0265

B. Type of Loan

1. <input type="checkbox"/> FHA 2. <input type="checkbox"/> FmHA 3. <input checked="" type="checkbox"/> Conv. Unins. 4. <input type="checkbox"/> VA 5. <input type="checkbox"/> Conv. Ins.	6. File Number THOMPSON	7. Loan Number 536067499	8. Mortgage Insurance Case Number
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------	-----------------------------	-----------------------------------

C. NOTE: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked "(p.o.c.)" were paid outside the closing; they are shown here for informational purposes and are not included in the totals.

D. NAME OF BORROWER: Kevin L. Thompson and Darcey M. Thompson
 ADDRESS OF BORROWER: 6 Pineapple Ln., Stuart, FL 34996
 E. NAME OF SELLER: William F. Moscatello and Pamela L. Moscatello
 ADDRESS OF SELLER: 1 Worth Ct., Stuart, FL 34996
 F. NAME OF LENDER: B. F. Saul Mortgage
 ADDRESS OF LENDER: 7501 Wisconsin Ave. 7th Floor, Bethesda, MD 20814
 G. PROPERTY LOCATION: 6 Pineapple Lane, Stuart, FL 34996
 H. SETTLEMENT AGENT: CHRISTOPHER J. TWOHEY, P.A.
 844 EAST OCEAN BLVD., SUITE A, STUART, FL 34994
 PLACE OF SETTLEMENT: 844 EAST OCEAN BLVD., SUITE A, STUART, FL 34994
 I. SETTLEMENT DATE: 10/17/2006

J. SUMMARY OF BORROWER'S TRANSACTION		K. SUMMARY OF SELLER'S TRANSACTION	
100. GROSS AMOUNT DUE FROM BORROWER		400. GROSS AMOUNT DUE TO SELLER	
101. Contract sales price	609,000.00	401. Contract sales price	609,000.00
102. Personal property		402. Personal property	
103. Settlement charges to borrower (line 1400)	12,324.55	403.	
104. Escrow Holdback 2006 Taxes	7,768.36	404.	
105.		405.	
Adjustments for items paid by seller in advance		Adjustments for items paid by seller in advance	
106. City/town taxes to		406. City/town taxes to	
107. County taxes to		407. County taxes to	
108. Assessments to		408. Assessments to	
109. Yearly HOA 10/17/2006 to 12/31/2006	41.10	409. Yearly HOA 10/17/2006 to 12/31/2006	41.10
110. to		410. to	
111. to		411. to	
112. to		412. to	
120. GROSS AMOUNT DUE FROM BORROWER	629,134.01	420. GROSS AMOUNT DUE TO SELLER	609,041.10
200. AMOUNTS PAID BY OR IN BEHALF OF BORROWER		500. REDUCTIONS IN AMOUNT DUE TO SELLER	
201. Deposit or earnest money	50,000.00	501. Excess deposit (see instructions)	
202. Principal amount of new loan(s)	487,200.00	502. Settlement charges to seller (line 1400)	47,761.50
203. Existing loan(s) taken subject to		503. Existing loan(s) taken subject to	
204.		504. Payoff of first mortgage loan	
205.		505. Payoff of second mortgage loan	
206. Principal amount of seller financing		506. Principal amount of seller financing	
207.		507.	
208.		508.	
209.		509.	
209a		509a	
209b		509b	
Adjustments for items unpaid by seller		Adjustments for items unpaid by seller	
210. City/town taxes to		510. City/town taxes to	
211. County taxes 1/1/2006 to 10/17/2006	5,904.81	511. County taxes 1/1/2006 to 10/17/2006	5,904.81
212. Assessments to		512. Assessments to	
213. to		513. to	
214. to		514. to	
215. to		515. to	
216. to		516. to	
217. to		517. to	
218. to		518. to	
219. to		519. to	
220. TOTAL AMOUNTS PAID BY OR IN BEHALF OF BORROWER	543,104.81	520. TOTAL REDUCTIONS IN AMOUNT DUE SELLER	53,666.31
300. CASH AT SETTLEMENT FROM/TO BORROWER		600. CASH AT SETTLEMENT TO/FROM SELLER	
301. Gross amount due from borrower (line 120)	629,134.01	601. Gross amount due to seller (line 420)	609,041.10
302. Less amounts paid by/for borrower (line 220)	543,104.81	602. Less reductions in amount due seller (line 520)	53,666.31
303. CASH <input checked="" type="checkbox"/> From <input type="checkbox"/> To BORROWER	86,029.20	603. CASH <input checked="" type="checkbox"/> To <input type="checkbox"/> From SELLER	555,374.79

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11-01, 2006

Page 2 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8122	Thompson	Final-elect.	PASS	CLOSE <i>METER CAN CHANGE OUT.</i>
<u>LAST</u>	<u>Co Lineapple La</u> <u>Orlando</u>			<u>READY FOR METER</u> INSPECTOR: <u>OW</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7718	Scheppe	Final	PASS	CLOSE
3	9 Palm Rd A/P	(Need Final Check)		INSPECTOR: <u>OW</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7887	Hillman	Fence (Final)	PASS	CLOSE
8	1 Heritage Way O/B			INSPECTOR: <u>OW</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1584	Schecodnic	Meter		OWES \$5600
9	125 Sewalls Driftwood	(see me)†		INSPECTOR: <u>OW</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8395	Mader	Fence final	PASS	CLOSE
4	106 Abbie Ct Tropical Fence			INSPECTOR: <u>OW</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8401	Olson	Deck tie back	FAIL	
2A	19 N. River Rd TCBI.	deaman steel		INSPECTOR: <u>OW</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8162	McComick	Pool deck	PASS	
2	59 N River Adventure			INSPECTOR: <u>OW</u>
OTHER:	<u>FRANKIE ALL</u>			
<u>0033</u>	<u>27 N. RIVER</u>			
<u>0088</u>	<u>94 N.S.P.A.</u>			

Valerie Meyer

From: "Valerie Meyer" <builddpt@sewallspoint.martin.fl.us>
To: "FPL" <tc_inspections@fpl.com>
Sent: Wednesday, November 01, 2006 1:40 PM
Subject: 6 Pineapple Lane

Meter can was installed and inspected - Please install meter at:

Thompson Residence
6 Pineapple lane
Sewall's Point, FL

Valerie Meyer
Bldg Dept Clerk
Town of Sewall's Point
772-287-2455 Ext 13



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:	8710	DATE ISSUED:	SEPTEMBER 11, 2007
SCOPE OF WORK:	FENCE		
CONDITIONS :			
CONTRACTOR:	STUART FENCE		
PARCEL CONTROL NUMBER:	123841003000000300	SUBDIVISION	PINEAPPLE LANE - LOT 3
CONSTRUCTION ADDRESS:	6 PINEAPPLE LANE		
OWNER NAME:	THOMPSON		
QUALIFIER:	CHESTER RICHMOND	CONTACT PHONE NUMBER:	772-288-1151

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

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

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

REQUIRED INSPECTIONS

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

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

RECEIVED

DATE: 9-7-07

Town of Sewall's Point

Date: 9/6/07 BUILDING PERMIT APPLICATION Permit Number: 8710

OWNER/TITLEHOLDER NAME: DARCEY THOMPSON Phone (Day) 287-3062 (Fax)

Job Site Address: 6 PINEAPPLE LN City: Sewall's Point State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) PINEAPPLE LANE, LOT 3 Parcel Number: 12-38-41-00300-00030-0

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

Scope of work: Install 294' of black vinyl chain links & 62' of 6' high tongue & groove PVC fence

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:

Estimated Value of Construction or Improvements: \$ 6725.00 (Notice of Commencement required over \$2500)

Estimated Fair Market Value prior to improvement: \$ (FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)

Method of Determining Fair Market Value:

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: Municipality License Number: CFE 3584

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:

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

NOTICES TO OWNERS AND CONTRACTORS:

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

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF: FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER OR AUTHORIZED AGENT SIGNATURE (required)

Warren Thompson State of Florida, County of: MARTIN This the 24th day of August, 2007 by Darcey Thompson who is personally known to me or produced Drivers Lic as identification.

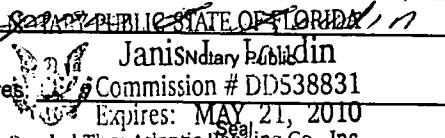
Kimberly J. Biancardi Notary Public My Commission Expires:

Seal

CONTRACTOR SIGNATURE (required)

Chester Richmond On State of Florida, County of: MARTIN This the 6 day of Sept, 2007 by CHESTER RICHMOND who is personally known to me or produced

Janis Public Notary My Commission Expires: Commission # DD538831 Expires: MAY 21, 2010



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!

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

PERMIT #: _____ TAX FOLIO #: 12-38-41-003-000-00030-0
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): 6 Pineapple Ln Pineapple Lane, Lot 3

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALL fence

OWNER NAME: DARCEY THOMPSON
ADDRESS: 6 PINEAPPLE LN, STUART, FL 34996
PHONE NUMBER: _____ FAX NUMBER: _____

INTEREST IN PROPERTY: _____

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

CONTRACTOR: Stuart Fence Co.
ADDRESS: P.O. Box 2630 Stuart FL 34995
PHONE NUMBER: 772-288-1151 FAX NUMBER: DATE OF RECORDATION 288-3035

SURETY COMPANY (IF ANY): _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY: _____
ADDRESS: _____ BY T. G. [Signature] D.C.
PHONE NUMBER: _____ FAX NUMBER: _____ DATE 9-9-07

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

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

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

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

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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

SIGNATORY'S TITLE/OFFICE _____

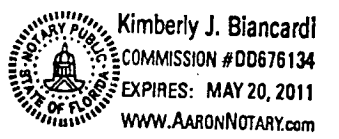
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 24th DAY OF Aug, 2007

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

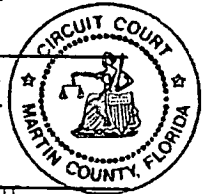
PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION _____
TYPE OF IDENTIFICATION PRODUCED T512-173-68-912-0

[Signature]
NOTARY SIGNATURE

NOTARY SEAL


Kimberly J. Biancardi
COMMISSION # DD676134
EXPIRES: MAY 20, 2011
WWW.AARONNOTARY.COM

INSTR # 2036450 OR BK 02275 PG 2348 RECD 09/04/2007 02:07:42 PM
Pg 2348 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L Wood



ACORD CERTIFICATE OF LIABILITY INSURANCE

NO. 0001 DATE: 08/22/2007

PRODUCER (772)334-3181 FAX (772)334-7742
 Rick Carroll Insurance Agency
 2160 N.E. Dixie Highway
 P.O. Box 877
 Jensen Beach, FL 34958-0877

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATIC 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 Stuart Fence Company Inc.
 PO Box 2636
 Stuart, FL 34995

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Safeco 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 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 TR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	25CC1663011	08/18/2007	08/18/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 200,000 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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	01CH3769381	12/20/2006	12/20/2007	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS | OTH-PR E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

This certificate is for proof of purchase only

CERTIFICATE HOLDER

Town of Sewalls Point
 1 S. Sewalls Point Road
 Sewalls Point, FL 34996

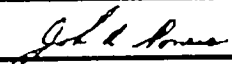
CANCELLATION

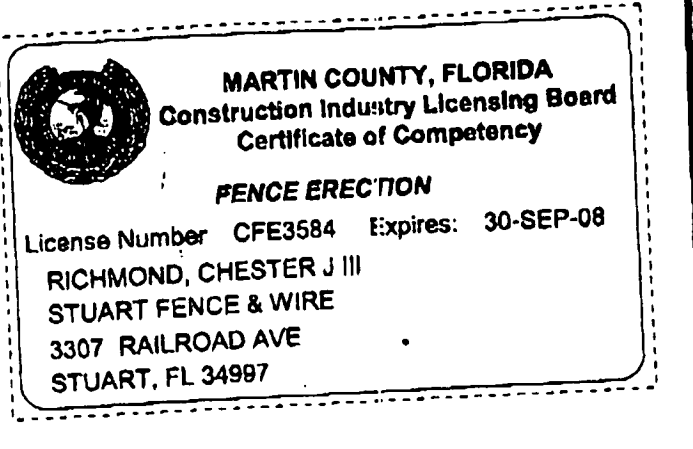
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LI BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS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

AUTHORIZED REPRESENTATIVE

Keith Carroll/DW



ACORD™ CERTIFICATE OF LIABILITY INSURANCE							Date 1/30/2007	
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, Inc. 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone : (727)938-5562				Insurers Affording Coverage			NAIC #	
				Insurer A: Lion Insurance Company			11075	
				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	\$	
		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)	\$	
		GARAGE LIABILITY <input type="checkbox"/> Any Auto				Auto Dam - EA Accident	\$	
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence		
		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2007	01/01/2008	X WC Statutory Limits	OTH-ER	
						E.L. Each Accident	\$100000	
						E.L. Disease - Ea Employee	\$100000	
						E.L. Disease - Policy Limits	\$100000	
	Other 3485485 Stuart Fence Company, Inc.	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, Inc. * FAX: 772-288-3035 & 772-220-4765 / ISSUE 01-30-07 (NM)								
Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616								
CERTIFICATE HOLDER						CANCELLATION		
TOWN OF SEWALLS POINT 1 S SEWALLS POINT RD SEWALLS POINT FL 34986						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.		
								



