

# 9 Pineapple Lane

# TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER \_\_\_\_\_

PERMIT NUMBER 3315

DATE ISSUED 12/30/92

OWNER MILTONS PERLMAN

CONTRACTOR OR OWNER/BLDR. Bronco Const Inc

ADDRESS \_\_\_\_\_

ADDRESS PO Box 325

CITY/ST/ZIP SP

CITY/ST/ZIP Port Salerno

TELEPHONE \_\_\_\_\_

TELEPHONE 286-4038

FLOOD ZONE B

TO BE CONSTRUCTED NEW house

SITE ADDRESS 49 Pineapple Lane

SUBDIVISION Pineapple

CONSTRUCTION VALUE 360,000.00

REMODELING/NEW CONSTRUCTION NEW

**FEES**

IMPACT 1508.00

PLUMBING 100.00

RADON 94.75

ELECTRICAL 100.00

SEPTIC \_\_\_\_\_

MECH./A.C. 100.00

WELL \_\_\_\_\_

ROOF 100.00

FENCE \_\_\_\_\_

WALL \_\_\_\_\_

POOL \_\_\_\_\_

POOL ENCLOSURE \_\_\_\_\_

DOCK \_\_\_\_\_

OWNER/BUILDER Builder

TOTAL 4,852.75

PAID BY CHECK \_\_\_\_\_

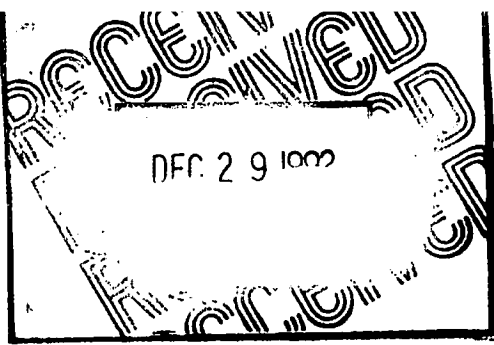
**BUILDING INSPECTION  
(SIGN OFF)**

(FOR OFFICIAL USE ONLY)

FORM BOARD SURVEY _____	DATE _____	NAILING _____	DATE _____
ROUGH PLUMBING <u>OK</u>	DATE <u>2/15/93 DB</u>	ROOF _____	DATE _____
TERMITE PROTECTION _____	DATE _____	INSULATION <u>OK</u>	DATE <u>5/8/93 SKC</u>
FOOTING-SLAB <u>OK</u>	DATE <u>2/17/93 DB</u>	FINAL ELECTRIC _____	DATE _____
LINTEL _____	DATE _____	FINAL PLUMBING _____	DATE _____
ROUGH ELECTRIC <u>OK</u>	DATE <u>4-27-93 SKC</u>	SEPTIC FINAL _____	DATE _____
FRAMING <u>OK</u>	DATE <u>7/30/93 SKC</u>	DRIVEWAY <u>OK</u>	DATE <u>7/19/93 DB</u>
A/C DUCTS _____	DATE _____	FINAL C.O. _____	DATE _____

PERMIT AUTHORIZED BY Dale Brown

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



3315

Tax Folio No. \_\_\_\_\_

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name MARK AND MARYLOU PERLMAN

Owner's Address 7 EMARITA WAY STUART FL 34996

Owner's Telephone 286-6491

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

Fee Simple Titleholder's Address (if other than owner) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor's Name Bronco Construction Inc.

Contractor's Address P.O. Box 305

City PORT SALERNO State FLA. Zip 34992

Contractor's Telephone 286-4038 License Number CGC020462

Job Name PERLMAN RESIDENCE

Job Address #9 LOT 10 PINEAPPLE LANE

City Town of Sewall's Point State Florida Zip 34996

Legal Description LOT 10 PINEAPPLE LANE

Bonding Company \_\_\_\_\_

Bonding Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Architect/Engineer's Name KELLY'S KELLY ARCHITECTS

Architect/Engineer's Address 119 W. 6<sup>th</sup> ST. STUART, FLA. 34994

Mortgage Lender's Name BARNETT BANK

Mortgage Lender's Address 900 S. FEDERAL HWY.

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

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

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

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

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

Plumbing Contractor DYLEWSKI PLBG. License No. 00089  
Electrical Contractor A/C ELECTRIC License No. ME00444  
Roofing Contractor WILFRAM ROOFING License No. \_\_\_\_\_  
A/C Contractor CLASSIC COOLING License No. CAC029403  
Description of Building or Alterations NEW SINGLE FAMILY RES.

Name of Street the Front Building Line and Front Yard Will Face #9 PINEAPPLE LANE

Subdivision Pineapple Lot 10 Block -

Building Area (inside walls) 3720 ~~6482~~ FT.<sup>2</sup> Garage, Porch, Carport

Area 2752 FT.<sup>2</sup>

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

\$ 360,000.00

Mary L. Perlman

DATE 12-30-92

(Owner or Authorized Agent)

Sworn and Subscribed before me this

30<sup>th</sup> day of December 1992

(SEAL)

Joan H. Barrow

NOTARY PUBLIC

State of Florida at Large

My Commission Expires:

Notary Public, State of Florida

My Commission Expires Nov. 16, 1994

Bonded Thru Troy Fain - Insurance Inc.

Robert J. Gleason Jr. PRES.  
(Contractor)

BEWCO CONST. INC.

DATE

12/30/92

Sworn and Subscribed before me this

30<sup>th</sup> day of Dec. 1992

(SEAL)

Joan H. Barrow

NOTARY PUBLIC

State of Florida at Large

My Commission Expires:

Notary Public, State of Florida

My Commission Expires Nov. 16, 1994

Bonded Thru Troy Fain - Insurance Inc.

Certificate of Competency Holder

Contractor's State Certification or Registration No. CGC 020462

Contractor's Certificate of Competency No. \_\_\_\_\_

APPLICATION APPROVED BY Dale Brown Permit Officer

A. C. ... 12/31/92

For Official Use Only

Plans approved as submitted \_\_\_\_\_ Date \_\_\_\_\_

Plans approved as marked  \_\_\_\_\_ Date 12/30/92

Permit Fee \$ 2,880.00

Payment Received \_\_\_\_\_ Date \_\_\_\_\_

County Impact Fee \$ 1508.20

Plumbing Fee \$ 100.00

Radon Fee \$ 64.0072

Roofing Fee \$ 100.00

A/C Fee \$ 100.00

Building Fee \$ 2,880.00

Electrical Fee \$ 100.00

TOTAL \$ 4,852.92

1944-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-00

**PEST DEFENSE DIVISION**

5015 CONSTRUCTION ROAD  
WASHINGTON, D.C. 20315

**DEFINITION OF PRE-CONSTRUCTION SOIL TREATMENT**

Pre-construction soil treatment is defined as the application of a soil treatment material to the soil of a construction site prior to the construction of a building or other structure.

The purpose of pre-construction soil treatment is to reduce the risk of pest infestation of a building or other structure by treating the soil prior to construction.

Pre-construction soil treatment is required for all new construction projects in the District of Columbia and the Commonwealth of the District of Columbia.

*[Handwritten Signature]*  
Suei Quinn Carpenter

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA  
COUNTY OF MARTIN

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

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

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

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 310,000 .

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

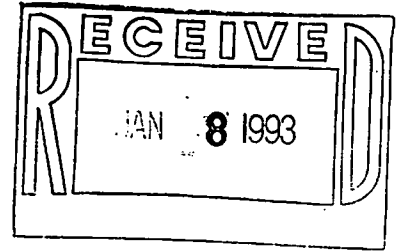
\_\_\_\_\_  
Affiant  
Property street address:  
9 Pineapple Lane  
Stuart FL 34996

Sworn to and subscribed  
before me this 11 day of  
November, 1993.

Janet Barrow  
Notary Public  
STATE OF FLORIDA AT LARGE  
My Commission Expires:

(NOTARY SEAL)

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



AC# 1806986 STATE OF FLORIDA  
 DEPARTMENT OF PROFESSIONAL REGULATION  
 CONSTRUCTION INDUSTRY LICENSING BOARD

DATE	LICENSE NO.	BATCH NO.
05/27/92	CG C020462	42208

THE CERTIFIED GENERAL CONTRACTOR  
 NAMED BELOW IS CERTIFIED  
 UNDER THE PROVISIONS OF CHAPTER 489 F.S., FOR THE YEAR  
 EXPIRING AUG 31, 1994

DYLEWSKI, ROBERT J JR  
 BRONCO CONSTRUCTION INC  
 5354 SE INLET PL  
 P O BOX 325  
 PORT SALERNO FL 34992-0325

*Lawton Chiles*  
 LAWTON CHILES  
 GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

*George Stuart, Jr.*  
 GEORGE STUART, JR.  
 SECRETARY, D.P.R.



WARRANTY DEED  
(F.S. 689.02)

THIS INDENTURE,

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

Made this 14th day of 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 Mark L. Perlman and Mary Lou Perlman, Husband and Wife of the County of Martin, in the State of Florida, whose post office address is: 7 Emarita Way, Sewall's Point, Florida 34996

party of the second part.

WITNESSETH, That the said party of the first part, for and in consideration of the sum of Ten and 00/100 Dollars (\$10.00), 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 10, 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.

Signed, sealed and delivered in the presence of:

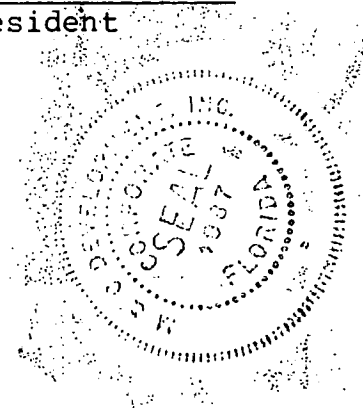
[Signature]  
[Signature]

M & C Development, Inc., a Florida corporation

BY [Signature]  
Andrew B. Carlton, President

(Corporate Seal)

FLA. DOC. PAID  
\$ 482.35  
Nancy Stiller  
Clerk of Circuit Court  
Martin Co., Fla.  
By [Signature] D.C.



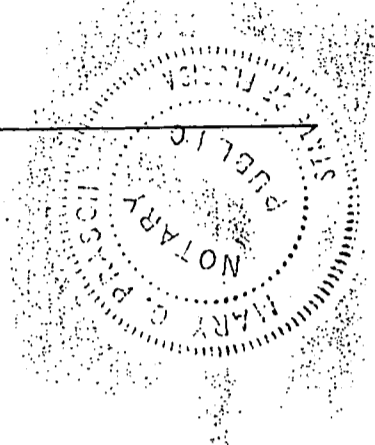
STATE OF FLORIDA  
COUNTY OF MARTIN

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared Andrew B. Carlton, President of M & C Development, Inc., a Florida corporation and that he acknowledged executing the same, in the presence of two subscribing witnesses, freely, and voluntarily under authority duly vested in him by said corporation and that the seal affixed thereto is the true corporate seal of said corporation.

Witness my hand and official seal in the County and State last aforesaid this 6 day of December, 1988.

*Mary C. Patton*  
\_\_\_\_\_  
Notary Public  
My Commission Expires:

Notary Public, State of Florida  
My Commission Expires Feb. 9, 1991  
Bonded thru Troy Fair - Insurance Inc.



This Instrument Prepared By:  
Fry & Olenick, P.A.  
900 East Ocean Blvd.  
Suite 120  
Stuart, Florida 34994  
405-286-1600

FILED FOR RECORD  
MARTIN CO., FLA.  
88 DEC 14 PM 2:35  
MARSHA STILLER  
CLERK OF CIRCUIT COURT  
BY *FYS* D.C.

Free



STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: M PERLMAN SEPTIC TANK PERMIT NO. HD92-276

LEGAL DESCRIPTION: LOT 10 PINEAPPLE LANE S/D

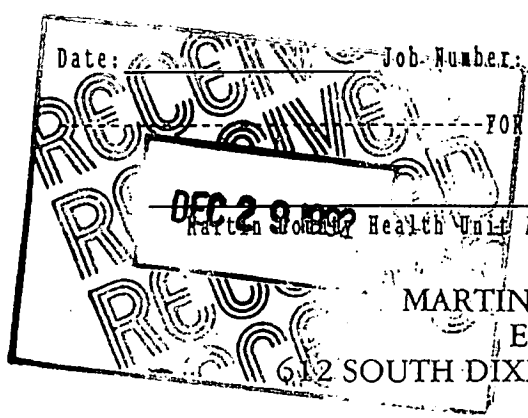
The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department. Approval of this stubout elevation certification constitutes commencement of building construction for septic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

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

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

CERTIFIED BY:

As applicant or applicant's representative, I understand the above requirements. Scott J. Morgan (Signature)



FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY

Martin County Health Unit Approval Signature (Date)

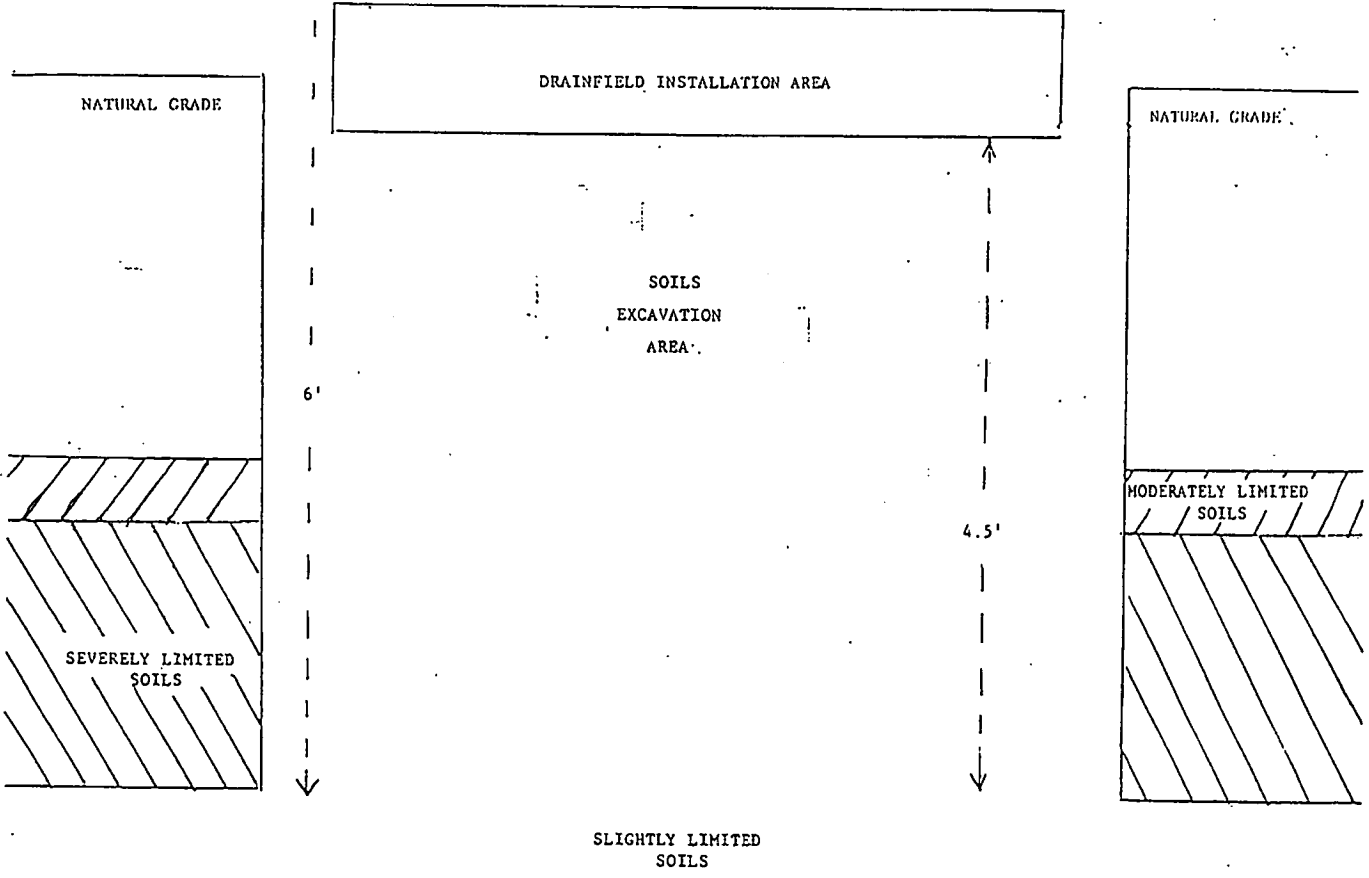
MARTIN COUNTY PUBLIC HEALTH UNIT ENVIRONMENTAL HEALTH 612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994

Revised 3/28/92

STUBOUT PIPE

9 - 12" SOIL COVER

"DIAGRAM A"



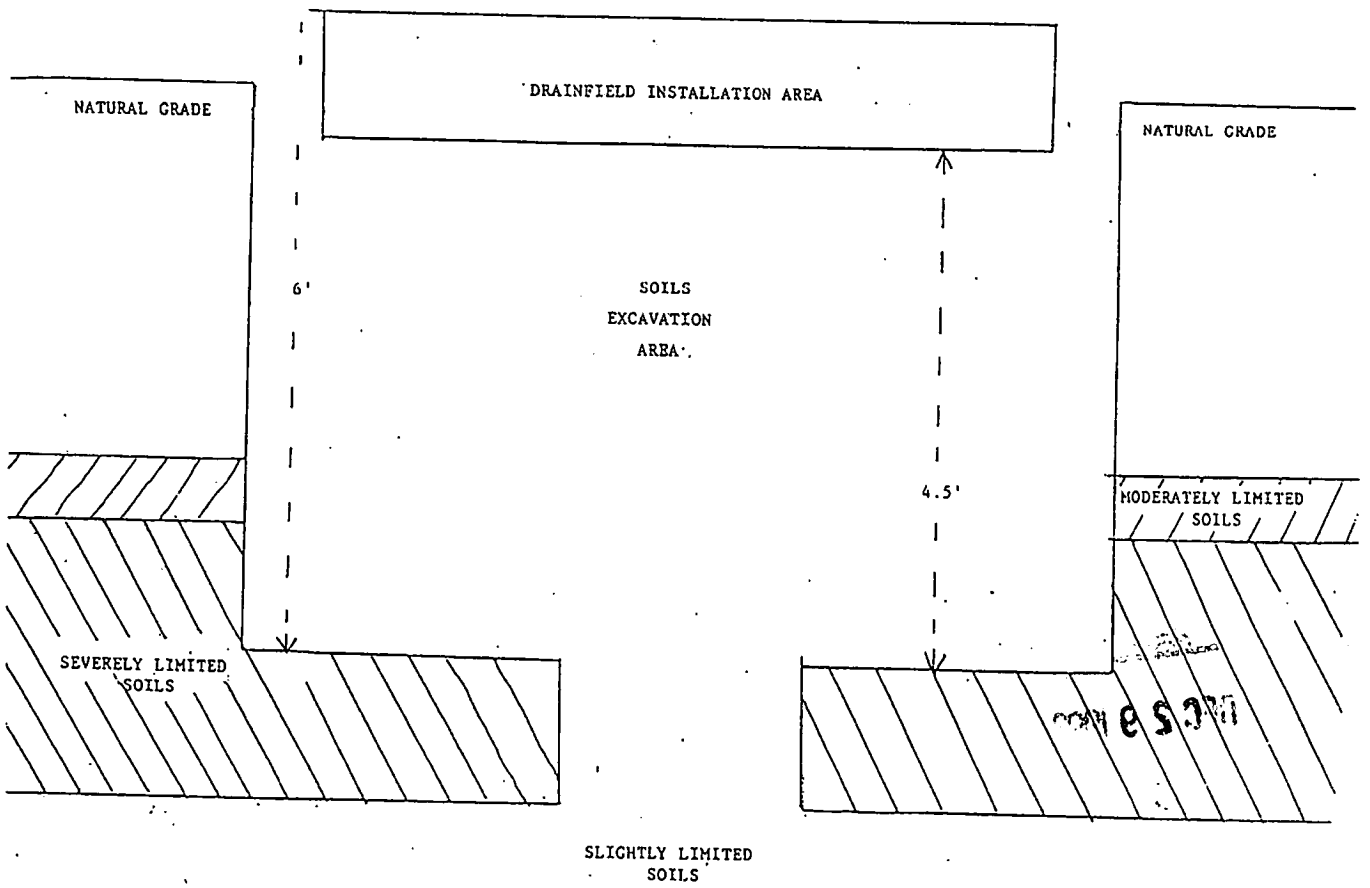
4/92

STUBOUT PIPE

9 - 12" SOIL COVER

"DIAGRAM B"

NTS



00495371

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

Authority: Chapter 381, F.S. & Chapter 10D-6, F.A.C.

Application/Permit Number HD92-276

Permit is for:

New System:  Repair: \_\_\_\_\_ Existing System: \_\_\_\_\_ Experimental System (Temporary): \_\_\_\_\_

Tank Abandonment: \_\_\_\_\_ Holding Tank: \_\_\_\_\_ Other (Specify): \_\_\_\_\_

Owner: MARK & MARYLOU PEARLMAN Telephone: (Work) 5 BROWN 288-7176 (Home) \_\_\_\_\_  
 Property Street Address: PINEAPPLE LANE  
 Lot #: 10 Block #: \_\_\_\_\_ Subdivision: PINEAPPLE LANE Unit: \_\_\_\_\_  
 Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

TO BE COMPLETED BY ENGINEER OR COUNTY PUBLICHEALTH UNIT EMPLOYEES ONLY. SYSTEM IS TO BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS SET FORTH IN CHAPTER 10D-6, F.A.C. PERMITS EXPIRE ONE YEAR FROM THE DATE OF ISSUANCE AND ARE NOT RENEWABLE. REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM DATE OF ISSUANCE. APPROVAL OF A SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME.

SYSTEM DESIGN AND SPECIFICATIONS

Design Sewage Flow from Table II 750 GPD Most Restrictive Soil Texture Used for System Sizing: SAND  
 Loading Rate: 1.75 Gallons/Square Foot/Day Standard:  Filled: \_\_\_\_\_ Mound: \_\_\_\_\_ Other: \_\_\_\_\_  
 Disposal system configuration: Trench:  Bed: \_\_\_\_\_ Other (describe): \_\_\_\_\_  
 Minimum absorption area required: 430 Square Feet 4 TRENCHES (3' W @) W/ 2' BETWEEN TRENCHES X 36" L  
 Bottom of drainfield absorption area must be 26 inches above/below (circle one) benchmark fixed point of reference.  
 Is Fill required? Yes \_\_\_\_\_ No  If Yes, What is the Minimum Height of Fill Required: \_\_\_\_\_ Inches/Feet  
 Excavation Required: Yes \_\_\_\_\_ No  Minimum Depth of Excavation: \_\_\_\_\_ Ft. Area Excavated: \_\_\_\_\_ Square Feet  
 Unobstructed area required: 648 Square Feet Unobstructed area available: 1,100 Square Feet  
 Septic tank liquid capacity: 1,350 gallons.....Minimum Drainfield Area Required: 430 Square Feet  
 Laundry tank liquid capacity: \_\_\_\_\_ gallons.....Minimum Drainfield Area Required: \_\_\_\_\_ Square Feet  
 Gray water tank liquid capacity: \_\_\_\_\_ gallons.....Minimum Drainfield Area Required: \_\_\_\_\_ Square Feet  
 Aerobic treatment unit treatment capacity: \_\_\_\_\_ gpd.....Drainfield Area Required: \_\_\_\_\_ Square Feet  
 Grease interceptor capacity: \_\_\_\_\_ gallons Dosing Tank: Capacity/Volume per Dose (circle one): \_\_\_\_\_ gallons  
 Holding Tank Capacity (must be sufficient to handle all waste generated over a seven day period): \_\_\_\_\_ gallons  
 Additional construction criteria: Drainfield rock must be 8 feet from front or rear property lines  
and 5 feet from side property lines. Excavation must be a minimum of one / three  
feet beyond drainfield installation area.  
-Top of building stub-out is required to be a minimum elevation of 6" BELOW CR ELV 9.83 NSVD  
-Top of drainfield pipe is required to be a minimum elevation of 16" BELOW CR ELV 9.83  
-Top of septic tank is required to be a minimum elevation of 2" BELOW CR ELV 9.83  
SEE ATTACHED SPECIAL CONDITIONS

Design by: \_\_\_\_\_ Title: \_\_\_\_\_  
 If designed by a P.E., provide registration number: \_\_\_\_\_ Place your seal upon the appropriate plans and attachments.

