

10 Pineapple Lane

TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER _____
 OWNER Jung B Cottobers
 ADDRESS _____
 CITY/ST/ZIP SP
 TELEPHONE _____

PERMIT NUMBER 3616
 DATE ISSUED 6/7/94
 CONTRACTOR OR
 OWNER/BLDR. Mosley & Son
 ADDRESS 1400 SE Montony
 CITY/ST/ZIP Stuart
 TELEPHONE 287-6962

FLOOD ZONE C
 TO BE CONSTRUCTED NEW house
 SITE ADDRESS 10 Pineapple Lane
 SUBDIVISION Pineapple
 CONSTRUCTION VALUE 359,242

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

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

REMODELING/NEW CONSTRUCTION NEW
 IMPACT 1508.00
 RADON _____
 SEPTIC _____
 WELL _____

FEES

PLUMBING 100.00
 ELECTRICAL 100.00
 MECH./A.C. 100.00
 ROOF 100.00
 WALL _____
 POOL ENCLOSURE _____
 OWNER/BUILDER _____
 TOTAL 4809.91
 PAID BY CHECK 2267

Travis Exterminating Co., Inc.
 Pest Control - Lawn Spraying - Termite Control
 P. O. Box 1908 Stuart, Florida 34985
 Phone 287-7411 481-7111

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wall footer OK 12/7/94 DB

**BUILDING INSPECTION
(SIGN OFF)**

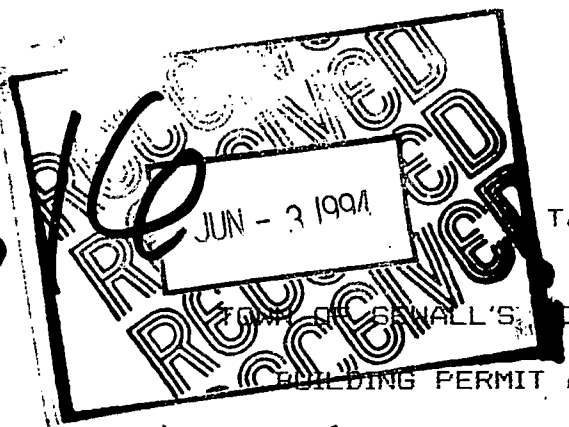
(FOR OFFICIAL USE ONLY)

FORM BOARD SURVEY _____ DATE _____	NAILING <u>[blacked out]</u> DATE <u>[blacked out]</u>
ROUGH PLUMBING <u>OK</u> DATE <u>6/23/94 DB</u>	ROOF _____ DATE _____
TERMITE PROTECTION _____ DATE _____	INSULATION <u>OK</u> DATE <u>12/7/94 DB</u>
FOOTING-SLAB <u>OK</u> DATE <u>6/27/94 DB</u>	FINAL ELECTRIC _____ DATE _____
LINTEL <u>OK</u> DATE <u>7/15/94 DB</u>	FINAL PLUMBING _____ DATE _____
ROUGH ELECTRIC <u>[blacked out]</u> DATE <u>[blacked out]</u>	SEPTIC FINAL _____ DATE _____
FRAMING <u>[blacked out]</u> DATE <u>[blacked out]</u>	DRIVEWAY _____ DATE _____
A/C DUCTS <u>[blacked out]</u> DATE <u>[blacked out]</u>	FINAL C.O. _____ DATE _____

PERMIT AUTHORIZED BY Dale Brown

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

36



Tax Folio No. 12-38-41-003-000-00010-40000

TOWN OF SEWALL'S POINT, FLORIDA
BUILDING PERMIT APPLICATION

Owner's Name JUNE B. CARRUTHERS

Owner's Address 2355 N.E. OCEAN BLVD. #22-A STUART, FL. 34996

Owner's Telephone 407 225-1373

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

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

City _____ State _____ Zip _____

Contractor's Name MOSLEY & SON CONST., INC

Contractor's Address 1400 S.E. MONTEREY RD. P.O. Box 1736

City STUART State FL. Zip 34995-1736

Contractor's Telephone 407 287-6962 License Number CGC 036047

Job Name CARRUTHERS RESIDENCE

Job Address LOT 1, PINEAPPLE LANE- SEWALLS POINT

City Town of Sewall's Point State Florida Zip 34996

Legal Description LOT 1, PINEAPPLE LANE PLAT BOOK 11 PAGE 62
MADISON COUNTY, FL.

Bonding Company NONE

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name KELLY & KELLY ARCHITECTS

Architect/Engineer's Address 119 W. SIXTH ST. STUART, FL 34994

Mortgage Lender's Name FIDELITY FEDERAL SAVINGS BANK OF FLORIDA

Mortgage Lender's Address 218 DATURA STREET, WEST PALM BEACH, FL. 33401

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 TOHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, MARTIN COUNTY, STATE AGENCIESS, OR FEDERAL AGENCIES.

Plumbing Contractor DAVES PLUMBING License No. MP 00030

Electrical Contractor FORWARD ELECTRIC License No. ME 00092

Roofing Contractor PANACHE CONST. License No. CGC A07037

A/C Contractor _____ License No. _____

Description of Building or Alterations SINGLE FAMILY RESIDENCE -
MASONRY CONST. , TILE ROOF , POOL/SPA

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

Subdivision SEWALLS POINT Lot 1 Block _____

Building Area (inside walls) LIVING 2777 56 ENTRY 528 Garage, 346 Porch, Carport

Area A/C AREA 2777

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

\$ 359,242.00

Jan Beareuth
(Owner or Authorized Agent)


DATE May 24, 1994

Sworn and Subscribed before me this

24th day of May 1994

Deloris Ann Jones
NOTARY PUBLIC

State of Florida at Large
My Commission Expires: 11/2/96

(SEAL)  OFFICIAL SEAL
DELORIS ANN JONES
My Commission Expires
Nov. 2, 1996
Comm. No. CC 240124

Ally W. Meyer
(Contractor)


DATE May 24, 1994

Sworn and Subscribed before me this

24th day of May 1994

Deloris Ann Jones
NOTARY PUBLIC

State of Florida at Large
My Commission Expires: 11/2/96

(SEAL)  OFFICIAL SEAL
DELORIS ANN JONES
My Commission Expires
Nov. 2, 1996
Comm. No. CC 240124

Certificate of Competency Holder

Contractor's State Certification or Registration No. CGC 036047

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY _____ Permit Officer

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked ✓ Date 6/7/94

Permit Fee \$ 4,809.91

Payment Received 6/7/94 DB Date _____

County Impact Fee \$ 1,508.20

Plumbing Fee \$ 100.00

Radon Fee \$ 27.73

Roofing Fee \$ 100.00

A/C Fee \$ 100.00

Building Fee \$ 2,873.94

Electrical Fee \$ 100.00

TOTAL \$ 4,809.91

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18 902

SCF 10/1

RECORD VERIFIED

826964

B-690AFGSjr/clw

WARRANTY DEED

BARBARA H. E. BOEHRINGER and CLAUS BAYERLE BOEHRINGER, her husband, the Grantors, in consideration of the sum of \$10.00 and other good and valuable considerations received from JUNE B. CARRUTHERS, the Grantee, of Rt. 1, Box 23, White Birch Farm, Libertyville, Illinois 60048 hereby, on this 10th day of MAY, 1990, conveys to the grantee the real property in Martin County, Florida, described as:

Lot 1, PINEAPPLE LANE, according to the Plat thereof, as recorded in Plat Book 11, Page 62, of the public records of Martin County, Florida.

Subject to reservations, restrictions, and easements of record, and taxes accruing subsequent to December 31, 1989.

The property appraisers parcel identification number is 12-38-41-003-000-00010-4.

The Grantee's social security number is 347-36-0794.

Grantors covenant that the property is free of all encumbrances, that lawful seisin of and good right to convey that property are vested in the Grantors, and that the Grantors hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever.

Witnesses:

Handwritten signatures of witnesses: Frederick D. Dickson and Susan D. Dumasmeier.

Handwritten signatures of Barbara H. E. Boehringer and Claus Bayerle Boehringer, with printed names below.

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 10 day of MAY, 1990 by BARBARA H. E. BOEHRINGER and CLAUS BAYERLE BOEHRINGER, her husband.

Notary Public seal and signature of Frederick D. Dickson, My commission expires July 12, 1993.

(SEAL)

This instrument was prepared by:
FREDERICK G. SUNDHEIM, JR.
OUGHTERSON, OUGHTERSON,
PREWITT & SUNDHEIM, P.A.
301 West First Street
Stuart, Florida 34994
407-287-0660

FLA. DOC. PAID \$ 632.50
Marsha Stiller
Clerk of Circuit Court
Martin Co., Fla.
By [Signature] D.C.

Notary seal and recording stamp: FILED FOR RECORD MARTIN CO. FLA. 90 MAY 10 PM 2:07

4049169080



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: CARRUTHERS SEPTIC TANK PERMIT NO. 14094-135

LEGAL DESCRIPTION: LOT 1 PINEAPPLE LN

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

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

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

CERTIFIED BY: _____

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

Date: _____ Job Number: _____

Mike Zarella
(Signature)

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

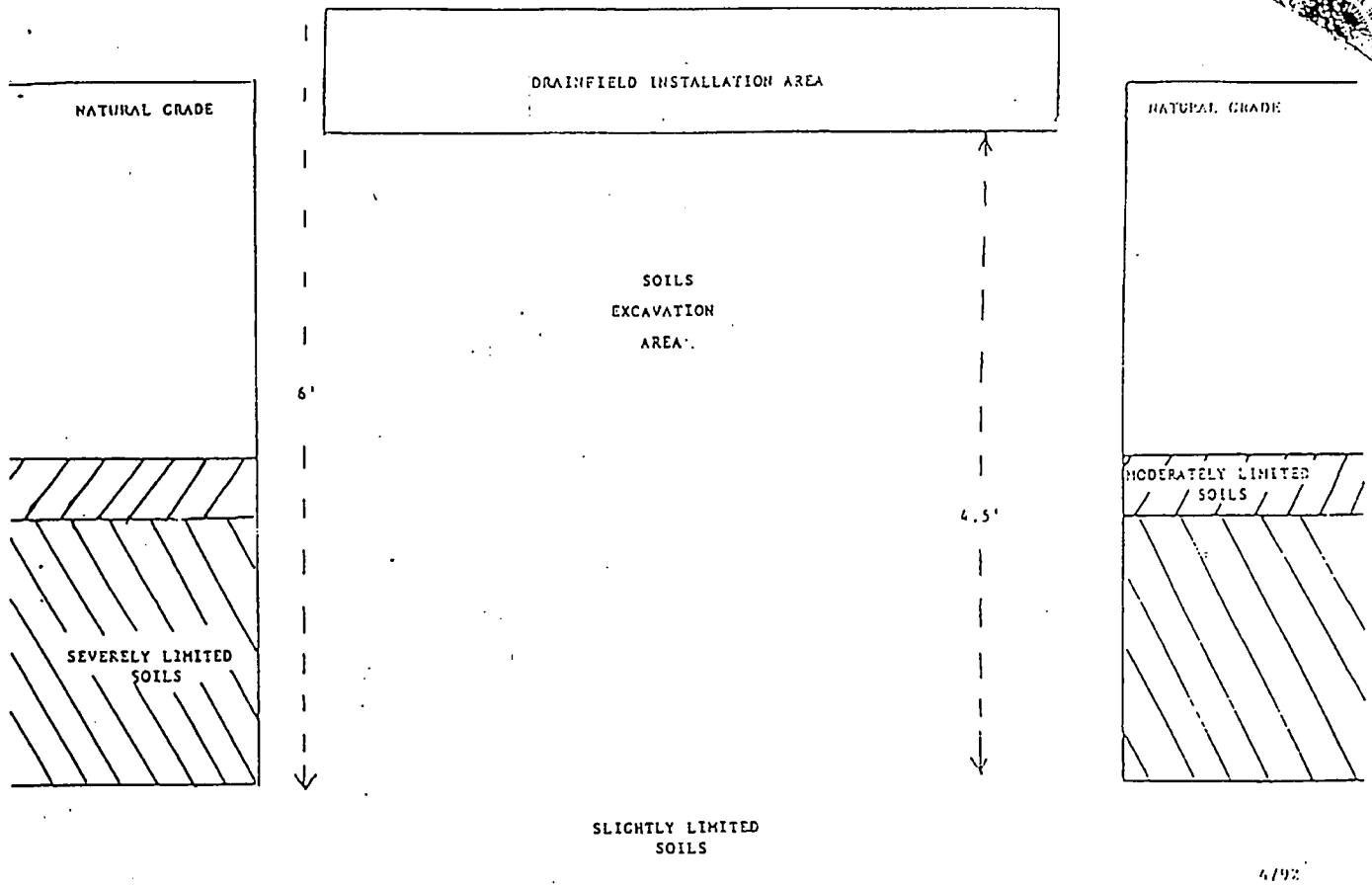
Martin County Health Unit Approval Signature