**2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P. O. Box 9013, Stuart, FL 34995
(772) 280-1604

LICENSE 2004-518-0003 CERT CFE3584
PHONE 772-288-1151 SIC NO 235990

LOCATION:
3307 SE RAILROAD AVE STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	.00	L. FEE \$	25.00
\$	.00	P. VALTY \$	25.00
\$	.00	C. L. FEE \$	15.00
\$	.00	D. TRANSFER \$	15.00
TOTAL			80.00

RECEIPT of PAYMENT
LARRY C. O'STEEN
99 08/16/2006 NORMA
20040005180000
002 2006 0011582
STUART FENCE COMPAN

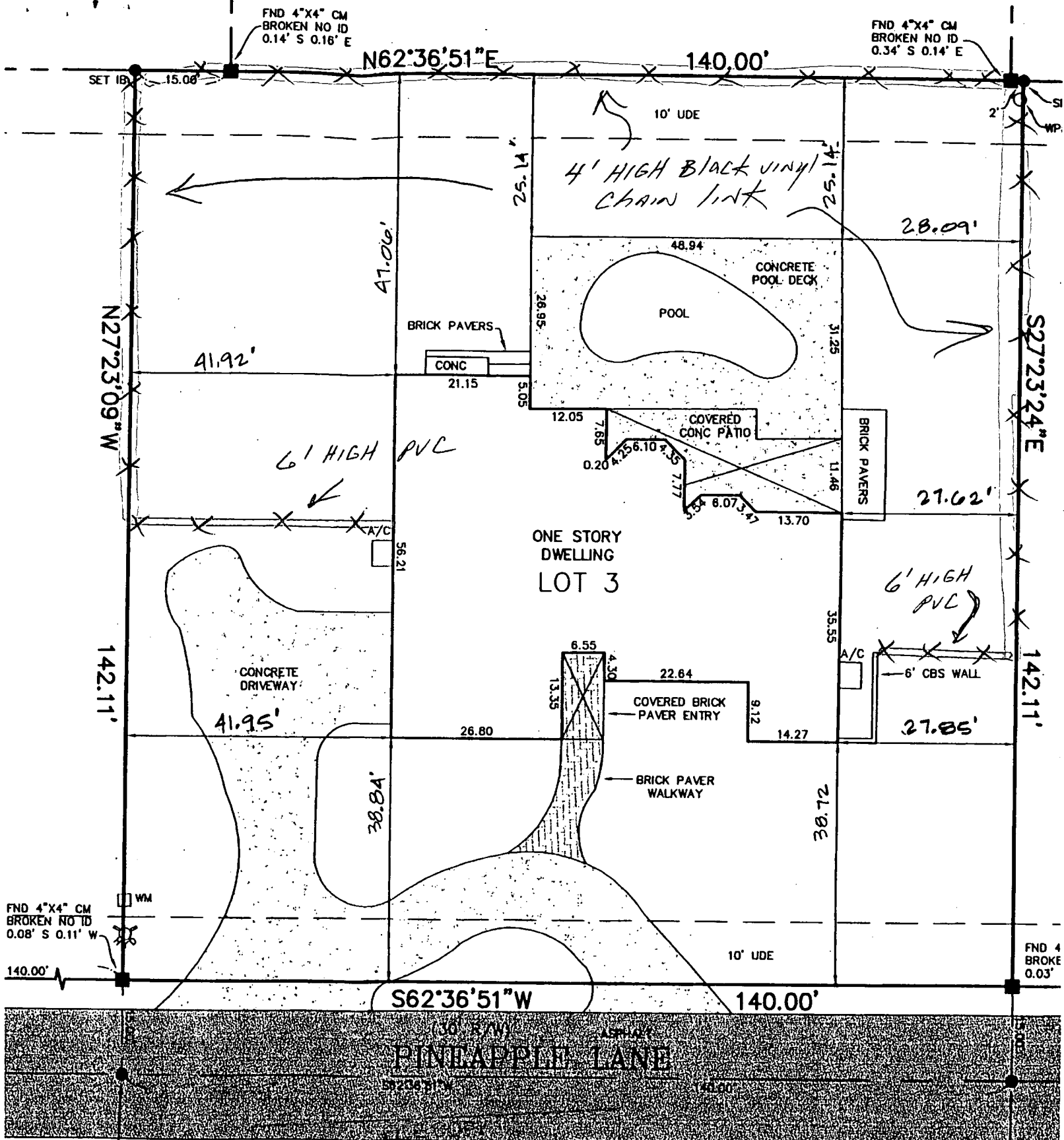
RICHMOND, CHESTER - QUALIFIER
STUART FENCE COMPANY INC
P.O. BOX 2636
STUART FL 34995

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS OF
FENCE ERECTION CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

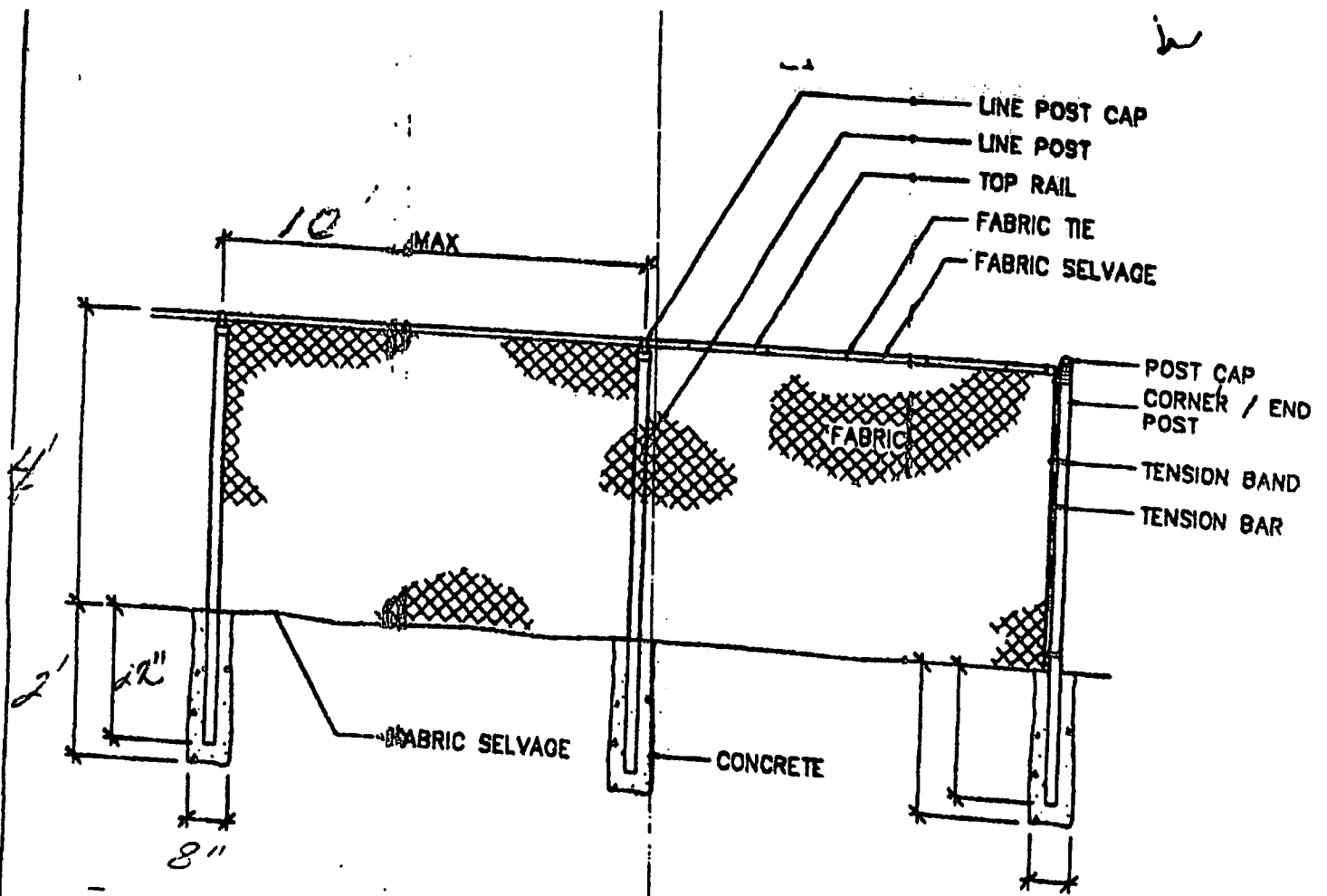
16 DAY OF AUGUST 2006
AND ENDING SEPTEMBER 30 2007

LOT 37



TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 9-11-07
 [Signature]
BUILDING OFFICIAL

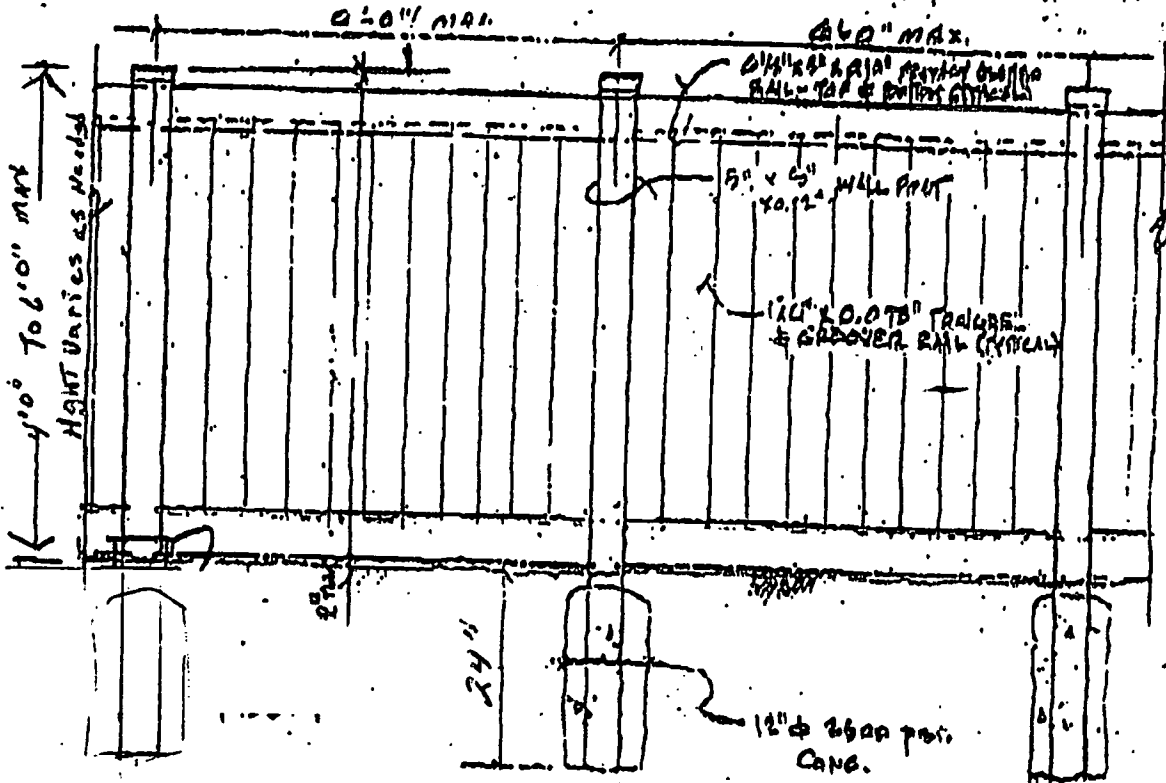
- HD ONC BS
- CHORD CONCRETE CONC. BLOCK STRUCTURE CONCRETE
- EOP EOW EM
- EDGES OF PAVEMENT EDGE OF WATER ELECTRIC METER
- I & E INV IB
- INGRESS & EGRESS EASEMENT INVERT IRON BAR
- N & TT N & W NCM
- NAIL & TIN T. NAIL & WASH NATIONAL CFC