TO BE COMPLETED BY HEALTH UNIT:  
 Application Received: 10/2/92 Reviewed by: R. Lee Title: MARTIN CPHU  
 Incomplete: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 1/1/ Reason: \_\_\_\_\_  
 Disapproved: \_\_\_\_\_ Date: 1/1/ Reason: \_\_\_\_\_

Approved:  By: R. Lee MARTIN CPHU Date: 10/12/92  
 Date Issued: 10/12/92 Date of Expiration: 10/12/93 Amount of Fee Paid: \$185.00

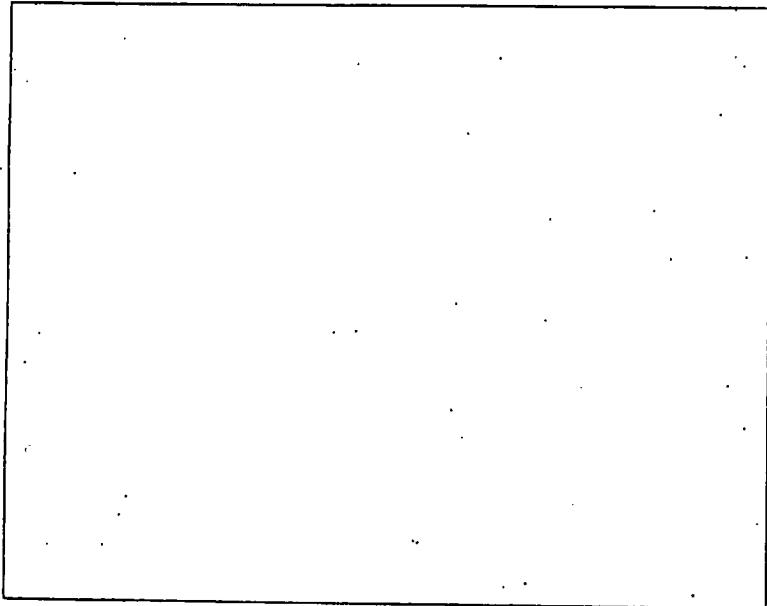
CONSTRUCTION INSPECTION AND APPROVAL

Inspection Requested \_\_\_/\_\_\_/\_\_\_  
Inspection Performed \_\_\_/\_\_\_/\_\_\_  
Property Owner: \_\_\_\_\_  
Property Street Address: \_\_\_\_\_

Application/Permit Number \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Unit: \_\_\_\_\_  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Parcel: \_\_\_\_\_

Abandonment: Tank Pumped \_\_\_/\_\_\_/\_\_\_ Crushed and Filled \_\_\_/\_\_\_/\_\_\_ Approved by: \_\_\_\_\_  
Installer: \_\_\_\_\_ Approved: Yes \_\_\_ No \_\_\_ Registration #: \_\_\_\_\_  
Tank Size(s): \_\_\_\_\_ gallons Tank Material: \_\_\_\_\_ Baffle Required: Yes \_\_\_ No \_\_\_ Installed: Yes \_\_\_ No \_\_\_  
Proper Legend: Yes \_\_\_ No \_\_\_ Level: Yes \_\_\_ No \_\_\_ Watertight: Yes \_\_\_ No \_\_\_ Outlet Device: Yes \_\_\_ No \_\_\_  
Excavation & Fill as required: Yes \_\_\_ No \_\_\_ System at proper elevation: Yes \_\_\_ No \_\_\_ Fill Adequate: Yes \_\_\_ No \_\_\_  
Absorption area adequate: Yes \_\_\_ No \_\_\_ Amount of Drainfield Installed: \_\_\_\_\_ Square Feet  
Installed in: Trenches \_\_\_ Absorption Bed \_\_\_ Other(describe) \_\_\_\_\_



System located as permitted: Yes \_\_\_ No \_\_\_  
All setbacks maintained as required: Yes \_\_\_ No \_\_\_  
Well Setback \_\_\_\_\_ Ft Water Line Setback \_\_\_\_\_ Ft  
Property Line Setback \_\_\_\_\_ Ft Foundation Setback \_\_\_\_\_ Ft  
Surface Water Setback \_\_\_\_\_ Ft Drainage Setback \_\_\_\_\_ Ft  
Aggregate Suitable: Yes \_\_\_ No \_\_\_ DOT Grade #: \_\_\_\_\_  
Aggregate Depth: Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_  
Drainfield Dimensions: \_\_\_\_\_ X \_\_\_\_\_  
Number of Lines: \_\_\_\_\_ Length of lines: \_\_\_\_\_ Ft \_\_\_\_\_ Ft \_\_\_\_\_ Ft  
Pipe separation OK: Yes \_\_\_ No \_\_\_ Proper slope: Yes \_\_\_ No \_\_\_  
Distribution Box/Header Pipe Level: Yes \_\_\_ No \_\_\_  
Unobstructed area required: \_\_\_\_\_ Sq Ft  
Unobstructed area available: \_\_\_\_\_ Sq Ft  
Depth of Cover Material: \_\_\_\_\_ inches  
High Water Alarm: \_\_\_\_\_ Pump Size: \_\_\_\_\_  
Soil Type \_\_\_\_\_ Impervious Layer \_\_\_\_\_ Ft  
Construction Status: Disapproved \_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Reason: \_\_\_\_\_  
Construction Status: Disapproved \_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Reason: \_\_\_\_\_  
Construction Approval: Yes \_\_\_ No \_\_\_ CHPU  
By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

PLEASE PROVIDE A SKETCH OF THE SYSTEM LAYOUT IN THE APPROXIMATE AREA WHERE IT WAS CONSTRUCTED IF DIFFERENT FROM SITE PLAN. S.O. Elev. \_\_\_\_\_ NGVD  
Additional Comments: \_\_\_\_\_

MOUND & FILLED SYSTEM INSPECTION

System stabilized Yes \_\_\_ No \_\_\_ Shoulders Adequate: Yes \_\_\_ No \_\_\_ Slopes Adequate: Yes \_\_\_ No \_\_\_  
Approved Stabilization Material: Yes \_\_\_ No \_\_\_ Stabilization Material Used: \_\_\_\_\_  
Construction Status: \_\_\_\_\_  
Disapproved: \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_  
Disapproved: \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_  
Construction Approved: \_\_\_\_\_ By: \_\_\_\_\_ CPHU Date \_\_\_/\_\_\_/\_\_\_

FINAL INSTALLATION APPROVAL

Building Area: \_\_\_\_\_ Square Feet Number of Bedrooms: \_\_\_\_\_ Number of Units: \_\_\_\_\_  
Well locations proper: Yes \_\_\_ No \_\_\_ Drainage Structures Located Properly: Yes \_\_\_ No \_\_\_  
Final System Approval Status: \_\_\_\_\_  
Disapproved: \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_  
By: \_\_\_\_\_ CPHU  
Disapproved: \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_  
By: \_\_\_\_\_ CPHU  
Reinspection Fees Paid: Yes \_\_\_ No \_\_\_ N/A \_\_\_ Date Paid \_\_\_/\_\_\_/\_\_\_ Amount Fee Paid: \_\_\_\_\_  
Final System Approval: \_\_\_\_\_ By: \_\_\_\_\_ CPHU Date: \_\_\_/\_\_\_/\_\_\_

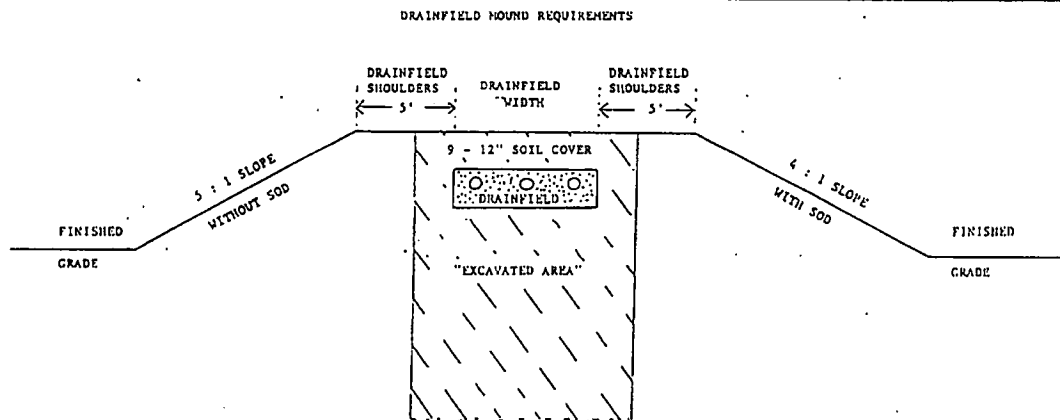


CONDITIONS OF PERMIT

APPLICANT PERLMAN SEPTIC TANK PERMIT # H092-

For permit specifications see attached HRS-B Form 4016

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



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

SEE EXCAVATION CERTIFICATION SHEET FOR EXCAVATION DETAILS.



SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: MARY PERLMAN PERMIT NO. (HD) 92-276  
SUBDIVISION: LOT 10 PINEAPPLE LANE

\*\*NOTE\*\* Special Condition(s) marked "X" are in effect.

1. Drainfield must be maintained under grass and ~~protected from vehicular traffic (traffic barriers)~~.
2. Operational test of dosing pump(s) and high water alarm (audible / visual) required prior to final construction appr.
3. Driveway / sidewalk elevation must be 9" higher than drainfield pipe elevation.
4. Septic system must be 75' from surface water / wetlands / mean high water line.
5. Excavate one / three beyond drainfield area to a depth of 4.5' below drainfield rock.
6. In addition to item #5, 33% of unsuitable soils at depths greater than 4.5' below the bottom of the drainfield must be removed to a depth of slightly limited soils.
7. Existing well(s) must be properly abandoned by a certified well driller. The attached well abandonment form(s) must be completed by the well driller and submitted to this office prior to the initial building construction or system installation.
8. Septic tank abandonment permit, fee and abandonment approval for the existing tank(s) must be received by this office prior to final construction approval.
9. Annual Operating Permit received and Declaration of Restriction must be recorded prior to final construction approval.
10. Mound area must be sodded or stabilized prior to final construction approval.
11. Any future ponds or surface water created onsite must be 75' from septic system(s).
12. Available area for septic installation to be evenly filled and leveled.
- \*\* See reverse side for additional requirements.



SPECIAL CONDITION REQUIREMENTS

Page 2

- 13. Septic system must be a minimum of 15 feet from drainage culverts, dry retention areas, storm water drainage systems.
- 14. Occupational approval will not be given until all requirements for public water system/ foodservice/ institutional/ septic system are met (circle which ever may be applicable).

---

15. Septic tank/ dosing chamber/ grease trap must have traffic lids with manhole covers extending to the surface.

16.               gallon outside grease trap(s) will be required. The grease trap should be connected with the outlet tee extending to within 8" of the bottom of the tank. The following must be connected to the grease trap.

- a) handwash sink(s).
- b) three compartment sink(s).
- c) floor drains.
- d) can wash, janitor's sink(s).
- e) dishwasher if present.

All other greaseless flow should be connected directly to the septic tank.

17. \_\_\_\_\_  
to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible -visual signals is required. If two drainfields are use, each field must be connected to an individual pump.

18. Two pumps are required to alternately dose into at least two separate fields.

19. No sprinklers or roof drainage - gutter drains allowed to influence soils within 5' of drainfield rock.

20. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions concerning special conditions can be answered by calling Ray Cross at (407) 221-4090.

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

**RECEIVED**

Authority: Chapter 381, F.S. & Chapter 10D-6, F.A.C.

Building Permit #:

Application/Permit Number HD-42-216  
 Date Application Received 10/2/92  
 Fee Amount Paid 185.10  
 Receipt # 11441  
 Date Paid 10/2/92

Application Is For:

New System:  Repair:  Existing System:  Environmental System (Temporary):   
 Tank Abandonment:  Holding Tank:  Other (Specify):

NOTE: PERMITS EXPIRE ONE YEAR FROM THE DATE OF ISSUANCE AND ARE NOT RENEWABLE. REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM DATE OF ISSUANCE. APPROVAL OF A SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME.

TO BE COMPLETED BY APPLICANT:

**GENERAL INFORMATION**

Owner: MARK L. & MARY LOUI PERLMAN (S.J.B.) Telephone: (Work) 288-7176 (Home) \_\_\_\_\_  
 Owner's Mailing Address: 7 EMARITA WAY City: STUART State: FL Zip: 34996  
 Owner's Agent: Stephen J. Brown Telephone: (W) 288-7176 (H) 287-2201  
 Agent's Mailing Address: 290 Florida Ave City: Stuart State: FL Zip: 34996  
 Property Street Address: XXXX PINEAPPLE LANE  
 Exact Directions to Property: SEE SURVEY LOCATION MAP FOR EXACT LOCATION

Lot # 10 Block # - Subdivision: "PINEAPPLE LANE" Unit: - Date Subdivided: 1988  
 Section: - Township: - Range: - Parcel Number: - Zoning Designation: -  
 Property size: 23,100<sup>±</sup> Square Feet/~~Acres~~ Water Supply: Private:  Public:  Limited Use:   
 Is Sanitary Sewer Available: Yes  No  If No, approximate the distance to the sewer line closest to your property: 500' SURF  
 Is Public Water Available: Yes  No  If No, approximate the distance to the water line closest to your property: \_\_\_\_\_

**BUILDING INFORMATION**

Type of Establishment Commercial/Residential (circle one)	# Of Units	Building Area (Square Feet) & Number of Bedrooms	# Of Persons	# Of Seats	Hours of Operation
<u>SINGLE FAMILY DWELLING</u>	<u>1</u>	<u>3720/4 BEDROOMS</u>			

Plumbing Fixtures: Garbage Grinders/Disposals:  Spas/Hot Tubs: \_\_\_\_\_ Floor/Equipment Drains: \_\_\_\_\_  
 Ultra-low volume Flush Toilets: \_\_\_\_\_ Other: \_\_\_\_\_

BUILDING PLANS MUST BE ATTACHED SHOWING OFFICES, BEDROOMS, TOTAL BUILDING AREA, AND ANY PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, F.A.C. IN ADDITION, A DETAILED SITE PLAN AND/OR SURVEY, DRAWN TO SCALE, MUST BE ATTACHED SHOWING PROPERTY DIMENSIONS, BUILDING LOCATIONS, AND PERTINENT FEATURES REQUIRED TO BE SUBMITTED PER CHAPTER 10D-6.046, F.A.C.

Applicant's Signature: \_\_\_\_\_ Date: 9 / 28 / 92

HD 92-276

Application/Permit Number \_\_\_\_\_

Permit Is For:

New System  Repair \_\_\_\_\_ Existing System \_\_\_\_\_ Experimental System(Temporary) \_\_\_\_\_ Other(specify) \_\_\_\_\_

TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEES, OR OTHER QUALIFIED PERSONS. SYSTEM IS TO BE CONSTRUCTED IN ACCORD WITH SPECIFICATIONS AND STANDARDS SET FORTH IN CHAPTER 100-6, F.A.C.

SITE AND SOIL EVALUATION

The Elevation of proposed system site is: 6.89 inches above/below (circle one) the benchmark/reference point location.

Benchmark/Reference Point Location: Crown of Road 9.83 Elevation: Assumed \_\_\_\_\_ Actual

Setback to Surface Waters: N/A Ft.

Setback to Ditches/Swales from System Site: N/A Ft. Ditches/Swales contiguous to property normally: Wet \_\_\_\_\_ Dry

Is the site subject to frequent flooding? Yes \_\_\_\_\_ No  Is site subject to 10 Year flooding? Yes \_\_\_\_\_ No

if subject, what is 10 year flood elevation for site: \_\_\_\_\_ Ft. MSL/NGVD Site Elevation: 10.90 Ft. MSL/NGVD

Setback to wells from system site: Public N/A Ft. Limited Use N/A Ft. Private N/A Ft. Non-potable N/A Ft.

SOIL PROFILE INFORMATION SITE #1

SOIL PROFILE INFORMATION SITE #2

MUNSELL # & COLOR	TEXTURE	DEPTH
10YR 6-1 Gray	SAND	0 to 12
10YR 8-1 White	SAND	12 to 48
10YR 5-8 yellowish brown	SAND	48 to 72

MUNSELL # & COLOR	TEXTURE	DEPTH
10YR 6-1 Gray	SAND	0 to 12
10YR 8-1 White	SAND	12 to 48
10YR 5-8 yellowish brown	SAND	48 to 72

USDA Soil Series Name: Paola Sand # 6

USDA Soil Series Name: Paola Sand # 6

Observed Water Table at the time of the evaluation is: 72 above/below (circle one) existing grade

Estimated Wet Season Water Table is: > 72 above/below (circle one) existing grade

Type water table: Perched \_\_\_\_\_ Apparent  Is soil Mottled? Yes \_\_\_\_\_ No  At What Depth: \_\_\_\_\_

Are the Vegetative species on site indicative of high wet season water table? Yes \_\_\_\_\_ No  Type: \_\_\_\_\_

Site evaluated by: Lona Zeger Title: EHS Date: 10/15/92

SYSTEM SPECIFICATIONS

Property size (net usable area): \_\_\_\_\_ Square Feet/Acres

Total Estimated Sewage Flow: Table I \_\_\_\_\_ GPD Authorized Sewage Flow: \_\_\_\_\_ GPD

Design Sewage Flow from Table II \_\_\_\_\_ GPD Most Restrictive Soil Texture Used for System Sizing: \_\_\_\_\_

Loading Rate: \_\_\_\_\_ Gallons/Square Foot/Day Standard: \_\_\_\_\_ Filled: \_\_\_\_\_ Mound: \_\_\_\_\_ Other: \_\_\_\_\_

Disposal system configuration: Trench: \_\_\_\_\_ Bed: \_\_\_\_\_ Other(describe): \_\_\_\_\_

Absorption area required: \_\_\_\_\_ Square Feet Is Fill required? Yes \_\_\_\_\_ No \_\_\_\_\_

Excavation Required: Yes \_\_\_\_\_ No \_\_\_\_\_ Minimum Depth of Excavation: \_\_\_\_\_ Ft. Area Excavated: \_\_\_\_\_ Ft. X \_\_\_\_\_ Ft.

Unobstructed area required: \_\_\_\_\_ Square Feet Unobstructed area available: \_\_\_\_\_ Square Feet

Additional construction criteria: \_\_\_\_\_

ork Trees, cacti, SAND PIPE

Design by: \_\_\_\_\_ Title: \_\_\_\_\_

If designed by a P.E., provide registration number: \_\_\_\_\_ Place your seal upon the appropriate plans and attach: \_\_\_\_\_

Specifications Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ CPHU

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICE

APPLICANT PERLMAN  
LEGAL DESCRIPTION LOT 10, "PINKAPPLE LANE"

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

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? NO
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
14. THERE IS 100 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 9.83 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 10.40 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? NO IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? \_\_\_\_\_ NGVD.

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

CERTIFIED BY: STEPHEN J. BROWN  
FL. PROFESSIONAL NO. 4049  
DATE: 8/28/92 JOB NO. 1844-01-01

FORM 900-B-91

**FLORIDA ENERGY EFFICIENCY CODE  
FOR BUILDING CONSTRUCTION**  
Section 9 — Residential Point System Method  
Department of Community Affairs

Climate Zones  
SOUTH 7 8 9

<b>PROJECT NAME AND ADDRESS:</b>	PERLMAN RES.	<b>BUILDER:</b> BRUNCO CONSTRUCTION
	LOT 10 PINE APPLE LANE	<b>PERMITTING OFFICE:</b> SEWELL'S POINT
<b>OWNER:</b> PERLMAN	<b>PERMIT NO.:</b> 3315	<b>CLIMATE ZONE:</b> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/>
		<b>JURISDICTION NO.:</b> 531300

NEW CONSTRUCTION <input checked="" type="checkbox"/>	IF MULTIFAMILY, NUMBER OF UNITS COVERED BY THIS SUBMITTAL: <input type="checkbox"/>	CONDITIONED FLOOR AREA <input type="checkbox"/> 3720 <input type="checkbox"/> SQ. FT.	<b>GLASS AREA AND TYPE</b>			
ADDITION <input type="checkbox"/>		PREDOMINANT EAVE OVERHANG LENGTH <input type="checkbox"/> 1.0 <input type="checkbox"/> FT.	CLEAR		TINT, FILM, SOLAR SCREEN	
MULTIFAMILY ATTACHED <input type="checkbox"/>	CHECK IF THIS SUBMITTAL REPRESENTS A WORST CASE CONDITION: <input type="checkbox"/>	PORCH OVERHANG LENGTH <input type="checkbox"/> 11.0 <input type="checkbox"/> FT.	SINGLE-PANE <input type="checkbox"/>	SQ. FT.	SINGLE-PANE <input type="checkbox"/> 518 <input type="checkbox"/> SQ. FT.	
SINGLE-FAMILY DETACHED <input checked="" type="checkbox"/>		DOUBLE-PANE <input type="checkbox"/>	SQ. FT.	DOUBLE-PANE <input type="checkbox"/> 16 <input type="checkbox"/> SQ. FT.		

NET WALL AREA AND INSULATION							
EXTERIOR MASONRY	R =	EXTERIOR FRAME	R =	EXTERIOR STEEL	R =	EXTERIOR LOG	R =
<input type="checkbox"/> SQ. FT.	<input type="checkbox"/>	<input type="checkbox"/> 2536 <input type="checkbox"/> SQ. FT.	<input type="checkbox"/> 11 <input type="checkbox"/>	<input type="checkbox"/> SQ. FT.	<input type="checkbox"/>	<input type="checkbox"/> SQ. FT.	<input type="checkbox"/>
ADJACENT MASONRY	R =	ADJACENT FRAME	R =	ADJACENT STEEL	R =	ADJACENT LOG	R =
<input type="checkbox"/> SQ. FT.	<input type="checkbox"/>	<input type="checkbox"/> 318 <input type="checkbox"/> SQ. FT.	<input type="checkbox"/> 11 <input type="checkbox"/>	<input type="checkbox"/> SQ. FT.	<input type="checkbox"/>	<input type="checkbox"/> SQ. FT.	<input type="checkbox"/>

CEILING AREA AND INSULATION				FLOOR TYPE AND INSULATION			
UNDER ATTIC	R =	SGL ASSEMBLY	R =	SLAB PERIMETER	R =	RAISED: WD <input checked="" type="checkbox"/> CON <input type="checkbox"/>	R =
<input type="checkbox"/> 2008 <input type="checkbox"/> SQ. FT.	<input type="checkbox"/> 30 <input type="checkbox"/>	<input type="checkbox"/> SQ. FT.	<input type="checkbox"/>	<input type="checkbox"/> 193 <input type="checkbox"/> FT.	<input type="checkbox"/> 0 <input type="checkbox"/>	<input type="checkbox"/> 78 <input type="checkbox"/> SQ. FT.	<input type="checkbox"/> 11 <input type="checkbox"/>

DUCTS	COOLING SYSTEM	HEATING SYSTEM	HVAC CREDITS	HOT WATER SYSTEM	HOT WATER CREDITS
IN UNCONDITIONED SPACE R = <input type="checkbox"/> 6.0 <input type="checkbox"/> IN CONDITIONED SPACE R = <input type="checkbox"/> 4.0 <input type="checkbox"/>	<input checked="" type="checkbox"/> CENTRAL <input type="checkbox"/> ROOM <input type="checkbox"/> PACKAGE TERMINAL AIR CONDITIONER <input type="checkbox"/> NONE SEER/EER = <input type="checkbox"/> 11 <input type="checkbox"/> 25	<input checked="" type="checkbox"/> ELECTRIC STRIP <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER FUELS <input type="checkbox"/> ROOM UNIT OR PACKAGE TERMINAL HEAT PUMP <input type="checkbox"/> NONE COP/HSPF/AFUE = <input type="checkbox"/> 1.0 <input type="checkbox"/>	<input type="checkbox"/> CEILING FANS <input type="checkbox"/> CROSS VENTILATION <input type="checkbox"/> WHOLE HOUSE FAN <input type="checkbox"/> ATTIC RADIANT BARRIER <input checked="" type="checkbox"/> MULTIZONE	<input checked="" type="checkbox"/> ELECTRIC <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER FUELS <input type="checkbox"/> NONE EF = <input type="checkbox"/> 90	SOLAR: S.F. = <input type="checkbox"/> . <input type="checkbox"/> HEAT RECOVERY (CHECK) <input type="checkbox"/> DEDICATED HEAT PUMP: E.F. = <input type="checkbox"/> . <input type="checkbox"/> NUMBER OF BEDROOMS = <input type="checkbox"/> 4 <input type="checkbox"/>

<b>INFILTRATION PRACTICE USED</b> <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<input type="checkbox"/> 55852.5 <input type="checkbox"/> ÷ <input type="checkbox"/> 62926.2 <input type="checkbox"/> x 100 = <input type="checkbox"/> 88.8 <input type="checkbox"/>
	<b>TOTAL AS-BUILT POINTS</b> <b>TOTAL BASE POINTS</b> <b>CALCULATED E.P.I.</b>
<b>CALCULATED ENERGY PERFORMANCE INDEX MUST NOT EXCEED 100 POINTS.</b>	

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code. PREPARED BY: <u>James C. [Signature]</u> DATE: <u>12-30-92</u>	Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 554.08, F.S. BUILDING OFFICIAL: <u>[Signature]</u> DATE: <u>1/1/93</u>
I hereby certify that this building is in compliance with the Florida Energy Code. OWNER AGENT: _____      DATE: _____	

**FLORIDA ENERGY EFFICIENCY CODE  
FOR BUILDING CONSTRUCTION**

Section 9 Compliance Program - Residential Point System Method  
Version 1.0 January, 1992  
Department Of Community Affairs

Printout generated by EPI92 and submitted in lieu of Form 900-A-91  
THIS COMPLIANCE FORM IS VALID IF SUBMITTED AFTER JANUARY 1, 1992

PROJECT NAME: LOT 10 PINEAPPLE LANE	PERMITTING OFFICE: SEWALL'S POINT
AND ADDRESS: PINEAPPLE LANE STUART FL 34996	CLIMATE ZONE: 7 <b>B</b> 9
BUILDER: BRONCO CONSTRUCTION	PERMIT NO.:
OWNER: PERLMAN	JURISDICTION NO.: 531300

COMPONENT:	DIMENSION:	VALUE:	RATING:	VALUE:	OFFICIAL CHECKLIST
STRUCTURE TYPE:					
Single-Family					
FREDDOMINANT EVE OVERHANG	Length:	1.00			_____
PORCH OVERHANG	Length:	11.00			_____
WINDOWS					
Single Tint	Total Area	494.00			_____
Double Tint	Total Area	40.00			_____
All Vertical Glass	Total Area	518.00			_____
All Skylight Glass	Total Area	16.00			_____
WALLS					
Ext Wood Frame	Area:	2536.00	R-Val:	11.00	_____
Adj Wood Frame	Area:	318.00	R-Val:	11.00	_____
DOORS					
Ext Wood	Area:	120.00			_____
Adj Wood	Area:	22.00			_____
CEILINGS					
FLAT Under Attic	Area:	2008.00	R-Val:	30.00	_____
FLOORS					
Slab-on-Grade	Perimeter:	193.00	R-Val:	.00	_____
Rsd Wood Adjacent	Area:	78.00	R-Val:	11.00	_____
DUCTS					
Unconditioned Space	Length:	60.00	R-Val:	6.00	_____
In Conditioned Space	Length:	40.00			_____
COOLING					
Central A/C			SEER:	11.25	_____
HEATING					
Strip Heat			STRIP:	1.00	_____
HOT WATER					
Electric			EF:	.90	_____
	Bedrooms:	4.00			_____
INFILTRATION					
Conditioned Floor	Area:	3720.00	Pract:	1	_____
AS BUILT POINTS / BASE POINTS * 100 = EPI					
55,852.53 / 62,926.22 * 100 = 88.76					

GLASS TO FLOOR AREA RATIO = .1435

I Hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: James E. [Signature]  
DATE: 12-30-92

I hereby certify that this building is in compliance with the Florida Energy Code.