(Date)

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

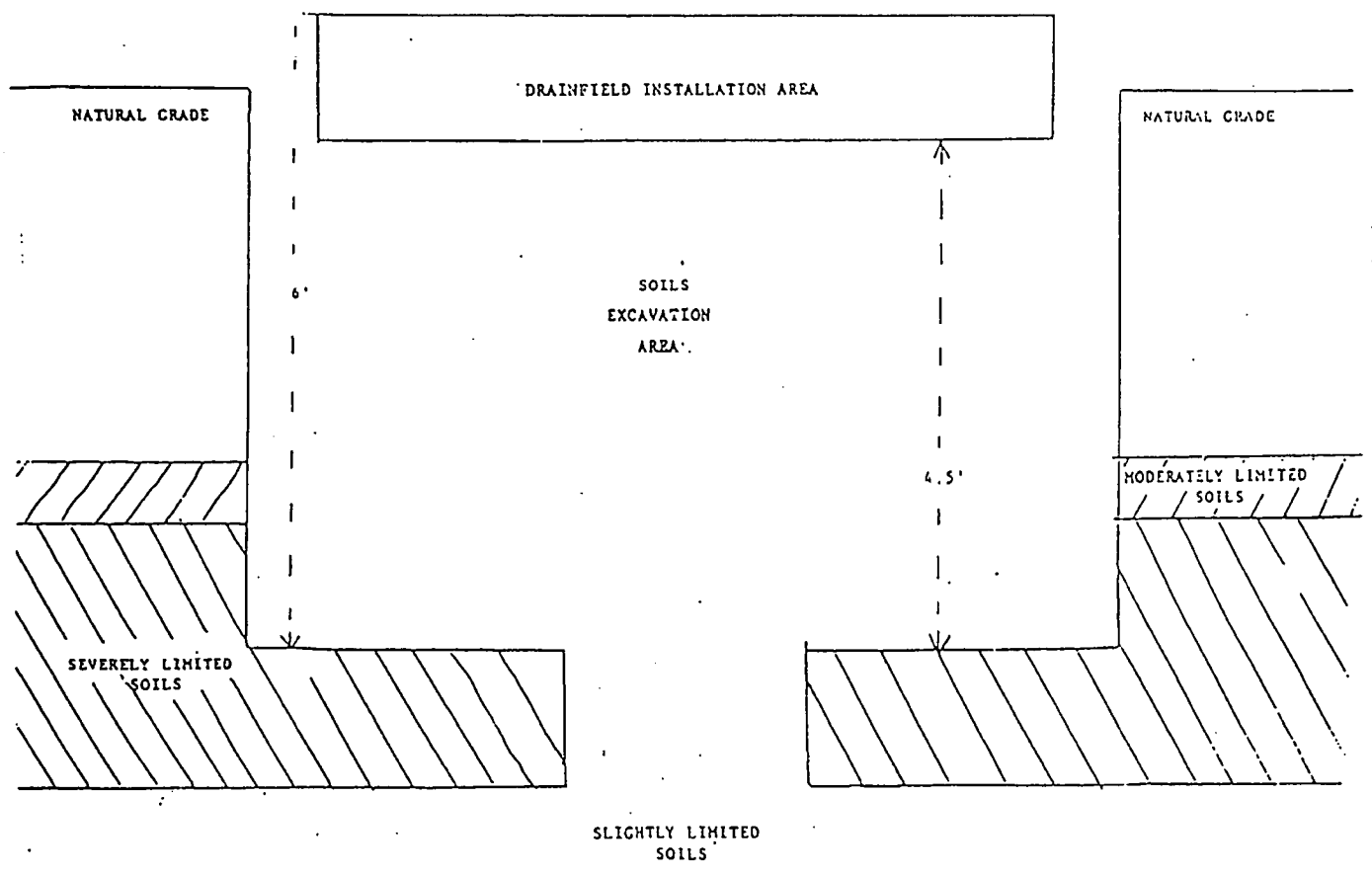
Revised 3/28/92

FLORIDA REGISTERED PROFESSIONAL ENGINEER
CONSTRUCTION
Per View



4192

STUBOUT PIPE 9 - 12" SOIL COVER "DIAGRAM B" NTS



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

PERMIT # H0914-135
 DATE PAID _____
 FEE PAID \$ N/A
 RECEIPT # _____
 Building Permit# _____

Authority: Chapter 381, FS & Chapter 10D-6, FAC
 H.R.S. - MARTIN COUNTY PUBLIC HEALTH UNIT

CONSTRUCTION PERMIT FOR:

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

APPLICANT: JUNE CARRUTHERS AGENT: STEPHEN BROWN

PROPERTY STREET ADDRESS: SW PINEAPPLE LN.

LOT: 1 BLOCK: _____ SUBDIVISION: PINEAPPLE LANE

PROPERTY ID #: _____
 (SECTION/TOWNSHIP/RANGE/PARCEL NUMBER)
 (OR TAX ID NUMBER)

H0914-135
 PERMIT NO. / APPLICANT
 CARRUTHERS

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

SYSTEM DESIGN AND SPECIFICATIONS

- T [1050] [GALLONS / GPD] SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN-SERIES: (X)
 A [—] [GALLONS / GPD] _____ CAPACITY MULTI-CHAMBERED/IN SERIES: ()
 N [—] GALLONS GREASE INTERCEPTOR CAPACITY (MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS)
 K [—] GALLONS PER DOSE DOSING TANK CAPACITY DOSE RATE () PER 24 HRS NO. OF PUMPS: ()

D [343] SQUARE FEET PRIMARY DRAINFIELD SYSTEM 3 TRENCHES x 39' L
 R [—] SQUARE FEET _____ SYSTEM

A TYPE SYSTEM: (X) STANDARD () FILLED () MOUND () _____
 I CONFIGURATION: (X) TRENCH () BED () _____

N NOTE: If trenches are used, each trench must be 2ft/ 3ft wide w/ 2ft between each trench.
 F LOCATION OF BENCHMARK/ Fixed Point of Reference: 8-53' NGVD CR

I ELEVATION OF PROPOSED SYSTEM SITE (13) [INCHES/ ~~FT~~] [ABOVE/ ~~BELOW~~] BENCHMARK/REFERENCE POINT
 E BOTTOM OF DRAINFIELD TO BE (6) [INCHES/ ~~FT~~] [~~ABOVE~~ /BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: (N/A) INCHES EXCAVATION REQUIRED: (N/A) INCHES
 -Drainfield rock must be 5 ft. from property lines. Excavation must be a minimum of
 O One/Three ft. beyond drainfield installation area ftW x ftL x ftD

T -Top of building stubout is required to be a minimum elv. of 14 INCHES ABOVE CR ELV 8.53 NGVD
 H -Top of drainfield pipe is required to be a minimum elv. of 4 " " " " " "
 E -Top of septic tank is required to be a minimum elv. of 18 " " " " " "

** SEE ATTACHED SPECIAL CONDITIONS FORM **

SPECIFICATIONS BY: _____ TITLE: _____

APPROVED BY: R. Lee TITLE: ENV SUPV I MARTIN CPHU

DATE ISSUED: 05-16-94 Variance Y 1(N) EXPIRATION DATE: 05-16-95

N/A (Includes Variance Expiration)

HRS-H Form 4016, Mar 92 (Obsoletes previous editions which may not be used)
 (Stock Number: 5744-001-4016-0)

**SEPTIC TANK IS REQUIRED TO BE AT
 FINISHED SOIL GRADE, DO NOT EXCEED
 18 INCHES OF COVER OVER DRAINFIELD ROCK.**

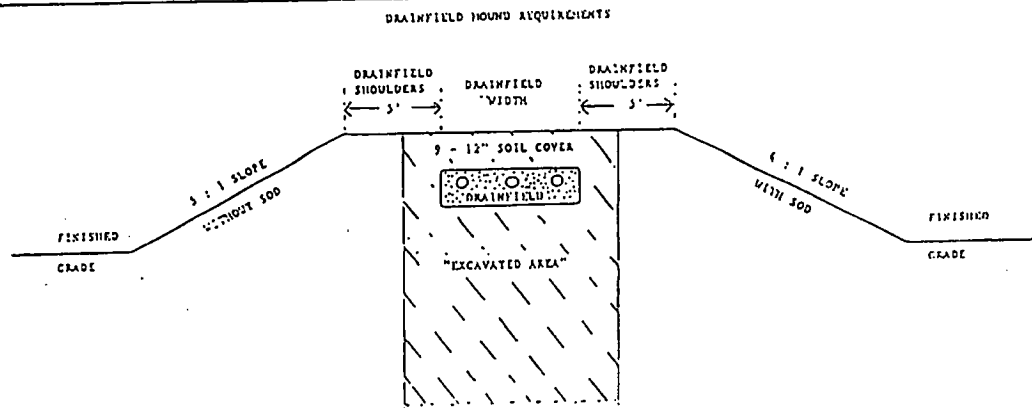


CONDITIONS OF PERMIT

APPLICANT CARRUTHERS SEPTIC TANK PERMIT # 94-135

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 round drainfield is proposed, see following sketch of additional requirements.
9. Special Conditions: _____



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

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

VICES



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: CARRUTHERS PERMIT NO. (HD) 94-135
SUBDIVISION: LOT 1 PINEAPPLE LN

N O T E Special Condition(s) marked "X" are in effect.

- 1. Drainfield must be maintained under grass; ___ and protected from vehicular traffic (traffic barriers).
- 2. Operational test of dosing pump(s) and high water alarm (audible / visual) required prior to final construction appr.
- 3. Driveway / sidewalk elevation must be 9" higher than drainfield pipe elevation.
- 4. Septic system must be 75' from surface water / wetlands / mean high water line.
- 5. Excavate one / three feet beyond drainfield area to a depth of 4.5' below drainfield rock.
- 6. In addition to item #5, 33% of unsuitable soils at depths greater than 4.5' below the bottom of the drainfield must be removed to a depth of slightly limited soils.
- 7. Existing well(s) must be properly abandoned by a certified well driller. The attached well abandonment form(s) must be completed by the well driller and submitted to this office prior to initial building construction or system installation.
- 8. Septic tank abandonment notices from the Septic Tank Contractor must be received by this office prior to final construction approval.
- 9. ^{DF} Mound area must be sodded or stabilized with seed and hay prior to final grade inspection.
- 10. Any future ponds or surface water created onsite must be 75' from septic system(s).
- 11. Available area for septic installation must to be evenly filled and leveled.
- SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS.