CHAIN LINK FENCING DETAIL
BLACK VINYL

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

DESIGN WIND SPEED = 90 MPH, 2001 F.E.C.
EXPOSURE = "C"
VIC. D698 OF CAVAL



P.V.C. TONGUE & GROOVE FENCE

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

J. Lee
F. Keith Joffe RE 40727
3200 Port Royale Dr.
Fort Lauderdale FL
6/11/3



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

FENCE or WALL EASEMENT AGREEMENT

Date: _____

Gentlemen:

I propose to apply for a Town of Sewall's Point permit to erect a (type of fence/wall) 4' high black vinyl/CL or 6' high T&G PVC

In the (utility/drainage) easement on my property located at 6 Pineapple Lane

LEGAL DESCRIPTION: LOT 3, BLOCK _____, SUBDIVISION Pineapple Ln

Give a 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:

Address: FAX 772-288-3035

City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of This _____ 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: Norman Thawson Phone: _____

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY

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

Company: COMCAST

By: Rick Johnson

Title: CONSTRUCTION COORDINATOR

Company records indicate that a potential conflict DOES DOES NOT exist. X

The conflict consists of: _____

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



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

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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: Monica Phayssan Phone: _____

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY

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

Company: Martin County Utilities

By: Jim Christ

Title: Associate Planner

Company records indicate that a potential conflict DOES DOES NOT exist.

The conflict consists of:

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



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

FENCE or WALL EASEMENT AGREEMENT

Date: _____

Gentlemen:

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LEGAL DESCRIPTION: LOT 3, BLOCK _____, SUBDIVISION Pineapple Ln

Give a 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:

Address: FAX 772-288-3035

City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of This _____ 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: Nancy Phares Phone: _____

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY

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

Company: AT&T TELECOMMUNICATIONS INC.

By: LEROY WALKER

Title: ENGINEER

Company records indicate that a potential conflict ~~DOES~~ DOES NOT exist.

The conflict consists of
TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



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

FENCE or WALL EASEMENT AGREEMENT

Date: 9-6-07

Gentlemen:

I propose to apply for a Town of Sewall's Point permit to erect a (type of fence/wall) 4' high black vinyl/CL or 6' high T&G PVC
In the (utility/drainage) easement on my property located at 6 Pineapple Lane

LEGAL DESCRIPTION: LOT 3, BLOCK _____, SUBDIVISION Pineapple Ln

Give a 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:

Address: FAX 772-288-3035

City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of This _____ 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: Norman Phares Phone: _____

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY

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

Company: FPL

By: Bobby Person

Title: Distribution Designer

Company records indicate that a potential conflict DOES ~~DOES NOT~~ exist.

The conflict consists of: _____

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-10, 2007

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1801	Cummings	1st fl Plumbing	PASS	
3	835 River Ebas Mgmt			INSPECTOR: <i>GM</i>
1870	Hompson	Final	PASS	CLOSE
4	6 Pineapple La Stuart Fence			INSPECTOR: <i>GM</i>
6963	Bailey/Burkhard	Final	PASS	CLOSE
5	7 Periwinkle O/B			INSPECTOR:
7005	Pauley	Final	FAIL	
5	7 Periwinkle Propane Disc.			INSPECTOR:
8748	McGovern	Plumbing	PASS	
IA 1870 1st	2 Tuscan Driftwood Homes			INSPECTOR: <i>GM</i>
8636	Villar	Final	PASS FAIL	
6	92 N Sewalls O/B			INSPECTOR: <i>GM</i>
8765	Kurlander	Final	FAIL	
1B	1765 River Stuart Fence			INSPECTOR: <i>GM</i>

OTHER: _____

8783

FENCE



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	8783	DATE ISSUED:	DECEMBER 14, 2007
SCOPE OF WORK:	FENCE		
CONDITIONS :	EAST & WEST SIDES ONLY		
CONTRACTOR:	O/B		
PARCEL CONTROL NUMBER:	123841003000000300	SUBDIVISION	PINEAPPLE LANE, LOT 3
CONSTRUCTION ADDRESS:	6 PINEAPPLE LANE		
OWNER NAME:	THOMPSON		
QUALIFIER:	O/B	CONTACT PHONE NUMBER:	287-3062

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

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

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

REQUIRED INSPECTIONS

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

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



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:	8783		
ADDRESS	6 PINEAPPLE LANE		
DATE:	12/14/07	SCOPE:	FENCE

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 space: (@ \$104.65 per sq. ft.)		s.f.	
Total square feet non-conditioned space: (@ \$48.90 per sq. ft.)		s.f.	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)		\$	
Total number of inspections (Value < \$200K) @\$75 ea.		\$	
Radon Fee (\$.005 per sq. ft. under roof):		\$	
DBPR Licensing Fee: (\$.005 per sq. ft. under roof)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections @ \$75.00 each	1	\$	75.00
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	80.00

dash

RECEIVED
DATE: 12-7-07
TOWN OF SEWALL'S POINT

Date: 12/7/07 Town of Sewall's Point
BUILDING PERMIT APPLICATION Permit Number: 8783
OWNER/TITLEHOLDER NAME: Darcey + Kevin Thompson Phone (Day) 287 3062 (Fax) 287 3242
Job Site Address: 6 Pineapple Lane City: Stuart State: FL Zip: 34996
Legal Desc. Property (Subd/Lot/Block): Lot 3 Pineapple Lane Parcel Number: 3
Owner Address (if different): Same City: State: Zip:
Scope of work: Fence addition along west and east sides

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 2000.00
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? V A9 A8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$
Fair Market Value of the Primary Structure only (Minus the land value)
*** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION***

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

CONTRACTOR/Company: N/A Phone: Fax:
Street: City: State: Zip:
State Registration Number: State Certification Number: Municipality License Number:

PROJECT SUPERINTENDANT: CONTACT NUMBER:

ARCHITECT N/A Lic.#: Phone Number:
Street: City: State: Zip:

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

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

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

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50.95

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

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

OWNER SIGNATURE (required) Darcey Thompson
CONTRACTOR SIGNATURE (required)
State of Florida, County of: Martin
This the 7 day of Dec, 2007
by Darcey Thompson who is personally known to me or produced by [Signature] who is personally known to me or produced by [Signature] as identification.

NOTARY PUBLIC
VALERIE MEYER
MY COMMISSION # DD55249
EXPIRES: May 14, 2010

My Commission Expires: Notary Public

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



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

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

Summary

print Owner
 71 of 137

Parcel Info

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-003-000-00030-0	6 PINEAPPLE LANE	27622	Owner	0	1

Summary

- Land
- Residential
- Improvement
- Commercial
- Image
- Sales & Transfers
- Assessments →
- Taxes →
- Exemptions →
- Parcel Map →
- Full Legal →

Summary

Property Location 6 PINEAPPLE LANE
Tax District 2200 Sewall's Point
Account # 27622
Land Use 101 0100 Single Family
Neighborhood 120400
Acres 0.457

Legal Description
Property Information
 PINEAPPLE LANE, LOT 3

Search By

- Parcel ID
- Owner**
- Address
- Account #
- Use Code
- Legal Description
- Neighborhood
- Sales
- Map →

Owner Information
Owner Information
 THOMPSON, KEVIN L & DARCEY M

Mail Information
 6 PINEAPPLE LN
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$275,000
Market Impr Value \$243,970
Market Total Value \$518,970

Site Functions

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

Recent Sale
Sale Amount \$609,000

Sale Date 10/24/2006
Book/Page 2191 1494

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

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

Data updated on 12/10/2007





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

**OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT
 MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE**

**APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES
 AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE**

NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT.

ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name: Kevin + Doreen Thompson

Site address of the proposed building work: 6 Pineapple Lane, Stuart, FL 34996

Name of legal title owner of the address above: same

Describe the scope of work for the proposed new construction: New Fence, 4' White Vinyl Picket Style

Name of Architect of Record: n/a Structural Engineer of Record: n/a

Who will supervise the trade work to meet the applicable code? owner

What provisions have you made for Liability and Property Damage Insurance? n/a

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? n/a work ourselves

What previous Owner/Builder improvements have you done in the State of Florida?

Location: _____ Scope of Work Done: _____ Year: _____

Location: _____ Scope of Work Done: _____ Year: _____

What code books do you have available for reference? Building: ~~n/a~~ Town of Sewall Point

Electric: _____ Plumbing: _____ HVAC: Code and illustration

Other: _____ provided for setting

I have internet access and will view The Florida Building code at www.floridabuilding.org YES NO posts in concrete

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? yes (yes/no)

Have you consulted with your Homeowner's Insurance Agent? n/a Lender? n/a Attorney? n/a

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project. DMT (initials).



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

OWNER/BUILDER DISCLOSURE STATEMENT

NOTICE: STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION:

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR.
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE. THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)



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

12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.


13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.

14. AS AN OWNER/BUILDER, YOU ARE LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.

15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT. OWNER/BUILDER APPLICANTS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT APPLICATION.

PHOTO ID IS REQUIRED FOR PERSON SUBMITTING PERMIT APPLICATION.

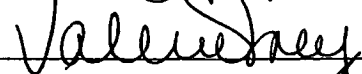
PERSON'S NAME SUBMITTING APPLICATION Darcey Thompson


ON THIS 7th DAY OF Dec, 20 007
 PROPERTY ADDRESS 6 Pineapple Lane
 CITY Stuart STATE FL ZIP 34996

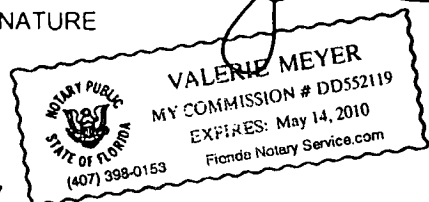
SIGNATURE OF OWNER/BUILDER 
 SWORN TO AND SUBSCRIBED BEFORE ME THIS 7th DAY OF Dec 2007

BY DARCEY THOMPSON
 PERSONALLY KNOWN _____

OR PRODUCED ID

TYPE OF ID FDID # TS12-173-68-912-0


NOTARY SIGNATURE



TSP 04/27/2007



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

FENCE or WALL EASEMENT AGREEMENT

Date: 12/7/07

Gentlemen:

I propose to apply for a Town of Sewall's Point permit to erect a (type of fence/wall) fence, 4' white PVC Picket

In the (utility/drainage) easement on my property located at 6 Pineapple Lane

LEGAL DESCRIPTION: LOT 3, BLOCK _____, SUBDIVISION Pineapple

Give a brief description of dimensions and location from property lines:

70' of white fence along West side and 84' of same along east side

In the event you have no objection to this project, please complete this form and return to me at:

Address: same

City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of This _____ 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: _____ Phone: _____

 THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY

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

Company: _____

By: _____

Title: _____

Company records indicate that a potential conflict DOES DOES NOT exist.