OWNER/AGENT: \_\_\_\_\_  
DATE: \_\_\_\_\_

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance in accordance with Section 553.908 F.S.

BUILDING OFFICIAL: \_\_\_\_\_  
DATE: \_\_\_\_\_

\*\*\*\*\*

SUMMER CALCULATIONS

\*\*\*\*\*

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIENT	AREA	x BSPM	= POINTS	TYPE	SC	ORIENT	AREA	x SPM	x SOF	= POINTS
NE	89.00	88.0	7832.0	SGL TINT		NE	60.0	94.5	.98	5571.6
				SGL TINT		NE	29.0	94.5	.97	2652.7
SE	222.00	135.0	29970.0	SGL TINT		SE	78.0	143.0	.42	4631.4
				SGL TINT		SE	20.0	143.0	.39	1122.8
				SGL TINT		SE	24.0	143.0	.33	1145.8
				SGL TINT		SE	24.0	143.0	.36	1247.5
				SGL TINT		SE	16.0	143.0	.32	741.2
				SGL TINT		SE	60.0	143.0	.33	2864.5
SW	38.00	135.0	5130.0	SGL TINT		SW	20.0	143.0	.97	2760.7
				SGL TINT		SW	18.0	143.0	.98	2525.3
NW	169.00	88.0	14872.0	SGL TINT		NW	72.0	94.5	.64	4354.6
				SGL TINT		NW	24.0	94.5	.64	1456.2
				SGL TINT		NW	15.0	94.5	.44	623.7
				DBL TINT		NW	24.0	78.2	.64	1201.2
				SGL TINT		NW	30.0	94.5	.55	1568.7
				SGL TINT		NW	4.0	94.5	.48	179.7
HZ	16.00	124.2	1987.2	DBL TINT		HZ	16.0	278.9	1.00	4462.4

.15 x COND. FLOOR /	TOTAL GLASS	= ADJ.	x GLASS	= ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS
.15	3,720.00	534.00	1.045	59,791.20	62,478.45
					39,109.90

NON GLASS-----										
AREA	x BSPM	= POINTS	TYPE	R-VALUE	AREA	x SPM	= POINTS			

WALLS-----										
Ext	2536.0	1.6	4057.6	Ext Wood Frame	11.0	2536.0	2.70	6847.2		
Adj	318.0	1.0	318.0	Adj Wood Frame	11.0	318.0	1.00	318.0		

DOORS-----										
Ext	120.0	6.4	768.0	Ext Wood		120.0	9.40	1128.0		
Adj	22.0	2.6	57.2	Adj Wood		22.0	3.80	83.6		

CEILINGS-----										
UA	1904.0	.8	1523.2	Under Attic	30.0	2008.0	.80	1606.4		

FLOORS-----										
Slb	193.0	-20.0	-3860.0	Slab-on-Grade	.0	193.0	-20.00	-3860.0		
Rsd	78.0	-2.2	-168.5	Rsd Wood Adjacent	11.0	78.0	1.00	78.0		

INFILTRATION-----										
	3720.0	14.7	54684.0	Practice #1		3720.0	18.60	69192.0		

TOTAL SUMMER POINTS								119,857.97				114,503.10
---------------------	--	--	--	--	--	--	--	------------	--	--	--	------------

TOTAL	x SYSTEM	= COOLING	TOTAL	x CAP	x DUCT	x SYSTEM	x CREDIT	= COOLING
SUM PTS	MULT	POINTS	COMPON	RATIO	MULT	MULT	MULT	POINTS
119,857.97	.37	44,347.45	114,503.10	1.00	1.060	.305	.900	33,316.96



WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIEN	AREA	x BWPM =	POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS
NE	89.00	1.4	124.6	SGL TINT		NE	60.0	2.9	1.02	177.0
				SGL TINT		NE	29.0	2.9	1.03	86.8
SE	222.00	-3.3	-732.6	SGL TINT		SE	78.0	-2.0	-.46	71.5
				SGL TINT		SE	20.0	-2.0	-.59	23.8
				SGL TINT		SE	24.0	-2.0	-.97	46.4
				SGL TINT		SE	24.0	-2.0	-.77	36.9
				SGL TINT		SE	16.0	-2.0	-1.06	33.8
SW	38.00	-3.3	-125.4	SGL TINT		SW	20.0	-2.0	.94	-37.5
				SGL TINT		SW	18.0	-2.0	.97	-34.8
NW	169.00	1.4	236.6	SGL TINT		NW	72.0	2.9	1.30	271.4
				SGL TINT		NW	24.0	2.9	1.30	90.4
				SGL TINT		NW	15.0	2.9	1.51	65.7
				DBL TINT		NW	24.0	1.8	1.47	63.5
				SGL TINT		NW	30.0	2.9	1.38	120.0
				SGL TINT		NW	4.0	2.9	1.47	17.1
HZ	16.00	-3.1	-49.6	DBL TINT		HZ	16.0	-5.7	1.00	-91.2

.15 x COND. FLOOR /	TOTAL GLASS =	ADJ. x	GLASS =	ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS
.15	3,720.00	534.00	1.045	-546.40	-570.96
					1,056.81

NON GLASS-----										
AREA	x	BWPM =	POINTS	TYPE	R-VALUE	AREA	x	WPM =	POINTS	
WALLS-----										
Ext	2536.0	.3	760.8	Ext Wood Frame	11.0	2536.0	.60	1521.6		
Adj	318.0	.5	159.0	Adj Wood Frame	11.0	318.0	.50	159.0		
DOORS-----										
Ext	120.0	1.8	216.0	Ext Wood		120.0	2.80	336.0		
Adj	22.0	1.3	28.6	Adj Wood		22.0	1.90	41.8		
CEILINGS-----										
UA	1904.0	.1	190.4	Under Attic	30.0	2008.0	.10	200.8		
FLOORS-----										
Slb	193.0	-2.1	-405.3	Slab-on-Grade	.0	193.0	-2.10	-405.3		
Rsd	78.0	-.3	-21.8	Rsd Wood Adjacent	11.0	78.0	.50	39.0		
INFILTRATION-----										
	3720.0	1.2	4464.0	Practice #1		3720.0	1.90	7068.0		

TOTAL WINTER POINTS	4,820.70									10,017.71
---------------------	----------	--	--	--	--	--	--	--	--	-----------

TOTAL x SYSTEM	= HEATING	TOTAL x CAP x DUCT x SYSTEM x CREDIT = HEATING
WIN PTS	MULT	POINTS
4,820.70	1.10	5,302.77
10,017.71	1.00	1.060
	1.000	.900
		9,556.90

\*\*\*\*\*

WATER HEATING

\*\*\*\*\*

=== BASE ===

;

=== AS-BUILT ===

NUM OF BEDRMS	x	MULT	=	TOTAL	;	TANK VOLUME	EF	TANK RATIO	x	MULT	x	CREDIT MULT	=	TOTAL
------------------	---	------	---	-------	---	-------------	----	---------------	---	------	---	----------------	---	-------

4		3319.0		13,276.00	;	50	.90	1.000		3244.7		1.00		12,978.67
---	--	--------	--	-----------	---	----	-----	-------	--	--------	--	------	--	-----------

\*\*\*\*\*

SUMMARY

\*\*\*\*\*

=== BASE ===

;

=== AS-BUILT ===

COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS	;	COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
-------------------	---	-------------------	---	---------------------	---	-----------------	---	-------------------	---	-------------------	---	---------------------	---	-----------------

44347.4		5302.8		13276.0		62,926.22	;	33317.0		9556.9		12978.7		55,852.53
---------	--	--------	--	---------	--	-----------	---	---------	--	--------	--	---------	--	-----------

\*\*\*\*\*  
 \* EPI = 88.76 \*  
 \*\*\*\*\*

# FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 461-7508  
 VERO BEACH: (407) 567-6167  
 STUART: (407) 283-7711

Report  
 of  
**DENSITY OF SOIL IN PLACE**  
 ASTM D2922

**Client** Bronco Construction

**Date** February 10, 1993

**Contractor** Client

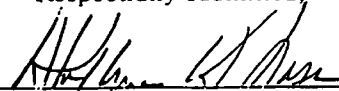
**Site** 9 Pineapple Lane  
 Sewalls Pt.

Permit #3315

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
7517	N.E. Corner	0 - 1'	104.7	7517	110.1	95.1
	"	1 - 2'	106.3			96.5
	Center	0 - 1'	107.6			97.7
	"	1 - 2'	109.1			99.1
	S.W. Corner	0 - 1'	105.0			95.4
	"	1 - 2'	108.2			98.3
All elevations below slab grade.						

**Copies** Client - 1  
 Sewalls Pt. Bldg. Dept. - 1

Respectfully submitted,

  
 \_\_\_\_\_  
 ALEXANDER H. FRASER, P. E.

# FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 461-7508  
 VERO: (407) 567-6167  
 STUART: (407) 283-7711

Report  
 of  
**MOISTURE DENSITY RELATIONSHIP**  
 ASTM 1557-70

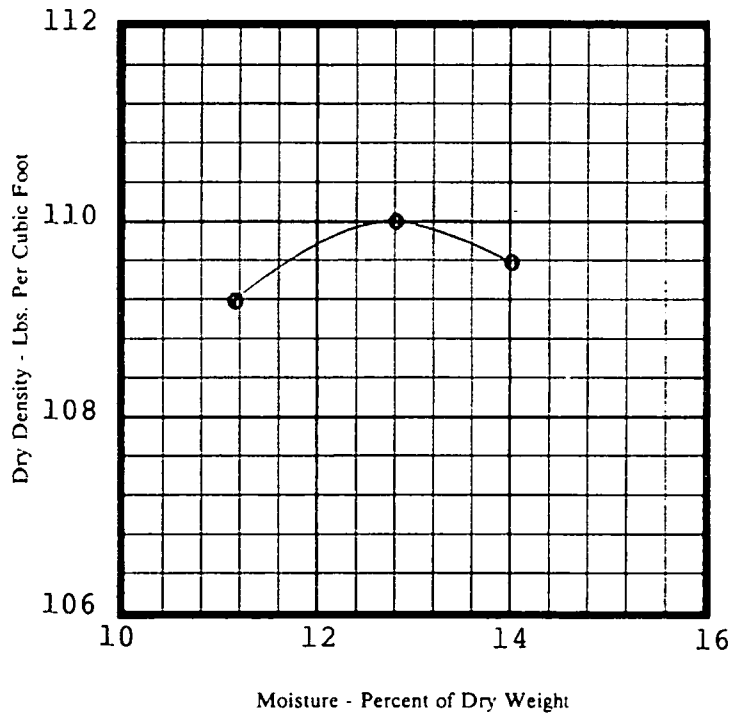
**Client** Bronco Construction

**Date** February 10, 1993

**Contractor** Client

**Site** 9 Pineapple Lane  
 Sewalls Pt.

Permit #3315

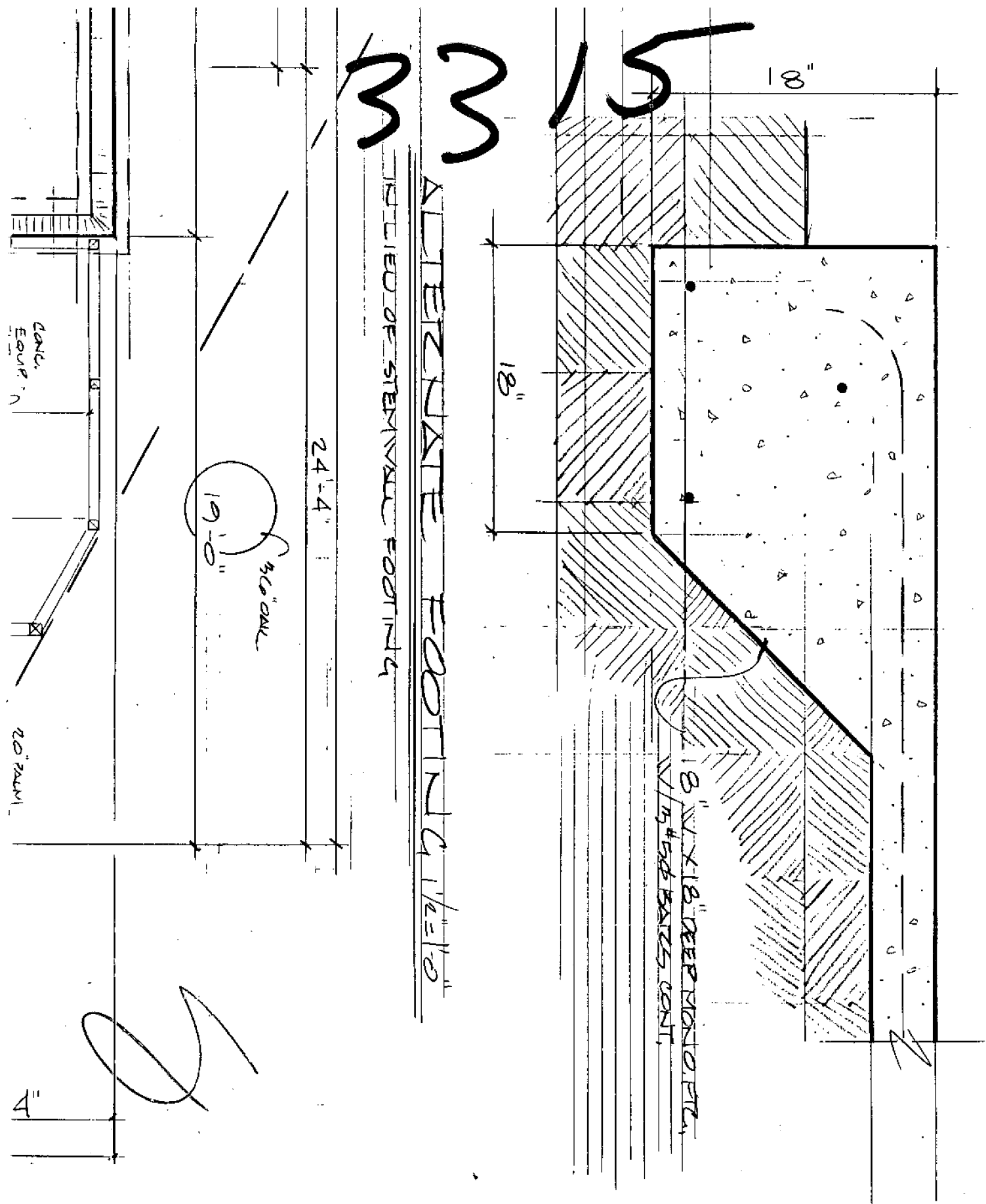


Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
7517	C	Composite	12.8	110.1	Gray fine sand with shell fragments.

Copies

Respectfully submitted,

ALEXANDER H. FRASER, P. E.



5  
3  
3

ALTERED WINDOW FOOTING 1 1/2" @ 10"

24'-4"

19'-0" 3/4" OAK

CANAL EQUIP.

20" WALL

8" X 18" DEEP MINOR FTG. WITH 5# BARS CONT.

4"



KELLY & KELLY ARCHITECTS

119 W. SIXTH STREET, STUART, FLORIDA 34994, 283-3492

FILE

E. CURTIS LAWN SERVICE  
4223 42ND WAY  
WEST PALM BEACH, FL 33407  
(561) 389-6943 (561) 640-4882

RECEIVED  
DEC 06 2000  
BY: EA (12/7)

December 5, 2000

To: Mike and JoEllen Dyer

9 Pineapple Lane  
Stuart, FL 34996

PROPOSAL FOR REMOVING TREES

E. Curtis Lawn Service will be removing two (2) travelers palm trees, four (4) sable palm trees, and one hickory tree on the property at 9 Pineapple Lane in Stuart, FL. All cuttings will be removed from premises and disposed of. *Also One (1) Fish Tail Palm being removed.*

Location of trees: two travelers palms are located in the front of the home on the left and right of front door entrance. Two sable palms are located on the east corner of home to the right and left of entrance gate to the back yard. Two sable palms are located on the northwest corner of property by the road. These palms are over taken by the large oak trees. The hickory tree is located in the back yard behind the swimming pool. The hickory tree has stunted the growth of the oak trees around it. *Fish tail palm located on the East corner of Home.*

Tree replacement: the two travelers palms in the front yard will be replaced with other trees.

Thanks,

E. Curtis Lawn Service

Please call me @ 283-3671 - JoEllen Dyer

- 12/11/00 8:30 P/C w/ MRS DYER
- REVIEWED T/R PERMIT PROCEDURE
- PREPARED PKG. FOR P/U • PERMIT APPL.
- HABITAT ORD.

Thank you

RECORD OF INSPECTIONS  
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 11-5-93

This is to request that a Certificate of Approval for Occupancy be issued to DR. Mr & Mrs PERLMAN.

For property at #9 Pineapple Lane built under Permit No. 3315 Dated 12-30-92 when completed in conformance with the Approved Plans.

Signed Bob Dylewski

ITEM	DATE	APPROVED BY (initials)
1. Form board tie in	<u>2-18-93</u>	<u>DB</u>
2. Termite protection		
3. Footing - slab	<u>2-17-93</u>	<u>DB</u>
4. Rough plumbing - slab	<u>2-15-93</u>	<u>DB</u>
5. Rough electric - slab	<u>4-27-93</u>	<u>DB</u>
6. Lintel	<u>N/A</u>	
7. Dry in (final)	<u>7-12-93</u>	<u>DB</u>
8. Roof	<u>8-14-93</u>	<u>DB</u>
9. Framing	<u>4-30-93</u>	<u>DB</u>
10. Rough electric	<u>4-30-93</u>	<u>DB</u>
11. Rough plumbing	<u>4-30-93</u>	<u>DB</u>
12. A/C Ducts	<u>4-30-93</u>	<u>DB</u>
13. Insulation	<u>5-8-93</u>	<u>DB</u>
14. Final electric	<u>11-4-93</u>	<u>DB</u>
15. Final plumbing	<u>11-4-93</u>	<u>DB</u>
16. Final construction	<u>11-4-93</u>	<u>DB</u>
17. As-built survey	<u>11-8-93</u>	<u>DB</u>
18. Affidavit of cost	<u>11-11-93</u>	<u>DB</u>

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector Dale Brown 11/5/93 date

Approved by Building Commissioner [Signature] 11/11/93 date

Utilities notified FPL 11/4/93 date

Original Copy sent to \_\_\_\_\_ date  
(owner)

(Keep carbon copy for Town files)

**3377**

**SWIIMING POOL**

**SPA**



Permit No. **3377**

Date **4/29/93**

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

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

Owner Mark + Mary Lou Perlman Present Address 7 Emerald Way  
Phone 286-6491 Stuart, Fla 34996

Contractor Olympic Pools Address \_\_\_\_\_  
Phone 286-6070

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 w/ Spa

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

Subdivision \_\_\_\_\_ Lot number 10 Block number \_\_\_\_\_

Contract price \$ 13000 Cost of permit \$ 200.-

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 X Mark L Perlman

TOWN RECORD  
Approved: R. Mang 5-4-93  
Building Inspector Date

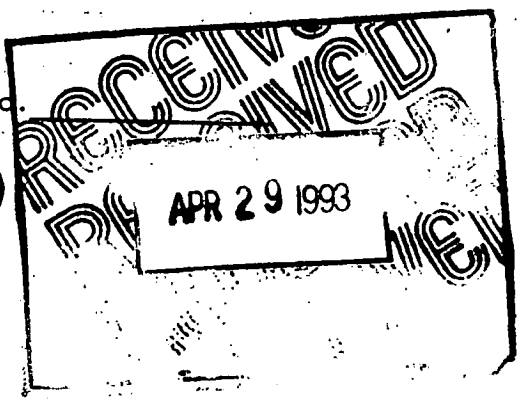
Date submitted \_\_\_\_\_  
Approved: [Signature] 5/3/93  
Commissioner Date Final Approval given: \_\_\_\_\_ Date

Certificate of Occupancy issued (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

SP1282

Permit No. **#3377**

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.



TAX FOLIO NO. 12.38.41.003.000.00100.5.000 DATE 10.14.93

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

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

Owner MARK PERLMAN Present Address 9 PINEAPPLE LA.

Phone 286-6447

Contractor UNITED FENCE Address 367 NOTLEY DR.

Phone 335-2627

Where licensed MARTIN License Number 00541

Electrical Contractor \_\_\_\_\_ License Number \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ License Number \_\_\_\_\_

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

FENCE

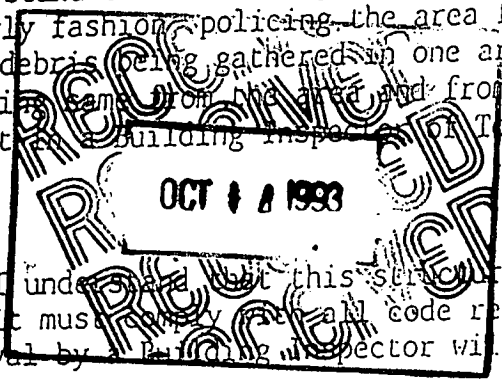
State the street address at which the proposed structure will be built: \_\_\_\_\_

Subdivision Pineapple Lot Number 10 Block Number \_\_\_\_\_

Contract Price \$ 4000 Cost of Permit \$ 32.00

Plans approved as submitted  Plans approved as marked \_\_\_\_\_

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



Contractor George J. J...

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

Owner Mark Perlman

TOWN RECORD

Date submitted \_\_\_\_\_  
Approved: SRC  
B.L.D.C. Commissioner Date

Approved: Wale Brown 10/14/93  
Building Inspector Date

Final Approval given: \_\_\_\_\_ Date

Certificate of Occupancy issued(if applicable) \_\_\_\_\_ Date

Permit No. \_\_\_\_\_

997331. NO CONSTRUCTION MAY BEGIN UNTIL  
NOTICE OF COMMENCEMENT  
POSTED ON JOB SITE

Permit No. \_\_\_\_\_ Tax ID No. \_\_\_\_\_

NOTICE OF COMMENCEMENT

State Of Florida  
County Of Martin

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

Legal Description of property and street address, if available  
lot 10 Pineapple Lane  
Plat Bk 4 Page 62  
Sewalls Pt.

General description improvements Swimming Pool

Owner Mark L. Perlman & Mary Lou Perlman  
Address 7 Emerald Way Stuart, Fla 34996  
Owner's interest in site of improvement \_\_\_\_\_

Fee Simple Title holder (if other than owner) \_\_\_\_\_

Address \_\_\_\_\_

Contractor Olympic Pools of Stuart Corp  
Address 1565 S.W. Martin Hwy Palm City, Fla 34990

Surety \_\_\_\_\_  
Address \_\_\_\_\_  
Amount of Bond \$ \_\_\_\_\_

Lender Linda Lease 90 Barnett Bank of Martin County  
Address P.O. Box 9027 Stuart, Fla 34995

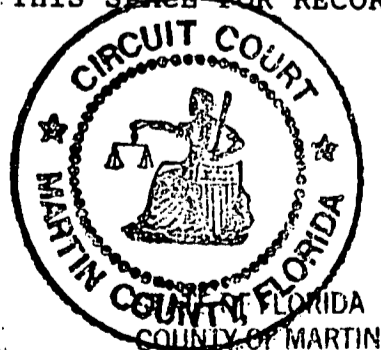
Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:

Name Bronco Construction Inc, 90 Robert J. Dylewski  
Address P.O. Box 325 Pt Salerno, Fla 34992

In addition to himself, owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.12 (1) (b), Florida Statutes.

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

THIS SPACE FOR RECORDING ONLY



THIS IS TO CERTIFY THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL. (seal)

MARSHA STILLER, CLERK  
BY M. Timmers D.C.  
DATE 5-4-93

X Mark L. Perlman  
OWNERS NAME  
STATE OF FLORIDA  
COUNTY OF Martin  
The foregoing instrument was acknowledged before me this 5 day of April, 1993, by Mark L. Perlman who is personally known to me or who has produced as identification.

John K. Davies, Jr.  
SIGNATURE OF NOTARY  
TYPE OR PRINT NAME OF NOTARY  
NOTARY PUBLIC TITLE  
COMMISSION NUMBER  
NOTARY PUBLIC, STATE OF FLORIDA AT LARG  
MY COMMISSION EXPIRES MAY 07, 1995  
BONDED THRU AGENT'S NOTARY BROKERAGE

**7761**

**REPLACE DECKS  
WITH PAVERS**

MASTER PERMIT NO. \_\_\_\_\_

### TOWN OF SEWALL'S POINT

Date 9/9/05

BUILDING PERMIT NO. 7761

Building to be erected for DYER

Type of Permit REMOVE CONC. DECK  
REPL. W/ PAVERS

Applied for by GALFA CEE CO.