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

LAWTON CHILES, GOVERNOR

SPECIAL CONDITION REQUIREMENTS

Page 2



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

- 14. Septic tank/ dosing chamber/ grease trap must have traffic lids with two manholes covers per tank extending to the surface.
- 15. _____ gallon outside grease trap(s) is required. The grease trap should be connected with the outlet tee extending to within 8" of the bottom of the tank. The following must be connected to the grease trap.
 - a) handwash sink(s).
 - b) three compartment sink(s).
 - c) floor drains.
 - d) can wash, janitor's sink(s).
 - e) dishwasher if present.All other greaseless flow should be connected directly to the septic tank.

- 16. _____ to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible and visual signals is required. If two drainfields are used, each field must be connected to an individual pump.
- 17. Two pumps are required to alternately dose into at least two separate fields.
- 18. No sprinklers, roof drainage or gutter drains are allowed to drain into drainfield rock area.
- 19. Water line must be ten feet from drainfield or; A. Double sleeved. B. Encased in concrete.
- 20. All wells installed onsite must be 25' or greater from the building foundation.
- 21. Other: _____

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

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

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

PERMIT # HD-94-135

407-287-7176
 Stephen J. Brown, Inc.
 290 Florida Street
 Stuart, Fl. 34994

APPLICANT: JUNE CARRUTHERS

AGENT: Stephen J. Brown, Inc.

LOT: 1 BLOCK: _____ SUBDIVISION: PINEAPPLE LANE

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

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

PROPERTY SIZE CONFORMS TO SITE PLAN: YES NO NET USABLE AREA AVAILABLE: 20,590 ACRES
 TOTAL ESTIMATED SEWAGE FLOW: 450 GALLONS PER DAY [RESIDENCES-TABLE 1 / OTHER-TABLE 2]
 AUTHORIZED SEWAGE FLOW: 600 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
 UNOBSTRUCTED AREA AVAILABLE: 1800 SQFT UNOBSTRUCTED AREA REQUIRED: 1014 SQFT

BENCHMARK/REFERENCE POINT LOCATION: 8.53
 ELEVATION OF PROPOSED SYSTEM SITE IS 17.64 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES:
 SURFACE WATER: 200 FT DITCHES/SWALES: 10 FT NORMALLY WET? YES NO
 WELLS: PUBLIC: N/A FT LIMITED USE: N/A FT PRIVATE: N/A FT NON-POTABLE: N/A FT
 BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 60 FT

SITE SUBJECT TO FREQUENT FLOODING: YES NO 10 YEAR FLOODING? YES NO
 10 YEAR FLOOD ELEVATION FOR SITE: N/A FT MSL/NGVD SITE ELEVATION: 10.00 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

SOIL PROFILE INFORMATION SITE 2

Munsell #/Color	Texture	Depth
10YR 5/1 GR/Y	FINE	0 to 5
10YR 7/2 LT GR/Y	FINE	5 to 30
10YR 8/1 WHITE	FINE	30 to 40
10YR 5/8 YEL/BRN	FINE	40 to 44
10YR 6/8 BRN YEL	FINE	44 to 72
		to
		to
		to
		to
USDA SOIL SERIES: <u>PAULR #6</u>		

Munsell #/Color	Texture	Depth
10YR 5/1 GR/Y	FINE	0 to 4
10YR 7/2 LT GR/Y	FINE	4 to 30
10YR 8/1 WHITE	FINE	30 to 40
10YR 5/8 YEL/BRN	FINE	40 to 45
10YR 6/8 BRN YEL	FINE	45 to 72
		to
		to
		to
		to
USDA SOIL SERIES: <u>PAULR #6</u>		

OBSERVED WATER TABLE: 772 INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
 ESTIMATED WET SEASON WATER TABLE ELEVATION: 48 INCHES [ABOVE / BELOW] EXISTING GRADE.
 HIGH WATER TABLE VEGETATION: YES NO MOTTLING: YES NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 1.75 DEPTH OF EXCAVATION: N/A INCHES
 RAINFIELD CONFIGURATION: TRENCH BED OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: George Plummer R.S. Martin DATE: 5-10-94



RECEIVED

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

PERMIT # HD-94-135
DATE PAID 5/6/94
FEE PAID \$ 185.00
RECEIPT # 12140

HD-94-135

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

APPLICANT: JUNE CARRUTHERS TELEPHONE: 288-7176

AGENT: STEPHEN J. BROWN, INC.

MAILING ADDRESS: 290 FLORIDA ST, STUART, FL 34996

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

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

LOT: 1 BLOCK: SUBDIVISION: PINEAPPLE LANE DATE OF SUBDIVISION: 01-01-1988
PROPERTY ID #: [Section/Township/Range/Parcel No.] ZONING:

PROPERTY SIZE: 20,590 [Sqft/33560] PROPERTY WATER SUPPLY: [] PRIVATE [X] PUBLIC

PROPERTY STREET ADDRESS: PINEAPPLE LANE

DIRECTIONS TO PROPERTY: "SEE LOCATION MAP"

BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL

Table with 6 columns: Unit No, Type of Establishment, No. of Bedrooms, Building Area Sqft, # Persons Served, Business Activity For Commercial Only. Row 1: 1, SINGLE FAMILY, 3, 2777, [blank], [blank]

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

APPLICANT'S SIGNATURE: STEPHEN J. BROWN DATE: 5-5-94



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICE

APPLICANT JUNE CARRUTHERS
LEGAL DESCRIPTION LOT 1, PINEAPPLE LANE

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

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? NO
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
14. THERE IS 1500 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 _____ NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 8.53 NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 10.00 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: 5-5-94 JOB NO. 1795-21-01

Page 2 of 2

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

W/C#41--~~XXX~~ SKZ
BRACKETT, COOK, SNED, WELCH,
HEWITT, D'ANGIO & TUCKER, P.A.
218 Datura Street
West Palm Beach, FL 33401

NOTICE OF COMMENCEMENT

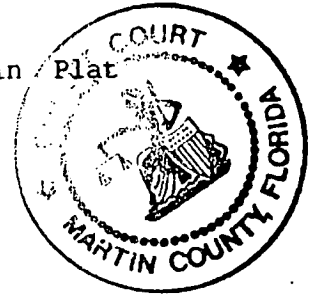
PERMIT NO. _____ TAX FOLIO NO. 12-38-41-003-000-00010-40000

STATE OF FLORIDA

COUNTY OF MARTIN

The undersigned hereby give Notice that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following is provided in this Notice of Commencement. This Notice shall be void and of no force and effect if construction is not commencement within ninety (90) days after recordation.

1. Description of the property:
Lot 1, PINEAPPLE LANE, according to the Plat thereof, as recorded in Plat Book 11, page 62, of the Public Records of Martin County, Florida.



2. General description of improvement: SINGLE FAMILY RESIDENCE

3. The owner: JUNE B. CARRUTHERS
Address: 2355 N.E. Ocean Blvd., #22-A, Stuart, Florida 34996

4. Owner's interest in the site of the improvement: FEE SIMPLE
Fee simple title holder (if other than owner): _____
Address: _____

5. Contractor: Mosley & Son Construction, Inc.
1400 S.E. Monterey Road
Address: Stuart, Florida 34995

6. Surety: _____
Address: _____
Amount of Bond: _____
A Copy of the payment bond (if any) is attached hereto ad Exhibit "A".

7. Lender (Persons or entities making a loan for construction of improvements):

FIDELITY FEDERAL SAVINGS BANK OF FLORIDA

Address: 218 DATURA STREET, WEST PALM BEACH, FL 33401

8. Name and address of person within the State of Florida designated by the owner as person upon whom notices or other documents may be served as provided by Florida Statute Section 713.13(1)(a)(7):

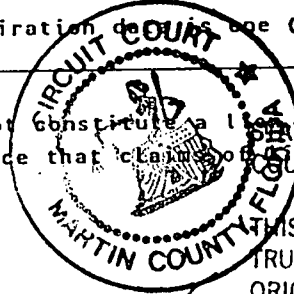
Address:

9. The owner has designated the following person, in addition to himself, to receive a copy of the lienor's notice as provided in Section 713.13(1)(b) of the Florida Statute: FIDELITY FEDERAL SAVINGS BANK OF FLORIDA

Address: 218 DATURA STREET, WEST PALM BEACH, FL 33401

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

The recording of this Notice of Commencement does not constitute a lien or encumbrance on the described real property, but gives constructive notice that claims so filed under Chapter 713 of the Florida Statutes.



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

WITNESS:

Janet R. Shawver
JANET R. SHAWVER

Walter G. Woods
WALTER G. WOODS

June B. Carruthers
JUNE B. CARRUTHERS

MARSHA STILLER, CLERK
BY Shawver D.C.
DATE 5-16-94

SWORN TO AND SUBSCRIBED before me this 16th day of May, 1994, by

JUNE B. CARRUTHERS, a single woman

who is personally known to me or who has produced

identification and who has () has not (X) taken an oath.

Walter G. Woods
Notary Public State of Florida

Printed name of WALTER G. WOODS
Notary Public, State of Fla.
My Comm. Exp. June 27, 1994
Comm No. CC 017912



Department of Community Affairs

SN: 5504

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600A-93

Residential Component Prescriptive Method A

SOUTH

PROJECT NAME: CARUTHERS RESIDENCE

BUILDER: MOSLEY & SON CONST.

AND ADDRESS: PINEAPPLE LANE

PERMITTING

CLIMATE

OWNER:

JUNE CARRUTHERS

OFFICE:

ZONE: 7 | 8 | 9 |

PERMIT NO.

JURISDICTION NO.

CK

1. New construction or addition	1. New Construction	_____
2. Single family detached or Multifamily attached	2. Single-Family	_____
3. If Multifamily-No. of units	3. 0	_____
4. If Multifamily, is this a worst case (yes/no)	4.	_____
5. Conditioned floor area (sq.ft.)	5. 2777.00	_____
6. Predominant eave overhang (ft.)	6. 1.00	_____
7. Porch overhang length (ft.)	7. 12.00	_____
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 0.0sqft 0.00sqft	_____
b. Tint, film or solar screen	8b. 442.8sqft 0.00sqft	_____
9. Floor type and insulation:	9a. R= 0.00 , 277.00 ft	_____
a. Slab on grade (R-value, perimeter)		
10. Net Wall type area and insulation:	10a-1 R= 5.40, 2321.00sqft	_____
a. Exterior: 1. Concrete (Insulation R-value)	10a-2 R=11.00, 235.00sqft	_____
a. Adjacent: 2. Wood frame (Insulation R-value)		
11. Ceiling type area and insulation:	11a. R=19.00 , 2803.00sqft	_____
a. Under attic (Insulation R-value)		
12. Air distribution systems	12a. R= 6.00 , uncond	_____
a. Ducts (Insulation + Location)	13. Type: Central A/C	_____
13. Cooling system	EER: 11.50	_____
13. Cooling system	13. Type: Central A/C	_____
14. Heating System:	EER: 11.50	_____
14. Heating System:	14. Type: Strip Heat	_____
15. Hot water system:	COP: 1.00	_____
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)	14. Type: Strip Heat	_____
17. Infiltration practice: 1, 2 or 3	COP: 1.00	_____
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	15. Type: LP Gas	_____
19. EPI (must not exceed 100 points)	EF: 0.66	_____
a. Total As_Built points	16.	_____
b. Total Base points	17. 2	_____
	18. CF CV RB MZ	_____
	19. 74.16	_____
	19a. 34453.43	_____
	19b. 46459.35	_____