The conflict consists of: _____



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

UTILITY CONTACT LIST

MARTIN COUNTY UTILITIES:

PHIL KEATHLY
772-223-7977

JIM CHRIST
772-288-3034

FLORIDA POWER AND LIGHT:

BOB PIRSON
772-223-4253

TANEISHA WHILBY
772-223-4253

COMCAST:

WAYNE INGRAM
772-692-9010 EXT. 29

BELLSOUTH:

SHEILA
772-460-4407



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
One S. Sewall's Point Road
Sewall's Point, Florida 34996
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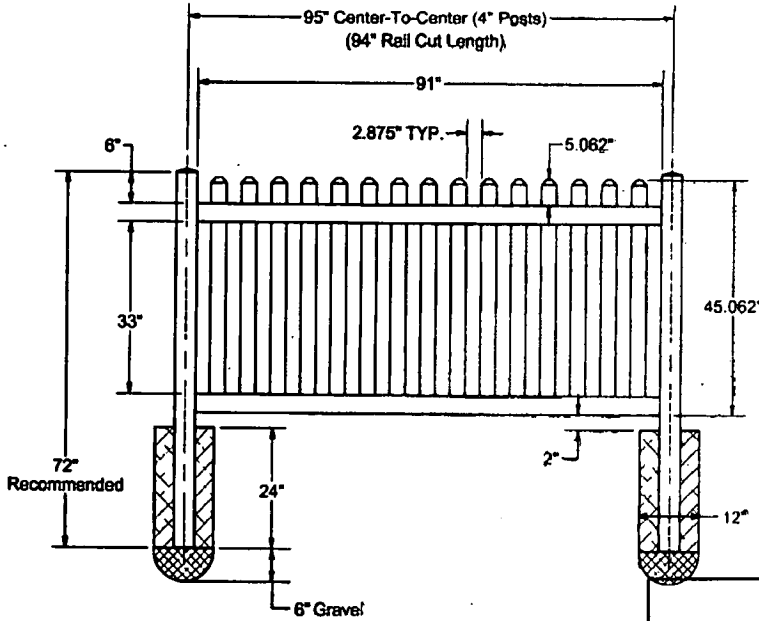
Florida Statute 515.29 Residential swimming pool barrier requirements

- (1) A residential swimming pool barrier must have all of the following characteristics:
 - (a) The barrier must be at least 4 feet high on the outside.
 - (b) The barrier may not have any gaps, openings, indentations, protrusions, or structural components that could allow a young child to crawl under, squeeze through, or climb over the barrier.
 - (c) The barrier must be placed around the perimeter of the pool and must be separate from any fence, wall, or other enclosure surrounding the yard unless the fence, wall, or other enclosure or portion thereof is situated on the perimeter of the pool, is being used as part of the barrier, and meets the barrier requirements of this section.
 - (d) The barrier must be placed sufficiently away from the water's edge to prevent a young child or medically frail elderly person who may have managed to penetrate the barrier from immediately falling into the water.
- (2) The structure of an aboveground swimming pool may be used as its barrier or the barrier for such a pool may be mounted on top of its structure; however, such structure or separately mounted barrier must meet all barrier requirements of this section. In addition, any ladder or steps that are the means of access to an aboveground pool must be capable of being secured, locked, or removed to prevent access or must be surrounded by a barrier that meets the requirements of this section.
- (3) Gates that provide access to swimming pools must open outward away from the pool and be self-closing and equipped with a self-latching locking device, the release mechanism of which must be located on the pool side of the gate and so placed that it cannot be reached by a young child over the top or through any opening or gap.
- (4) A wall of a dwelling may serve as part of the barrier if it does not contain any door or window that opens to provide access to the swimming pool.
- (5) A barrier may not be located in a way that allows any permanent structure, equipment, or similar object to be used for climbing the barrier.

Pro-Series Vinyl Fence Kit 48" x 8' Weymouth

74272 1

Thompson / 6 Pineapple Lane



FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 12-11-07

BUILDING OFFICIAL

Parts List		
Qty	Item Description	Cut Length
1	2" x 3.5" Bottom Rail	94"
1	2" x 3.5" Top Rail	94"
15	0.875" x 3" Picket	41 7/8"
15	0.875" x 3" Dog Ear Cap	N/A
1	H-Channel (2" x 3.5")	93"

Assembly & Install Instructions

Steps:

- 1.) Lay out your fence post plan to determine post locations using above post centers.
- 2.) Dig post holes according to above post hole dimensions.
- 3.) Insert 6" of coarse gravel into bottom of holes then insert your posts (**do not add concrete**)
- 4.) Make sure aluminum insert is in bottom rail. Start at corner and snap bottom rail into post.
- 5.) Insert top rail with larger routed holes facing down toward bottom fence rail.
- 6.) Insert pickets down through top rail and snap down into bottom rail.
- 7.) Install all fence sections in this manner.
- 8.) Go back to starting point, level post and concrete in place according to manufacturers instructions.
- 9.) Glue post tops for final finished look.

Components Needed to Install:

- Fence Kit

- Sold Separately*
- Fence Posts (Line, Corner, End)
Coded V-24
- Post Tops
- Glue
- Gate Hinges
- Gate Latches*



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1-7, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8189	Page	Final	FAIL	NOT READY - <i>[Signature]</i>
1	851 Rue Et Certified Marine	Reinspect 3PM		\$45 fee INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
C.E.	JOHN WISE 19 LANTANA.	LOT MAINTENANCE		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
818	Hompson	Final fence	FAIL	CLOSE
	6 Pineapple Ln OB			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Rader 5 Heritage Way OB	Tree	PASS	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

9843

ALARM SYSTEM



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:	9843	DATE ISSUED:	JULY 28, 2011
SCOPE OF WORK:	ALARM SYSTEM		
CONDITIONS :			
CONTRACTOR:	ADT		
PARCEL CONTROL NUMBER:	123841003-000-000300	SUBDIVISION	PINEAPPLE LANE-L 3
CONSTRUCTION ADDRESS:	6 PINEAPPLE LANE		
OWNER NAME:	FOREMAN		
QUALIFIER:	GEORGE MANGINELLI	CONTACT PHONE NUMBER:	561-712-5446

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 Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 9843

Date: 7/22/10

OWNER/TITLEHOLDER NAME: MATT + MICHELLE FREEMAN Phone (Day) 772 600 7821 (Fax)

Job Site Address: 6 PINEAPPLE LN City: STUART State: FL Zip: 34996

Legal Description lot 3 Parcel Control Number: 12-38-41-003-000-00030-0

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

Scope of work (please be specific): Install alarm, 1 panel/keypad, 21 contacts, 2 motions

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 _____
(Must include a copy of all variance approvals with application)

COST AND VALUES (Required on ALL permit applications)
Estimated Value of Improvements: \$ 755
(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: ADT Security Phone: 521-712-5446 Fax: 521-712-5497

Street: 6931 Vista Pkwy N #16 City: WPB State: FL Zip: 33411

State License Number: EF-0001121 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Sara Lou Hughes Phone Number: 521-712-5446

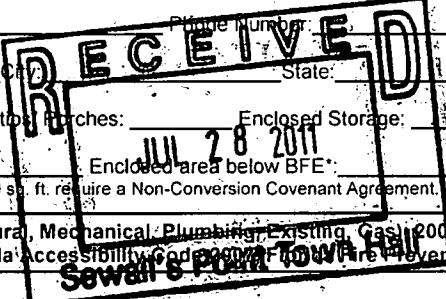
DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____

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 (Structural, Mechanical, Plumbing, Electrical, 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)
Michelle Freeman

State of Florida, County of: Martin

This the 19 day of July, 2011

by Shannon Walsh who is personally

known to me or produced as identification: BASA



My Commission Expires: _____

CONTRACTOR SIGNATURE: (required)
George Madgwick

On State of Florida, County of: Palm Beach

This the 27 day of July, 2011

by George Madgwick who is personally

known to me or produced as identification: _____

My Commission Expires: _____
Notary Public: Sara Lou Kinney

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!

84 + 60

SARA LOU KINNEY
NOTARY PUBLIC
STATE OF FLORIDA
MY COMMISSION # DD171793
EXPIRES FEBRUARY 19, 2011

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

generated on 7/28/2011 11:14:09 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
12-38-41-003-000-00030-0	27622	6 PINEAPPLE LANE, SEWALL'S POINT	\$369,250	7/23/2011

Owner Information

Owner(Current)	FOREMAN MATTHEW ABBITT FOREMAN MICHELLE ROMANO
Owner/Mail Address	6 PINEAPPLE LN STUART FL 34996
Sale Date	6/30/2011
Document Book/Page	2526 2733
Document No.	2283480
Sale Price	410000

Location/Description

Account #	27622	Map Page No.	SP-05
Tax District	2200	Legal Description	PINEAPPLE LANE, LOT 3
Parcel Address	6 PINEAPPLE LANE, SEWALL'S POINT		
Acres	.4570		

Parcel Type

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

Assessment Information

Market Land Value	\$178,000
Market Improvement Value	\$191,250
Market Total Value	\$369,250



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

ALARM, LOW VOLTAGE, LANDSCAPE LIGHTING APPLICATION CHECKLIST

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. **THIS REVIEW SHEET MUST ACCOMPANY THE APPLICATION SUBMITTAL.**

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

- 1 Copy Completed permit application
- 2 Copies Manufactures specifications for all installed equipment and devices.
- 2 Copies Floor plan or site plan indicating the following:

Alarms (floor plan):

1. Alarm equipment cabinet location and power outlet.
2. Location of keypads, and all contacts or sensing devices.

Landscape lighting (site plan):

1. Electric riser diagram and panel or transformer and power outlet location
2. Location of all buried cables, conduit and fixture locations

- 1 Copy Electrical verification form or separate electrical permit if applicable



RESIDENTIAL SERVICES CONTRACT



CONTRACT DATE 07/09/11 CUSTOMER ACCOUNT NO 146000367 JOB NO 01 LEAD SOURCE

Section 1. Customer Info

ADT Security Services, Inc. ("ADT") Office Address

6945 LTC Pkwy PSL FL 34986 Gary Preslar 772-618-0846

Customer Name ("Customer" or "I" or "me" or "my") MICHELLE FIRST NAME

ROMA FOREMAN LAST NAME

Address 6 PINEAPPLE LN

City STUART

State FL ZIP 34996 Tax Exempt No.