(Contractor) Building Fee 250.00

Subdivision PINEAPPLE LA Lot 10 Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 9 PINEAPPLE LANE

Impact Fee \_\_\_\_\_

Type of structure SFR

AC Fee \_\_\_\_\_

Parcel Control Number:

12384100300000010050000

Electrical Fee \_\_\_\_\_

Plumbing Fee \_\_\_\_\_

Roofing Fee \_\_\_\_\_

Amount Paid 250.00 Check # 8109 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )

Total Construction Cost \$ 4000.00

TOTAL Fees 250.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Official

## PERMIT

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

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

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

## INSPECTIONS

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

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

RECEIVED  
8/4/05

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Permit Number: 7761

Date: 8-4-05

OWNER/TITLEHOLDER NAME: Mike Dyer Phone (Day) 820-1201 (Fax)

Job Site Address: 9 Pineapple Lane City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Pineapple Lane, Lot 10 Parcel Number: 12-38-41-003-000-00100-5

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

Description of Work To Be Done: removing front and rear decks and replacing with pavers.

WILL OWNER BE THE CONTRACTOR?:

YES  NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 4,000  
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value:

CONTRACTOR/Company: Galfa Cee Co. Phone: (561) 753-5530 Fax: (561) 791-7929

Street: P.O. Box 1094 City: Loxahatchee State: FL Zip: 33470

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: State: License Number:

ARCHITECT Lic.#: Phone Number:

Street: City: State: Zip:

ENGINEER Lic.#: Phone Number:

Street: City: State: Zip:

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: 1250 sq ft Screened Porch:

Carpport: Total Under Roof Wood Deck: Accessory Building:

NOTICE: 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, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004  
National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: Martin

This the 5th day of August 2005

by John Maharaj who is personally

known to me or produced

as identification: Michele Maraj

Notary Public NOTARY PUBLIC STATE OF FLORIDA

My Commission Expires: 1/28/09

Seal



Michele Maraj Commission # DD380894

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: Martin

This the 5th day of August 2005

by John Maharaj who is personally

known to me or produced

as identification: Michele Maraj

Notary Public

My Commission Expires: 1/28/09

NOTARY PUBLIC STATE OF FLORIDA



Michele Maraj Commission # DD380894

Expires: JAN. 28, 2009

Bonded Thru Atlantic Bonding Co., Inc.

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

Bonded Thru Atlantic Bonding Co., Inc.

2002-00738

STATE OF FLORIDA  
PALM BEACH COUNTY  
OCCUPATIONAL LICENSE  
EXPIRES: SEPTEMBER - 30 - 2005

OC-032  
CLASSIFICATION

GALFA CEE CO  
MAHARAJ JOHN

\*\* LOCATED AT

CHTY \$26.25

121 WATERVIEW WAY  
ROYAL PALM BEACH FL 33411

TOTAL \$26.25

is hereby licensed at above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of:  
  
GENERAL CONTRACTOR  
  
CGC057551

THIS IS NOT A BILL - DO NOT PAY

PAID, PBC TAX COLLECTOR  
\$26.25 OCC 049 20007 08-13-2004

JOHN K. CLARK, CFC  
TAX COLLECTOR, PALM BEACH COUNTY

THIS LICENSE VALID ONLY WHEN RECEIPTED BY  
TAX COLLECTOR

AC# 1438272 STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L04060701369

DATE	BATCH NUMBER	LICENSE NBR
06/07/2004	030706254	CGC057551

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

MAHARAJ, JOHN  
GALFA CEE CO  
121 WATERVIEW WAY  
P O BOX 1094  
LOXAHATCHEE FL 33470-3341

JEB BUSH GOVERNOR  
DIANE CARR SECRETARY

DISPLAY AS REQUIRED BY LAW

P. 002/002  
(FAX)561 791 7929  
Galfa Cee Company  
AUG-17-2005(WED) 12:20

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/17/2005

PRODUCER (561) 655-5500  
Acordia West Palm Beach  
501 South Flagler Drive, Suite 600  
West Palm Beach, FL 33401-5914

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 Galfa Cee Co.  
P.O. Box 1084  
Loxahatchee, FL 33470

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Mid-Continent	
INSURER B: Auto Owners	
INSURER C: AIG	
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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC	04-GL-000593431	6/20/2005	6/20/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP ADD \$ 1,000,000
<b>B</b> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	4626080900	2/25/2005	2/25/2006	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ GARAGE LIABILITY <input type="checkbox"/> ANY AUTO AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: CA ACC \$ ADD \$ EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ <input type="checkbox"/> RETENTION \$
<b>C</b> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS HEREIN OTHER	WC5708727	7/8/2005	7/8/2006	<input checked="" type="checkbox"/> THE STATE JOB LIMITS E.L. EACH ACCIDENT \$ 100 E.L. DISEASE - EA EMPLOYEE \$ 100 E.L. DISEASE - POLICY LIMIT \$ 500

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

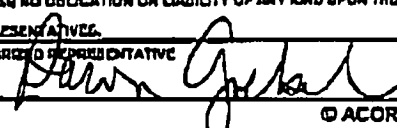
### CERTIFICATE HOLDER

City 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





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):**

Pineapple Lane, Lot 10

**GENERAL DESCRIPTION OF IMPROVEMENT:** removing front & rear decks replacing with pavers

OWNER: Mike Dyer

ADDRESS: 9 Pineapple Lane

PHONE #: (561) 820-1201 FAX #: \_\_\_\_\_

CONTRACTOR: Galfa-Cee Co

ADDRESS: P.O. Box 1094 Loxahatchee, FL 33470

PHONE #: \_\_\_\_\_ FAX #: STATE OF FLORIDA  
MARTIN COUNTY

SURETY COMPANY (IF ANY) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_

LENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 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 #: \_\_\_\_\_

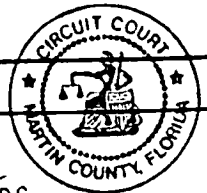
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 16<sup>th</sup> DAY OF August 2009 BY Michael Dyer

[Signature]  
NOTARY SIGNATURE

OR  PERSONALLY KNOWN  
 PRODUCED ID  
TYPE OF ID \_\_\_\_\_  
NOTARY PUBLIC-STATE OF FLORIDA  
**Michele Maraj**  
Commission # DD380894  
Expires: JAN 28, 2009  
Headed into the Building Co., Inc.



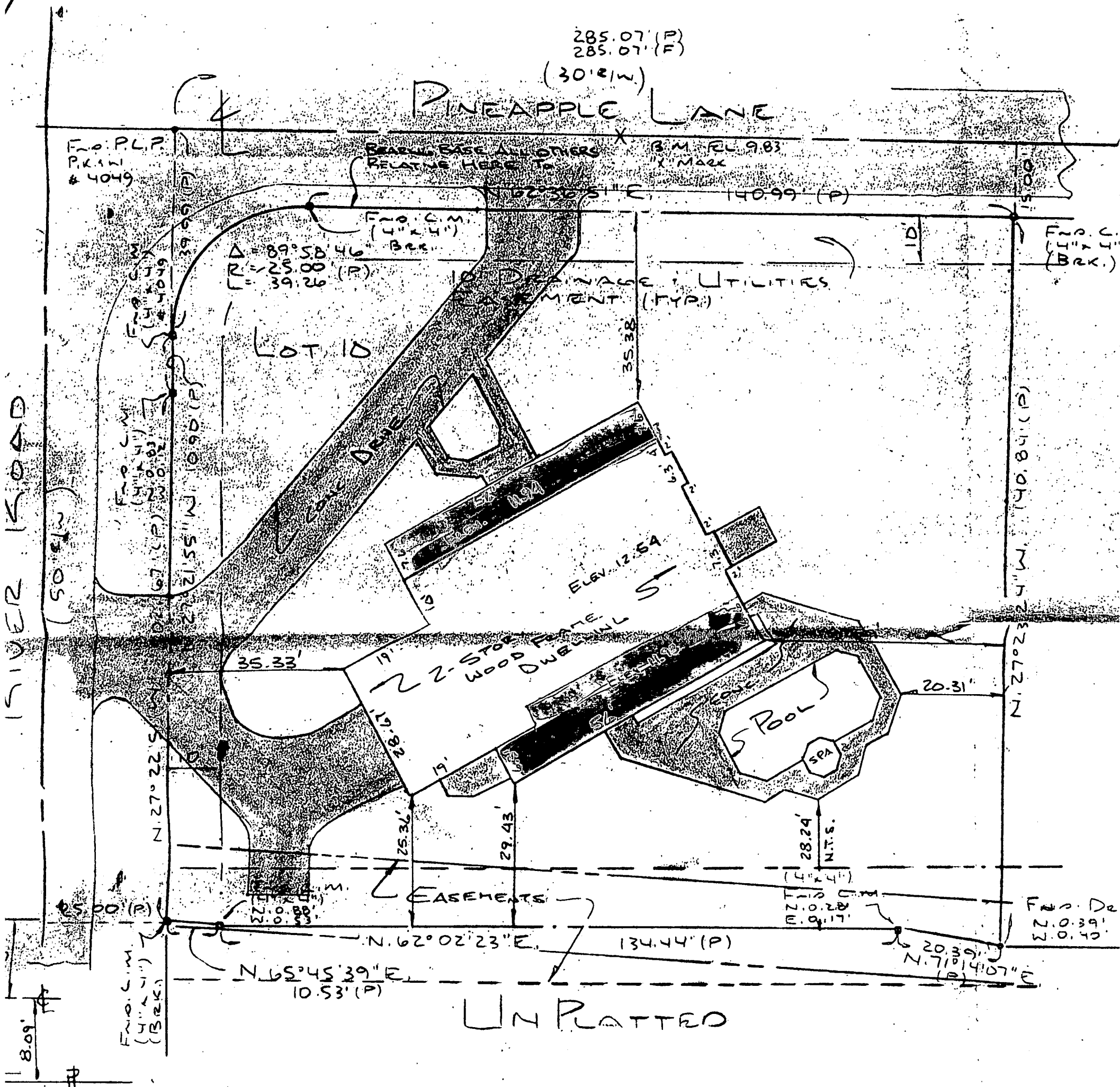
THIS IS TO CERTIFY THAT THE FOREGOING \_\_\_\_\_ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

FAX #: \_\_\_\_\_  
BY: [Signature] D.C.  
DATE: 8/17/09

INSTR # 1864906 OR BK 02049 PG 2260 RECD 08/17/2009 10:54:58 AM  
MARSHA EMMING MARTIN COUNTY DEPUTY CLERK T Copus (asst. Mgr.)

NORTH

FILE COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE: 8/12/05  
 BUILDING OFFICIAL  
 Gene Simmons



PROPERTY LOCATED WITHIN FLOOD ZONE: "C"  
 PROPERTY ADDRESS: # 9 PINEAPPLE LANE

CERTIFIED TO: Dr. MARK L. & MARY LOU PERLMAN  
 BARNETT BANK OF MARTIN COUNTY, N.A.  
 WARNER, FOX, SEELEY, DUNGEY, SWEET &  
 KENNEDY, P.A. ATTORNEYS TITLE  
 INSURANCE FUND, INC.  
 THE TOWN OF SEWALL'S POINT

NOTES:

- Survey of description as furnished by Client.
- Lands shown hereon were not abstracted for easements and/or rights-of-way of record.  
 (P) Denotes distance or bearing by description as furnished  
 (F) Denotes measured distance or bearing.  
 (C) Denotes calculated distance or bearing.
- All bearings are referenced to the Instrument of record as shown hereon, unless otherwise noted.
- Elevations shown hereon are relative to National Geodetic Vertical Datum of 1929, and are based on bench mark.
- There are no above ground encroachments, unless otherwise shown.

SET I.B. - SET 5/8 IRON BAR & CAP #4049  
 FND. - FOUND OBJECT  
 I.P. - IRON PIPE  
 C.M. - CONCRETE MONUMENT  
 I.B. - IRON BAR  
 P.K. - P.K. NAIL  
 R.R.S. - RAILROAD SPIKE  
 OHW - OVERHEAD WIRE  
 - - DRAINAGE FLOW  
 M.H. - MANHOLE  
 P.P. - POWER POLE  
 C.B. - CATCH BASIN

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  **THURS 4/24**, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8266	CARLSON BRENNAN		FAIL	
2	3 TUSCAN LA MARTINECE	C.O. FINAR		INSPECTOR: <i>[Signature]</i>
<del>176</del>	<del>Dye</del>	<del>road</del>	<del>PASS</del>	<del>Costs</del>
1	9 Pineapple Ln Gulfa	Favers		INSPECTOR: <i>[Signature]</i>
8745	Nelson	AC daming	FAIL	
10- <u>John</u>	3 Marguerita Nelson Homes	electric plumbing 215-4571		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: \_\_\_\_\_

**8864**

**RE-ROOF**



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:	8864	DATE ISSUED:	APRIL 10, 2008
SCOPE OF WORK:	REROOF ON FLAT PORTION ONLY		
CONDITIONS:			
CONTRACTOR:	CAPPS & HUFF		
PARCEL CONTROL NUMBER:	123841003000001005	SUBDIVISION	PINEAPPLE LANE- LOT 10
CONSTRUCTION ADDRESS:	9 PINEAPPLE LANE		
OWNER NAME:	DYER		
QUALIFIER:	J. BLAKE CAPPS	CONTACT PHONE NUMBER:	545-3442

**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**

RECEIVED  
DATE: 2-10-08  
TOWN OF SEWALL'S POINT

Date: 2/5/08  
Town of Sewall's Point  
BUILDING PERMIT APPLICATION  
Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: Mike Dyer  
Phone (Day) 561-308-1607 (Fax) \_\_\_\_\_

Job Site Address: 9 Pineapple Ln.  
City: Stuart State: FL Zip: 34997

Legal Desc. Property (Subd/Lot/Block) Pineapple Ln. Lot 10  
Parcel Number: 12-38-41-003-000-00100-5

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

Scope of work: records on flat portions only.

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: \$ 15,000.00  
(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 \*\*\*

CONTRACTOR/Company: Capps & Huff  
Phone: 545-3442 Fax: 546-4606

Street: P.O. Box 8053 Hope Sound, FL  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: 33455

State Registration Number: \_\_\_\_\_ State Certification Number: CC056739 Municipality License Number: \_\_\_\_\_

PROJECT SUPERINTENDANT: Blake Capps CONTACT NUMBER: 545-3442

ARCHITECT \_\_\_\_\_ 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 2600 Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas: 2004 (W/2008 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.

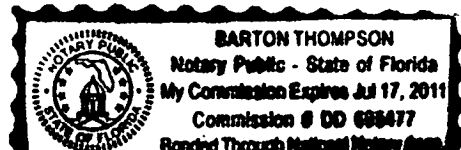
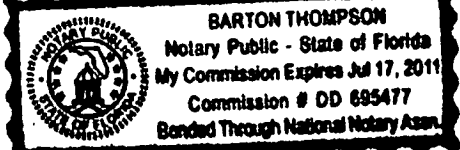
THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2008 REVISIONS 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)  
*Jo Ellen Dyer*  
State of Florida, County of: Martin  
This the 06 day of Feb, 2008  
by Jo Ellen Dyer who is personally known to me or produced FLD# D600-425-58-723-0 as identification.  
Barton Thompson  
Notary Public  
My Commission Expires: Jul 17, 2011

CONTRACTOR SIGNATURE (required)  
*J. Blake Capps*  
On State of Florida, County of: Martin  
This the 6th day of Feb, 2008  
by J. Blake Capps who is personally known to me or produced \_\_\_\_\_ as identification.  
Barton Thompson  
Notary Public  
My Commission Expires: Jul 17, 2011

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

generated on 2/5/2008 11:51:52 AM EST

## Summary

Parcel ID	Unit Address	Serial ID	Index Order	Commercial	Residential
12-38-41-003-000-00100-5	9 PINEAPPLE LN	27629	Owner	0	1

### Summary

**Property Location** 9 PINEAPPLE LN  
**Tax District** 2200 Sewall's Point  
**Account #** 27629  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120400  
**Acres** 0.522

### Legal Description

**Property Information**  
 PINEAPPLE LANE, LOT 10

### Owner Information

**Owner Information**  
 DYER, MICHAEL J & JO ELLEN

### Mail Information

9 PINEAPPLE LANE  
 STUART FL 34996

### Assessment Info

Front Ft. 0.00

**Market Land Value** \$290,000  
**Market Impr Value** \$375,190  
**Market Total Value** \$665,190

### Recent Sale

**Sale Amount** \$550,000

**Sale Date** 11/20/2000  
**Book/Page** 1519 1318

Data updated on 02/04/2008


**TOWN OF SEWALL'S POINT BUILDING DEPARTMENT**

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

**RE-ROOF CHECKLIST**

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

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

The following minimum requirements must be provided for permitting and inspections:

- 1 Copy Completed application
- 2 Copies Complete list of proposed materials
- 2 Copies Re-roof certification
- 1 Copy Re-roof Inspection affidavit if used, prior to final inspection.

**RESIDENTIAL REROOFS:**

- 2 Copies approved roofing manufacturer specifications for all products used.
  - Manufacturer specs/fastening schedule for roof shingles (must meet the minimum area wind load).
  - Manufacturer must have Florida Product Approval
  - Location of proposed re-roof (if only a partial re-roof) and area % calculation
- 2 Copies Re-roof windstorm loss mitigation certification

**COMMERCIAL REROOFS:**

- 2 Copies Roof Plan:
  - Show all features (pitch, drains, equipment, etc.)
  - Details: 3/4" = 1'.0" min. scale
  - Parapet or edge
  - Rooftop mounting or equipment expansion joints
  - Type of roofing (& insulation if any) being removed
  - Type of roof deck
- 2 Copies Approved roofing manufacturer specifications for all products used.
  - Manufacturers complete roofing system specifications & installation guidelines (Include fastening schedule meeting minimum area wind load).
- 1 Copy Verification of Contractor form
  - Contractor verification form (HVAC and/or electric) required if roof top HVAC equipment is removed/reinstalled and/or if HVAC electric is disconnected/reconnected.

**All Product Approval & Installation Spec's must be on the job site for inspection.**  
**All tile re-roofs require an "in progress" tile installation inspection or certified pull test at final.**



DeIi® MFP Laser 3115cn  
 Monitor Report

Local Name :  
 Company Logo :  
 Total Pages Scanned : 1  
 Total Pages Sent : 1

Transmission Information

No.	Job#	Remote Station	Start Time	Dura.	Pages	Mode	Contents	Result
1	0380	5484806	04-09:15:44	17"	1/1	SG3		Done

The documents were sent.



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: \_\_\_\_\_

\*\*\*IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: \_\_\_\_\_

CONSTRUCTION ADDRESS: \_\_\_\_\_

PERMIT TYPE: \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL

- \_\_\_\_\_ ELECTRIC
- \_\_\_\_\_ PLUMBING
- \_\_\_\_\_ HVAC
- \_\_\_\_\_ IRRIGATION
- \_\_\_\_\_ FUEL GAS

TYPE OF SERVICE: \_\_\_\_\_ NEW SERVICE \_\_\_\_\_ EXISTING SERVICE \_\_\_\_\_ OTHER

SCOPE OF WORK: \_\_\_\_\_

VALUE OF CONSTRUCTION \$ \_\_\_\_\_

<p>_____ LOW VOLTAGE</p> <p>TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER</p> <p>SCOPE OF WORK: _____ VALUE _____</p>
---

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

SIGNATURE OF LICENSED CONTRACTOR \_\_\_\_\_ ADDRESS OF CONTRACTOR \_\_\_\_\_

COMPANY OR QUALIFIER'S NAME: \_\_\_\_\_ PLEASE PRINT

TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: \_\_\_\_\_

\*\* WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

\*\*\*VERIFICATION OF PARCEL CONTROL NUMBER\*\*\*

OWNER'S FULL NAME AS STATED ON DEED: \_\_\_\_\_

PARCEL CONTROL #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_ PHASE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

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

Local Name :  
 Company Logo :  
 Total Pages Scanned : 1  
 Total Pages Sent : 1

Transmission Information

No.	Job#	Remote Station	Start Time	Dura.	Pages	Mode	Contents	Result
1	0169	5464606	03-18:15:45	17"	1/1	SG3		Done

The documents were sent.



**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

**LICENSED GENERAL, BUILDING OR RESIDENTIAL CONTRACTORS'  
 REROOF WINDSTORM LOSS MITIGATION COMPLIANCE AFFIDAVIT**

A residential Structure valued at \$300,000 or more shall comply with the following:

- Roof to wall connections must be enhanced up to 15% additional cost of the reroofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
  1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
  2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
    - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
    - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
    - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.

TO BE COMPLETED IF INSURED VALUE OF SINGLE FAMILY IS OVER \$300,000 AND WAS PERMITTED PRIOR TO MARCH 1, 2002.

YEAR PERMITTED \_\_\_\_\_ INSURED OR P.A. IMPROVED VALUE \$ \_\_\_\_\_

DETAILS OF MITIGATION WORK TO BE PERFORMED (Add additional sheets if necessary):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_

QUALIFIER NAME: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

Qualificer's Signature \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to and subscribed before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Sworn to and subscribed before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

Notary Public, State of Florida  
 Personally known to me \_\_\_\_\_  
 Produced ID \_\_\_\_\_  
 Type: \_\_\_\_\_

Notary Public, State of Florida  
 Personally known to me \_\_\_\_\_  
 Produced ID \_\_\_\_\_  
 Type: \_\_\_\_\_



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

SEE ATTACHED  
 sheet from  
 property  
 appraiser  
 ↑

LICENSED CONTRACTORS' REROOF WINDSTORM LOSS  
 MITIGATION COMPLIANCE AFFIDAVIT

TO BE COMPLETED ONLY IF INSURED VALUE OF SINGLE FAMILY IS OVER \$300,000  
 AND WAS PERMITTED PRIOR TO MARCH 1, 2002.

YEAR PERMITTED \_\_\_\_\_ INSURED OR PA IMPROVED VALUE \$ 375,190.00

DESCRIPTION OF WORK: re-roof on flat portions only

JOB SITE ADDRESS: 9 Pineapple Ln., Stuart, FL 34997

QUALIFIER NAME: J. Blake Capps LICENSE NO.: CC056739

COMPANY NAME: Capps & Huff PHONE NO.: 772-545-3442

Residential Structure valued at \$300,000 or more shall comply with the following:

- Roof to wall connections must be enhanced up to 15% additional cost of the reroofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
  1. Sufficient amount of cave sheathing shall be removed to view 6 ft. of roof rafters.
  2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
    - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
    - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
  3. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.

J. Blake Capps 2-06-08  
 Qualifier's Signature  
 Date: 2-06-08

J. Blake Capps  
 Owner's Signature  
 Date: 2/6/08

Sworn to and subscribed before me  
 this 6<sup>th</sup> day of Feb 20 08

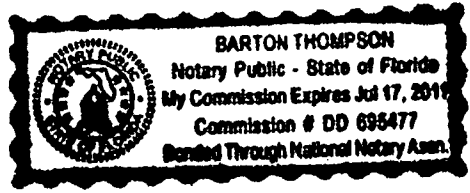
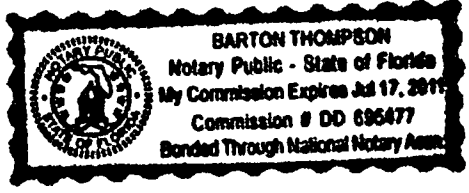
Sworn to and subscribed before me  
 this 6<sup>th</sup> day of Feb 20 08

By J. Ellen Dyer  
Barton Thompson  
 Notary Public, State of Florida

By J. Blake Capps  
Barton Thompson  
 Notary Public, State of Florida

Personally known to me \_\_\_\_\_  
 Produced ID   
 Type: FLDL# D660-425-53-7230

Personally known to me X  
 Produced ID \_\_\_\_\_  
 Type: \_\_\_\_\_





**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

**RESIDENTIAL REROOF WINDSTORM LOSS  
 MITIGATION CERTIFICATION  
 (FLORIDA STATUTE 553.844)**

The following information is to be provided by roofing contractor or owner/builder on all re-roof applications for the purpose of obtaining compliance with recent changes to State Statute and referenced "Hurricane Mitigation Manual". Effective date: October 1, 2007.

**Note: These requirements apply to residential structures built prior to implementation of the FBC on March 1, 2002.**

- Value: show proof of insured value of residential structure or a copy of the ad-valorem tax value.

- Provide copy of contract

All re-roofs regardless of value shall comply with the following:

Re-nailing: All sheathing and decking shall be re-nailed per section 201.1 and a secondary water barrier installed.

- Existing fasteners that are 8d clipped head, round head or ring shank and spaced 6 in. or less o.c. may be counted. Additional fasteners shall be 8d ring shank nails with round heads spaced at 6 in. o.c. along framing.
- Indicate below which method is to be used to satisfy the secondary water barrier requirements:

-----  
 All joints in roof sheathing shall be covered with a minimum of 4 in. strip of self-adhering polymer modified bitumen tape. Wood deck and self-adhering tape shall be covered by one layer of approved underlayment.

-----  
 Entire roof deck shall be covered with an approved self-adhering polymer modified bitumen cap sheet. No additional underlayment is required.

✓  
 Exception: An approved 30# underlayment installed per HVHZ using nails and tin-tags and covered with an approved self-adhering polymer modified bitumen cap sheet or an approved cap sheet hot-mopped shall be deemed to meet the requirements for secondary water barrier.

Residential Structures valued at \$300,000 or more shall comply with the following:

- Roof to wall connections must be enhanced up to 15% additional cost of the re-roofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
  1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
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TOWN OF SEWALL'S POINT BUILDING DEPARTMENT  
 One S. Sewall's Point Road  
 Sewall's Point, Florida 34996  
 Tel 772-287-2455 Fax 772-220-4765

RECEIVED  
 DATE: 4-8-08  
 TOWN OF SEWALL'S POINT

LICENSED GENERAL, BUILDING OR RESIDENTIAL CONTRACTORS'  
 REROOF WINDSTORM LOSS MITIGATION COMPLIANCE AFFIDAVIT

A residential Structure valued at \$300,000 or more shall comply with the following:

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    - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

TO BE COMPLETED IF INSURED VALUE OF SINGLE FAMILY IS OVER \$300,000 AND WAS PERMITTED PRIOR TO MARCH 1, 2002.