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

PREPARED BY: Jan Henderson
DATE: 20 May 94

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: _____

** INFILTRATION REDUCTION PRACTICE COMPLIANCE CHECKLIST **

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
PRACTICE #1	606.1	COMPLY WITH ALL INFILTRATION PRESCRIPTIVES.	
Windows	606.1	Maximum of 0.34 CFM per linear foot of operable sash crack (includes sliding glass doors).	
Exterior & Adjacent Doors	606.1	Maximum of 0.5 CFM per sq. ft. of door area: solid core, wood panel, insulated or glass doors only.	
Exterior Joints & Cracks	606.1	To be caulked, gasketed, weather-stripped or otherwise sealed.	
PRACTICE #2	606.1	COMPLY WITH PRACTICE #1 AND THE FOLLOWING:	
Exterior Walls & Floors	606.1	Top plate penetrations sealed. Infiltration barrier installed. Sole plate/floor joint caulked or sealed.	
Exterior Walls & Ceilings	606.1	Penetrations, joints and cracks on interior surface caulked, sealed or gasketed.	
DuctWork	606.1	Ductwork in unconditioned space must be sealed.	
Fireplaces	606.1	Equipped with outside combustion air, doors and flue dampers.	
Exhaust Fans	606.1	Equipped with dampers. Combustion devices see 606.1.A.2.	
Combustion Appliances	606.1	Be in unconditioned space (except direct vent), draw air from unconditioned space, exhaust to outside. Cooking appliances shall be dampered and use intermittent ignition.	
** OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.) **			
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas and heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78 percent.	
Shower Heads	612.1	Water flow must be restricted to no more than 3 gallons per minute at 80 PSIG.	
HVAC Duct Construction Insulation & Installation	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section 610.1.ABC.2 & 610.1.ABC.3. Duct in attics must be insulated to a minimum of R-6. Air handlers shall not be installed in attics unless in mechanical closet.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1 602.1	Ceilings minimum R-19. Common Walls - Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

SUMMER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIENT	AREA	x BSPM	= POINTS	TYPE	SC	ORIENT	AREA	x SPM	x SOF	= POINTS
N	108.00	109.7	11847.6	SGL TINT		N	84.0	65.2	.62	3420.0
				SGL TINT		N	24.0	65.2	.94	1463.1
E	73.00	109.7	8008.1	SGL TINT		E	25.0	133.9	.97	3249.9
				SGL TINT		E	48.0	133.9	.34	2185.2
S	168.80	109.7	18517.4	SGL TINT		S	15.8	132.5	.92	1915.6
				SGL TINT		S	64.0	132.5	.97	8225.6
				SGL TINT		S	8.0	132.5	.48	508.8
				SGL TINT		S	30.0	132.5	.96	3835.9
				SGL TINT		S	12.0	132.5	.85	1348.0
				SGL TINT		S	36.0	132.5	.92	4364.6
				SGL TINT		S	3.0	132.5	.78	308.7
W	93.00	109.7	10202.1	SGL TINT		W	42.0	133.9	.97	5459.8
				SGL TINT		W	51.0	133.9	.95	6515.9

.15 x COND. FLOOR /	TOTAL GLASS	= ADJ.	x GLASS	= ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS	POINTS
.15	2,777.00	442.80	.941	48,575.16	45,695.54 42,800.91

NON GLASS-----							
AREA	x	BSPM	= POINTS	TYPE	R-VALUE	AREA	x SPM = POINTS
WALLS-----							
Ext	2321.0	1.6	3713.6	Ext NormWtBlock In	5.4	2321.0	1.92 4456.3
Adj	235.0	1.0	235.0	Adj Wood Frame	11.0	235.0	1.00 235.0
DOORS-----							
Ext	40.0	6.4	256.0	Ext Wood		16.0	9.40 150.4
				Ext Insulated		24.0	6.40 153.6
Adj	17.0	2.6	44.2	Adj Wood		17.0	3.80 64.6
CEILINGS-----							
UA	2777.0	.8	2221.6	Under Attic	19.0	1765.0	1.50 2647.5
				Under Attic	19.0	1038.0	1.50 1557.0
FLOORS-----							
Slb	277.0	-20.0	-5540.0	Slab-on-Grade	.0	277.0	-20.00 -5540.0
INFILTRATION-----							
	2777.0	14.7	40821.9	Practice #2		2777.0	14.70 40821.9

TOTAL SUMMER POINTS	87,447.84		87,347.23
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TOTAL x SYSTEM	= COOLING	TOTAL x CAP x DUCT x SYSTEM x CREDIT	= COOLING
SUM PTS	POINTS	COMPON RATIO MULT MULT MULT	POINTS
87,447.84	.37 32,355.70	87,347.23 1.00 1.070 .300 .776	21,762.05

WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIENT	AREA	x BWPM	= POINTS	TYPE	SC	ORIENT	AREA	x WPM	x WOF	= POINTS
N	108.00	-.4	-43.2	SGL TINT		N	84.0	3.7	1.19	370.0
				SGL TINT		N	24.0	3.7	1.03	91.6
E	73.00	-.4	-29.2	SGL TINT		E	25.0	.2	1.61	8.0
				SGL TINT		E	48.0	.2	22.04	211.6
S	168.80	-.4	-67.5	SGL TINT		S	15.8	-1.8	.92	-26.0
				SGL TINT		S	64.0	-1.8	.97	-111.7
				SGL TINT		S	8.0	-1.8	-.34	4.9
				SGL TINT		S	30.0	-1.8	.96	-52.1
				SGL TINT		S	12.0	-1.8	.82	-17.6
				SGL TINT		S	36.0	-1.8	.92	-59.3
				SGL TINT		S	3.0	-1.8	.70	-3.8
W	93.00	-.4	-37.2	SGL TINT		W	42.0	.2	1.61	13.5
				SGL TINT		W	51.0	.2	1.95	19.9

.15 x COND. FLOOR /	TOTAL GLASS	= ADJ. x GLASS	= ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS	POINTS
.15	2,777.00	442.80	.941	-177.12
				-166.62
				448.94

NON GLASS-----								
AREA	x BWPM	= POINTS	TYPE	R-VALUE	AREA	x WPM	= POINTS	
WALLS-----								
Ext	2321.0	.3	696.3	Ext NormWtBlock In	5.4	2321.0	.86	1996.1
Adj	235.0	.5	117.5	Adj Wood Frame	11.0	235.0	.50	117.5
DOORS-----								
Ext	40.0	1.8	72.0	Ext Wood		16.0	2.80	44.8
				Ext Insulated		24.0	1.80	43.2
Adj	17.0	1.3	22.1	Adj Wood		17.0	1.90	32.3
CEILINGS-----								
UA	2777.0	.1	277.7	Under Attic	19.0	1765.0	.30	529.5
				Under Attic	19.0	1038.0	.30	311.4
FLOORS-----								
Slb	277.0	-2.1	-581.7	Slab-on-Grade	.0	277.0	-2.10	-581.7
INFILTRATION-----								
	2777.0	1.2	3332.4	Practice #2		2777.0	1.20	3332.4

TOTAL WINTER POINTS	3,769.68	6,274.40
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TOTAL WIN PTS	x SYSTEM MULT	= HEATING POINTS	TOTAL COMPON	x CAP RATIO	x DUCT MULT	x SYSTEM MULT	x CREDIT MULT	= HEATING POINTS
3,769.68	1.10	4,146.65	6,274.40	1.00	1.070	1.000	.931	6,250.37

WATER HEATING

=== BASE ===

=== AS-BUILT ===

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

3		3319.0	=	9,957.00	50	.66	1.000		2147.0		1.00	=	6,441.00
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SUMMARY

=== BASE ===

=== AS-BUILT ===

COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS	COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
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32355.7		4146.6		9957.0	=	46,459.35	21762.1		6250.4		6441.0	=	34,453.43
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 * EPI = 74.16 *

ENERGY GUIDE

For detailed information of the EPI rating number or for any ITEM listed, ask your Builder for DCA Form 600A-93 or Form 600B-93

EPI= 74.2

0 10 20 30 40 50 60 70 80 90 100

-----X-----

The maximum allowable EPI is 100. The lower the EPI the more efficient the home

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency	
		SINGL CLR		DBL TINT	
WINDOWS.....	Single Tint	-----X-----			
INSULATION.....					
Ceiling R-Value.....	19.0	R-10	-----X-----	R-30	
Wall R-Value.....	5.9	R-0	-----X-----	R-7	
Floor R-Value.....	0.0	R-0	X-----	R-19	
AIR CONDITIONER.....					
SEER/EER.....	12.0	10.0	SEER	17.0	
		9.7	EER	16.0	
HEATING SYSTEM.....					
Electric COP/HSPF.....	1.0	2.50	COP	4.19	
Gas AFUE.....	0.00	0.78	AFUE	0.90	
WATER HEATER.....					
Electric EF.....	0.00	0.88		0.96	
Gas EF.....	0.66	0.54		0.90	
Solar EF.....		0.40		0.80	
OTHER FEATURES.....					

I certify that these energy saving features required for the Florida Energy Code have been installed in this house.

Address: _____ Builder Signature: _____ Date: _____

City/Zip _____
 Florida Energy Code for Building Construction - 1993
 Florida Department of Community Affairs

ADDITIONAL MATERIALS REQUIRED
WITH
BUILDING PERMIT APPLICATION

THIS LIST IS FOR THE APPLICANT'S CONVENIENCE ONLY. THE APPLICANT MAY BE REQUIRED TO SUBMIT MATERIALS TO THE TOWN IN CONNECTION WITH THE BUILDING PERMIT APPLICATION WHICH ARE NOT LISTED HERE. COMPLETE INFORMATION REGARDING BUILDING PERMIT APPLICATION MATERIALS AND LAND DEVELOPMENT REGULATIONS ARE FOUND IN CHAPTERS 2, 2.5, 4, 6.1, 11, 13, APPENDIX A AND APPENDIX B OF THE TOWN CODE OF ORDINANCES, THE SOUTH FLORIDA BUILDING CODE, AND THE TOWN OF SEWALL'S POINT COMPREHENSIVE PLAN.

1. Florida Certification of Contractor and Sub-Contractor.
2. Certification of Liability and Workers' Compensation Insurance.
3. Three sets of Building Plans which must include:
 - a. 1/4" scale building drawings.
 - b. Plot plan at a minimum scale of 1" = 10' certifying proposed coverage by impermeable materials; show existing trees 4 or more inches in diameter at chest height; show all completed structures (C.O. issued), existing or proposed wells, all structures under construction (Building Permit issued), and all proposed structures (Building Permit Application filed or being filed); detailed surface water management practices shall be shown through use of swales, berms, retaining walls, etc. designed to meet the water quality requirements of South Florida Water Management District retain, on site, water from a 3-day 25-year storm event, and to prevent normal run-off onto adjoining parcels. Common swales on property lines are encouraged.
 - c. A topographic survey, sealed by an appropriate professional, indicating existing natural grade and grade changes proposed on the site, except when grade changes are limited to the area beneath the floor of dwelling units.

Each sheet of plans, and the cover sheet of specifications, for buildings and structures; alterations; repairs and improvements; replacements and additions; costing \$15,000.00 or more, shall bear the date, impress seal and signature of a licensed Architect or registered Professional Engineer. Plans for work which is predominately of Architectural nature shall be prepared by and bear the impress seal of a licensed Architect, and work which involves extensive computation based on structural stresses shall, in addition, bear the impress seal of a Professional Engineer.

c. Foundation Plan.

d. Floor Plan.