Protected Premises' Telephone 7726007821 Tax Expire Date MM/DD/YY

Traditional Phone Other (Qualified) Other (Non-Qualified)

www.MyADT.com 1.800.ADT.ASAP (1.800.238.2727)

Alternate Telephone 1 7046993175 Home Cell Work

Alternate Telephone 2 7042771418 Home Cell Work

EMAIL michelle.romano@gmail.com

IF FAMILIARIZATION PERIOD IS REJECTED INITIAL HERE MZ (see Paragraph 14 of the Terms and Conditions for explanation)

Communications Authorization: I authorize ADT to provide me with information and updates about the security system and new ADT and third-party products and services to the contact information provided by me. I may unsubscribe or opt out by emailing donotcontact@ADT.com or by calling 888.DNC4ADT (888.362.4238). Initial here

Confirmation of Appointments: I authorize ADT to call me using an automated calling device to deliver a pre-recorded message to set/confirm appointments and provide other information and notices about the alarm system at the telephone number(s) provided by me. Initial here

Alarm System Ownership: Customer-Owned ADT-Owned

I ACKNOWLEDGE AND AGREE TO EACH OF THE FOLLOWING: (A) THIS CONTRACT CONSISTS OF SIX (6) PAGES. BEFORE SIGNING THIS CONTRACT, I HAVE READ, UNDERSTAND AND AGREE TO EACH AND EVERY TERM OF THIS CONTRACT, INCLUDING BUT NOT LIMITED TO PARAGRAPHS 5 AND 18 OF THE TERMS AND CONDITIONS. (B) THE INITIAL TERM OF THIS CONTRACT IS THREE (3) YEARS. (C) ADT IS NOT A SECURITY CONSULTANT AND CANNOT ADDRESS ALL OF MY POTENTIAL SECURITY NEEDS. ADT HAS EXPLAINED TO ME THE FULL RANGE OF EQUIPMENT AND SERVICES THAT ADT CAN PROVIDE ME. ADDITIONAL EQUIPMENT AND SERVICES OVER THOSE IDENTIFIED IN THIS CONTRACT ARE AVAILABLE AND MAY BE PURCHASED FROM ADT AT AN ADDITIONAL COST TO ME. I HAVE SELECTED AND PURCHASED ONLY THE EQUIPMENT AND SERVICES IDENTIFIED IN THIS CONTRACT. (D) NO ALARM SYSTEM CAN PROVIDE COMPLETE PROTECTION OR GUARANTEE PREVENTION OF LOSS OR INJURY. FIRES, FLOODS, BURGLARIES, ROBBERIES, MEDICAL PROBLEMS AND OTHER INCIDENTS ARE UNPREDICTABLE AND CANNOT ALWAYS BE DETECTED OR PREVENTED BY AN ALARM SYSTEM. HUMAN ERROR IS ALWAYS POSSIBLE, AND THE RESPONSE TIME OF POLICE, FIRE AND MEDICAL EMERGENCY PERSONNEL IS OUTSIDE THE CONTROL OF ADT. ADT MAY NOT RECEIVE ALARM SIGNALS IF COMMUNICATIONS OR POWER IS INTERRUPTED FOR ANY REASON. (E) ADT RECOMMENDS THAT I MANUALLY TEST THE ALARM SYSTEM MONTHLY AND ANY TIME I CHANGE TELEPHONE SERVICE, BY CALLING 1.800.ADT.ASAP OR BY LOGGING IN TO WWW.MYADT.COM. (F) THIS CONTRACT REQUIRES FINAL APPROVAL BY AN ADT AUTHORIZED MANAGER BEFORE ADT MAY PROVIDE ANY EQUIPMENT OR SERVICES, AND IF APPROVAL IS DENIED, THEN THIS CONTRACT WILL BE TERMINATED, AND ADT'S ONLY OBLIGATION WILL BE TO NOTIFY ME OF SUCH TERMINATION AND REFUND ANY AMOUNTS I PAID IN ADVANCE.

ADT Representative Name Gary Preslar Rep. License No. (If Required) Rep. ID No. HRS

Customer's Approval: Original Signature Required (Must match Customer Name in Section 1 above) X Michelle Foreman 07/09/11

NOTICE OF CANCELLATION

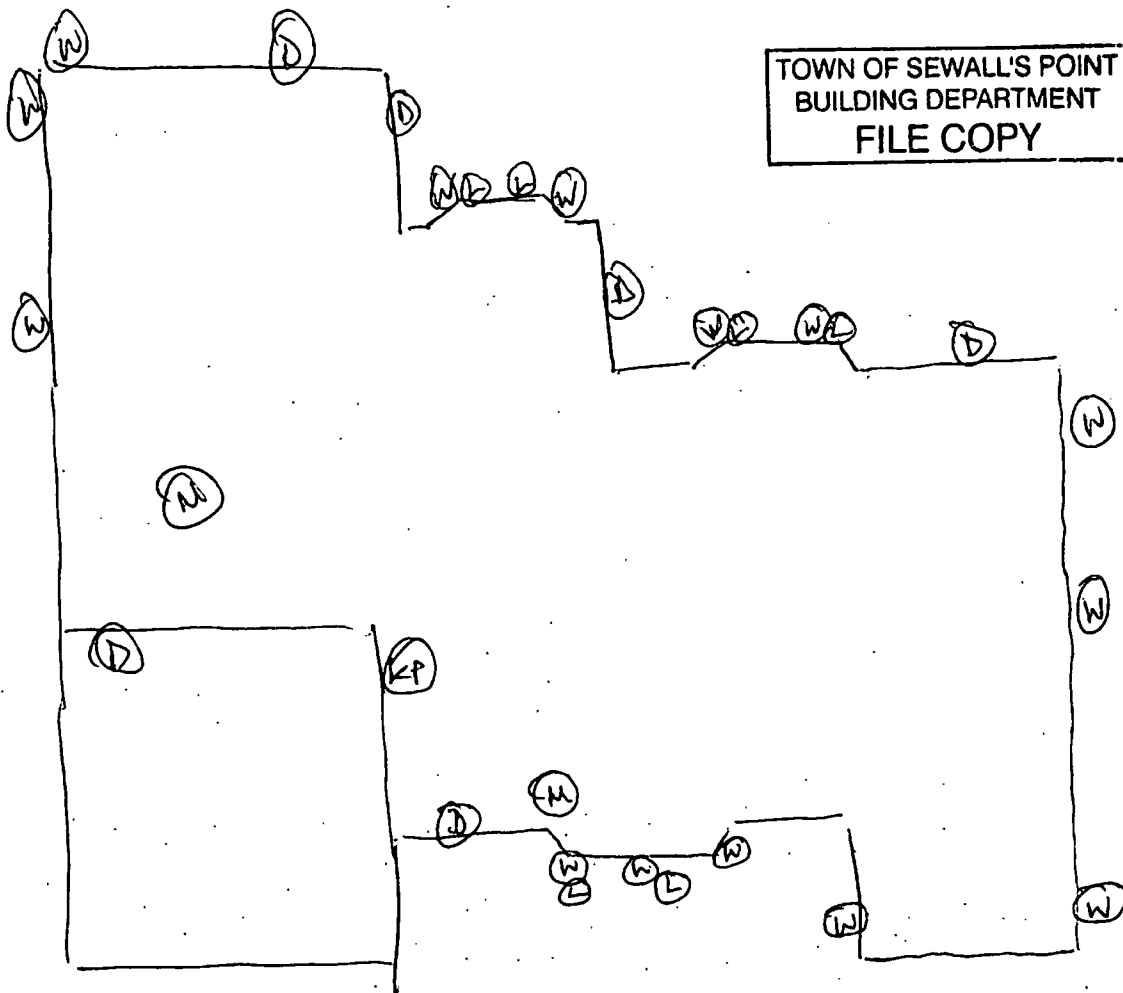
I, THE CUSTOMER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT. I ACKNOWLEDGE BEING VERBALLY INFORMED OF MY RIGHT TO CANCEL AT THE TIME OF EXECUTION OF THIS CONTRACT AND RECEIPT OF THIS NOTICE.

Section 2. Services to be Provided FINANCIAL DISCLOSURE STATEMENT



ADT Always There™

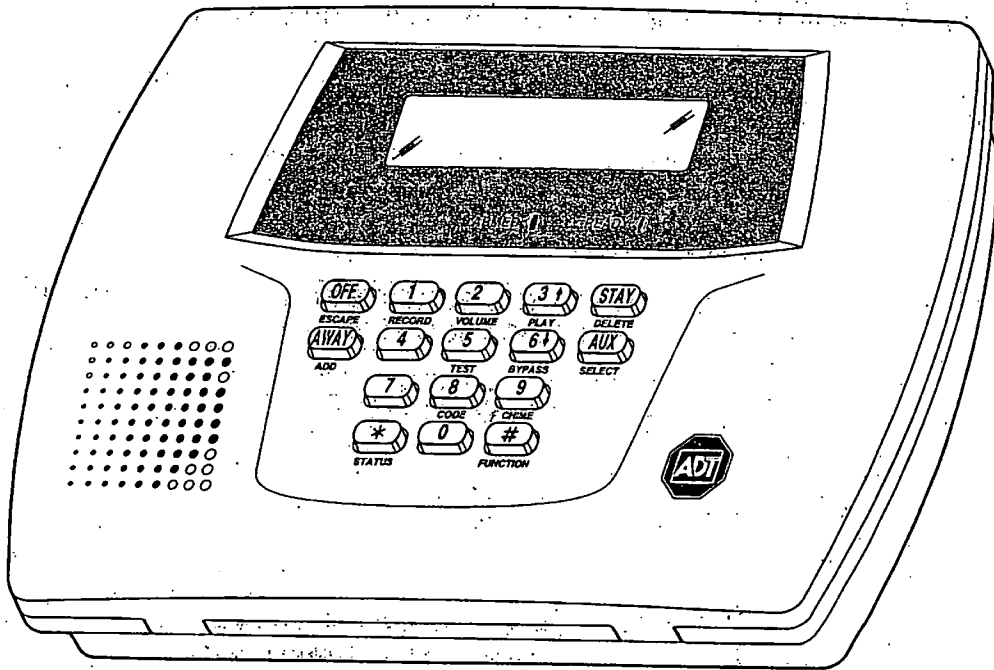
TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



Key	
(D)	= Door Sensor.
(W)	= Window Sensor
(KP)	= Keypad
(M)	= Motion Detector.
(X)	= Control Panel
(SH)	= Smoke/heat Detector.
(L)	= Loop

Safewatch® QuickConnect Plus

Security System Installation and Setup Guide

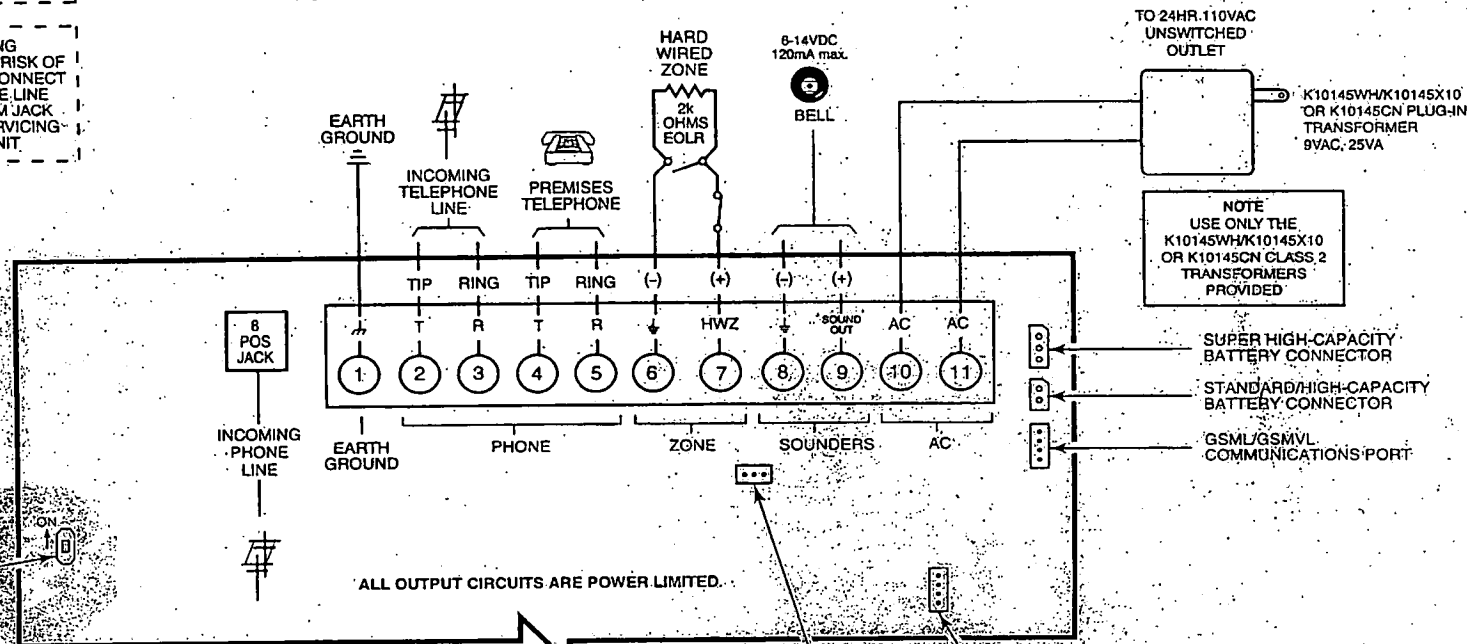


UL EXTERNAL SOUNDERS AND POWERLINE CARRIER DEVICES HAVE NOT BEEN EVALUATED BY UL.