YEAR PERMITTED \_\_\_\_\_ INSURED OR P.A. IMPROVED VALUE \$ \_\_\_\_\_

DETAILS OF MITIGATION WORK TO BE PERFORMED (Add additional sheets if necessary):

Total Amount for Labor & material = \$2,625.<sup>00</sup>  
Remove Plywood on corners of front and back flat decks.  
Also Remove Existing S-V metal roof on sloped four corners  
And install 500 lb uplift fasteners/connectors on each truss.

JOB SITE ADDRESS: 9 Pinnacle, Sewall's Point

QUALIFIER NAME: Ernest N. Brush, Jr. LICENSE NO.: CGC013769

COMPANY NAME: \_\_\_\_\_ PHONE NO.: 772-263-2773

Ernest N. Brush  
 Qualifier's Signature

Jo Ellen Deyer  
 Owner's Signature

Date: 4/8/08

Date: 04-08-08

Sworn to and subscribed before me this 8<sup>th</sup> day of April 20 08

Sworn to and subscribed before me this 8<sup>th</sup> day of April 20 08

By Ernest Norman Brush

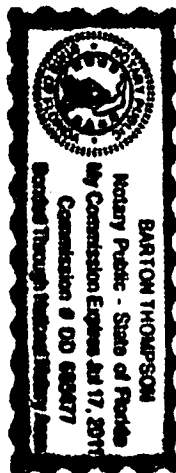
By Jo Ellen Deyer

Barry Taylor  
 Notary Public, State of Florida

Barry Taylor Jul 17, 2011  
 Notary Public, State of Florida Can #00695477

Personally known to me X  
 Produced ID \_\_\_\_\_  
 Type: \_\_\_\_\_

Personally known to me \_\_\_\_\_  
 Produced ID X  
 Type: FLDL# DL00-425-53-723-0





TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

(772) 545-3442 (561) 744-8765  
 (772) 336-5495 (561) 964-7579

P.O. Box 8053 • Hobe Sound • FL 33475  
 Fax: (772) 546-4606

**PROPOSAL**

February 5, 2008

Mike and Jo Ellen Dyer  
 9 Pineapple Lane  
 Stuart, FL 34997  
 Mike: 561-308-1607 (cell)  
 561-472-6670 (fax)  
 Jo Ellen: 403-4517 (work)  
 834-8002 (cell); 283-3671 (home)

We propose to furnish all material and perform all labor necessary to complete the following:

**Three Flat Roofs**

- Pull required permit.
- Tear off existing roof materials. Dispose of debris.
- Repair rotten plywood, trusses and fascia boards as needed. Renail decking on entire flat roof.
- Install base sheet with nails and tin tags.
- Reuse gutters.
- Install galvanized valley flashing in transition between flat and sloped roofs.
- Install 3" x 3", galvalume drip edge.
- Install modified bitumen cap sheet to base sheet with hot asphalt.

Price: \$15,000.00

Draw Schedule: Due upon completion of job: 100%. The price stated is good for 30 days.

Workmanship Warranty: Roofing contractor's workmanship warranty of five years, covering all labor and material for any leaks caused by defective workmanship.

Comments: 1. Any necessary painting or gutter work to be done by others.  
 2. Any necessary general contractor or engineer fees associated with new roof-to-wall connection requirements effective 10/1/07 to be in addition to above stated price.

Capps and Huff Roofing, Inc. is hereby authorized to furnish all materials and labor required to complete the work for which we agree to pay the amounts itemized above. In the event that litigation is instituted to enforce or interpret this contract, the prevailing party shall be entitled to reasonable attorney's fees and costs at both the trial and appellate levels.

*Michael Dyer*  
 \_\_\_\_\_  
 OWNER

DATE 2/5/08

*Mike Capps*  
 \_\_\_\_\_  
 AUTHORIZED AGENT,  
 CAPPS AND HUFF ROOFING, INC.

DATE 2/5/08



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

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE
DATE 4.9.08
BUILDING OFFICIAL

RE-ROOF PERMIT CERTIFICATION

PERMIT #
CONTRACTOR'S NAME: Capps & Huff PHONE #: 545-3492
OWNER'S NAME: Mike Dyer
CONSTRUCTION ADDRESS: 9 Pineapple Ln. CITY Stuart STATE FL

RE-ROOF: [X] RESIDENTIAL(SINGLE FAMILY)
COMMERCIAL \*\*--REMOVE/REINSTALL ROOF TOP HVAC EQUIP YES NO
\*\*...DISCONNECT/RECONNECT HVAC ELECTRIC YES [X] NO

\*\* REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION
RE-ROOF DEEMED TO COMPLY WITH 553.844 F.S. YES NO - INSURED VALUE OF RESIDENCE

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

ROOF TYPE: HIP BOSTON-HIP GABLE [X] FLAT OTHER

ROOF PITCH: 0/12 SLOPE

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

[X] EXISTING DECK TO REMAIN/REPAIRED & RENAIRED

EXISTING ROOF COVERING: modified bitumen EXISTING COVERING TO BE REMOVED? YES [X] NO

PROPOSED NEW ROOF COVERING: " "

MANUFACTURER TANKO PRODUCT NAME Asph/Flt PRODUCT APPR # 07-0111.03

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

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

PROPOSED FLASHING: [X] GALV./STEEL ALUMINUM COPPER OTHER

RIDGE VENT TO BE INSTALLED: YES [X] NO

DESCRIPTION OF WORK: modified bitumen off & on

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

SIGNATURE OF CONTRACTOR DATE: 2/5/08







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

**MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING  
140 WEST FLAGLER STREET, SUITE 1603  
MIAMI, FLORIDA 33130-1363  
(305) 375-2901 FAX (305) 375-2908**

## **NOTICE OF ACCEPTANCE (NOA)**

**Tamko Building Products, Inc.  
P.O. Box 1404  
Joplin, MO 64802**

### **SCOPE:**

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

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

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

### **DESCRIPTION: TAMKO Modified Bitumen Roof System Over Wood Decks**

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

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

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

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

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

This NOA renews NOA #04-0506.03 and consists of pages 1 through 19.  
The submitted documentation was reviewed by Alex Tigera.

*Alex Tigera*



**NOA No.: 07-0111.03  
Expiration Date: 05/23/12  
Approval Date: 05/10/07  
Page 1 of 19**

**APPROVED ASSEMBLIES:**

**Deck Type II:** Wood, Insulated

**Deck Description:** Minimum 1 1/2" or greater plywood or wood plank. Plywood shall be attached to 2" x 4" wood supports spaced 24" o.c. using wood screws spaced 6" o.c. at perimeters and intermediate supports.

**System Type A:** Anchor sheet mechanically fastened; all layers of insulation adhered with approved asphalt.

All General and System Limitations apply.

**Anchor Sheet:** One ply of Tamko Glass-Base, Vapor-Chan or Base-N-Ply fastened to the deck as described below:

**Fastening:** (Option #1) Attach anchor sheet using 11 ga. annular ring shank nails and 1-5/8" diameter tin caps spaced 9" o.c. in a 4" lap and 9" o.c. in two staggered rows in the center of the sheet.  
 (-52.5 psf, See General Limitation #7.)  
 (Option #2) Attach anchor sheet using #12 or #14 Dekfast Fasteners with Hex Plates, SFS #12 or HD Insulfixx S, or Buildex Accutrac Fasteners and 3" Square Plates spaced 12" o.c. in a 4" lap and 12" o.c. in two staggered rows in the center of the sheet.  
 (-60 psf, See General Limitation #7.)

One or more layers of any of the following insulations:

Base Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft <sup>2</sup>
ACFoam II Minimum 1.2" thick	N/A	N/A
UltraGard Gold Minimum 1.3" thick	N/A	N/A
ENRGY-2, ENRGY-3, PSI-25 Minimum 1.4" thick	N/A	N/A
Top or Base Insulation Layer	Insulation Fasteners (Table 3)	Fastener Density/ft <sup>2</sup>
ConPerl, EnergyGuard Perlite, Fesco Board, Retro-Fit, High Density Wood Fiberboard, Structodek FS Minimum 1/4" thick	N/A	N/A

Note: All insulation shall be adhered to the anchor sheet in full mopping of approved hot asphalt within the EVT range and at a rate of 20-40 lbs/100 ft<sup>2</sup>. Please refer to Roofing Application Standard RAS 117 for insulation attachment. Insulation listed as base layer only shall be used only as base layers with a second layer of approved top layer insulation installed as the final membrane substrate. Composite insulation panels may be used as a top layer placed with the polyisocyanurate side facing down.



- Base Sheet:** (Optional) One ply of Glass-Base, Base-N-Ply, Versa-Base, Versa-Smooth, Awaplan VersaFlex, or Vapor-Chan adhered to the substrate with a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.
- Ply Sheet:** One or more plies of Tam-Glass Premium, Tam-Ply IV, Glass Base, Base-N-Ply, Awaplan VersaFlex, Awaplan Versa-smooth, or Versa-Base adhered with a full mopping of approved asphalt applied within the EVT range and at a rate of 20-40 lbs./sq.
- Membrane:** Awaplan Premium, Awaplan Premium FR, Awaplan 170, Awaflex, Awaflex FR,, Awaplan 170 FR, Awaplan Versa-Smooth, Awaplan VersaFlex, or Versa-Cap FR adhered with a full mopping of approved asphalt applied at 400° F at the point of contact and at a rate of 20-40 lbs./sq.; or Awaplan Heat Welding or Versa-Smooth adhered by torch.
- Surfacing:** Optional to mineral surfaced Membranes. Required for smooth surfaced membranes:
1. 400 lb./sq. gravel or 300 lb./sq. slag in a flood coat of approved mopping asphalt at an application rate of 60 lb./sq..
  2. Tam-Pro FR Aluminum Coating applied at 1½ gal./sq., or Tam-Pro 846 Fibered Emulsion Coating at 3 gal./sq.
- Maximum Design Pressure:** See Anchor Sheet Fastening Options above.



**WOOD DECK SYSTEM LIMITATIONS:**

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

**GENERAL LIMITATIONS:**

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

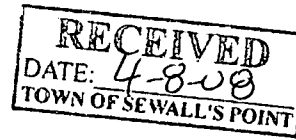
**END OF THIS ACCEPTANCE**



NOA No.: 07-0111.03  
 Expiration Date: 05/23/12  
 Approval Date: 05/10/07  
 Page 19 of 19

E. Norman Brush

4496 SW 96th Street  
Palm City, FL 34990  
772-263-2773



# Estimate

Date	Estimate #
4/8/2008	77

Name / Address

Capps and Huff

Project Address

9 Pineapple Rd  
Sewall's Point , Fl.

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

Description	Total
Labor and material to remove plywood on all corners of lower level flatdecks, both front and rear and install HGA10 clips on end rafters and the next three going back toward middle. Also, remove plywood and metal roofing on all four corners of trussed roof and install HGA10 clips on gabled trussed and next three back toward middle of house.	2,625.00
<b>Total</b>	<b>\$2,625.00</b>

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

PERMIT #: \_\_\_\_\_ TAX FOLIO #: 12-38-41-003-000-00100-5

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 Ln Lot 10

GENERAL DESCRIPTION OF IMPROVEMENT:

Reroof

OWNER NAME:

Michael J. & Jo Ellen Dye

ADDRESS:

9 Pineapple Ln, Ste FL 34996

PHONE NUMBER:

772-293-2671

FAX NUMBER:

INTEREST IN PROPERTY:

Fee Simple

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

CONTRACTOR:

Capps & Huff Roofing

ADDRESS:

P.O. Box 8033, Lake Sound, FL 33475

PHONE NUMBER:

772-545-3442

FAX NUMBER:

772-546-7606

SURETY COMPANY (IF ANY):

ADDRESS:

PHONE NUMBER:

FAX NUMBER:

BOND AMOUNT:

LENDER/MORTGAGE COMPANY:

ADDRESS:

PHONE NUMBER:

FAX NUMBER:

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

NAME:

ADDRESS:

PHONE NUMBER:

FAX NUMBER:

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

PHONE NUMBER:

FAX NUMBER:

EXPIRATION DATE OF NOTICE OF COMMENCEMENT:

(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 I, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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

SIGNATORY'S TITLE/OFFICE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 7<sup>th</sup> DAY OF Feb, 2008.

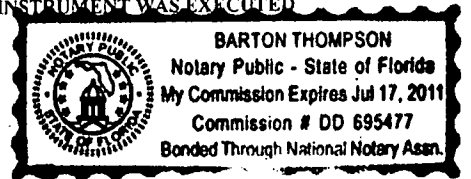
BY: Jo Ellen Dye AS owner FOR \_\_\_\_\_ NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN \_\_\_\_\_ OR PRODUCED IDENTIFICATION X

TYPE OF IDENTIFICATION PRODUCED FLDL# D600-425-53-7230

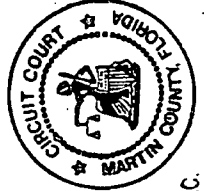
NOTARY SIGNATURE

NOTARY SEAL



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

(Signature of Natural Person Signing Above)



STATE OF FLORIDA  
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE FOREGOING \_\_\_\_\_ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL  
MARSHA EWING, CLERK

BY: MAAS CLERK D.C.  
DATE: 02-07-2008

INSTR # 2065590 OR BK 02308 PG 0314 RECD 02/07/2008 11:21:53 AM  
Pg 0314; (1pg)  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK Y Gorney

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4-16, 2008

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>8871</del>	<del>Owner</del>	<del>shedding</del>	<del>OK</del>	<del>CONTINGENT WILL</del>
4	9 Pineapple Ln Cassat Huff	kn tag		INSPECTOR <i>[Signature]</i>
8863	Roue	Final	PASS	CLOSE
6	55 River Rd Gulfstream Alum			INSPECTOR <i>[Signature]</i>
Tree	Jaworsky 4 Pineapple 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:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4/21, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6829	KEARNEY	FINAL	PASS	CLOSE
3	12. N. RIVER JAT ROOFING			INSPECTOR: <i>[Signature]</i>
<del>8807</del>	<del>Dejeu</del>	<del>Final</del>	<del>PASS</del>	<del>CLOSE</del>
1	9 Pineapple Lane CANNON & SONS (RM)			INSPECTOR: <i>[Signature]</i>
8847	FENDER	GARAGE DOOR	PASS	CLOSE
2	3 OAKWOOD D+D	FINAL		INSPECTOR: <i>[Signature]</i>
8624	LELO	DOCK FINAL	PASS	CLOSE
	27 SIMARA ST. Harbor Bay Marina			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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**10287**

**GARAGE DOOR**



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

## BUILDING PERMIT CARD

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

**A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	10287	DATE ISSUED:	NOVEMBER 21, 2012
SCOPE OF WORK:	REPLACE GARAGE DOOR		
CONTRACTOR:	ALL AMERICAN GARAGE DOOR		
PARCEL CONTROL NUMBER:	123841003-000-001005	SUBDIVISION	PINEAPPLE LN - L 10
CONSTRUCTION ADDRESS:	9 PINEAPPLE LA		
OWNER NAME:	CLARK		
QUALIFIER:	GEORGE MAHER	CONTACT PHONE NUMBER:	828-1622

**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 PERMIT APPLICATION**

Permit Number: 10287

Date: \_\_\_\_\_  
 OWNER/LESSEE NAME: JULIE ANN CLARK Phone (Day) 561 441 2058 (Fax) \_\_\_\_\_  
 Job Site Address: 9 PINEAPPLE LN City: STUART State: FL Zip: 34996  
 Legal Description LOT 10, PINEAPPLE LANE Parcel Control Number: 12-38-41-003-000-00100, 5000  
 Fee Simple Holder Name: JULIE ANN CLARK Address: 9 PINEAPPLE LN, STUART  
 City: STUART State: FL Zip: 34996 Telephone: 561 441 2058

**SCOPE OF WORK (PLEASE BE SPECIFIC):** replace garage door

**WILL OWNER BE THE CONTRACTOR?** (JAC)  
 (If yes, Owner Builder must be on site at all times and 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: \$ 7,000  
 (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:** All American Garage Door Phone: 772-337-3373 Fax: \_\_\_\_\_

Qualifiers name: George Maher Street: 410 Canterbury City: PSL State: FL Zip: 34953

State License Number: \_\_\_\_\_ OR: Municipality: \_\_\_\_\_ License Number: MCCO 4891

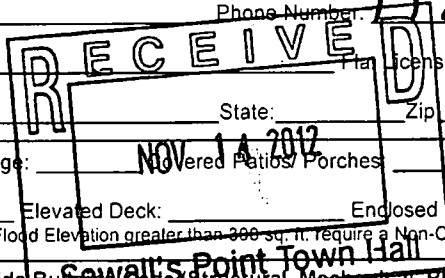
LOCAL CONTACT: George Maher Phone Number: 772-828-1622

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 Julie A. Clark  
 State of Florida, County of: Martin  
 On This the 14<sup>th</sup> day of November, 2012  
 by Julie A. Clark who is personally  
 known to me or produced  
 As identification: Ann-Marie S. Basler  
 My Commission Expires: My Comm. Expires Oct 14, 2015

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:  
 X George Maher  
 State of Florida, County of: Martin  
 On This the 20 day of Nov, 2012  
 by GEORGE MAHER who is personally  
 known to me or produced FLDL# M600-308-40-082-0  
 As identification: Valerie Gamlet  
 My Commission Expires: \_\_\_\_\_

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

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

*generated on 11/15/2012 11:00:17 AM EST*

**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-003-000-00100-5	27629	9 PINEAPPLE LN, SEWALL'S POINT	\$500,170	11/10/2012

**Owner Information**

<b>Owner(Current)</b>	CLARK JULIE ANN
<b>Owner/Mail Address</b>	9 PINEAPPLE LN STUART FL 34996
<b>Sale Date</b>	7/10/2008
<b>Document Book/Page</b>	2341 0881
<b>Document No.</b>	2096708
<b>Sale Price</b>	897300

**Location/Description**

<b>Account #</b>	27629	<b>Map Page No.</b>	SP-05
<b>Tax District</b>	2200	<b>Legal Description</b>	PINEAPPLE LANE, LOT 10
<b>Parcel Address</b>	9 PINEAPPLE LN, SEWALL'S POINT		
<b>Acres</b>	.5220		

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120400 Hmwd,Palm Ro,Kngstn,Okwd, Pine

**Assessment Information**

<b>Market Land Value</b>	\$192,500
<b>Market Improvement Value</b>	\$307,670
<b>Market Total Value</b>	\$500,170

HONORABLE RUTH PIETRUSZEWSKI, NOTICE OF AD VALOREM TAXES & NON-AD VALOREM ASSESSMENTS  
 MARTIN COUNTY TAX COLLECTOR ORIGINAL REAL ESTATE 7523428.0000

ACCOUNT NUMBER	EX-TYPE	ESCROW	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILL CD
12-38-41-003-000-00100.50000 2012			* SEE BELOW *	* SEE BELOW *	* SEE BELOW *	2200

CLARK JULIE ANN  
 9 PINEAPPLE LN  
 STUART, FL 34996

PINEAPPLE LANE, LOT 10

9 PINEAPPLE LN

AD VALOREM TAXES							
TAXING AUTHORITY	PHONE	MILLAGE	ASSESSED VALUE	EXEMPTION	TAXABLE VALUE	TAXES LEVIED	
COUNTY-GENERAL FUND-OP	772-288-5504	5.6956	391,096	50,000	341,096	1,942.75	
CNTY-F.I.T BOND	772-288-5504	.0373	391,096	50,000	341,096	12.72	
SCHOOL-GENERAL FUND	772-219-1200	4.6560	391,096	25,000	366,096	1,704.54	
SCHOOL - DISCRETIONARY	772-219-1200	.7480	391,096	25,000	366,096	273.84	
SCHOOL CAPITAL OUTLAY	772-219-1200	1.5000	391,096	25,000	366,096	549.14	
CHILDRENS SERVICES ORDNCS	772-288-5758	.3693	391,096	50,000	341,096	125.97	
FL-INLAND NAVIGATION DIST	561-627-3386	.0345	391,096	50,000	341,096	11.77	
SOUTH FLORIDA WATER MANAGEMENT	561-686-8800	.4289	391,096	50,000	341,096	146.30	
TOWN OF SEWALLS PT	772-287-2455	2.2896	391,096	50,000	341,096	780.97	

EXEMPTION:ADDL HX 25,000  
 REG HMST 25,000

TOTAL MILLAGE 15.7592

AD VALOREM TAXES 5,548.00

NON-AD VALOREM ASSESSMENTS			
LEVYING AUTHORITY	PHONE	PURPOSE	AMOUNT
NON AD VALOREM ASSESSMENTS:			0.00

12 38 41  
 PINEAPPLE LANE, LOT 10

2663.04

9 PINEAPPLE LN

COMBINED TAXES AND ASSESSMENTS						5,548.00
NOV 1-NOV30	DECI-DEC 31	JAN 1-JAN31	FEB 1-FEB28	MAR 1-MAR 31	DELINQUENT ON	
5,326.08	5,381.56	5,437.04	5,492.52	5,548.00	APRIL 1, 2013	



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

**TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY**

**FORMULA FOR DESIGN PRESSURES**

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

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

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

=====

Pressure	Exposure C multiplier	Req. Design Pressure
_____	X _____	= _____ (+)
_____	X _____	= _____ (-)

TABLE 1609.3.1  
 EQUIVALENT BASIC WIND SPEEDS<sub>a,b,c</sub>

V3S	85	90	100	105	110	120	125	130	140	145	150	160	170
Vfm	71	76	85	90	95	104	109	114	123	128	133	142	152

- For SI: 1 mile per hour = 0.44 m/s.  
 a. Linear interpolation is permitted.  
 b. V3S is the 3-second gust wind speed (mph).  
 c. Vfm is the fastest mile wind speed (mph).

**TABLE 1609.6(2)**

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

For SI: 1 foot=304.8 mm.  
 All table values shall be adjusted for other exposures and heights by multiplying by the above coefficients.

**TABLE 1609.6(1)**

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

- For SI: 1 Square foot = 0.929 m<sup>2</sup>, 1 mph = 0.447 m/s, 1 psf = 47.88 N/m<sup>2</sup>
- For effective areas or wind speeds between those given above the load may be interpolated, otherwise use the load associated with the lower effective area.
  - Table values shall be adjusted for height and exposure by multiplying by adjustment coefficients in Table 1609.6 (2).
  - Plus and minus signs signify pressures acting toward and away from the building surfaces.
  - Negative pressures assume door has 2 feet of width in building's end zone

+46/-52

18



9 PINEAPPLE MATTHEWS/CLARK  
ALL AMERICAN DOORS

MIAMI-DADE COUNTY  
PRODUCT CONTROL SECTION

11805 SW 26 Street, Room 208  
Miami, Florida 33175-2474  
T (786) 315-2590 F (786) 315-2599

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER)  
BOARD AND CODE ADMINISTRATION DIVISION

**NOTICE OF ACCEPTANCE (NOA)**

[www.miamidade.gov/economy](http://www.miamidade.gov/economy)

**Wayne Dalton a Div. of Overhead Door Corporation**  
3395 Addison Drive  
Pensacola, FL 32514

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

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

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

**DESCRIPTION:** Models 8024/8124 Code 1340 Steel Sectional Garage Door up to 18'-0" Wide

**APPROVAL DOCUMENT:** Drawing No. 329930, titled "Models 8024/8124, Windload Specification Option Code 1340", sheets 1 through 4 of 4, dated 05/04/2007, with last revision P5 dated 05/19/2010, prepared by the manufacturer, signed and sealed by John E. Scates, P.E., bearing the Miami-Dade County Product Control renewal stamp with the NOA number and expiration date by the Miami-Dade County Product Control Section.

**MISSILE IMPACT RATING:** Large & Small Missile Impact Resistant

**LABELING:** A permanent label with the manufacturer's name or logo, manufacturing address, model/series number, the positive and negative design pressure rating, indicate impact rated if applicable, installation instruction drawing reference number, approval number (NOA), the applicable test standards, and the statement reading 'Miami-Dade County Product Control Approved' is to be located on the door's side track, bottom angle, or inner surface of a panel.

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

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

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

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

This NOA renews NOA # 11-0411.06 and consists of this page 1, evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by Carlos M. Utrera, P.E.



*[Signature]*  
09/11/2012

NOA No: 12-0605.10  
Expiration Date: September 27, 2017  
Approval Date: September 20, 2012  
Page 1

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

A. **DRAWINGS** *"Submitted under NOA # 11-0411.06"*

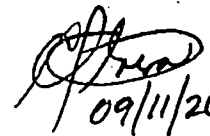
1. Drawing No. 329930, titled "Models 8024/8124, Windload Specification Option Code 1340", sheets 1 through 4 of 4, dated 05/04/2007, with last revision P5 dated 05/19/2010, prepared by the manufacturer, signed and sealed by John E. Scates, P.E.

B. **TESTS** *"Submitted under NOA # 07-1105.03"*

1. Test report on: 1) Uniform Static Air Pressure Test, per FBC, TAS 202-94  
2) Large Missile Impact Test, per FBC, TAS 201-94  
3) Cyclic Wind Pressure Loading Test, per FBC, TAS 203-94,  
along with marked-up drawings of an 18'x 7' Model 8024/8124 Galvanized Steel Sectional Door System with an Aluminum Windload Post, prepared by Certified Testing Laboratories, Inc., Report # **CTLA 1672W-1R**, dated 05/17/2007, signed and sealed by Ramesh Patel, P.E.
2. Test report on: 1) Uniform Static Air Pressure Test, per FBC, TAS 202-94  
2) Large Missile Impact Test, per FBC, TAS 201-94  
3) Cyclic Wind Pressure Loading Test, per FBC, TAS 203-94,  
along with marked-up drawings of an 18'x 7' Model 8024/8124 Galvanized Steel Sectional Door System with an Aluminum Windload Post and Impact Resistant Glazing, prepared by Certified Testing Laboratories, Inc., Report # **CTLA 1734WR**, dated 11/09/2007, signed and sealed by Ramesh Patel, P.E.