- e. Wall and Roof cross-sections.
 - f. Plumbing, electrical and A/C layouts.
 - g. At least two elevations showing height of building from finished floor.
4. Landscaping and Habitat Management Permit if the removal, relocation, or replacement of any vegetation or habitat is necessitated by the land development
 5. Recorded warranty deed to the property.
 6. Septic tank permit and one set of plans with Martin County Health Department seal.
 7. Energy code calculations.
 8. Certification of elevation from licensed surveyor and determination of flood zone.
 9. Amount of fill anticipated - rough sketch showing location and height of fill.
 10. Manufacturers' schedule of windows.
 11. Except for an improvement which is exempt pursuant to Florida Statutes, an owner or authorized agent before actually commencing to improve any real property, or re-commencing completion of any improvement after default or abandonment, whether or not a project has a payment bond complying with Florida Statutes, shall record a Notice of Commencement in the clerk's office and immediately post either a certified copy of the notice or a notarized statement that the Notice of Commencement has been filed for recording along with a copy of the unrecorded notice.
 12. In special flood hazard areas, a certificate of an appropriately licensed professional stating fully enclosed areas below lowest floor are designed to automatically equalize hydrostatic flood forces on exterior walls by allowing for the entry and exit of flood waters.
 13. In coastal high hazard areas (V Zones), a certificate of an appropriately licensed professional stating breakaway wall collapse shall result from a water load less than that which would occur during the base flood; and the elevated portion of the building and supporting foundation shall not be subject to collapse, displacement or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (structural and non-structural).

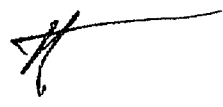
THE TOWN'S APPROVAL OF A BUILDING PERMIT APPLICATION DOES NOT RELIEVE OWNER OR CONTRACTOR FROM COMPLIANCE WITH THE TOWN CODE OF ORDINANCES OR OTHER REGULATIONS.

THE TOWN OFFICE HOURS ARE 8:00 A.M. TO 4:00 P.M. MONDAY THROUGH FRIDAY. INSPECTIONS ARE MADE FROM 8:00 A.M. TO 12:00 P.M. NOON ONLY. TWENTY-FOUR HOURS PRIOR NOTICE IS REQUIRED FOR INSPECTIONS.

TOWN OF SEWALL'S POINT, FLORIDA

Before a certificate of occupancy is issued, development permit holders shall provide an "as built" survey meeting the requirements prescribed below. This shall apply to all new building construction and any improvements to existing buildings which alter the dimension or height of the building. The survey shall:

- (a) Be prepared by a licensed surveyor registered in Florida, signed, dated and sealed, and shall bear the name, firm or residence address, city, certificate number of the surveyor and date of the field survey;
- (b) Be dated not more than 30 days prior to the certificate of occupancy;
- (c) Contain a complete legal description;
- (d) Reference the source of information used in making the survey;
- (e) Contain the address of the property, including street name and number, and show the proximity of all boundary streets;
- (f) Indicate the flood zone(s) in which any portion of the building is located, even though the property may not be in a flood hazard area;
- (g) Show the exact lot dimensions, including boundary lines and arcs, which must match the Plat, with any variations being noted;
- (h) The scale of the map shown on the survey shall be at least 1" = 10'.
- (i) Show the location, dimensions, and accurate identity of all easements as required under Rule 21 HH-6.03(15) of the Minimum Technical Standards;
- (j) Show all setback requirements;
- (k) Show the location and identification of all encroachments, including the type of improvement comprising the encroachment;
- (l) Show the location and dimension of all structures, driveways, sidewalks, irrigation wells, septic tanks, drain fields and drainage improvements (including swales, berms and pipe invert elevation);
- (m) Contain a certification to the Town of Sewall's Point;
- (n) State for whom the survey is done;
- (o) Show the location, dimensions and square footage of the native habitat preservation area required by Section 11-60 of this Code.



(p) Indicate the lowest habitable floor, average natural grade, and average crown of road elevations in accordance with applicable Code provisions.

(q) Contain a tabulation of the impermeable and permeable areas;

(r) In coastal high hazard areas (V-Zones), indicate the elevation of the top of pier, pile or column.

(s) Contain any other information the building department may require to confirm the construction or improvements comply with applicable Code provisions. *(BUILDING HEIGHT FROM F.F.E.)*

Ordinance # 215, 3/11/92

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34948

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

Report
 of
DENSITY OF SOIL IN PLACE
 ASTM D2922

Client Mosley & Son Construction Co.

Date June 24, 1994

Contractor Client

Site 10 Pineapple Lane
 Sewalls Point
 Foundation Pad

Permit #3616

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
8949	N.E. Corner	0 - 1'	108.4	8949	109.8	98.7
	Center	0 - 1'	107.6			98.0
	S.W. Corner	0 - 1'	108.1			98.5
All elevations below slab grade.						

Copies Client - 1
 Sewalls Point Bldg. Dept. - 1

Respectfully submitted,

Alexander H. Fraser

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) 567-8167

STUART: (407) 283-7711

Report
of
MOISTURE DENSITY RELATIONSHIP
ASTM 1557-70

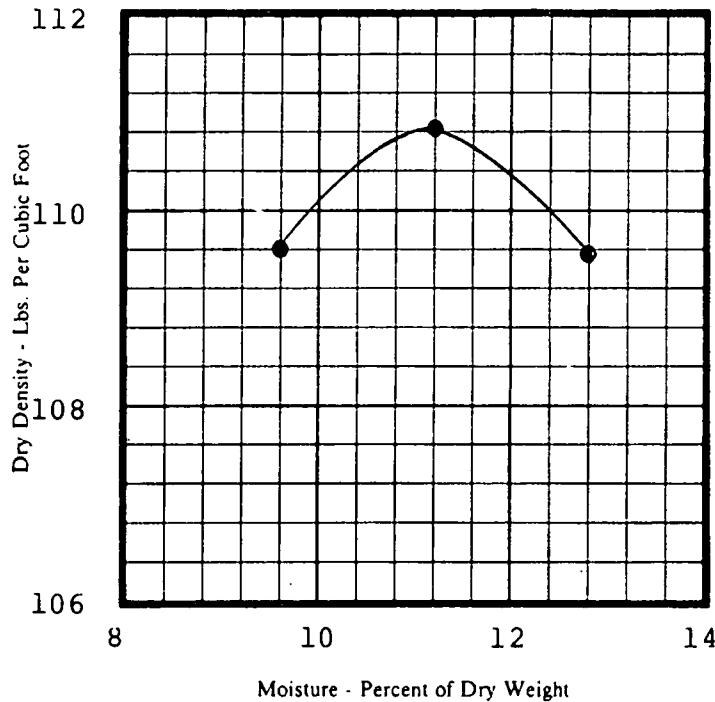
Client Mosley & Son Construction Co.

Date June 24, 1994

Contractor Client

Site 10 Pineapple Lane
Sewalls Point
Foundation Pad

Permit #3616



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
8949	B	Composite	11.3	109.8	Light brown and gray, slightly silty, fine sand with trace of shell fragments.

Copies

Respectfully submitted,
Alexander H. Fraser
ALEXANDER H. FRASER, P. E.

RO

94 JUL 13 PM 1:17

01072618

*** TO BE COMPLETED IF CONSTRUCTION VALUE EXCEEDS \$2500***

PERMIT NO. # _____

TAX FOLIO NUMBER _____

NOTICE OF COMMENCEMENT

STATE OF Florida

COUNTY OF Martin

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

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS, IF KNOWN)

Lot 1 Pineapple Lane Plat BK 11 Pg 82 Smith Pls

GENERAL DESCRIPTION OF IMPROVEMENTS Swimming Pool + Spa

OWNER Jane Carruthers

ADDRESS 2355 N.E. Ocean Blvd #22A Stuart, Fla 34986

OWNER'S INTEREST IN PROPERTY _____

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 CO. (IF ANY) _____

ADDRESS _____ AMT. OF BOND _____

LENDERS NAME _____

ADDRESS _____

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.3(1) (A)7., FLORIDA STATUTES:

NAME _____

ADDRESS _____

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

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

Jane Carruthers
SIGNATURE OF OWNER

STATE OF FLORIDA
COUNTY OF MARTIN

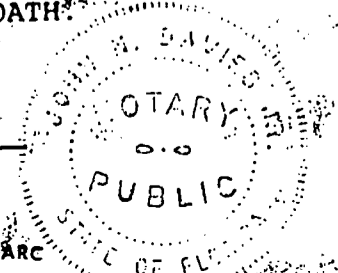
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 23 DAY OF July, 1994, BY Jane Carruthers WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____ AND WHO DID TAKE AN OATH.

NOTARY PUBLIC STATE OF Florida

MY COMMISSION EXPIRES _____

John K. Davis
NOTARY SIGNATURE

NOTARY PUBLIC, STATE OF FLORIDA AT LARC
MY COMMISSION EXPIRES MAY 27, 1995



LAST PAGE

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 \$ 359,500⁰⁰~~xx~~.

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.

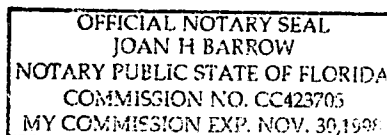
Joan H Barrow
Affiant
Property street address:
10 PINEAPPLE LN.
STUART, FLORIDA 34996.

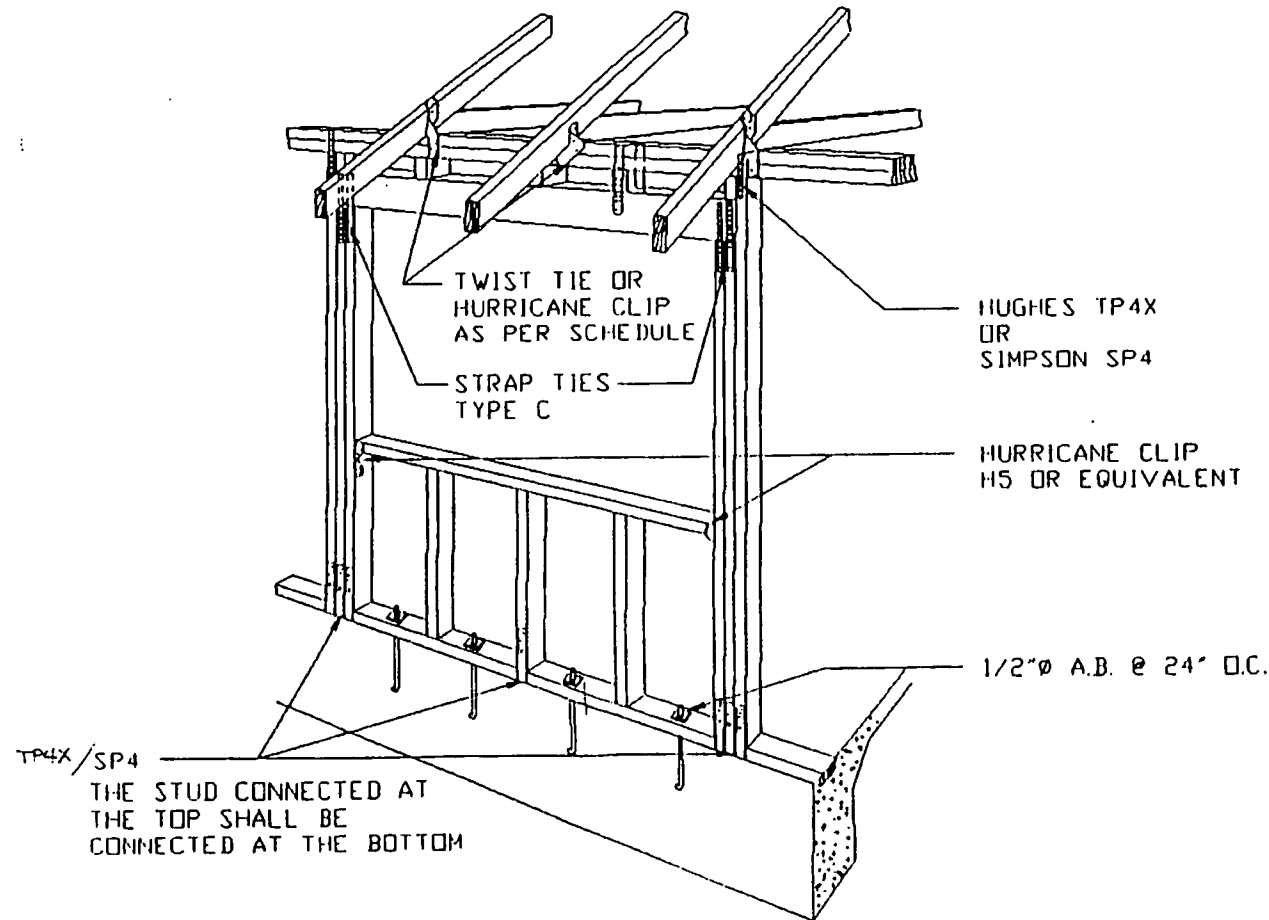
Sworn to and subscribed
before me this 6th day of
April, 1995.