POWER SHUTDOWN NOTE: AT 6.0VDC THE SYSTEM WILL NOT OPERATE.

UL INSTALLATIONS:
THE MINIMUM WIRE
SIZE USED FOR
TELEPHONE
INSTALLATIONS
MUST BE #26 GAGE

WARNING
TO PREVENT RISK OF
SHOCK, DISCONNECT
TELEPHONE LINE
AT TELECOM JACK
BEFORE SERVICING
THIS UNIT.



Notes: Connection of the fire alarm signal to a fire alarm receiver or a general alarm station shall be made in accordance with the requirements of the local authority having jurisdiction. The system must be checked and qualified regularly in accordance with the local authority having jurisdiction. The system must be checked and qualified regularly in accordance with the local authority having jurisdiction. The system must be checked and qualified regularly in accordance with the local authority having jurisdiction.

THIS EQUIPMENT SHOULD BE INSTALLED IN ACCORDANCE WITH THE NATIONAL FIRE PROTECTION ASSOCIATION STANDARDS (ANSI/NFPA 70 NATIONAL ELECTRIC CODE AND NFPA 72 NATIONAL FIRE ALARM CODE, CHAPTER 2 (NATIONAL FIRE PROTECTION ASSOC., BATTERY MARCH PARK, QUINCY, MA 02169). PRINTED INFORMATION DESCRIBING PROPER INSTALLATION, EVACUATION PLANNING AND REPAIR SERVICE IS TO BE PROVIDED WITH THIS EQUIPMENT.

THIS DEVICE COMPLIES WITH PART 15 OF FCC RULES. OPERATION IS SUBJECT TO THE FOLLOWING TWO CONDITIONS: (1) THIS DEVICE MAY NOT CAUSE HARMFUL INTERFERENCE, AND (2) THIS DEVICE MUST ACCEPT ANY INTERFERENCE RECEIVED, INCLUDING INTERFERENCE THAT MAY CAUSE UNDESIRABLE OPERATION.

LYNX PLUS SERIES ALSO COMPLIES WITH THE FOLLOWING: CANADIAN STANDARDS ASSOCIATION (CSA) C22.1, CANADIAN ELECTRICAL CODE, PART 1, SAFETY STANDARD FOR ELECTRICAL INSTALLATIONS AND CAN/ULC-S540 INSTALLATION OF RESIDENTIAL FIRE WARNING SYSTEMS.

THE QUICKCONNECT PLUS CONTROLS ARE COMPATIBLE WITH THE FOLLOWING INTEGRAL RECHARGEABLE BATTERY PACKS:
P/N LYNXRCHKIT-SC
P/N LYNXRCHKIT-HC
P/N LYNXRCHKIT-SHA
REPLACE EVERY FOUR YEARS.

WEEKLY TESTING IS REQUIRED TO ENSURE PROPER OPERATION OF THIS SYSTEM.

FCC ID: CFS8DLYNXPLUS (LYNX PLUS SERIES) COMPLIES WITH FCC RULES, PART 68 FCC REGISTRATION No. 5GBUSA-25623-AL-E RINGER-EQUIVALENCE: 0.68

WARNING
THIS UNIT MAY BE PROGRAMMED TO INCLUDE AN ALARM VERIFICATION FEATURE THAT WILL RESULT IN A DELAY OF THE SYSTEM ALARM SIGNAL FROM THE INDICATED FIRE CIRCUITS. THE TOTAL DELAY (CONTROL UNIT PLUS SMOKE DETECTORS) SHALL NOT EXCEED 60 SECONDS. NO OTHER INITIATING DEVICES SHALL BE CONNECTED TO THESE CIRCUITS UNLESS APPROVED BY THE LOCAL AUTHORITY HAVING JURISDICTION.

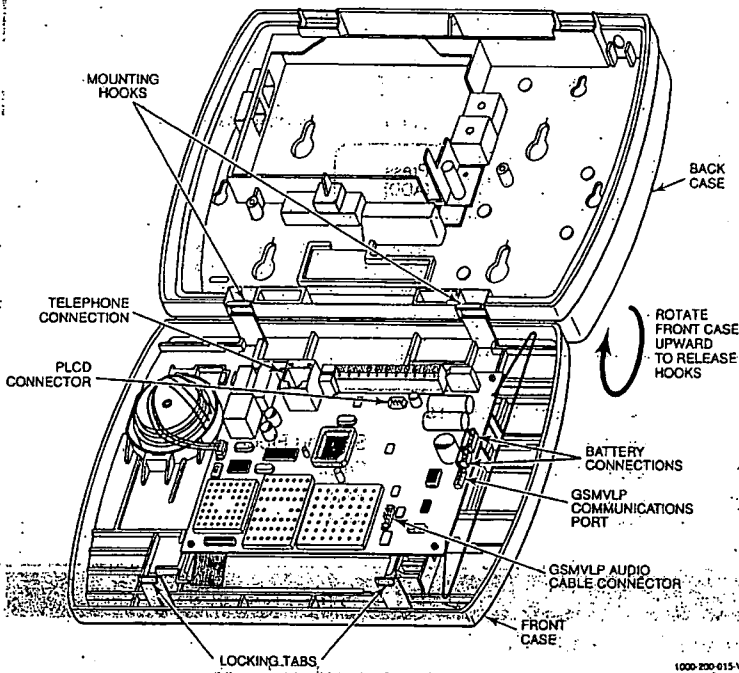
CIRCUIT (ZONE)	CONTROL UNIT DELAY-SEC	SMOKE DETECTOR	
		MODEL	DELAY-SEC
202125-12018	30 seconds	5806	10 seconds

QUICKCONNECT PLUS SUMMARY OF CONNECTIONS

Quick Installation Guide

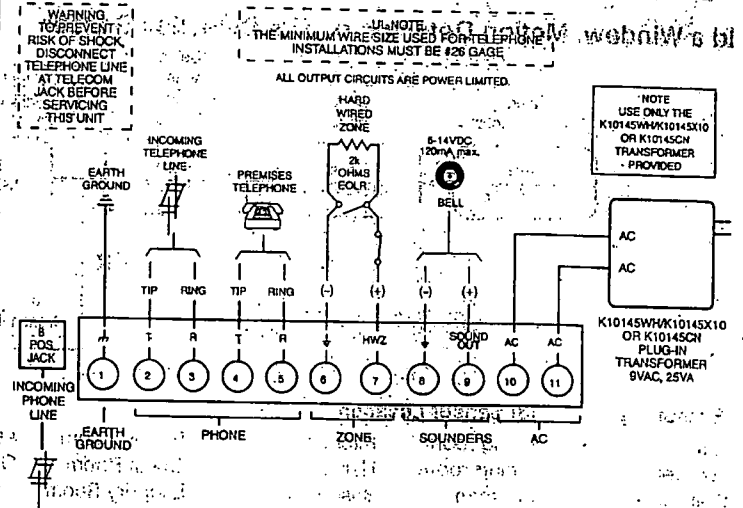
This Quick Installation Guide can help you install the rechargeable Safewatch QuickConnect Plus Control quickly and easily, providing the basic steps for installation using the built-in defaults and the Voice-Prompt Programming mode. The Voice Prompt Programming mode allows you to quickly program the system by responding to a series of voice prompts.

1. Install the Control



1. Separate the front case from the rear case by rotating the front case and releasing the hooks from the rear case.
2. Feed the wiring through the openings provided in the rear case.
3. Mount the rear case to a sturdy wall and secure with the provided screws.
3. Reconnect the front case and rear case.

2. Make Wiring Connections



Note: For the complete Summary of Connections, refer to the Safewatch QuickConnect Plus Installation and Setup Guide P/N 800-03857 or higher.

1. Make earth ground connections to terminal 1.
2. Connect the incoming phone line to either the 8-position jack or terminals 2 (TIP) and 3 (RING).
3. Connect the handset phone lines to terminals 4 (TIP) and 5 (RING).

Note: For full line seize operation, refer to the Safewatch QuickConnect Plus Installation and Setup Guide.

4. If used, connect a bell to terminals 8 (-) and 9 (+).
5. Connect the sensors/contacts to the hardwired zone terminals (-) and 7 (+).
6. If used, connect the GSML or GSMVL communications device to the GSML/GSMVL communications port.
7. Connect wires from the K10145WH/K10145 OR K10145CN Transformer to terminals 10 and 11.

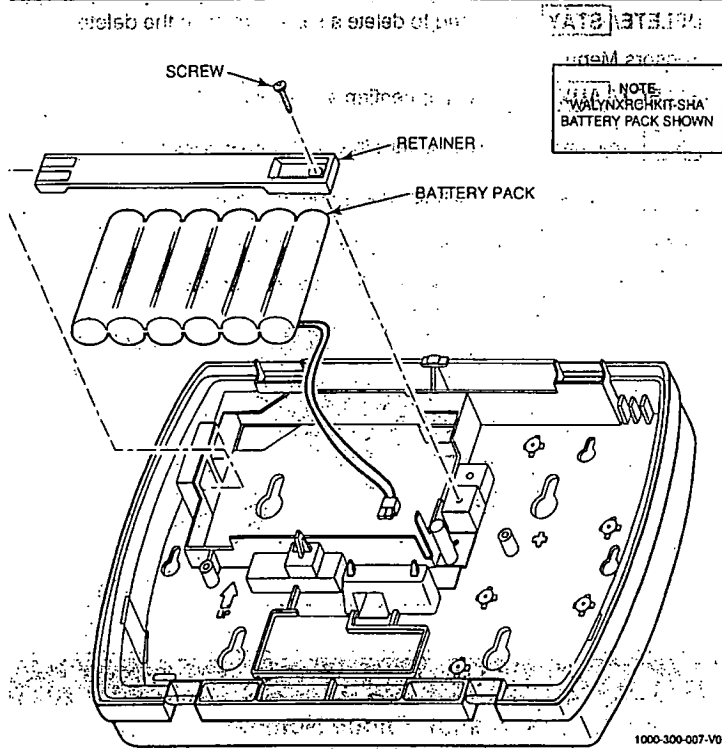
Note: If using Powerline Carrier Devices refer to the Safewatch QuickConnect Plus Installation Guide P/N 800-03857 or higher.



WARRANTY INFORMATION

For the latest warranty information, please go to:
www.honeywell.com/security/hsc/resources/wwa

Make Battery Connections



Remove screw securing the battery retainer.
Remove the battery retainer.

Insert battery pack into back plate.

Install battery retainer.

Install screw to secure the battery retainer.

Connect battery connector to receptacle on PC board.

After all wiring connections have been made, snap the front assembly to the back plate so it is held by the locking tabs.

Plug the transformer into a 24-hour, 110VAC unswitched outlet.

te: Rechargeable batteries may take up to 48 hours to fully charge. "LOW BAT" message should clear within four hours, or by entering Test Mode.

4. Program the Control

Change the Installer Code

The factory default installer code for the Safewatch QuickConnect Plus Control is set to 6-3-2-1. To change this code, you must enter Expert Programming mode.

1. After Power-up, enter Installer Code + 8 0 0 or press both the [*] and [#] simultaneously within 50 seconds after power is applied to the control. The system will enter the Expert Programming Mode and "20 INSTALLER CODE" will be displayed.

Note: Upon power-up or after exiting program mode, the system takes up to a minute to reset. To bypass the reset delay, enter [#] + [0].

2. Enter *20
3. Enter a new four-digit Installer Code.

Program variable data fields

1. If required, enter *24 to program the desired 2-digit RF House ID for wireless keypads.
2. If required, enter *40 to program a PABX Access Code or to Disable Call Waiting (LynxSIA Plus only).
3. Enter *94 to program the downloading computer phone number.
4. Press the ESCAPE/ [OFF] key to enter Voice Prompt Programming mode. The system will announce, "Programming, use arrows to scroll choices, press select to accept, press escape to quit." The system will announce the available options.

5. Follow the directions provided by each voice prompt to make your selections.



The FUNCTION/ [#] key can be used to repeat a voice prompt, as required.