*"Submitted under NOA # 07-0808.01"*

3. Test report on: 1) Uniform Static Air Pressure Test, per FBC, TAS 202-94  
2) Test report on Tensile Test, per ASTM E8  
along with marked-up drawings, prepared by Certified Testing Laboratories, Inc., Report # **CTLA 1672W**, dated 05/17/2007 and 05/22/2007, signed and sealed by Ramesh Patel, P.E.

  
09/11/2012

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Carlos M. Utrera, P.E.  
Product Control Examiner  
NOA No 12-0605.10  
Expiration Date: September 27, 2017  
Approval Date: September 20, 2012



NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

**C. CALCULATIONS** *"Submitted under NOA # 11-0411.06"*

1. Anchoring calculations prepared by John E. Scates, P.E., dated 12/08/2010, signed and sealed by John E. Scates, P.E.

*"Submitted under NOA # 07-0808.01"*

2. Jamb anchoring calculations prepared by Wayne Dalton Corporation, dated 07/23/2007, signed and sealed by Mark R. Barrow, P.E.

*"Submitted under NOA # 07-1105.03"*

3. Fastening calculations prepared by Wayne Dalton Corporation, dated 10/24/2007, signed and sealed by Mark R. Barrow, P.E.

**D. MATERIAL CERTIFICATIONS**

1. Notice of Acceptance No. **10-0329.03**, issued to Sheffield Plastic, Inc., for their Makrolon Polycarbonate Sheets, approved on 07/07/2010 and expiring on 08/27/2012.

**E. QUALITY ASSURANCE**

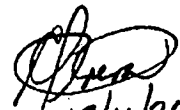
1. Miami-Dade Department of Regulatory and Economic Resources (RER)

**F. STATEMENTS**

1. Statement letter of code conformance to 2010 FBC and no financial interest, issued by John E. Scates, Professional Engineer, dated 05/22/2012, signed and sealed by John E. Scates, P.E.

*"Submitted under NOA # 11-0411.06"*

2. Statement letter of code conformance to 2007 and 2010 FBC and no financial interest, issued by John E. Scates, Professional Engineer, dated 12/01/2011, signed and sealed by John E. Scates, P.E.



09/11/2012

Carlos M. Utrera, P.E.  
Product Control Examiner

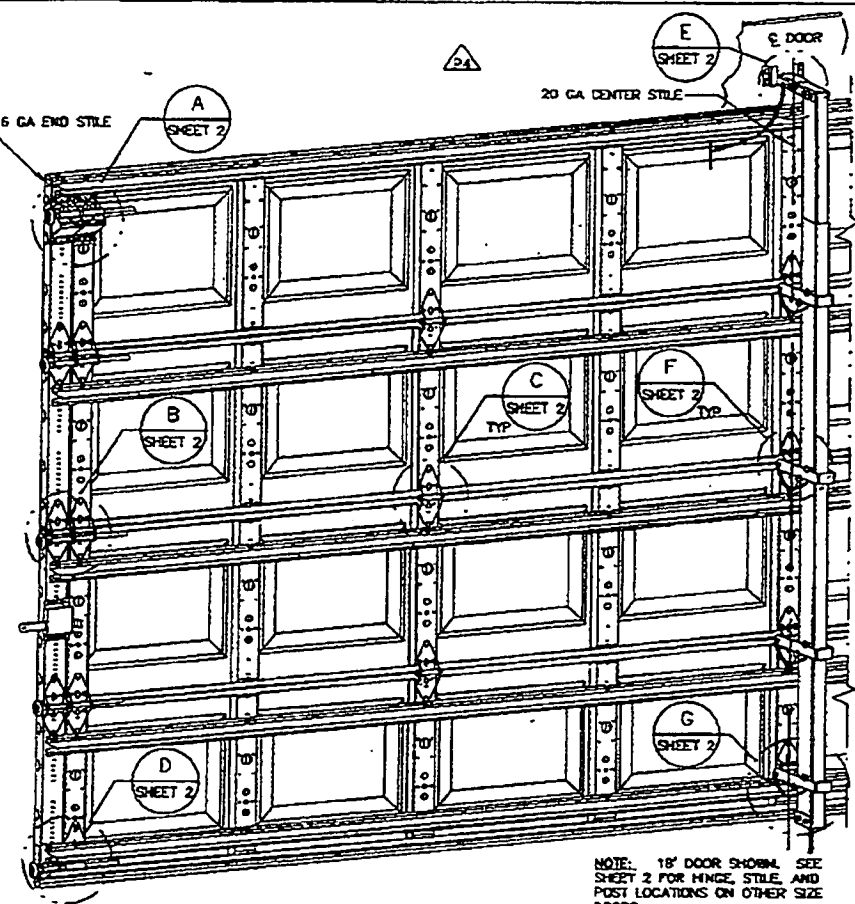
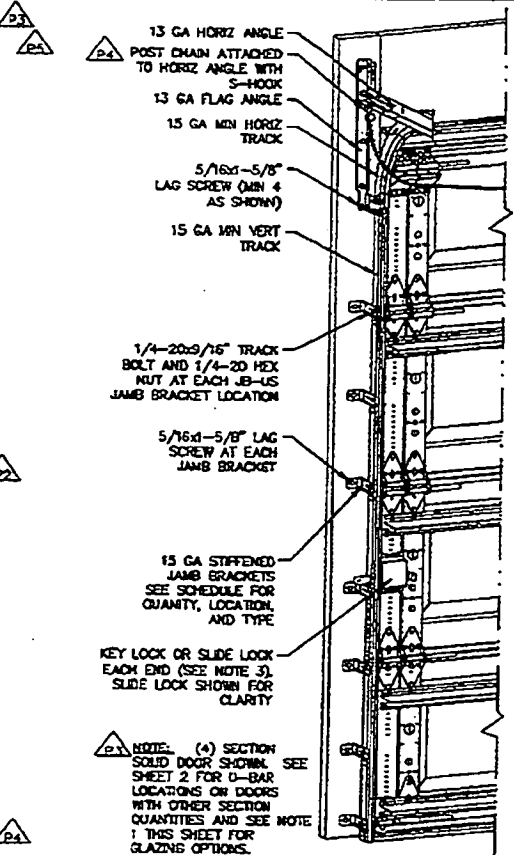
NOA No 12-0605.10

Expiration Date: September 27, 2017

Approval Date: September 20, 2012

**NOTES:**

- IMPACT RESISTANT GLAZING SYSTEM MAY BE INSTALLED ON TOP OR INTERMEDIATE SECTION (WITH OR WITHOUT DECORATIVE INSERTS). GLAZING SHALL BE 1/4" MAINGLON-AR POLYCARBONATE (MIAMI-DADE HOA #10-0328.03) OR EQUAL. MAXIMUM GLAZING DIMENSIONS SHALL BE 18.56" x 12.26". SEE DETAIL E ON SHEET 2 FOR ASSEMBLY DETAILS.
- VINYL OR WOOD DOOR STOP MATED A MAXIMUM OF 6" O.C. MUST OVERLAP TOP AND BOTH ENDS OF PANELS MINIMUM 7/16" TO MEET NEGATIVE PRESSURES.
- KEY LOCK OR SLIDE LOCKS REQUIRED.
- SECTION STEEL TO HAVE A MINIMUM 24 GA THICKNESS WITH A MINIMUM G60 COATING AND A MINIMUM YIELD STRENGTH OF 33.8 KSI.
- THE DESIGN OF THE SUPPORTING STRUCTURAL ELEMENTS SHALL BE THE RESPONSIBILITY OF THE PROFESSIONAL OF RECORD FOR THE BUILDING OR STRUCTURE AND IN ACCORDANCE WITH CURRENT BUILDING CODES FOR THE LOADS LISTED ON THIS DRAWING.
- WOOD SUBSTRATE FOR DOOR JAMB IS TO BE MINIMUM 2x6 NO. 3 SOUTHERN PINE RELATIVELY KNOT FREE. REFER TO SHEET 4 FOR ATTACHMENT TO SUPPORTING STRUCTURE. FOR MOUNTING OF CONTINUOUS WALL ANGLE. SEE CONTINUOUS WALL ANGLE DETAIL SHEET 4.
- FOR LOW HEAD ROOM LEFT CONDITIONS TOP BRACKET SHALL BE A 13 GA UPR 7/4 TOP BRACKET WITH A MINIMUM OF (3) 1/4"-14x7/8" SELF DRILLING COMPRIE SCREWS IN LIEU OF THE BRACKET SHOWN ON THIS DRAWING. U-BAR ON TOP SECTION SHALL BE INSTALLED ON TOP OF UPR TOP BRACKETS.
- LOUVERS MAY BE INSTALLED ON THE DOOR IF THE TOTAL AREA OF THE LOUVER DOES NOT EXCEED 120 SQUARE INCHES.
- DOOR WITHOUT POST SYSTEM HAS BEEN TESTED TO WITHSTAND DESIGN PRESSURES CORRESPONDING TO A 75 MPH WIND SPEED (+/-14.40 PSF). POST SYSTEM SHALL BE INSTALLED WHEN WIND SPEEDS ARE EXPECTED TO EXCEED 75 MPH.



NOTE: 18" DOOR SHOWN. SEE SHEET 2 FOR HINGE, STILE, AND POST LOCATIONS ON OTHER SIZE DOORS.

- REVISIONS**
- P1 ADDED POST COMPONENT DETAILS TO SHEET 3. MOVED JAMB DETAIL TO SHEET 4. REMOVED CONCRETE SPECIFICATION FROM NOTES AND ADDED DETAIL H SHEET 2 FOR CONCRETE SPECIFICATION. GRT 9/13/07
  - P2 MODIFIED TRACK NOTE FOR DOORS WITH DECORATIVE OVERLAYS. ADDED PAN LAYOUTS FOR 1'-4 1/2" THROUGH 16" DOOR WIDTHS. ADDED CONTINUOUS WALL ANGLE DETAIL SHEET 4. UPDATED NOTES FOR CONTINUOUS WALL ANGLE MOUNTING. GRT 10/1/07
  - P3 ADDED IMPACT RESISTANT GLAZING. MODIFIED NOTES SHEET 1 FOR GLAZING. ADDED DETAIL J SHEET 2 FOR GLAZING. GRT 11/10/07
  - P4 ADDED CHAIN TO ATTACH POST TO TRACK AND HITCH PINS TO POST SYSTEM. UPDATED DRAWINGS ON SHEET 1, AND DETAILS E, F, AND G ON SHEET 2. ADDED NOTE 9 ON SHEET 1. ADDED POST STORAGE SHEET 3. GRT 5/19/08
  - P5 UPDATED TITLE BLOCK. ADDED STRUT PROFILE. UPDATED POLYCARBONATE HOA. GRT 5/19/10

**SUPERIMPOSED DESIGN PRESSURE LOADS ON SUPPORTING STRUCTURE**

MAX DOOR WIDTH	MAX DOOR HEIGHT	UNIFORM LOAD EACH JAMB (PLF)	POINT LOAD AT HEADER AND SLAB AT EACH POST LOCATION (LBS)
17'-0"	7'-0"	+185.5/-209.6	+1507.4/-1712.9
	8'-0"	+185.5/-209.6	+1704.0/-1936.3
	7'-0"	+190.7/-215.7	+1637.0/-1850.5
18'-0"	8'-0"	+190.7/-215.7	+1860.3/-2102.9

**JAMB BRACKET SCHEDULE**

DOOR HEIGHT	NO. OF SECTIONS	NO. OF JAMB BRACKETS (EACH JAMB)	LOCATION OF CENTERLINE OF JAMB BRACKETS MEASURED FROM BOTTOM OF TRACK (ALL DIMENSIONS ± 2")
6'-6"	4	7	2 (JB-US), 10" (JB-US), 21-3/4" (JB-US), 29-3/4" (JB-US), 39" (JB-US), 48" (JB-US), 57-1/4" (JB-US)
7'-0"	4	7	2 (JB-US), 10" (JB-US), 21-3/4" (JB-US), 29-3/4" (JB-US), 47" (JB-US), 52-1/2" (JB-US), 63-1/4" (JB-US)
7'-6"	5	8	2 (JB-US), 10" (JB-US), 18-3/4" (JB-US), 26-3/4" (JB-US), 35" (JB-US), 45" (JB-US), 54-1/4" (JB-US), 74-1/2" (JB-US)
8'-0"	5	8	2 (JB-US), 10" (JB-US), 21-3/4" (JB-US), 29-3/4" (JB-US), 39" (JB-US), 48" (JB-US), 57-1/2" (JB-US), 75-1/2" (JB-US)

NOTE: (JB-US) FOLLOWING DIMENSION DENOTES SLOTTED JAMB BRACKET ATTACHED TO TRACK WITH 1/4-20x1/16" TRACK BOLT AND NUT AS SHOWN ABOVE.  
ALL DOORS WITH DECORATIVE OVERLAY REQUIRE USE OF CONTINUOUS WALL ANGLE. SEE SHEET 4 FOR DETAILS.

**PRODUCT RENEWED**  
as complying with the Florida Building Code  
Acceptance No 12-0605.10  
Expiration Date 09/21/2017  
By *[Signature]*  
Miami Dade Product Control

**PRODUCT REVISED**  
as complying with the Florida Building Code  
Acceptance No 11-0411.06  
Expiration Date 09/27/2012  
By *[Signature]*  
Miami Dade Product Control

*John E. Scates*  
1218/10  
JOHN E. SCATES, PE  
8121 FAIRGATE DR  
CARROLLTON, TX 75007  
FL PE 51737 TX PE 56358/17203  
PROFESSIONAL ENGINEER'S SEAL PROVIDED ONLY FOR VERIFICATION OF WINDLOAD CONSTRUCTION DETAILS.

**Wayne Dalton**  
A DIVISION OF OVERHEAD DOOR CORP.  
3355 ADDISON DRIVE  
PENSACOLA, FLORIDA 32514  
(850) 474-9890

STATIC PRESSURE RATINGS		APPROVED SIZES		SCALE: N.T.S.		SIZE: A	
DESIGN (PSF):	+46.00/-52.00	MAX WIDTH:	18'-0"	DATE		NAME	
TEST (PSF):	+69.00/-78.00	MAX HEIGHT:	8'-0"	DRAWN	2/22/07	GRT	
IMPACT/CYCLIC RATED (YES/NO):	YES	MAX SECTION HEIGHT:	21"	CHECKED	5/4/07	MRB	
MODELS 8024/8124				SHEET 1 OF 4			
WINDLOAD SPECIFICATION OPTION CODE 1340				DRAWING PART NO.		REV.	
				329930		P5	

13 GA ROLLER SLIDE ATTACHED TO BRACKET WITH 5/16-18 BOLT & NUT BY CENTER SLOT AND 1/4-20x9/16" TRACK SLOT & 1/4-20 HEX NUT THROUGH ANY TWO ALIGING HOLES

(2) 13 GA COMMERCIAL 'A' FRAME TOP BRACKETS EACH ATTACHED WITH (4) 1/4-14x7/8" SELF DRILLING CRIMPITTE SCREWS

ADD (2) 1/4-14x7/8" SELF DRILLING CRIMPITTE SCREWS (INSIDE OF EACH INSIDE END HINGE)

2" STEEL ROLLER WITH 9" GRADE 1144 OR EQUIVALENT STEM

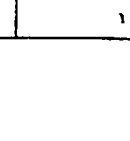
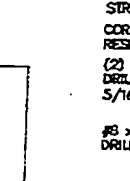
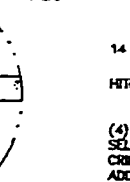
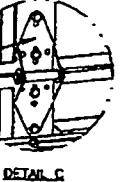
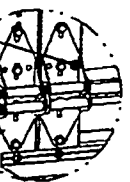
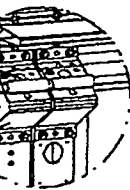
(2) 14 GA WIDE BODY END HINGES EACH ATTACHED WITH (4) 1/4-14x7/8" SELF DRILLING CRIMPITTE SCREWS

14 GA WIDE BODY INTERMEDIATE HINGE ATTACHED WITH (4) 1/4-14x7/8" SELF DRILLING CRIMPITTE SCREWS

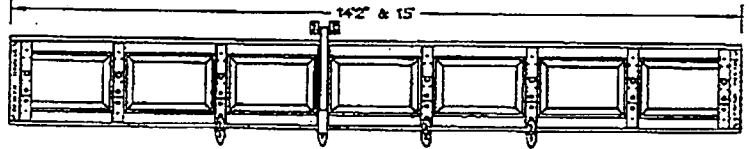
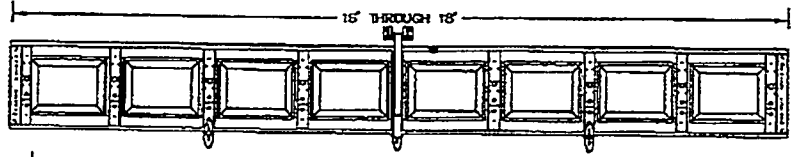
12 GA EXTENSION BRACKET ATTACHED WITH (3) 1/4-14x7/8" SELF DRILLING CRIMPITTE SCREWS (2 THROUGH STRUT AND BRACKET)

14 GA BOTTOM BRACKET ATTACHED WITH (2) 1/4-14x7/8" SELF DRILLING CRIMPITTE SCREWS THROUGH STRUT AND BOTTOM BRACKET AND (1) 1/4-14x5/8" SELF DRILLING TAMPER RESISTANT SCREW

2500 PSI MIN CONCRETE  
8" X 8" MIN TURNDOWN SLAB AT EDGE



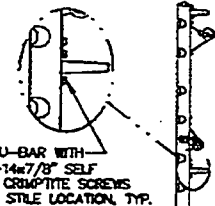
△ CENTER STILE INTERMEDIATE HINGE & POST LOCATIONS



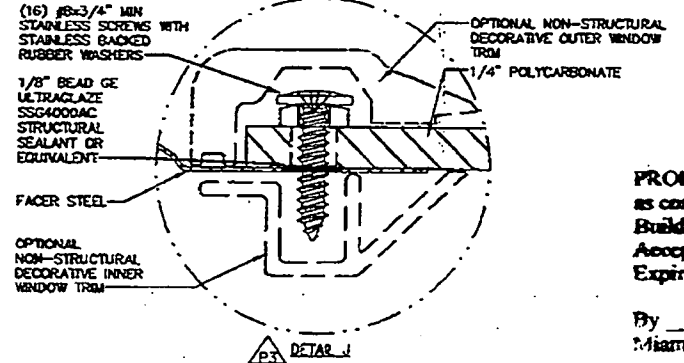
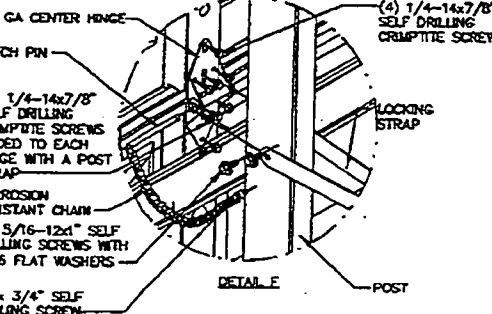
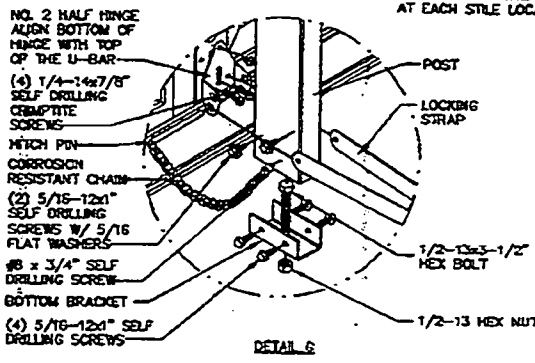
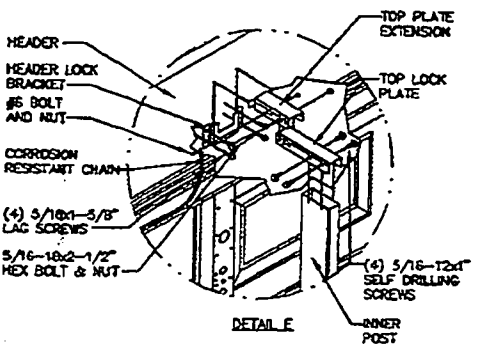
△ U-BAR LOCATIONS

(5) SECTION DOORS WITH (7) 3" 20 GA 80 KSI U-BARS LOCATED AS SHOWN

(4) SECTION DOORS WITH (5) 3" 20 GA 80 KSI U-BARS LOCATED AS SHOWN



ATTACH U-BAR WITH (2) 1/4-14x7/8" SELF DRILLING CRIMPITTE SCREWS AT EACH STILE LOCATION, TYP.



REVISIONS

- P1 ADDED POST COMPONENT DETAILS TO SHEET 3. MOVED JAMB DETAIL TO SHEET 4. REMOVED CONCRETE SPECIFICATION FROM NOTES AND ADDED DETAIL H SHEET 2 FOR CONCRETE SPECIFICATION. GRT 9/13/07
- P2 MODIFIED TRACK NOTE FOR DOORS WITH DECORATIVE OVERLAYS. ADDED PAN LAYOUTS FOR 142" THROUGH 16" DOOR WIDTHS. ADDED CONTINUOUS WALL ANGLE DETAIL SHEET 4. UPDATED NOTES FOR CONTINUOUS WALL ANGLE MOUNTING. GRT 10/1/07
- P3 ADDED IMPACT RESISTANT GLAZING. MODIFIED NOTES SHEET 1 FOR GLAZING. ADDED DETAIL J SHEET 2 FOR GLAZING. GRT 11/10/07
- P4 ADDED CHAIN TO ATTACH POST TO TRACK AND NICH PINS TO POST SYSTEM. UPDATED DRAWINGS ON SHEET 1, AND DETAILS E, F, AND G ON SHEET 2. ADDED NOTE 9 ON SHEET 1. ADDED POST STORAGE SHEET 3. GRT 5/19/08
- P5 UPDATED TITLE BLOCK. ADDED STRUT PROFILE. UPDATED POLYCARBONATE MGA. GRT 5/19/10

**PRODUCT REVISED**  
as complying with the Florida Building Code  
Acceptance No 11-0411.06  
Expiration Date 09/27/2012  
By [Signature]  
Miami Dade Product Control

John E. Seales  
JOHN E. SEALES, PE  
3121 FAIRGATE DR.  
CARROLLTON, TX 75007  
FL PE 51737 TX PE 56300/72203

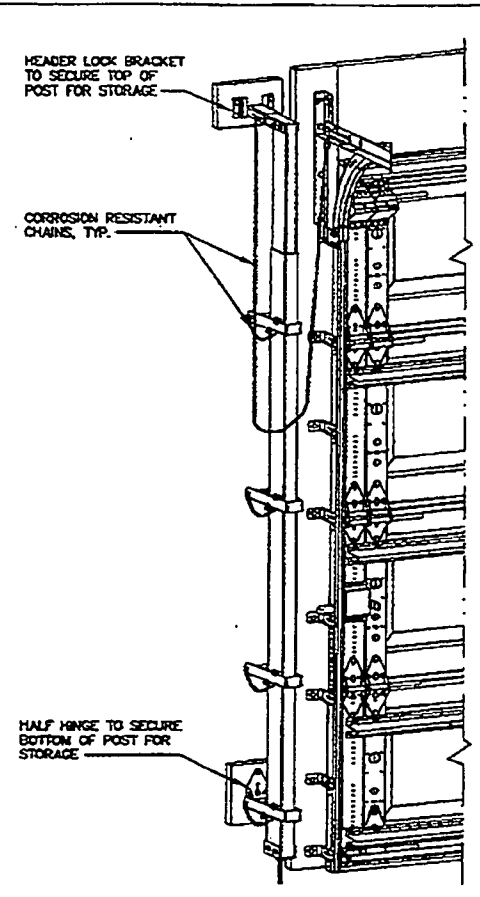
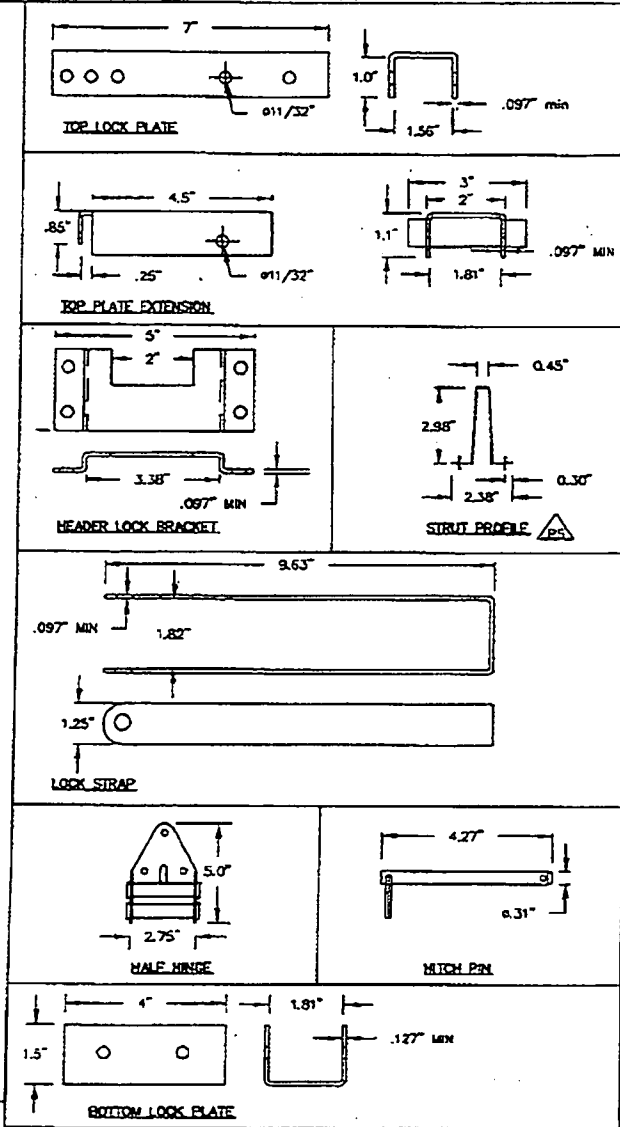
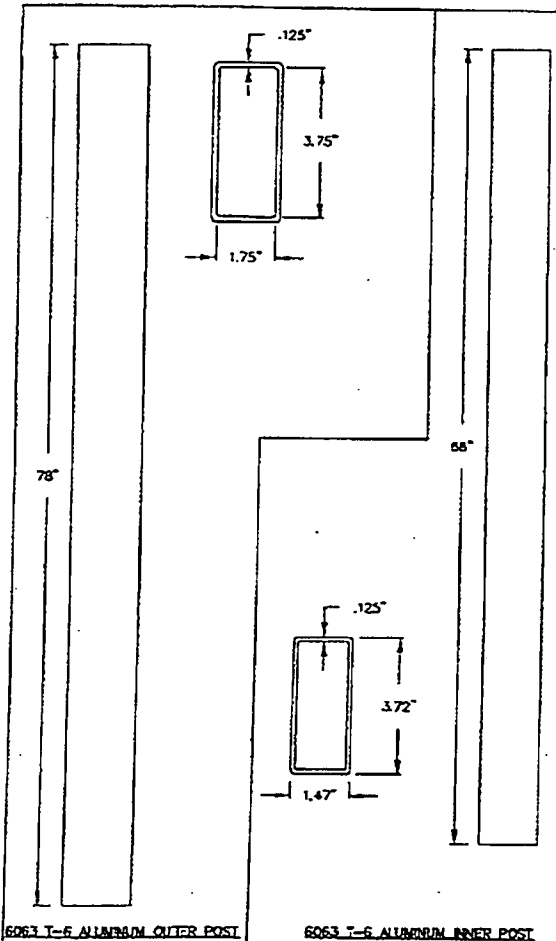


A DIVISION OF OVERHEAD DOOR CORP  
3385 ADDISON DRIVE  
PENSACOLA, FLORIDA 32514  
(850) 474-9890

STATIC PRESSURE RATINGS		APPROVED SIZES		SCALE: N.T.S.		SIZE: A	
DESIGN (PSF):	+48.00/-52.00	MAX WIDTH:	18'-0"	DATE	2/22/07	NAME	GRT
TEST (PSF):	+69.00/-78.00	MAX HEIGHT:	8'-0"	DRAWN	5/4/07	MRB	
IMPACT/CYCLIC RATED (YES/NO): YES		MAX SECTION HEIGHT: 21'		CHECKED			
MODELS 8024/8124				SHEET 2 OF 4			
WINDLOAD SPECIFICATION OPTION CODE 1340				DRAWING PART NO.		REV.	
				329930		P5	

**PRODUCT RENEWED**  
as complying with the Florida Building Code  
Acceptance No 12-0105.10  
Expiration Date 09/27/2017  
By [Signature]  
Miami Dade Product Control

PROFESSIONAL ENGINEER'S SEAL PROVIDED ONLY FOR VERIFICATION OF MINIMUM CONSTRUCTION DETAILS.