Joan H. Barrow

Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)





BEARING OPENING

Engineer's Specifications for Wood and Masonry Construction including Roof Sheathing

NOTES: All fastenings must be in strict compliance with S.B.C.C.I. Code 1705 and, or meet local requirements.
 All Wood Construction must conform to the provisions of Chapter 17 in the S.B.C.C.I. Standard Building Code and, or meet the local requirements of any other applicable code* or code amendments adopted by the community in which this specific structure is being constructed. *Such as the South Florida Building Code or others.
 All Masonry Construction must conform to the provisions of Chapter 14 in the S.B.C.C.I. Standard Building Code and, or meet the local requirements of any other applicable code* or code amendments adopted by the community in which this specific structure is being constructed. *Such as the South Florida Building Code or others.

Any specification shown hereon shall supersede any conflicting specification shown on the submitted drawings.

Masonry and Wood Const.	Wood Construction			Masonry Construction of Hollow Load Bearing Units					
	Single story or two story 2nd floor wall sheathing & studs	Two story first floor wall sheathing & studs	Thick	Single story or two story 2nd floor wall const.	First floor wall construction for a two story structure				
Thick	19/32"	Thick	1/2"	Thick	Wall reinforcing per spacing	Wall reinforcing per spacing			
Matl.	PLY	Matl.	PLY	Matl.	Bar size	Bar size	#7		
nail size	10dOR8dRS	nail size	10dOR8dRS	nail size	Bars req'd	Bars req'd	1		
nailing*	6 "O.C.	Shearwall lateral load nailing*	3"O.C.	Shearwall lateral load nailing*	Dowel size	Dowel size	#7		
Ply-clip	"O.C.	nailing*	3"O.C.	nailing*	Max. Ctrs	Max. Ctrs	10		
Part #		Shearwall uplift		Shearwall uplift	Wall thick	8 inches	Wall thick	8"	
1 Story Footings	nailing*	3"O.C.	nailing*	nailing*	Bond beam cmu	cast	Bond beam cmu	cast	X
size	16X16	Studs	2X4	Studs	beam size	8" X	beam size	8" X 16"	
stl req'd	3 #5's	Centers	16 inches	Centers	steel req'd		steel req'd	4 # 7's	
concrete	2500psi	Species	Fb 1200	Species	Grout	PSI	Grout	3000psi	
Interior Footings	& Grade	OR GREATER	& Grade	& Grade	Min shear	end wall	Min shear	7' end wall	
size	12X16	Sill plate anchor	Sill plate anchor	Sill plate anchor	wall lgth.	side wall	wall lgth.	7' side wall	
stl req'd	3 #5's	Part #	1/2" A.Bolt	Part #	8" Masonry Gable				
concrete	2500psi	Max ctr.	24"	Max ctr.	Wall reinforcing per spacing	Rake beam requirements	Bar size	#7	
					Bar size	#7	Bar size	#7	
					Bars req'd	2	Bars req'd	2	
					Max. Ctrs.	10'	Min. Depth	8"	
					Remarks:	*Nailing center distance specified above is for perimeter edge of sheathing, interior nailing of sheathing is 12"O.C.			

This Structural Engineer of Record Certifies that I have directed, supervised and reviewed these Wind Load Calculations and declare that the wind load values, connector specifications and material specifications shown hereon have been properly determined by the provisions of ASCE Standard 7-88, Section 6, for this specific structure. An impact resistance code has not been specified by this engineer for the exterior window and door openings of this structure. Storm panels are recommended.

Note: This Engineer of Record has delegated other engineers to design and certify the structural credibility of any pre-engineered and manufactured structural building components or roof / floor truss systems including required connectors (factory or field installed) which are intrinsically associated parts of the components or truss systems.

ENGINEER'S SPECIAL INSTRUCTIONS & REMARKS:

NOTE:
 SHEARWALLS TO BE SHEATHED ARE NOTED ON THE PLANS AS (X-). NAILING AND MATERIALS TO BE IN ACCORDANCE WITH ABOVE WOOD SPECS UNLESS OTHERWISE NOTED.
 HEADER, BEAM, AND GIRDER STUD BASES TO BE STRAPPED AS PER BEARING DETAIL.
 AN ANCHOR BOLT MUST BE WITHIN 12" OF THE STUD BASES.
 ANCHOR BOLTS TO BE 1/2" DIAMETER WITH WASHERS. MINIMUM EMBEDMENT TO BE 8".

This Engineer of Record is for structural only and not to be considered the Engineer of Record with total responsibility for all specifications relative to this entire structure and specific site location including energy code, electrical, plumbing, HVAC, soil conditions, survey & drainage unless otherwise indicated.

H.E.C. Subscriber's Number: 1025-01

ENGINEER'S STRUCTURAL DESIGN CERTIFICATION

DATE CERTIFIED: _____
 Name: WILLIAM J. MATHERS
 State Registration Number: 19658 in the State of FL
 Address: 1111 S. FEDERAL HWY., SUITE 226
 City: STUART State: FL Zip: 34994
 Phone (Area code): 407 Number: 287-0525

Structural Engineer of Record's
SEAL
 Date: 5/12/94
 ENGINEER'S SIGNATURE: *William J. Mathers*



Hurricane Engineering Corporation
 Phone: 407 / 221-8639
 Prepared By:
Mathers Engineering Corp.
William J. Mathers, P.E.
 1111 So Federal Hwy., Suite 226
 Stuart, Florida 34994
 Phone: 407 / 287-2505 Fax: 220-8686

JOB NUMBER: 1023-01
Structural Calculations SPECIFICALLY For:
 Contractor _____
 Address _____
 City/State/Zip _____
 Job Address _____
 City/State/Zip _____
 Legal Description: **CARRUTHERS RESIDENCE**

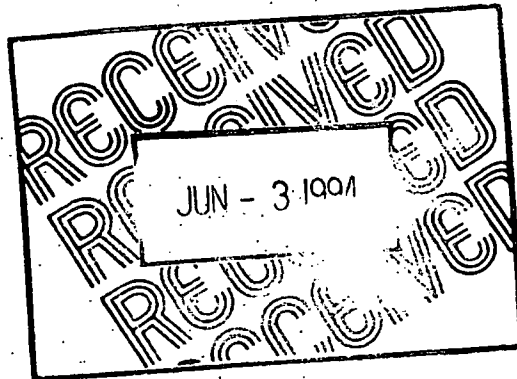
N The methods of determining the wind force generated reaction loads in this document utilizes the provisions of the ANSI / ASCE Standard 7-93, Minimum Design Loads for Buildings and Other Structures, Section 6, Wind Loads, 6.4.2 Analytical Procedure in accordance with 6.4.2.2 Limitations of Analytical Procedure. This method applies all appropriate factors and pressure coefficients applicable for the main wind force resisting system, end zones, overhangs, edge strips, walls, roofs, components and cladding as shown in Section 6, figures 1, 2, 3, & 4 and tables 4, 5, 6, 7, 8, 9, 10, 11 & 12. The velocity pressures shown in Step No. 1 have been calculated in accordance with Section 6.5.1 and modified for velocity pressure exposure coefficients relative to exposures C and D in compliance with Table 6 and Table 8 respectively. The use of this document is restricted to buildings less than 60 feet high, subject to the same limitations as shown in Section 6.4.2.2 of the ASCE Standard 7-93 and must be completed under the direction and supervision of a registered professional engineer.

VELOCITY PRESSURES "Qb"

Fastest Mile Wind Speeds with Exposure Factors	Formula: Special Qb = 0.00256 Kz (IV) squared Air mass density constant based on 59 degrees F.								Pitch Angle	Wind Direction													
	70 Exp. C	80 Exp. C	90 Exp. C	100 Exp. C	110 Exp. C	90 Exp. D	100 Exp. D	110 Exp. D		1:12	2:12	3:12	4:12	5:12	6:12	7:12	8:12	9:12	10:12	11:12	12:12		
Mean Roof height 0' to 14'	10	13	17	21	25	27	34	41	5 Deg.	10 Deg.	14 Deg.	19 Deg.	23 Deg.	27 Deg.	30 Deg.	34 Deg.	37 Deg.	40 Deg.	43 Deg.	45 Deg.			
Mean Roof height 15' to 19'	11	14	18	22	27	29	36	44															
Mean Roof height 20' to 24'	12	15	19	24	29	30	37	45															
Mean Roof height 25' to 29'	13	17	21	26	31	31	39	47															
Mean Roof height 30' to 39'	14	18	22	27	33	33	41	50															
Mean Roof height 40' to 50'	15	19	24	29	36	35	43	52															
SPECIAL Qb = 8.8 V = 1 Kz = 1 Kb = 1										Fastest mile wind	110	Mean Roof Height equals	13.4	16.7	15.7	12.9	15.4	11.7	0.0	0.0			
										Exposure type	D	Rectangle Width equals	23.3	40	15.5	8.8	4.3	13.3					
										Dead load (roof)	14	Roof Pitch in. rise / ft.	8	8	16	16	16	6					
										Duration Factor	1.6	Wall Ht. (grade to top)	9.5	10	10.5	10	14	10					
												Velocity Pressure	41	44	44	41	44	41					

WIND UPLIFTS LOADS FOR TRUSSES, RAFTERS & HIP JACKS
 ((End Zone Width equals two times the Edge Strip Width))
 (Do NOT list girders, trusses, beams or hip-king jacks) THEN, use SPAN Distance for Strip Width