6. When you have completed each programming procedure the system will return to the Main Programming Menu.

Viewing data fields

1. To view data entered in field, press [#] plus the field that you wish to view (e.g., #21). The system will beep three times and data programmed for that field will be displayed to the right of the field number. The system will scroll through the data for longer numbers and a beep will sound after each number is displayed or three times after the final digit is displayed.

(Continued on reverse side)



ADT Security Services, Inc.
One Town Center Road
Boca Raton, FL 33486
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10948

A/C CHANGEOUT



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

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10948	DATE ISSUED:	2/21/2014
SCOPE OF WORK:	A/C CHANGEOUT		
CONTRACTOR:	SEACOAST A/C		
PARCEL CONTROL NUMBER:	123841003000000300	SUBDIVISION	
CONSTRUCTION ADDRESS:	6 PINEAPPLE LANE		
OWNER NAME:	FOREMAN		
QUALIFIER:	JOHN LONGEL	CONTACT PHONE NUMBER:	466-2400

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

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

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

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

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



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:	10947		
ADDRESS:	6 PINEAPPLE		
DATE ISSUED:	7/21/2014	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:	\$	\$ 12,806.00
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.)		\$	5.12
TOTAL ACCESSORY PERMIT FEE:		\$	109.12

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: _____

Date: 7/16/14

OWNER/LESSEE NAME: Matthew Foreman Phone (Day) 704-699-3115 (Fax) _____

Job Site Address: Le Pineapple Ln City: Stuart State: FL Zip: 34990

Legal Description: Pineapple lobe lot 3 Parcel Control Number: 12-38-41-003-000-00030-0

Fee Simple Holder Name: _____ Address: _____

City: Stuart State: FL Zip: 34990 Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):**

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

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 12800
 (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: Sea Coast A/C Phone: 466-2160 Fax: 466-3053

Qualifiers name: John V. Langel Street: 8401 Industrial Ave 3 City: Ft Pierce State: FL Zip: 34946

State License Number: 00000000 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Tracy Langel Phone Number: 466-2160

DESIGN PROFESSIONAL: _____ Fla. License# _____

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

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 (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 50-95.
- 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:
 X _____
 State of Florida, County of: _____
 On This the _____ day of _____, 20____
 by _____ who is personally
 known to me or produced _____
 As identification, _____

 Notary Public
 My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: Stucie
 On This the 16 day of July, 2014
 by John Langel who is personally
 known to me or produced _____
 As identification, _____

 Notary Public
 My Commission Expires: _____
 STATE OF FLORIDA
 Comm# EE021924

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

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

generated on 7/22/2014 12:11:13 PM EDT

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-003-000-00030-0	27622	6 PINEAPPLE LANE, SEWALL'S POINT	\$330,920	7/19/2014

Owner Information

Owner(Current)	FOREMAN MATTHEW ABBITT FOREMAN MICHELLE ROMANO
Owner/Mail Address	6 PINEAPPLE LN STUART FL 34996
Sale Date	6/30/2011
Document Book/Page	2526 2733
Document No.	2283480
Sale Price	410000

Location/Description

Account #	27622	Map Page No.	SP-05
Tax District	2200	Legal Description	PINEAPPLE LANE, LOT 3
Parcel Address	6 PINEAPPLE LANE, SEWALL'S POINT		
Acres	.4570		

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	\$165,920
Market Total Value	\$330,920

2013 / 2014 ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT RECEIPT # 1711-00020605

CHRIS CRAFT, ST. LUCIE COUNTY TAX COLLECTOR

EXPIRES SEPTEMBER 30, 2014

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 29

TYPE OF BUSINESS 1711 AIR COND/PLUMBING CONTRACTOR (AIR CONDITIONING)

BUSINESS/ John V Langel

DBA NAME Sea Coast AC & Sheet Metal
MAILING Sea Coast AC & Sheet Metal
ADDRESS 2601 Industrial Ave Ste 3 Fort Pierce, FL 34946

BUSINESS LOCATION 2601 Industrial Ave Ste 3 Ft Pierce, FL 34946

St Lucie County

CO 8283



RENEWAL ORIGINAL TAX \$27.55
PENALTY
COLLECTION COST
TOTAL \$27.55

Paid 07/26/2013 27.55 -0033-20130725-002644

Official document from the State of Florida Department of Business and Professional Regulation. Includes license information for John V Langel, expires 08/31/2014, and signatures of Rick Scott and Ken Lawson. Contains the Great Seal of the State of Florida.



CERTIFICATE OF LIABILITY INSURANCE

SEACOAS-01 MANLEYL

DATE (MM/DD/YYYY)
6/13/2014

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 Insurance Office of America-JUP Abacoa Town Center 1200 University Blvd, Suite 200 Jupiter, FL 33458	CONTACT NAME: PHONE (A/C No., Ext.): (561) 778-0660 FAX (A/C No.): (561) 776-0870 E-MAIL: ADDRESS:			
	INSURER(S) AFFORDING COVERAGE			
INSURED SeaCoast Air Conditioning and Sheet Metal Inc. 2801 Industrial Ave 3 Ft. Pierce, FL 34946	INSURER A:	Southern-Owners Insurance Company	NAIC #	10190
	INSURER B:	Owners Insurance Company		32700
	INSURER C:	Auto-Owners Insurance Company		18988
	INSURER D:	Bridgefield Employers Insurance Company		10701
	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.

INSTR LTR	TYPE OF INSURANCE	ADOL SUBR INSR L WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		72704759-14 (AC)	01/17/2014	01/17/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
B	<input checked="" type="checkbox"/> 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		9542458203	01/17/2014	01/17/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
C	<input checked="" type="checkbox"/> UMBRELLA UAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS UAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		9542458201	01/17/2014	01/17/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	83038868	01/17/2014	01/17/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Equipment Floater		72704759-14 (AC)	01/17/2014	01/17/2015	Scheduled Equipment 28,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Town of Sewalls Point
 One S. Sewalls Point Road
 Sewalls Point, FL 34996

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



INSTR # 2467023
OR BK 2730 PG 1314

NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500 (PART 713.13(1)(a))

RECORDED 07/21/2014 03:54:48 PM
MARTIN COUNTY CLERK

PERMIT #: _____ TAX FOLIO #: 12384100300000500

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): Pineapple Lane Lot 3

GENERAL DESCRIPTION OF IMPROVEMENT: (2) New alc units

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT

NAME: Matthew Foreman
ADDRESS: Le Pineapple Lane Seawells Point
PHONE NUMBER: 104-699-3175 FAX NUMBER: _____
INTEREST IN PROPERTY: _____

NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER):

CONTRACTOR: Sea-Coast Alc
ADDRESS: 2601 Industrial Ave 3
PHONE NUMBER: 406-3400 FAX NUMBER: 406-3053

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)

ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY:

ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

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

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

PHONE NUMBER: _____ FAX NUMBER: _____ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____

EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED

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

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

Matthew Foreman
SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

Ann-Marie S. Basler, Town Clerk
SIGNATORY'S TITLE/OFFICE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 19th DAY OF July, 2014

BY: Michelle Foreman AS Home owner FOR herself
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION TYPE OF IDENTIFICATION PRODUCED Id 7653556825940

Ann-Marie S. Basler
NOTARY SIGNATURE/ SEAL
ANN-MARIE S. BASLER
Notary Public - State of Florida
My Comm. Expires Oct 14, 2015
Commission # EE 117431
Bonded Through National Notary Assn.

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE
BY: ARON TIMMANN CLERK
DATE: _____
D.C.



D

SEA COAST AIR CONDITIONING & SHEET METAL, INC.

2601 INDUSTRIAL AVE 3 T. PIERCE, FL 34946

(772)466-2400 (772)770-1971 FAX (772)466-3053

TO: Town of Sewalls Point Building Dept

FROM: Tracy Langel

DATE: 7/17/14 NUMBER OF PAGES INCLUDING THIS ONE: 3

This is the information you requested
We are do a job for m/m foreman
to pineapple

Thank you
Tracy



**AIR CONDITIONING
AND
SHEET METAL, INC.**

2601 Industrial Ave #3, Ft. Pierce, FL 34946
772-466-2400 / 772-770-1971 - Vero Beach
Fax 772-466-3053

www.seacoastair.com

Proposal/Agreement

Customer Name Mr. & Mrs. [unclear] Date 7/1/11
 Street [unclear]
 City, State, Zip [unclear] Street [unclear]
 Phone/Cell # [unclear] City, State, Zip [unclear]
 Phone [unclear]

We hereby propose: To furnish, install and service under warranty (stated below) Sea Coast A/C products or related equipment for your home in accordance with the conditions and specifications set forth in this proposal.

NEW EQUIPMENT BY Leavitt
 Air Conditioning - Size 1.5 Model [unclear] SEER 11.2
 Air Handler - Size 1.5 Model [unclear] KW 1.1 V H
 Package Unit - Size _____ Model _____ SEER _____ KW _____

- U.V. Light - 1 year Parts and Labor Warranty
- Merv 16 Surgical Grade Filter
- Anti-Microbial Drain Pan
- All Work Done to Existing Codes
- All Required Permits
- Hurricane Straps
- Digital T'Sat
- Type "L" Refrigeration Lines
- Freon Anti-Theft Caps
- Other Other Homeowner Service (0-11-11) - p. (1) of [unclear]
- Manual J. Heat Load
- Duct Sealing Per Code
- Copper Refrigerant Filter Drier
- Brass Refrigerant Connectors
- Non Rust Drain Pan
- Emergency Drain Overflow Switch
- Emergency Drain Pan & Float Switch
- Rust and Corrosion Inhibitors
- Pre-Cast Composite Pod

Total Investment 7946
 Less Utility Rebate -160
 Due to Sea Coast A/C Upon Completion 7786
 Manufacturer's Rebate Sent to You [unclear]
 Not Cost to You [unclear]

**"Don't Roast,
Call Sea Coast"™**
**"Service in Hours,
Not Days"™**

- GUARANTEES**
- 24 hours a day, 365 days/year emergency service
 - Labor Warranty**
 - 1 year 2 year 10 year
 - Parts Warranty**
 - 1 year 5 year 10 year
 - Manufacturer's Compressor Warranty**
 - 1 year 5 year 10 year

100% Financing Available
to Qualified Customers

Member of
Better Business Bureau
772-223-1492

Manufacturer Requires
Yearly Maintenance
To Keep Warranties in Effect

Approval [Signature]
 Date 7/1/11

This proposal good for _____
 Approval _____
 Approval _____
 Date _____

LIC. #CA 0016445

WE ACCEPT MC, VISA, DISCOVER, AM, EX.
EASY FINANCING PLANS AVAILABLE

System 1
4ton



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

Air Conditioning Change out Affidavit

Residential Commercial

Package Unit Yes No (Use Condenser side of form below for equipment listing)

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

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: Lennox Model# CB125048
Volts 230 CFM's _____ Heat Strip 10 Kw _____
Min. Circuit Amps 54 Wire gauge 10
Max. Breaker size 60 Min. Breaker size _____
Ref. line size: Liquid 3/8 Suction 7/8
Refrigerant type R-410A
Location: Existing New
Attic/Garage/Closet (specify) Attic
Access: pull-down ladder garage

Condenser: Mfg: Lennox Model# XC16048
Volts 230 SEER/EER 16 BTU's 47000
Min. Circuit Amps 292 Wire gauge 8
Max. Breaker size 50 Min. Breaker size _____
Ref. line size: Liquid 3/8 Suction 7/8
Refrigerant type R-410A
Location: Existing New
Left/Right/Rear/Front/Roof Ground ~~right~~ left
Condensate Location _____

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: _____ Model# _____
Volts 230 CFM's _____ Heat Strip 10 Kw _____
Min. Circuit Amps _____ Wire gauge 10
Max. Breaker size 60 Min. Breaker size _____
Ref. line size: Liquid 3/8 Suction 7/8
Refrigerant type R-22
Location: Ext. New
Attic/Garage/Closet (specify) Attic
Access: pull-down ladder garage