**POST SYSTEM STORAGE**

NOTE: POST SYSTEM SHALL BE STORED IN A CONVENIENT LOCATION AS CLOSE TO GARAGE DOOR AS POSSIBLE.

- REVISIONS**
- P1 ADDED POST COMPONENT DETAILS TO SHEET 3. MOVED JAMB DETAIL TO SHEET 4. REMOVED CONCRETE SPECIFICATION FROM NOTES AND ADDED DETAIL H SHEET 2 FOR CONCRETE SPECIFICATION. GRT 8/13/07
  - P2 MODIFIED TRACK NOTE FOR DOORS WITH DECORATIVE OVERLAYS. ADDED PAN LAYOUTS FOR 142" THROUGH 16" DOOR WIDTHS. ADDED CONTINUOUS WALL ANGLE DETAIL SHEET 4. UPDATED NOTES FOR CONTINUOUS WALL ANGLE MOUNTING. GRT 10/1/07
  - P3 ADDED IMPACT RESISTANT GLAZING. MODIFIED NOTES SHEET 1 FOR GLAZING. ADDED DETAIL J SHEET 2 FOR GLAZING. GRT 11/10/07
  - P4 ADDED CHAIN TO ATTACH POST TO TRACK AND HITCH PINS TO POST SYSTEM. UPDATED DRAWINGS ON SHEET 1, AND DETAILS E, F, AND G ON SHEET 2. ADDED NOTE 9 ON SHEET 1. ADDED POST STORAGE SHEET 3. GRT 5/19/08
  - P5 UPDATED TITLE BLOCK. ADDED STRUT PROFILE. UPDATED POLYCARBONATE NOA. GRT 5/19/10

**POST SYSTEM COMPONENT DETAILS**

**PRODUCT REVISED**  
 as complying with the Florida Building Code  
 Acceptance No 11-0411.06  
 Expiration Date 02/27/2012  
 By [Signature]  
 Miami Dade Product Control

John E. Scates  
 12/18/10  
 JOHN E. SCATES, PE  
 3121 PARCATE DR.  
 CARROLLTON, TX 75007  
 FL PE 51737 TX PE 56306/72203  
 PROFESSIONAL ENGINEER'S SEAL PROVIDED ONLY FOR VERIFICATION OF MISCLOAD CONSTRUCTION DETAILS.



A DIVISION OF OVERHEAD DOOR CORP.  
 3395 ADDISON DRIVE  
 PENSACOLA, FLORIDA 32514  
 (850) 474-9890

STATIC PRESSURE RATINGS	APPROVED SIZES	SCALE: N.T.S.	SIZE: A
DESIGN (PSF): +48.00/-52.00	MAX WIDTH: 18'-0"	DATE	NAME
TEST (PSF): +69.00/-78.00	MAX HEIGHT: 8'-0"	DRAWN	GRT
IMPACT/CYCLIC RATED (YES/NO): YES	MAX SECTION HEIGHT: 21" [CHECKED]	5/4/07	MRB
MODELS 8024/8124		SHEET 3 OF 4	
WINDLOAD SPECIFICATION OPTION CODE 1340		DRAWING PART NO.	REV.
		329930	P5

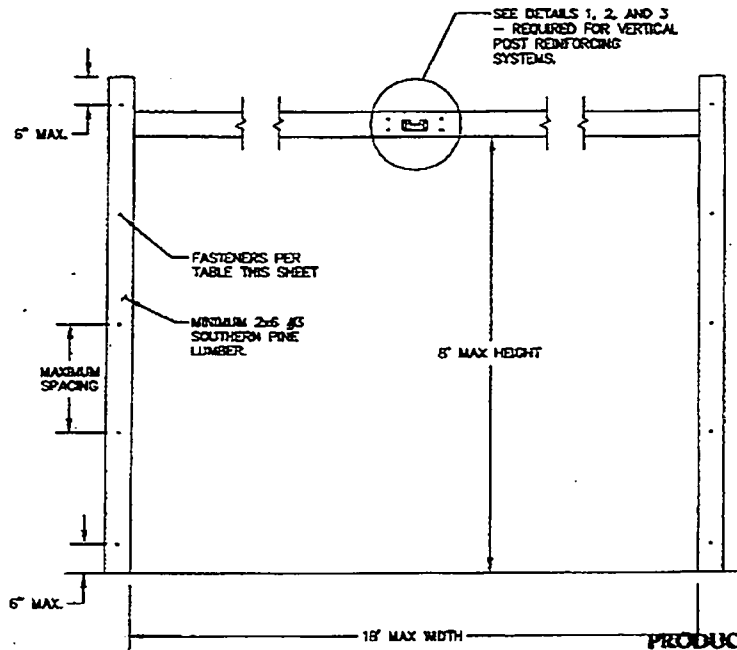
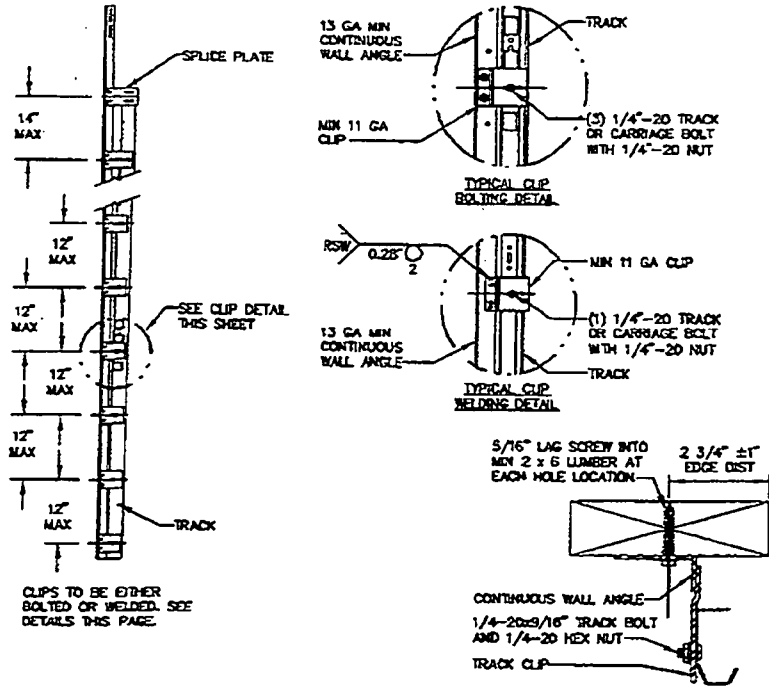
**PRODUCT RENEWED**  
 as complying with the Florida Building Code  
 Acceptance No 12-0605.10  
 Expiration Date 02/27/2017  
 By [Signature]  
 Miami Dade Product Control

REVISIONS

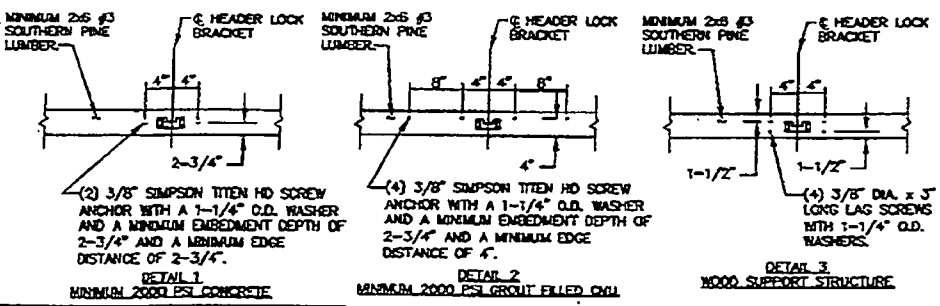
- P1 ADDED POST COMPONENT DETAILS TO SHEET 3. MOVED JAMB DETAIL TO SHEET 4. REMOVED CONCRETE SPECIFICATION FROM NOTES AND ADDED DETAIL H SHEET 2 FOR CONCRETE SPECIFICATION. GRT 9/13/07
- P2 MODIFIED TRACK NOTE FOR DOORS WITH DECORATIVE OVERLAYS. ADDED PAIX LAYOUTS FOR 1'4"2" THROUGH 16" DOOR WIDTHS. ADDED CONTINUOUS WALL ANGLE DETAIL SHEET 4. UPDATED NOTES FOR CONTINUOUS WALL ANGLE MOUNTING. GRT 10/1/07
- P3 ADDED IMPACT RESISTANT GLAZING. MODIFIED NOTES SHEET 1 FOR GLAZING. ADDED DETAIL J SHEET 2 FOR GLAZING. GRT 11/10/07
- P4 ADDED CHAIN TO ATTACH POST TO TRACK AND HITCH PINS TO POST SYSTEM. UPDATED DRAWINGS ON SHEET 1, AND DETAILS E, F, AND G ON SHEET 2. ADDED NOTE 9 ON SHEET 1. ADDED POST STORAGE SHEET 3. GRT 5/19/08
- P5 UPDATED TITLE BLOCK. ADDED STRUT PROFILE. UPDATED POLYCARBONATE NGA. GRT 5/19/10

MAX SPACING OF ANCHORS/SCREWS PER JAMB (IN)		
3/8" SIMPSON TITEN HD SCREW ANCHOR TO MINIMUM 2000 PSI CONCRETE	3/8" SIMPSON TITEN HD SCREW ANCHOR TO MINIMUM 2000 PSI GROUT FILLED CMU	3/8" X 3" LONG LAG SCREWS
24	24	24

1. BASED ON 3/8" SIMPSON TITEN HEAVY DUTY SCREW ANCHOR WITH A 1" O.D. WASHER INTO CONCRETE WITH A MINIMUM EMBEDMENT DEPTH OF 2-3/4" AND A MINIMUM EDGE DISTANCE OF 2-3/4".
2. BASED ON 3/8" SIMPSON TITEN HEAVY DUTY SCREW ANCHOR WITH A 1" O.D. WASHER INTO GROUT FILLED CMU WITH A MINIMUM EMBEDMENT DEPTH OF 2-3/4". A MINIMUM EDGE DISTANCE OF 4", AND A MINIMUM END DISTANCE OF 4". CONCRETE MASONRY UNITS SHALL CONFORM TO ASTM C90 AND GROUT SHALL CONFORM TO ASTM C476.
3. BASED ON 3/8" DIAMETER X 3" LONG LAG SCREWS WITH 1" O.D. WASHERS WITH A 1-9/32" THREAD PENETRATION INTO SEASONED DRY WOOD SUPPORTING STRUCTURE.
4. PROVIDE QUANTITY OF SCREW ANCHORS OR LAG SCREWS AS REQUIRED TO MAINTAIN MAXIMUM SPACING AS SHOWN IN TABLE WITH A MINIMUM OF THREE (3) SCREW ANCHORS OR LAG SCREWS PER JAMB. SCREW ANCHORS OR LAG SCREWS AT TOP AND BOTTOM OF JAMB SHALL BE PLACED A MAXIMUM OF 6" FROM THE END OF THE JAMB.
5. LOAD PER JAMB CALCULATED TO BE A MAXIMUM OF +190.7/-215.7 LBS PER FOOT.
6. CHART INCLUDES A SAFETY FACTOR OF 4.
7. DOOR JAMB TO BE MINIMUM 2x6 NO. 3 SOUTHERN PINE LUMBER (MIN) MOUNTED DIRECTLY TO SUPPORT STRUCTURE.
8. DESIGN OF THE SUPPORT STRUCTURE SHALL BE THE SOLE RESPONSIBILITY OF THE BUILDING DESIGNER AND SHALL BE DESIGNED FOR THE LOADS LISTED IN NOTE 5.
9. SCREW ANCHORS OR LAG SCREWS SHALL BE INSTALLED PER MANUFACTURER'S WRITTEN INSTRUCTIONS.



CONTINUOUS WALL ANGLE DETAILS



**PRODUCT RENEWED**  
 as complying with the Florida Building Code  
 Acceptance No 12-0605-10  
 Expiration Date 09/27/2019  
 By [Signature]  
 Miami Dade Product Control

**PRODUCT REVISED**  
 as complying with the Florida Building Code  
 Acceptance No 11-0411-06  
 Expiration Date 09/27/2012  
 By [Signature]  
 Miami Dade Product Control

[Signature]  
 JOHN E. SEATES, PE  
 3121 FARGATE DR.  
 CARROLLTON, TX 75007  
 FL PE 51737 TX PE 56306/72203

PROFESSIONAL ENGINEER'S SEAL PROVIDED ONLY FOR VERIFICATION OF WINDLOAD CONSTRUCTION DETAILS.

**Wayne Dalton**  
 A DIVISION OF OVERHEAD DOOR CORP.  
 3395 ADDISON DRIVE  
 PENSACOLA, FLORIDA 32514  
 (850) 474-9896

STATIC PRESSURE RATINGS		APPROVED SIZES	SCALE: N.T.S.	SIZE: A
DESIGN (PSF):	+46.00/-52.00	MAX WIDTH: 18'-0"	DATE	NAME
TEST (PSF):	+65.00/-78.00	MAX HEIGHT: 8'-0"	DRAWN	GRT
IMPACT/CYCLIC RATED (YES/NO):	YES	MAX SECTION HEIGHT: 21"	CHECKED	MRS
MODELS 8024/8124			SHEET 4 OF 4	
WINDLOAD SPECIFICATION OPTION CODE 1340			DRAWING PART NO.	REV.
			329930	P5

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri **12-12-12** Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10248	Buhner	slab		
1st	2 N Sewalls		PASS	
	Renar			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10232	Resnick	steel		* Letter in Permit
	27 Lantana	main drain	PASS	Box
	Almar Jackson			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10280	Frusoli	Steel		
	50 S Sewalls	BOND	PASS	
	80 H Custom Pool			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10265	Morales			
	10 N. RIDGELAND	SLAB	PASS	
	Gibben Const			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10289	Martinez	Final		
	9 Pineapple Ln	Garage door	PASS	Good
	Am Garage Door			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	3 TUSCAN LANE	TREE	PASS	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TREE PERMITS

TOWN OF SEWALL'S POINT, FLORIDA

Date 9-29-06 19\_\_\_\_ TREE REMOVAL PERMIT No. 383

APPLIED FOR BY Dyer (Contractor or Owner)

Owner 9 Pineapple La

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees Fishtail Palms

No. Of Trees: REMOVE 2

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

\_\_\_\_\_ FEE \$ 0

Signed, \_\_\_\_\_ Applicant

Signed Phil Wintercorn  
Bldg Inspector

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for notes or drawings]

PROJECT DESCRIPTION \_\_\_\_\_

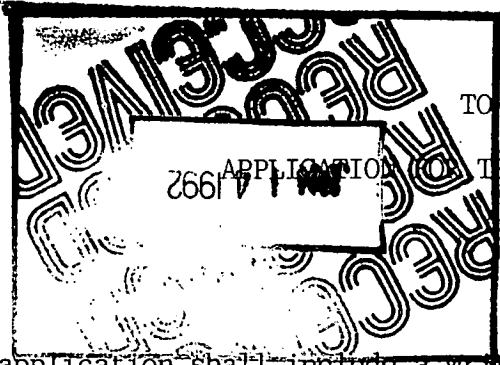
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

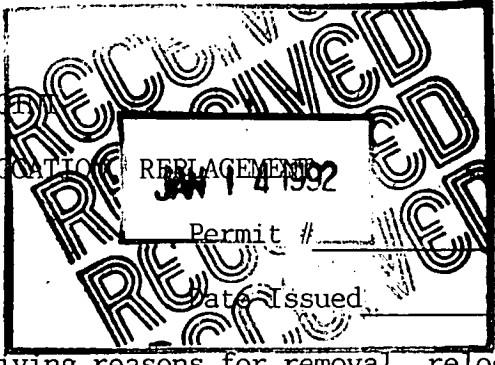


544



TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION OR REPLACEMENT



Permit # \_\_\_\_\_  
Date Issued \_\_\_\_\_

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

Owner PERLMAN Address LOT 10 PINEAPPLE Phone 286-6492

Contractor BRONCO CONST. Address 5354 SE INLET PL STREET Phone 286-4038

Number of trees to be removed(list kinds of trees) 10 - 3 OAKS, 5 HICKORIES

3 CABBAGE PALMS

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

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

Permit Fee \$ 100.00 (\$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 Robert J. Dylawski Jr. Date submitted 12/31/92

Approved by Building Inspector Dele Brown Date 1/14/93

Approved by Building Commissioner [Signature] Date 9/14/93

Completed \_\_\_\_\_ Date \_\_\_\_\_ Checked by \_\_\_\_\_

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

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

SINGLE FAMILY HOME  
HABITAT MANAGEMENT AND  
LANDSCAPE PERMIT APPLICATION

OWNER NAME: Mark & Mary Lou Perlman

ADDRESS: 7 EMARITA

STUART

CONTRACTOR: BROWSCO CONST. INC.

ADDRESS: 5354 SE INLET PL.

STUART

LICENSE NUMBER: CGC020462

PHONE: 286-6492 286-4038  
Owner Contractor

CONTRACT PRICE: \$ \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_ PAID: \_\_\_\_\_  
Date

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:

Remove: To Build house AND pool

will Flag Trees TO STAY

TOWN OF SEWALL'S POINT, FLORIDA

FILE

Date 3/15/01 1901 TREE REMOVAL PERMIT No 0422

APPLIED FOR BY JO ELLEN DYER  
Owner 9 PINEAPPLE LANE (Contractor or Owner)

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees MISC. - SEE APPLICATION

No. Of Trees: REMOVE 10

No. Of Trees: RELOCATE -0- WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE 4" HICK. WITHIN 30 DAYS

3/14 FILED VERIF.  
ORIG. APPL. APPROVED

Permit # 8341  
\$ 15.00

REMARKS SEE APPLICATION FOR LOCATION SKETCH

Signed, (SIGNATURE ON FILE)  
Applicant

Signed, [Signature]  
Town Clerk KENQ OFFICIAL

FEE \$ 15.00

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for notes or details]

PROJECT DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

3/14/01 SCHUBB WSP

RECEIVED  
MAR 12 2001  
BY: [Signature]

Permit # 0472  
Date Issued 3/15/01

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 Jo Ellen Dyer Address 9 Pineapple Ln Phone 283-3671  
Contractor Earnest Curtis Address 1710 W. 13th St Phone 334-718

Number of trees to be removed (list kinds of trees) 10 Palm trees, 1 dead tree, 2 traveler Palms, 1 Norfolk Pine, 3 small Hickories (choked out by Oaks)

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):  
6 replaced - 2 Tipuichinas, 2 orchid trees, 2 casia trees

All trees are marked with blue tape

Permit Fee \$ (\$25.00 first tree plus \$10.00 - each additional tree - not to exceed \$100.00) \$15.00

(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 Jo Ellen Dyer Date submitted 3-12-2001

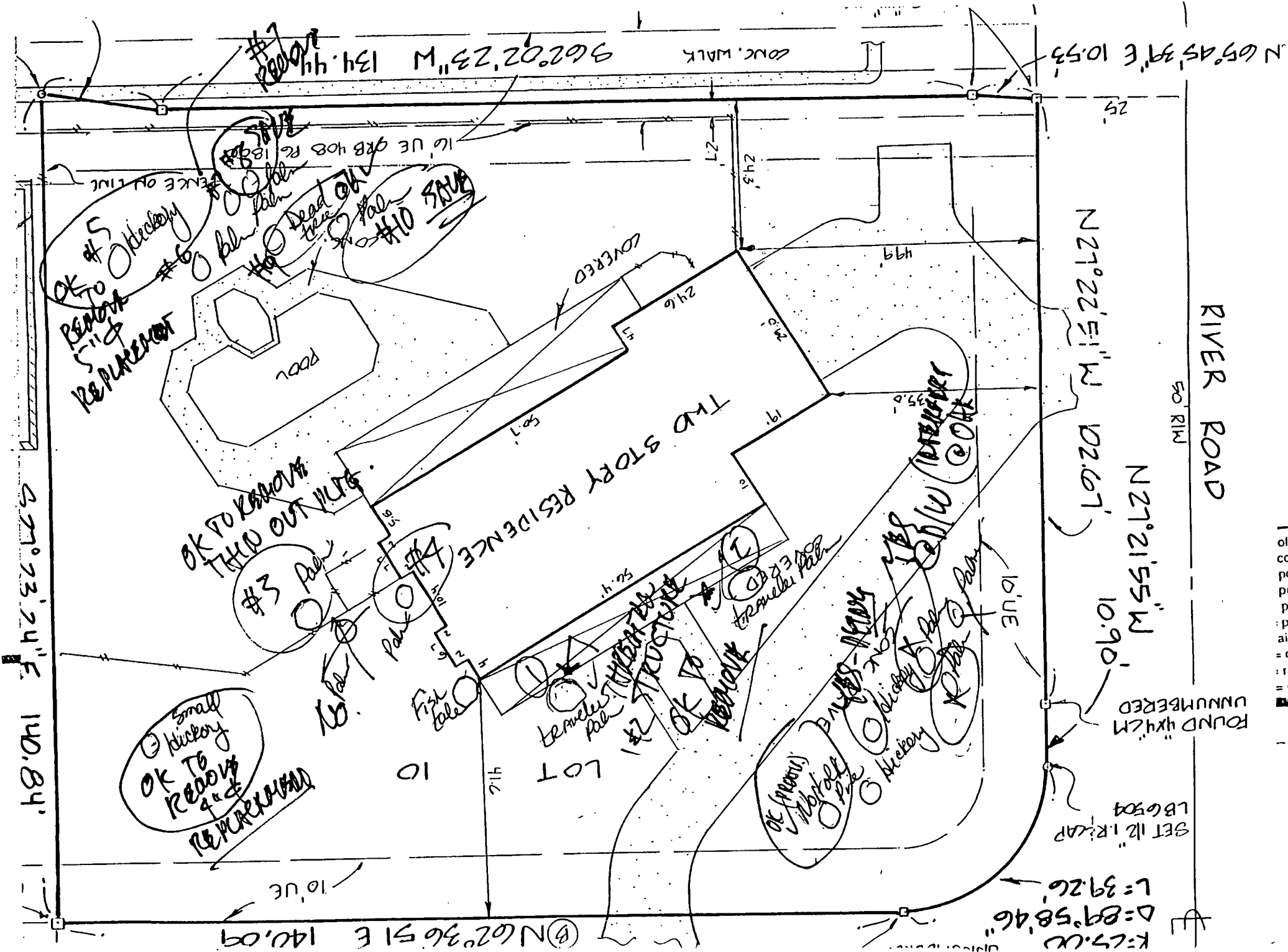
Approved by Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

Approved by Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_

Completed \_\_\_\_\_ Date \_\_\_\_\_ Checked by \_\_\_\_\_

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

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



1 to 3 rd rd a d i e n n i i m

**E. CURTIS LAWN SERVICE  
4223 42ND WAY  
WEST PALM BEACH, FL 33407  
(561) 389-6943 (561) 640-4882**

December 5, 2000

To: Mike and JoEllen Dyer  
9 Pineapple Lane  
Stuart, Fl 34996

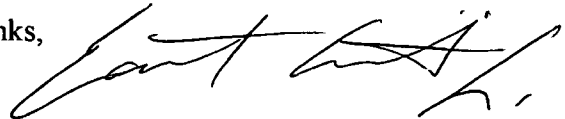
**PROPOSAL FOR REMOVING TREES**

E. Curtis Lawn Service will be removing two (2) travelers palm trees, four (4) sable palm trees, and one hickory tree on the property at 9 Pineapple Lane in Stuart, Fl. All cuttings will be removed from premises and disposed of. *also one (1) fishtail palm being removed.*

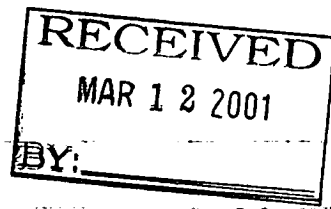
Location of trees: two travelers palms are located in the front of the home on the left and right of front door entrance. Two sable palms are located on the east corner of home to the right and left of entrance gate to the back yard. Two sable palms are located on the northwest corner of property by the road. These palms are over taken by the large oak trees. The hickory tree is located in the back yard behind the swimming pool. The hickory tree has stunted the growth of the oak trees around it. *Fishtail Palm located on the East Corner of home.*

Tree replacement: the two travelers palms in the front yard will be replaced with other trees.