Member I. D. No. plus dash	Member Quantity	rectangle Name	rectangle width Feet	edge strip width Feet	Velocity pressure PSP	Dead load PSP	Span brg. to brg. Feet	Member Centers Feet	Length of overhang Feet	Structural members over enclosed area				Members over partially enclosed & open areas				Velocity Pressure Coefficients for Structures being:					
										Int. uplift w/o O.H. Dash A	Zone uplift w/o O.H. Dash B	Int. uplift with O.H. Dash C	Zone uplift with O.H. Dash D	Lgth. over open area Feet	Int. uplift w/o O.H. Dash E	Zone uplift w/o O.H. Dash F	Int. uplift with O.H. Dash G	Zone uplift with O.H. Dash H	End/Edge Zone	Interior Area	Overhang Area	Outside Corner	End/Edge Zone
T-1	A	23.3	2.33	41	14	23.3	2	1	667	1011	787	1131	0	0	0	0	1.40	1.00	1.80	2.90	1.80	1.40	
T-2	B	40	4	44	14	30.5	2	1	985	1452	1116	1582	0	0	0	0	1.40	1.00	1.80	2.90	1.80	1.40	
T-3	B	40	4	44	14	28.5	2	1	925	1357	1056	1487	0	0	0	0	1.40	1.00	1.80	2.90	1.80	1.40	
T-4	B	40	4	44	14	33.5	2	1	1075	1595	1206	1725	0	0	0	0	1.40	1.00	1.80	2.90	1.80	1.40	
T-5	B	40	4	44	14	33.5	2	1	1075	1595	1206	1725	0	0	0	0	1.40	1.00	1.80	2.90	1.80	1.40	
T-6	B	40	4	44	14	31	2	1	1000	1476	1131	1606	0	0	0	0	1.40	1.00	1.80	2.90	1.80	1.40	
R-1	B	40	4	44	14	16	2	1	550	762	681	892	0	0	0	0	1.40	1.00	1.80	2.90	1.80	1.40	
R-2	F	13.3	1.33	41	14	14	2	1	400	608	519	727	14	629	837	777	1.40	1.00	1.80	2.90	1.80	1.40	
R-3	C	15.5	1.55	44	14	8	2	1	267	381	398	511	0	0	0	0	1.40	1.00	1.80	2.90	1.80	1.40	
R-4	D	8.8	0.88	41	14	4.3	2	1	131	187	250	306	4	201	257	349	1.40	1.00	1.80	2.90	1.80	1.40	
R-5	B	40	4	44	14	31.5	2	1	1015	1499	1146	1630	0	0	0	0	1.40	1.00	1.80	2.90	1.80	1.40	
R-6	B	40	4	44	14	22.5	2	1	745	1071	876	1201	0	0	0	0	1.40	1.00	1.80	2.90	1.80	1.40	
R-7	E	4.3	0.43	44	14	2.3	1.33	1	51	73	138	160	0	0	0	0	1.40	1.00	1.80	2.90	1.80	1.40	



12-38-41-003-000-0.010-40000

RECORD OF INSPECTIONS
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 3-31-95

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

For property at #10 Pineapple Lane built under Permit No. 3616 Dated 6-7-94 when completed in conformance with the Approved Plans.

Signed [Signature]

ITEM	DATE	APPROVED BY: (initials)
1. Form board tie in	<u>6-21-94</u>	<u>DB</u>
2. Termite protection	<u>6-24-94</u>	<u>DB</u>
3. Footing - slab	<u>6-27-94</u>	<u>DB</u>
4. Rough plumbing - slab	<u>6-23-94</u>	<u>DB</u>
5. Rough electric - slab	<u>N/A</u>	<u>—</u>
6. Lintel	<u>7-15-94</u>	<u>DB</u>
7. Dry in (final)	<u>11-14-94</u>	<u>DB</u>
8. Roof	<u>1-12-95</u>	<u>DB</u>
9. Framing	<u>12-2-94</u>	<u>DB</u>
10. Rough electric	<u>12-2-94</u>	<u>DB</u>
11. Rough plumbing	<u>12-2-94</u>	<u>DB</u>
12. A/C Ducts	<u>12-2-94</u>	<u>DB</u>
13. Insulation	<u>12-7-94</u>	<u>DB</u>
14. Final electric	<u>3-30-95</u>	<u>DB</u>
15. Final plumbing	<u>3-30-95</u>	<u>DB</u>
16. Final construction	<u>3-30-95</u>	<u>DB</u>
17. As-built survey	<u>1-14-95</u>	<u>DB</u>
18. Affidavit of cost		

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector [Signature] 3-16-95 date

Approved by Building Commissioner [Signature] date

Utilities notified F.P.L. 3-16-95 date

Original Copy sent to OWNER date
(owner)

(Keep carbon copy for Town files)

JON E. CHICKY, SR.
Mayor

ROBERT M. WIENKE
Vice Mayor

DAWSON C. GLOVER, III
Commissioner

CYRUS KISSLING
Commissioner

DONALD B. WINER
Commissioner

TOWN OF SEWALL'S POINT



JOAN H. BARROW
Town Clerk

WILBUR C. KIRCHNER
Chief of Police

RICHARD L. MACEY
Building Inspector

JOSE TORRES, JR.
Maintenance

June 29, 1999

These drawings have been released pursuant to the requirements the public records act . It is your responsibility to ensure compliance requirements with any copyright or other design rights which may reside in the plans.

John H. Roberts



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

3630

POOL & SPA

#3630

TAX FOLIO NO. _____ DATE _____

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 Jane Caruthers Present Address 2355 N.E. Ocean Blvd #22A
Stuart, Fla 34996

Phone 287-6982
Contractor Olympic Pools of Stuart Address 1565 S.W. Martin Hwy
Palm City, Fla 34990

Phone 286-6070
Where licensed SFE License Number CPCO11014
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:

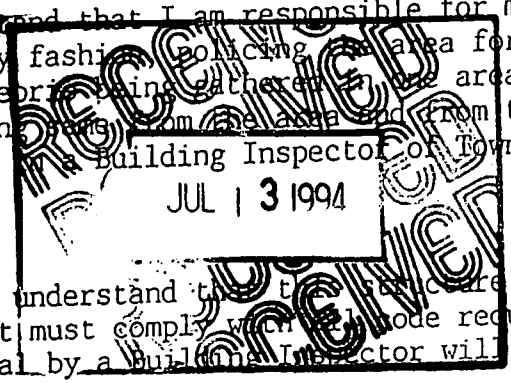
#10 Pineapple Lane

Subdivision Pineapple Lot Number 1 Block Number _____

Contract Price \$ 17,000 Cost of Permit \$ _____

Plans approved as submitted Plans approved as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing an area for trash, scrap building materials and other debris, such debris being gathered in the 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 X RS

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

Owner Jane Caruthers

TOWN RECORD

Date submitted _____

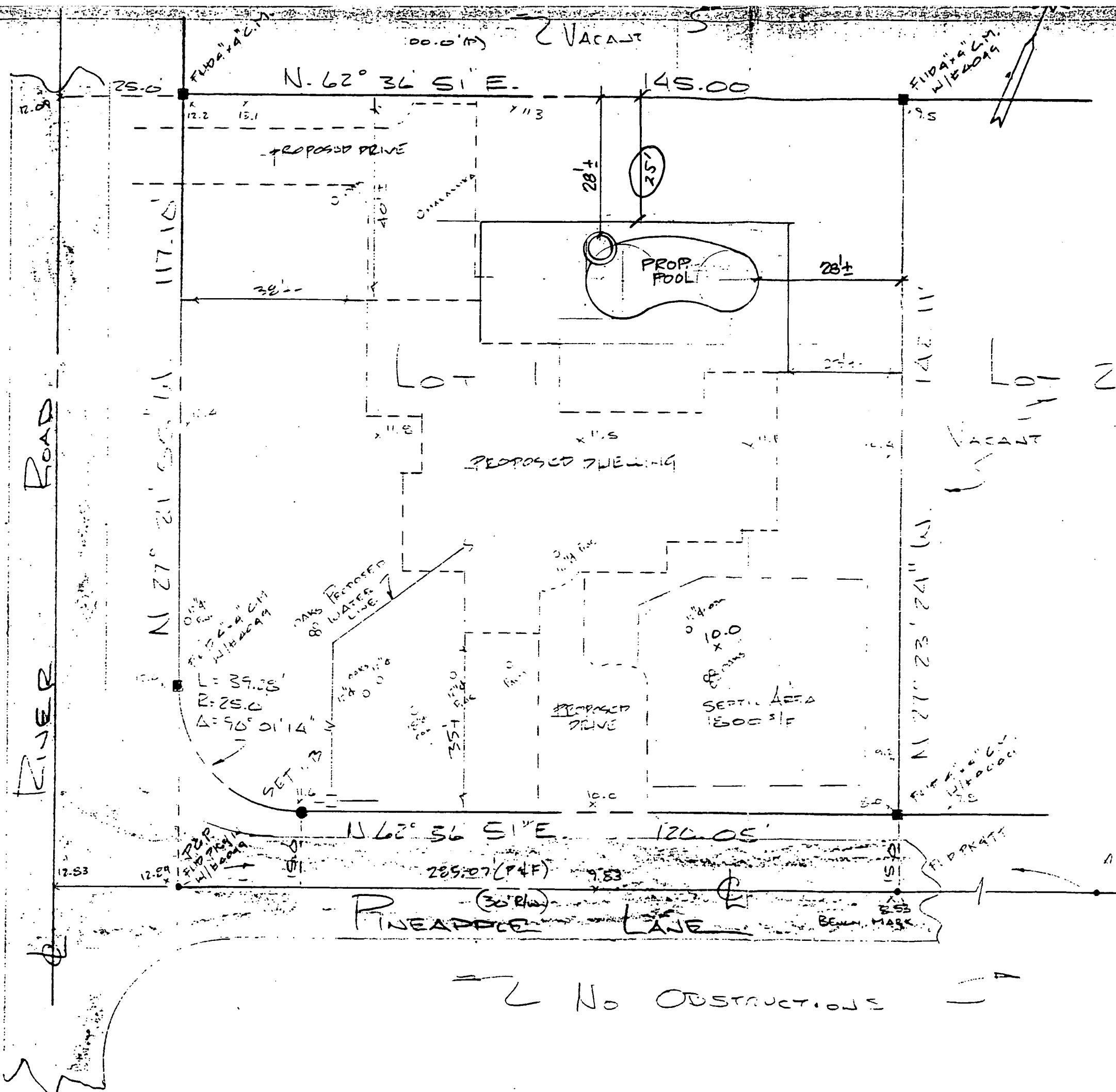
Approved: Rale Brown 7/13/94
Building Inspector Date

Approved: [Signature]
Commissioner Date

Final Approval given: _____ Date

Certificate of Occupancy issued(if applicable) _____ Date

Permit No. #3630



LOCATION MAP

LEGAL DESCRIPTION

KNOWN AS LOT 1, "PINEAPPLE LANE", AS RECORDED IN PLAT BOOK II, PAGE 62, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

6953

ROOF REPAIR

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10/15/04

BUILDING PERMIT NO. 6953

Building to be erected for VIENER

Type of Permit ROOF REPAIR

Applied for by O/B (Contractor)

Building Fee _____

Subdivision PINEAPPLE LANE Lot 1 Block _____

Radon Fee _____

Address 10 PINEAPPLE LANE

Impact Fee _____

Type of structure ROOF - SFR

A/C Fee NIL

Electrical Fee HURRICANE

Plumbing Fee DAMAGE

Parcel Control Number:

1238410030000001040000

Roofing Fee _____

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

Total Construction Cost \$ 500.00

TOTAL Fees _____

Signed Karen Viener

Applicant

Signed Gene Simmons

Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: 6953

Date: _____

OWNER/TITLEHOLDER NAME: Karen Viener Phone (Day) 772 288-3103 (Fax) _____

Job Site Address: 10 PINEAPPLE LA City: _____ State: _____ Zip: _____

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: _____

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

Description of Work To Be Done: roof repair (no tiles broken) - minor leak

WILL OWNER BE THE CONTRACTOR?:

YES NO

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

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 500.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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: _____ Screened Porch: _____

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

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

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

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

OWNER OR AGENT SIGNATURE (required)
Karen Viener

State of Florida, County of: MARTIN

This the 7TH day of OCTOBER, 2004

by KAREN VIENER who is personally

known to me or produced

as identification. [Signature]

My Commission Expires _____

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: _____

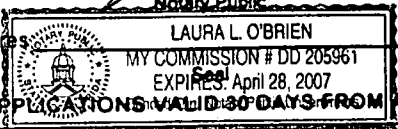
This the _____ day of _____, 2004

by _____ who is personally

known to me or produced _____

As identification. _____

My Commission Expires: _____



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

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

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

DISCLOSURE STATEMENT

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

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

Name: Karen Viener Date: 10/15/04

Signature: Karen Viener

Address: 10 Pineapple Ln.