Condenser: Mfg: _____ Model# _____
Volts 230 SEER/EER _____ BTU's _____
Min. Circuit Amps _____ Wire gauge 8
Max. Breaker size 50 Min. Breaker size _____
Ref. line size: Liquid 3/8 Suction 7/8
Refrigerant type R-22
Location: Ext. New
Left/Right/Rear/Front/Roof Ground ~~right~~ left
Condensate Location _____

Certification:

I hereby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FCC R (N) 107 & 1108

Signature [Handwritten Signature]

Date 7-16-18



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

System 2
 1 1/2 Ton

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: Lennox Model# CB2701008
 Volts 230 CFM's _____ Heat Strip 8 Kw _____
 Min. Circuit Amps 47 Wire gauge 8
 Max. Breaker size 50 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 5/8
 Refrigerant type R-410A
 Location: Existing New
 Attic/Garage/Closet (specify) Attic
 Access: ladder ladies closet

Condenser: Mfg Lennox Model# 14ACX018
 Volts 230 SEER/EER _____ BTU's _____
 Min. Circuit Amps 12.0 Wire gauge 12
 Max. Breaker size 20 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 5/8
 Refrigerant type R-410A
 Location: Existing New
 Left/Right/Rear/Front/Roof Ground ~~left~~ Right
 Condensate Location _____

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: _____ Model# _____
 Volts _____ CFM's _____ Heat Strip 8 Kw _____
 Min. Circuit Amps _____ Wire gauge 8
 Max. Breaker size 50 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 5/8
 Refrigerant type R-22
 Location: Ext. New
 Attic/Garage/Closet (specify) Attic
 Access: ladder ladies closet

Condenser: Mfg _____ Model# _____
 Volts 230 SEER/EER _____ BTU's _____
 Min. Circuit Amps _____ Wire gauge _____
 Max. Breaker size 20 Min. Breaker size 12
 Ref. line size: Liquid 3/8 Suction 5/8
 Refrigerant type R-22
 Location: Ext. New
 Left/Right/Rear/Front/Roof Ground ~~left~~ Right
 Condensate Location _____

Certification:

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

[Signature]
 Signature

7-16-14
 Date



Certificate of Product Ratings

AHRI Certified Reference Number: 6970139

Date: 7/16/2014

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

Outdoor Unit Model Number: XC16-048-230-04

Indoor Unit Model Number: CBX25UHV-048-230-*

Manufacturer: LENNOX INDUSTRIES, INC.

Trade/Brand name: XC16 SERIES

Series name:

Manufacturer responsible for the rating of this system combination is LENNOX INDUSTRIES, INC.

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):	47000
EER Rating (Cooling):	12.20
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	

FootNote 11 - The AHRI 210/240 certified EER ratings are calculated under the same methodology as the EER ratings at T1 conditions of ISO 5151:2010 and ISO 13253:2011.

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

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we make life better™

CERTIFICATE NO.:

130500106448612511



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: 7186922 Date: 7/16/2014

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

Outdoor Unit Model Number: 14ACX-018-230A**

Indoor Unit Model Number: CBX27UH-018-230*+TDR

Manufacturer: LENNOX INDUSTRIES, INC.

Trade/Brand name: 14ACX SERIES

Series name:

Manufacturer responsible for the rating of this system combination is LENNOX INDUSTRIES, INC.

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):	19700
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	

FootNote 11.- The AHRI 210/240 certified EER ratings are calculated under the same methodology as the EER ratings at T1 conditions of ISO 5151:2010 and ISO 13253:2011.

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we make life better™

CERTIFICATE NO.: 130500162261292049

Proposal/Agreement

Name _____ Date _____
 Street _____
 City, State, Zip _____
 Phone _____

We hereby propose to furnish, install and service under warranty (stated below) Sea Coast A/C products or related equipment for your home in accordance with the conditions and specifications set forth in this proposal.

NEW EQUIPMENT BY _____
 A/C Conditioning Size _____ Model _____ Seer _____
 Air Handler - Size _____ Model _____ KW _____
 Package Unit - Size _____ Model _____ Seer _____

- 1 Year Light - 1 year Parts and Labor Warranty _____
- Manual J. Heat Load _____
- Duct Sealing Per Code _____
- Medical Grade Filter _____
- Copper Refrigerant Filter Drier _____
- Ann-Microbial Drain Pan _____
- Brass Refrigerant Connectors _____
- All Work Done to Existing Codes _____
- Non Rust Drain Pan _____
- All Required Permits _____
- Emergency Drain Overflow Switch _____
- Rust Straps _____
- Emergency Drain Pan & Float Switch _____
- Digital Sat _____
- Rust and Corrosion Inhibitors _____
- Type 12 Refrigeration Lines _____
- Pre-Cast Composite Pod _____
- Freon Anti-Theft Caps _____
- Other _____

Total Investment _____
 Less Utility Rebate _____
 Due to Sea Coast A/C Upon Completion _____
 Manufacturer's Rebate Sent to You _____
 Net Cost to You _____

**"Don't Roast,
 Call SeaCoast"™**

**"Service in Hours,
 Not Days"™**

GUARANTEES

- 24 hours a day, 366 days a year emergency service
- Labor Warranty**
- 1 year 2 year 10 year
- Parts Warranty**
- 1 year 5 year 10 year
- Manufacturer's Compressor Warranty**
- 1 year 5 year 10 year

**100% Financing Available
 to Qualified Customers**

Member of
Better Business Bureau
 772-223-1492

This proposal good for _____
 Approved _____
 Approved _____
 Date _____



New

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

*Carrier
1 1/2 Ton*

Air Conditioning Change out Affidavit

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

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: _____ Model# _____
 Volts 230 CFM's _____ Heat Strip 8 Kw _____
 Min. Circuit Amps 33.5 Wire gauge 8
 Max. Breaker size 35 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 5/8
 Refrigerant type R-410A
 Location: Existing New _____
 Attic/Garage/Closet (specify) Attic
 Access: ladder

Condenser: Mfg _____ Model# _____
 Volts 230 SEER/EER _____ BTU's _____
 Min. Circuit Amps 11.8 Wire gauge _____
 Max. Breaker size 20 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 5/8
 Refrigerant type R-410A
 Location: Existing New _____
 Left/Right/Rear/Front/Roof ground Left
 Condensate Location _____

NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: _____ Model# _____
 Volts 230 CFM's _____ Heat Strip 8 Kw _____
 Min. Circuit Amps 33.5 Wire gauge 8
 Max. Breaker size 35 Min. Breaker size 5/8
 Ref. line size: Liquid 3/8 Suction _____
 Refrigerant type R-22
 Location: Ext. New _____
 Attic/Garage/Closet (specify) Attic
 Access: ladder

Condenser: Mfg _____ Model# _____
 Volts 230 SEER/EER _____ BTU's _____
 Min. Circuit Amps 11.8 Wire gauge _____
 Max. Breaker size 20 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 5/8
 Refrigerant type R-22
 Location: Ext. New _____
 Left/Right/Rear/Front/Roof ground Left
 Condensate Location _____

Certification:

I herby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (01)107 & 1108

[Signature]
 Signature _____

7/21/14
 Date _____



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: 3631816 Date: 7/18/2014

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

Outdoor Unit Model Number: 24ABC618A**31

Indoor Unit Model Number: FV4CNF002

Manufacturer: CARRIER AIR CONDITIONING

Trade/Brand name: CARRIER AIR CONDITIONING

Series name: COMFORT SERIES PURON AC

Manufacturer responsible for the rating of this system combination is CARRIER AIR CONDITIONING

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):	18000
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00*
IEER Rating (Cooling):	

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

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AIR-CONDITIONING, HEATING, & REFRIGERATION INSTITUTE

we make life better™

CERTIFICATE NO.: 130501638134429939

TREE PERMITS

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

593

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 J.H. STANLEY Address 6 PINEAPPLE LANE Phone 220-9620

Contractor _____ Address _____ Phone _____

Number of trees to be removed(list kinds of trees) TWO PINES

Number of trees to be relocated within 30 days(no fee)(list kinds of trees):

NONE

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

NONE

Permit Fee \$ NONE (\$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 8/12/94

Approved by Building Inspector [Signature] Date 8/15/94

Approved by Building Commissioner [Signature] Date _____

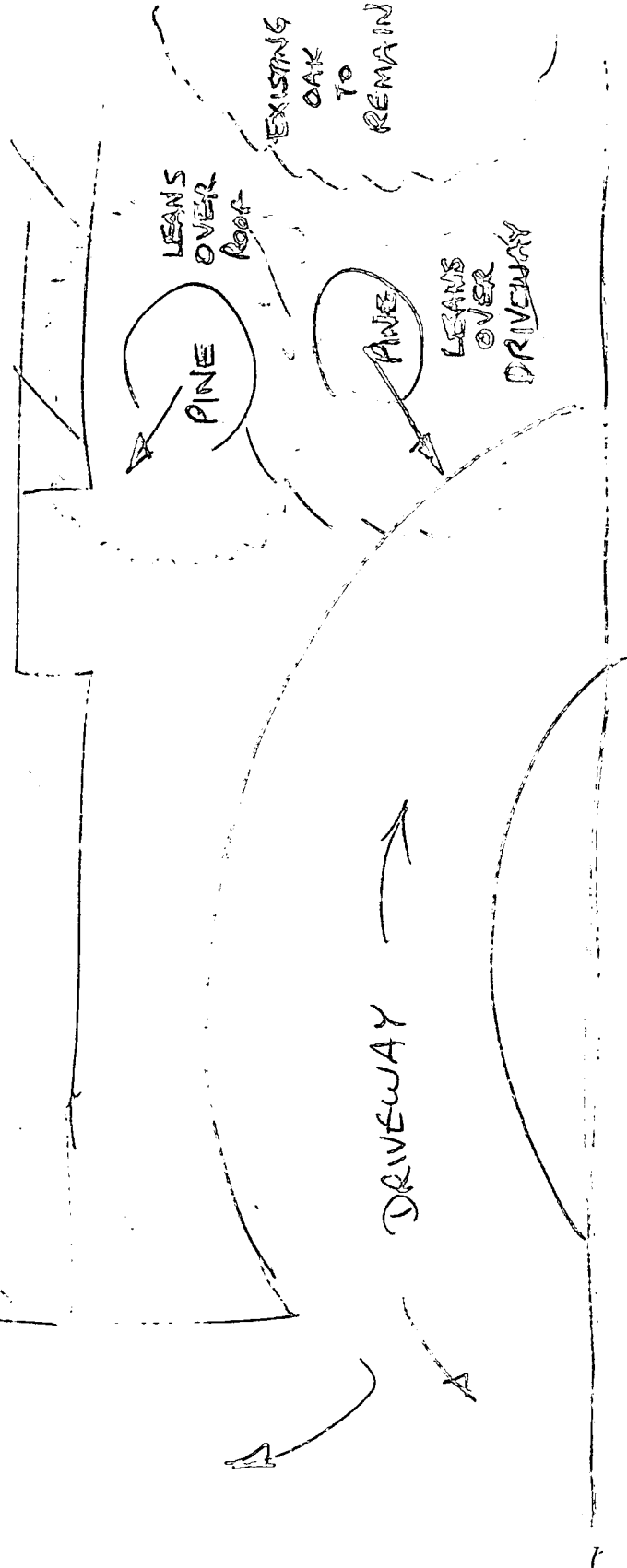
Completed _____ Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE 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?

NA

House



DRIVEWAY →

#6 PINSAPPLE LANE

J. H. STANLEY

220-9620

8/12/94

31

2



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

#629

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Kevin Thompson Address [Redacted] Phone 772.287.3062 THUR

Contractor Bernies Tree Service Address _____ Phone 219-2519 FRI

No. of Trees: REMOVE 3 Type: Diseased Queen Palm, Malaluca, 1-Marjo tree

No. of Trees: RELOCATE 0 WITHIN 30 DAYS Type: _____

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

Reason for tree removal/relocation Dying & could kill other Palms, Malaluca - bad tree - future fence

Signature of Property Owner [Signature] Date 7-11-07

Approved by Building Inspector: [Signature] Date 7/13 Fee: 0

NOTES: _____