Thanks,



E. Curtis Lawn Service



3-12-2001

Dear Mr. Arnold,

Attached is the diagram for tree removal. All trees have been marked with blue tape.

If you could please give me some idea how long the approval process takes I would appreciate it. 283-3671

Thank you  
Jo Ellen Rye

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3/14, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5261	Rappaport 9 Rivercrest Ct. Marzo	Roof Final	Passed	Valley repair (no permit) unloader INSPECTOR: J 3/14
5277	MOSLEY 52 S. SEWALL'S POINT RD BULLDOG FENCE	FENCE-FINAL (JERRY 221-8855)	FAILED	1st 35' EXCEEDS 5' HGT LIMIT by Ed. Δ: CHAIN FENCE POSTS REG. CONC INSPECTOR: J
5233	INGRAM 101 N. SEWALL'S POINT RD. BLUE WATER MARINE	TIE-BACK Seawall (286-5181)	Passed	(check spacing 10') INSPECTOR: J 3/14
TIR	ZOTTA 23 CASTLE HILL WAY KIMBERSMITH	FIELD VERIF.	OK to remove 1 door	Pine tree INSPECTOR: J 3/14
TIR	GUNZEL 19 N. VIA LUCINDIA	FIELD VERIF.	to be discussed: large roots endangering structure OK J	INSPECTOR: J 3/14
TIR	DYER 9 ANEPHOLE LANE	FIELD VERIF.	PASSED	- APPROVED APPL. By Ed. Δ. INSPECTOR: J
5209	TRANTNER 9 MIDDLE ROAD EMMICK CONST.	INSULATION	Passed	INSPECTOR: J 3/14

OTHER: \_\_\_\_\_



**TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT**

MARC S. TEPLITZ  
Mayor

Vice Mayor

E. DANIEL MORRIS  
Commissioner

THOMAS P. BAUSCH  
Commissioner

RICHARD L. BARON  
Commissioner

JOSEPH C. DORSKY  
Town Manager

JOAN H. BARROW  
Town Clerk

LARRY E. McCARTY  
Chief of Police

GENE SIMMONS  
Building Official

JOSE TORRES, JR.  
Maintenance

**FILE**

Jo Ellen Dyer  
9 Pineapple Lane  
Sewall's Point, Fl. 34996

March 8, 2004

Dear Ms. Dyer,

Your application for a tree removal of a large oak in your front lawn has been denied. The oak is of great size and beauty. It looks like there was some trimming of the dead branches but the rest of the tree looks to be in good health.

You have the right to appeal this decision to the Town Commission as outlined below under the Code of Ordinance of the Town of Sewall's Point.

**Sec. 70-35. Appeal.**

Any person may appeal a decision denying a permit (or conditions in a permit issued) required by this division within 15 days from the date of the decision. Appeal shall be made to the town commission by filing a written notice of appeal with the town clerk in duplicate along with a \$50.00 fee.

If you have any questions please do not hesitate to contact me at 772-287-2455, ext. 13. The next commission meeting will be on March 16, 2004 at 7:00 p.m. Your appeal must be given to the town clerk within 15 days from the receipt of this letter.

Respectfully,



Gene Simmons  
Building Official



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

**TOWN OF SEWALL'S POINT  
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

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

**No permit required for:**

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

**Permit Fee:**

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

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

**Application procedures:**

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

Owner Joellen Dyer Address 9 PINEAPPLE LANE Phone \_\_\_\_\_

Contractor Robert Potts Address 251 N.W. BAKER RD Phone 284-1265

No. of Trees: REMOVE 1 Type: OAK cancel

No. of Trees: RELOCATE 1 WITHIN 30 DAYS Type: Gumbo Limbo

No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: ROAD

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Approved by Building Inspector: \_\_\_\_\_ Date \_\_\_\_\_ Fee: \_\_\_\_\_

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_

OAK TREE HAS DEAD BRANCH WHICH CAN BE TRIMMED - REST OF TREE IS ALIVE AND WELL AND SHOULD REMAIN.  
GUMBO LIMBO IS NATIVE & CAN NOT BE REMOVED.

HOUSE

#  
OAK-TREE

GUM RO LIM RO

#  
S River

Pineapple Lane

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 2/27, 2004 Page 4 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6413	POWERS	PARTIAL COLUMNS	PASS	
4	70 S. SEWALL'S Pt	FIRST STORY WALL		
	FLORIDA'S FINEST			INSPECTOR: <i>[Signature]</i>
		REPLACE SUMP PIT	PASS	CLOSE
	95 S. RIVER RD.			INSPECTOR: <i>[Signature]</i>
<del>7000</del>	<del>OWNER</del>	TREE	FAIL	ONE MAY BE TRIMMED BUT NOT REMOVED GUMBO LIMBO IS NATIVE
	9 PINEAPPLE			INSPECTOR: <i>[Signature]</i>
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: \_\_\_\_\_

**TOWN OF SEWALL'S POINT  
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

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

**No permit required for:**

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

**Permit Fee:**

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

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

**Application procedures:**

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

Owner Jo Ellen Dyer Address 9 Pineapple Lane Phone 283-3671

Contractor Shade Tree Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 5 Type: 1 - magnolia, 1 - oak, 1 - hickory

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: 2 - mangroves

No. of Trees: REPLACE 1 WITHIN 30 DAYS Type: magnolia

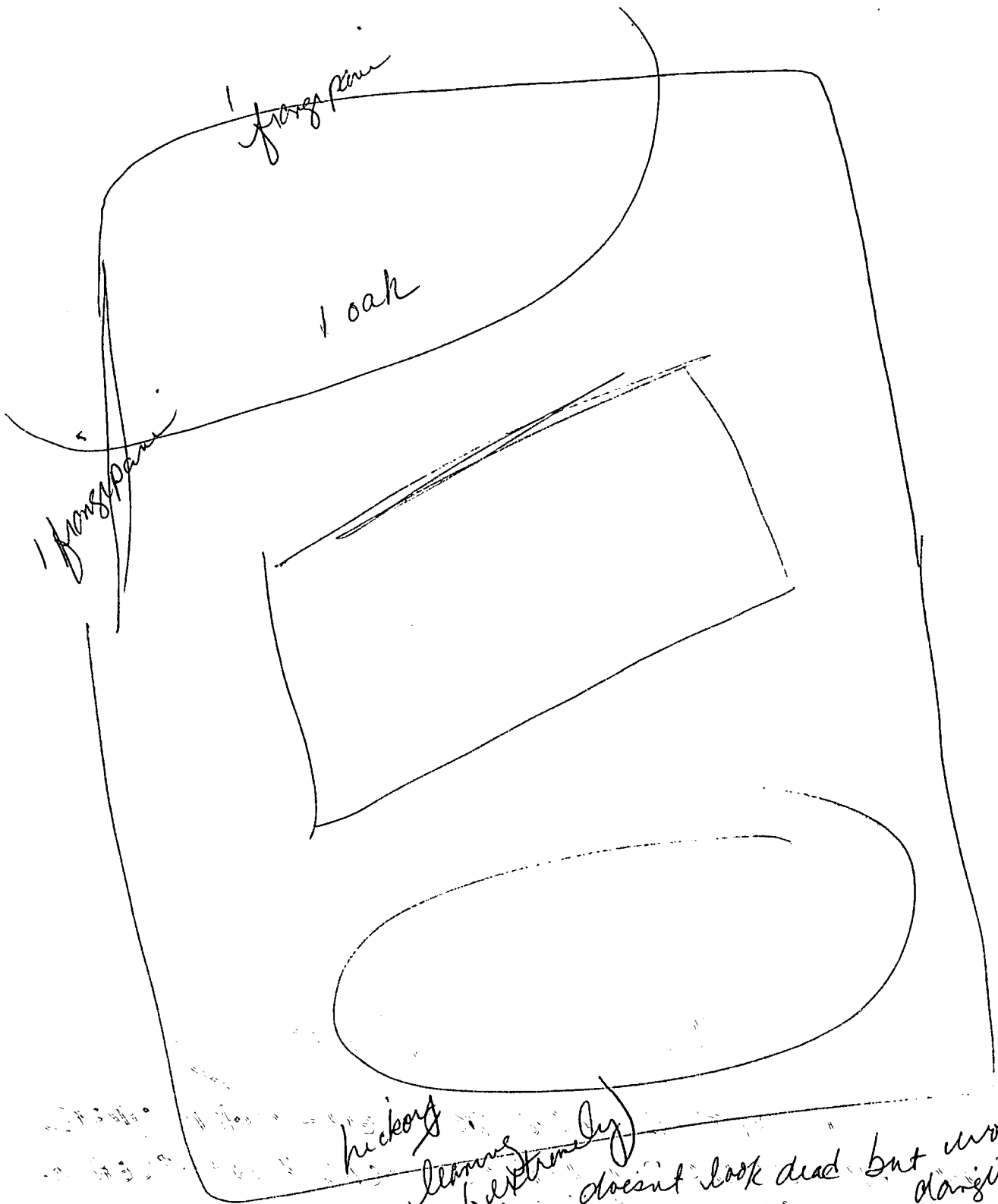
Written statement giving reasons: hurricane damage

Signature of Property Owner Jo Ellen Dyer Date 12-30-04

Approved by Building Inspector: [Signature] Date 1/3/05 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: ✓

DEAD OAK IN FRONT SHOULD BE REMOVED - OTHER TREES REQUESTED FOR REMOVAL CAN NOT BE IDENTIFIED - PLEASE SET TIME TO MEET W/ INSPECTOR -



1 frosy pine

1 oak

1 frosy pine

hickory

leaves (extremely)

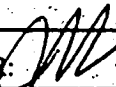
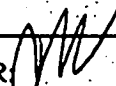

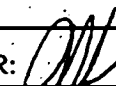
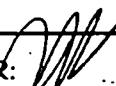

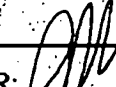
doesn't look dead but would be dangerous in high winds



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri JAN 3, 2005 Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	SEYMOUR	TREE	PASS	
7	73 S. SEWALL'S			INSPECTOR: 
6632	SCHERLENG	INSULATION	PASS	
2	110 ABBIE COURT O/B			INSPECTOR: 
TREE	DYER	TREE	PASS	AS MODIFIED
6	9 PINEAPPLE LA			INSPECTOR: 
6927	VANT BOSCH	FINAL FENCE	PASS	
9	36 S. RIVER O/B			INSPECTOR: 
6551	LANGER	INSULATION	PASS	
10	3 LOFTING WAY FLORIDA'S FINEST			INSPECTOR: 
7143	ALLMAN	FROTER	PASS	
8	106 S. RIVER O/B			INSPECTOR: 
7151	HARRIGAN	WALL	PASS	
11	2 PALMETTO DR WORRELL CONST.			INSPECTOR: 

OTHER: \_\_\_\_\_



ak



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

**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: MATTHEWS CLARK Address: 9 PINEAPPLE LN Phone: 561 441 2058

Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

No. of Trees: REMOVE 1 Species: HICKORY (BAY)

No. of Trees: RELOCATE \_\_\_\_\_ Species: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ Species: \_\_\_\_\_

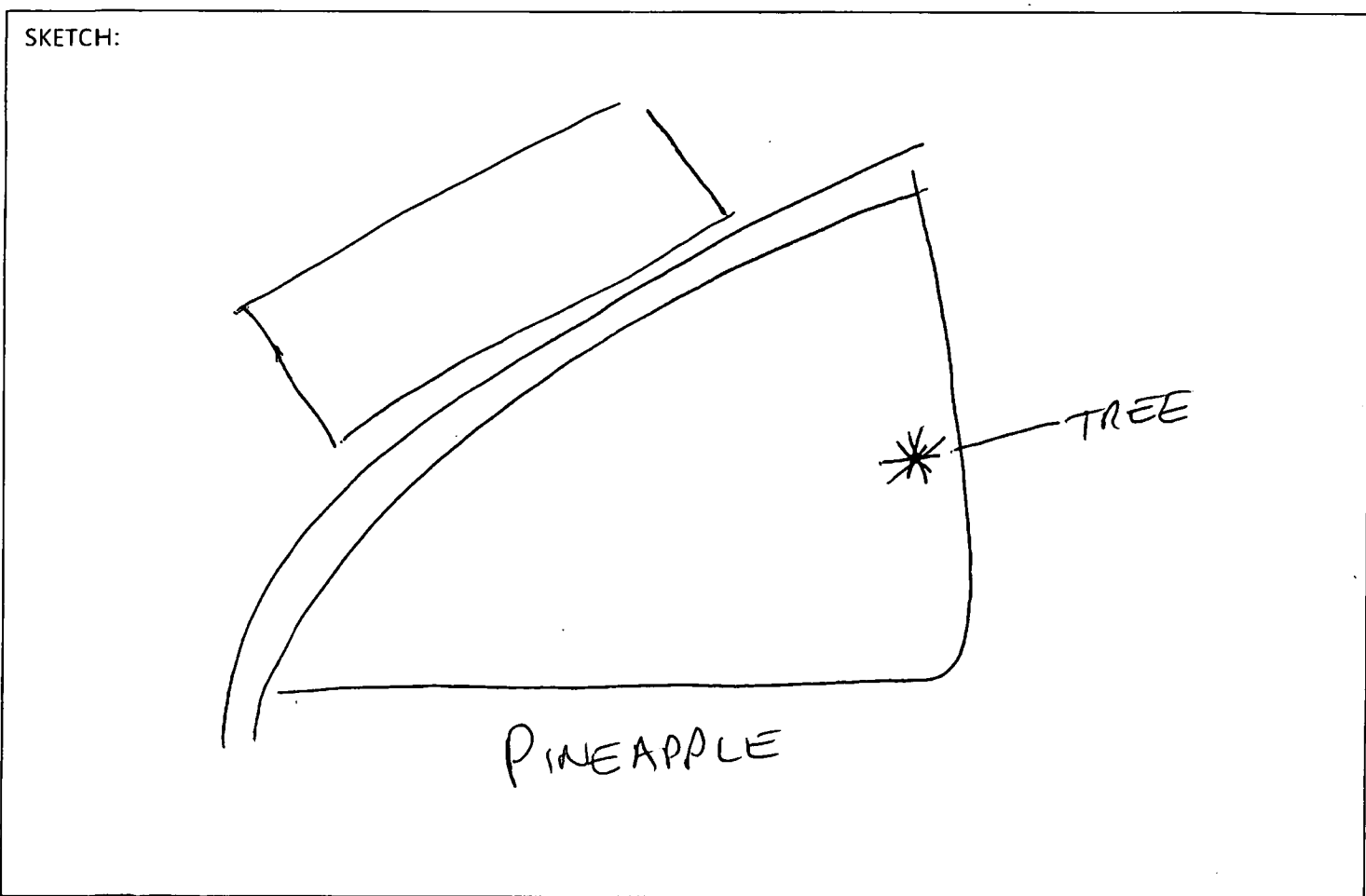
\*\*\* ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION \*\*\*

Reason for tree removal/relocation (See notice above) DEAD

Signature of Property Owner [Signature] Date 10-20-2009

Approved by Building Inspector [Signature] Date 10/20/09 Fee: N/A

NOTES: DEAD TREE OR





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

**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 CLARK/MATTHEWS Address 91 PINEAPPLE LN Phone 561 441 2058

Contractor MIKES TREE Address 920 NE INDUSTRIAL Phone 772. 334 8144

No. of Trees: REMOVE TRIM Species: OAKS

No. of Trees: RELOCATE \_\_\_\_\_ Species: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ Species: \_\_\_\_\_

\*\*\*ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION\*\*\*

**ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY**

Reason for tree removal /relocation (See notice above) \_\_\_\_\_

Signature of Property Owner J. Clark/Matthews Date 11-12-13

Approved by Building Inspector: [Signature] Date 11-12-13 Fee: N/C

NOTES: \_\_\_\_\_

SKETCH:

TRIM OAK BRANCHS OVERHANGING ROOF  
 AS PER HOMEOWNER INSURANCE REQUEST

**From:** j120553 <j120553@aol.com>  
**To:** anne <anne@theblackthorngroup.com>  
**Subject:** Fwd: James Matthew Policy#FE-0000476760-00  
**Date:** Tue, Sep 3, 2013 11:37 am

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FYI

—Original Message—

**From:** j120553 <j120553@aol.com>  
**To:** stephanie.heimerl <stephanie.heimerl@brightway.com>  
**Sent:** Fri, Aug 30, 2013 4:17 pm  
**Subject:** Re: James Matthew Policy#FE-0000476760-00

Ms. Heimer,

Please inform your folks at Federated that Sewalls Point is a protected Oak Hammock area with very restrictive pruning practices provided in the city code. I will look into the matter. Thank you for bringing it to my attention.  
JH Matthews

—Original Message—

**From:** Brightway Service <stephanie.heimerl@brightway.com>  
**To:** J120553 <j120553@aol.com>  
**Sent:** Fri, Aug 30, 2013 4:09 pm  
**Subject:** James Matthew Policy#FE-0000476760-00

Mr. Matthews,

We recently received the memo listed below from Federated National regarding your property:

**“As per the exterior inspection report, there are tree limbs that are overhanging the roof of the dwelling. Please provide color photos showing the tree limbs have been cut back.”**

If you have any questions, please give us a call at the number listed below.

Thank you and have a great day,

**Stephanie Heimerl**

**Brightway Insurance**

Customer Service Representative

P:888-254-5014

*How is my Service? Please contact my supervisor Tamara McKinney at 904-764-9554 ext 1004 or email her at [tamara.mckinney@brightway.com](mailto:tamara.mckinney@brightway.com) to leave suggestions, comments, or feedback.*

**From:** Kayla Marlow <kayla.marlow@brightway.com>

**To:** J120553 <J120553@aol.com>

**Subject:** FE-0000476760-00

**Date:** Wed, Sep 4, 2013 12:13 pm

**Attachments:** IR110002.JPG (482K), IR110005.JPG (444K), IR110008.JPG (537K), IR110011.JPG (441K), IR110014.JPG (368K), IR110017.JPG (470K), IR110020.JPG (362K), IR110023.JPG (224K), IR110026.JPG (191K), IR110029.JPG (458K), IR110032.JPG (303K), IR110035.JPG (436K), IR110038.JPG (329K), IR110041.JPG (185K), IR110044.JPG (661K), IR110047.JPG (522K), IR110050.JPG (292K), IR110053.JPG (333K), IR110056.JPG (297K), IR110059.JPG (277K), IR110062.JPG (301K), IR110065.JPG (302K), IR110068.JPG (285K), IR110071.JPG (315K), IR110074.JPG (272K), IR110077.JPG (412K), IR110080.JPG (650K), IR110083.JPG (676K), IR110086.JPG (507K), IR110089.JPG (597K)

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Mr. Matthews,

Per our discussion, we received a memo from Federated National advising they feel your property at 9 Pineapple Lane is underinsured. Currently, your dwelling coverage limit is \$700,000 and per their inspection they feel it should be \$815,000. We need to calculate the Replacement Cost Estimate to determine if you are in fact underinsured. Please give our office a call at 888-254-5014 so we can determine if you are properly covered. If we do not respond within 15 days (from 08/27/13) they will automatically increase your dwelling coverage limit. I have attached a copy of their inspection for your review.

About the tree limbs, per the Federated National guidelines, no tree limbs are allowed to be overhanging your home. Federated is requesting you to trim the tree limbs away from the roof and provide photos showing this has been completed. Failure to do so may result in cancellation of your policy.

If you have any questions, please let me know! Thank you, and have a great day!

Kayla Marlow  
Licensed Customer Service Representative  
Processor  
Brightway Insurance  
Customer Service (888) 254-5014  
Fax (904) 854-7653

~If opportunity doesn't knock, build a door.~ Milton Berle

How is my Service? Please contact my supervisor Tori Innes at (904) 764-9554 or e-mail her tori.innes@brightway.com to leave suggestions, comments, or feedback. Thank you! ☺

32 Attached Images

**From:** Brightway Service <stephanie.heimerl@brightway.com>  
**To:** j120553 <j120553@aol.com>  
**Subject:** RE: James Matthew Policy#FE-0000476760-00  
**Date:** Wed, Sep 11, 2013 2:54 pm

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Mr. Matthews,

Thank you for looking into the matter. I am just following up to let you know I received your previous email. Please keep me updated with the status of whether or not the trees can be trimmed so we can let Federated National know. If you have any questions in the meantime, please let me know.

Thank you and have a great day,

***Stephanie Heimerl***

***Brightway Insurance***  
*Customer Service Representative*  
*P:888-254-5014*

*How is my Service? Please contact my supervisor Tamara McKinney at 904-764-9554 ext 1004 or email her at [tamara.mckinney@brightway.com](mailto:tamara.mckinney@brightway.com) to leave suggestions, comments, or feedback.*

**From:** [j120553@aol.com](mailto:j120553@aol.com) [<mailto:j120553@aol.com>]  
**Sent:** Friday, August 30, 2013 4:17 PM  
**To:** [stephanie.heimerl@brightway.com](mailto:stephanie.heimerl@brightway.com)  
**Subject:** Re: James Matthew Policy#FE-0000476760-00

Ms. Heimer,

Please inform your folks at Federated that Sewalls Point is a protected Oak Hammock area with very restrictive pruning practices provided in the city code. I will look into the matter. Thank you for bringing it to my attention.

JH Matthews

—Original Message—

**From:** Brightway Service <[stephanie.heimerl@brightway.com](mailto:stephanie.heimerl@brightway.com)>  
**To:** J120553 <[j120553@aol.com](mailto:j120553@aol.com)>  
**Sent:** Fri, Aug 30, 2013 4:09 pm

11/12/13

RE: James Matthew Policy#FE-0000476760-00

Subject: James' Matthew Policy#FE-0000476760-00

Mr. Matthews,

We recently received the memo listed below from Federated National regarding your property:

**“As per the exterior inspection report, there are tree limbs that are overhanging the roof of the dwelling. Please provide color photos showing the tree limbs have been cut back.”**

If you have any questions, please give us a call at the number listed below.

Thank you and have a great day,

**Stephanie Heimerl**

**Brightway Insurance**

Customer Service Representative

P:888-254-5014

*How is my Service? Please contact my supervisor Tamara McKinney at 904-764-9554 ext 1004 or email her at [tamara.mckinney@brightway.com](mailto:tamara.mckinney@brightway.com) to leave suggestions, comments, or feedback.*

**From:** stephanie warner <stephanie.warner@brightway.com>  
**To:** J120553 <J120553@aol.com>  
**Subject:** Policy# FE-0000476760-00  
**Date:** Wed, Oct 16, 2013 2:45 pm

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Mr. Matthews,

I spoke with Federated National regarding the tree situation. I advised them that you are not allowed to touch trees and they are stating if the trees are not trimmed away from the home they will probably have to set the policy to non-renew. They do understand that some communities will not allow tree trimming however per their guidelines its unacceptable. If you would like us to re-shop your policy I can speak with your agent to do so closer to your renewal date of 5/03/2014. If you are able to get permission to trim back trees they are asking for them not to be overhanging or touching the roof. Photos will be required to show Federated that the work has been done. Please call the Service Center at 888-254-5014 if you need to discuss further.

Thanks,

***Stephanie Warner***

Brightway Insurance

Processing Department

Office: 888.254.5014

Fax: 866.776.8320

► How is my service? Please email my supervisor Tori Innes at [tori.innes@brightway.com](mailto:tori.innes@brightway.com) to leave suggestions comments or feedback. Thank you!

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

5/27-14

Page \_\_\_ of \_\_\_

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10710	Arrow 7 Oak Hill Jmc Cont.	Slab Insp.	PASS	Letter from Amst  INSPECTOR <i>AA</i>
10762	Tufono 16 E High Point Rd Dreamworks Remodeling	Lath Insp.	PASS	INSPECTOR <i>AA</i>
	Ort 26 N SpR Rd	FENCE NO PERMIT	OK	INSPECTOR
	<del>9 PINE APPLE</del>	<del>FREE</del>		INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR



**Permit Fee:**

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

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

**Application procedures:**

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

Owner JO ELLEN DYER Address 9 PINEAPPLE LANE Phone 772 283 3671  
Contractor SIDE TREE INC Address \_\_\_\_\_ Phone 223-7307

No. of Trees: REMOVE  Type: FISHTAIL Palms  
No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_  
No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: Locate Left side By Gate For Replanting with more desirable Palm / Tree

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Approved by Building Inspector: [Signature] Date 9/29 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_