City & State: Stuart, FL 34996

Permit No. _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11/3, 2004 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6632	SCHERUENG	TRUSS REINSF.	PASS	
3A	110 ABBIE COURT O/B			INSPECTOR:
#0953		ROOF FINAL	PASS	<u>CLOSE</u>
7	10 PINEAPPLE LN. PACKARD ROOF	(REPAIR)		INSPECTOR:
6771	ALLMAN	FRAMING		
6	106 SKIVER RD O/B	ROOF TRUSS	PASS	INSPECTOR:
7007		METER CAN	—	NO INSPECTION DONE
8	3 SIMAKA ARLINGTON ELEC.		NEW	METER WAS OPERATIONAL INSPECTOR:
	HARBOR BAY PLAZA 3736 S. OCEAN	A/C HOUSING ON ROOF	—	WEEK WILL INSPECT. INSPECTOR:
0960	EMOTT	PREPARE PATIO	PASS	
10	8 NE LAGOON ISL	SLAB		INSPECTOR:
6682	MILORD	LATH	PASS	
9	10 N. SEWALLS Pt MILORD CORP			INSPECTOR:
OTHER: _____				

7703
GENERATOR
& PAD

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date July 29, 2005

BUILDING PERMIT NO. 7703

Building to be erected for VIENER

Type of Permit GENERATOR

Applied for by O/B

(Contractor) Building Fee \$519.60/1000 48.00

Subdivision PINEAPPLE Lot 1 Block _____

Radon Fee _____

Address 10 PINEAPPLE LANE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1238410030000001040000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 60.00 Check # _____ Cash

Other Fees 15% OB 12.00

Total Construction Cost \$ 5000.

TOTAL Fees 60.00

Signed Karen Viener

Applicant

Signed Gene Simmons

Town Building Official

PERMIT

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

INSPECTIONS

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

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 7-28-05

Permit Number: 7703

OWNER/TITLEHOLDER NAME: MICHAEL J. & KAREN M. VIENER Phone (Day) 772-288-3103 (Fax) _____

Job Site Address: #10 PINEAPPLE LANE City: SEWALL'S PT. State: FL. Zip: _____

Legal Desc. Property (Subd/Lot/Block) LOT 1 Parcel Number: 12-38-41-003-000-00010-4

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

Description of Work To Be Done: STANDBY GENERATOR & CONCRETE PAD

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 5,000
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: _____ Phone: _____ Fax: _____

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

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

SUBCONTRACTOR INFORMATION:

Electrical: LOYD JOHNSON ELECTRIC, INC. State: FL License Number: EC0003162

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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)

Karen M. Viener

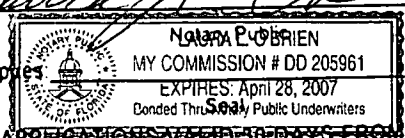
State of Florida, County of: Martin

This the 28th day of JULY, 2005

by KAREN M. VIENER who is personally

known to me or produced as identification. _____

My Commission Expires: _____



CONTRACTOR SIGNATURE (required)

Lloyd Johnson

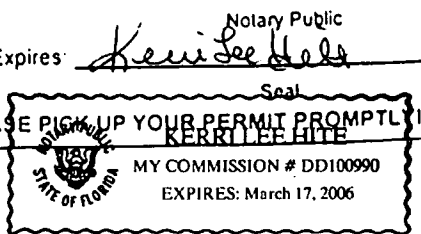
On State of Florida, County of: Martin

This the 28th day of July, 2005

by Lloyd Johnson who is personally

known to me or produced as identification. _____

My Commission Expires: _____



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

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

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

DISCLOSURE STATEMENT

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

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

Name: ^{KAREN M. VIENER} Karen M. Viener Date: 7/28/05

Signature: Karen M. Viener

Address: 10 Pineapple Lane

City & State: Stuart, FL 34996

Permit No. _____

Models: 8.5/12RES

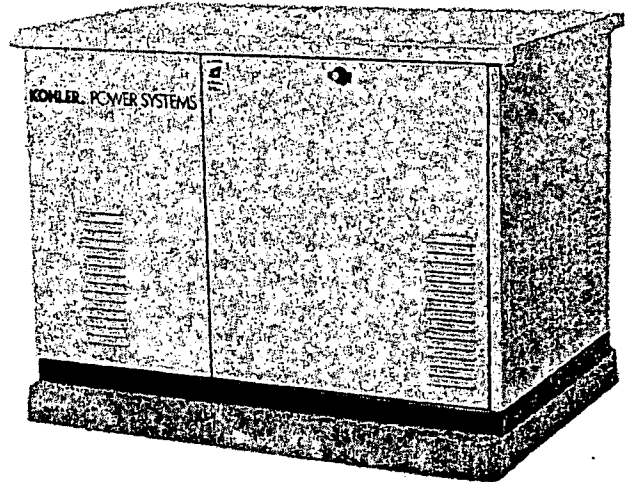
KOHLER POWER SYSTEMS

Multi-Fuel
LP Vapor/Natural Gas



Standard Features

- Powerful
 - The Model 12RES is the only generator in its class powerful enough to start and run a typical 4 ton (48,000 BTU) central air conditioner *
 - Designed for easy installation
 - Polymer base eliminates the need for a concrete mounting pad, reducing installation time and cost
 - Fuel and electrical connections through the enclosure wall eliminate the need for stub-ups through the bottom
 - Quiet
 - Quiet operation: 65 dB(A) at 7 m, similar to a typical vacuum cleaner
 - Sound enclosure maintains neighborhood solitude
 - Internal exhaust system with a USDA Forest Service-approved spark arrestor
 - ADC 2100 Advanced Digital Control is designed for today's most sophisticated electronics
 - Digital electronic isochronous governor
 - Digital voltage regulator
 - LED display provides diagnostic capability
 - Engine features
 - Digital Spark Advance Module (DSAM) optimizes engine performance for natural gas and LP vapor fuels (12RES only)
 - Simple field-conversion between natural gas and LP vapor fuels while maintaining emission certification
 - AC-powered 6-amp battery charger
 - Integral vibration isolation
 - Rodent-proof construction
- UL 2200 listed (60 Hz models)
 - UL listed to Canadian safety standards (60 Hz models)
 - Emission Certifications (60 Hz models):
 - California Air Resources Board (CARB)-certified for both LP vapor and natural gas (field-convertible)
 - Meets Environmental Protection Agency (EPA) nonstationary unit requirements
 - Kohler Co. provides one-source responsibility for the generating system and accessories
 - Generator set and components are prototype-tested, factory-built, and production-tested
 - A two-year limited warranty covers all systems and components



Generator Ratings

Model Series	Voltage	Phase	Hz	Generator Model	Standby Amps		Standby Ratings, kW/kVA	
					Natural Gas	LP Gas	Natural Gas	LP Gas
8.5RES	120/240	1	60	2F4	29	35	7.0/7.0	8.5/8.5
8.5RES	115/230	1	50	2F4	27	33	6.3/6.3	7.5/7.5
12RES	120/240	1	60	2F4	43	50	10.4/10.4	12.0/12.0
12RES	115/230	1	50	2F4	40	46	9.3/9.3	10.5/10.5

RATINGS: Standby ratings apply to installations served by a reliable utility source. All single-phase units are rated at 1.0 power factor. The standby rating is applicable to variable loads with an average load factor of 80% for the duration of the power outage. No overload capacity is specified at this rating. Ratings are in accordance with ISO-3046/1, BS5514, AS2789, and DIN 6271. **GENERAL GUIDELINES FOR DERATING:** **ALTITUDE:** Derate 4% per 305 m (1000 ft.) elevation above 153 m (500 ft.). **TEMPERATURE:** Derate 1.5% per 5.5°C (10°F) temperature increase above 18°C (60°F). Availability is subject to change without notice. Kohler Co. reserves the right to change the design or specifications without notice and without any obligation or liability whatsoever. Contact your local Kohler Co. generator distributor for availability.

* Due to the cycling operation of many electrical appliances, the generator set may not run all appliances simultaneously. Check the appliance manufacturer's specifications for actual power requirements. Consult a Kohler® Power Systems professional for your exact residential power system requirements.

Application Data

Engine

Engine Specifications	60 Hz	50 Hz
Manufacturer	Kohler	
Engine: model, type		
8.5RES	CH20 4-Cycle	
12RES	CH740 4-Cycle	
Cylinder arrangement	V-2	
Displacement, L (cu. in.)		
8.5RES	0.624 (38)	
12RES	0.725 (44)	
Bore and stroke, mm (in.)		
8.5RES	77 x 67 (3.03 x 2.64)	
12RES	83 x 67 (3.27 x 2.64)	
Compression ratio		
8.5RES	8.5:1	
12RES	9.0:1	
Main bearings: quantity, type	2, Parent Material	
Rated rpm	3600	3000
Max. engine power at rated rpm, kW (HP)		
CH20, LP vapor	11.5 (15.4)	10 (14.0)
CH20, natural gas	10.0 (13.4)	9.1 (12.2)
CH740, LP vapor	17.6 (23.6)	15.8 (21.2)
CH740, natural gas	15.3 (20.5)	13.8 (18.5)
Cylinder head material	Aluminum	
Valve material	Steel/Stellite®	
Piston type and material	Aluminum Alloy	
Crankshaft material	Heat Treated, Ductile Iron	
Governor: type	Electronic	
Frequency regulation, no load to full load	Isochronous	
Frequency regulation, steady state	±0.5%	
Air cleaner type	Dry	

Engine Electrical

Engine Electrical System	
Ignition system	Electronic, DSAM
Starter motor rated voltage (DC)	12
Battery system:	
Ground	Negative
Volts (DC)	12
Battery quantity	1
Recommended cold cranking amps (CCA) rating for -18°C (0°F)	675
Battery charger, ampere rating	6

Lubrication

Lubricating System	
Type	Full Pressure
Oil capacity (with filter), L (qt.)	1.9 (2.0)
Oil filter: quantity, type	1, Cartridge
Oil cooler	Integral

Fuel Requirements

Fuel System	
Fuel types	Natural Gas or LP Vapor
Fuel supply inlet	1/2 NPT
Fuel supply pressure, kPa (in. H ₂ O)	1.7-2.7 (7-11)

Minimum Gas Pipe Size Recommendation, in. NPT

Pipe Length, m (ft.)	8.5RES		12RES	
	Natural Gas (132,000 Btu/hr.)	LP Vapor (180,000 Btu/hr.)	Natural Gas (202,000 Btu/hr.)	LP Vapor (270,000 Btu/hr.)
8 (25)	3/4	1/2	3/4	3/4
15 (50)	3/4	3/4	1	1
30(100)	1	1	1	1
46(150)	1	1	1 1/4	1
61(200)	1	1	1 1/4	1 1/4

Fuel Consumption, m³/hr. (cfh)

% Load	8.5RES		12RES	
	60 Hz	50 Hz	60 Hz	50 Hz
Natural Gas				
100%	3.7 (132)	3.3 (118)	5.9 (209)	4.9 (175)
75%	3.2 (113)	2.9 (101)	4.8 (168)	4.0 (141)
50%	2.6 (93)	2.3 (83)	3.6 (127)	3.0 (106)
25%	2.2 (77)	1.9 (69)	2.4 (85)	2.0 (71)
LP Vapor				
100%	2.0 (72)	1.7 (61)	3.1 (108)	2.5 (89)
75%	1.3 (45)	1.1 (38)	2.5 (87)	2.0 (72)
50%	1.0 (36)	0.9 (31)	1.9 (65)	1.5 (53)
25%	0.8 (29)	0.7 (25)	1.2 (44)	1.0 (36)

LP vapor conversion factors:

8.58 ft.³ = 1 lb.
36.39 ft.³ = 1 gal.

Nominal fuel rating:

Natural gas: 37 MJ/m³ (1000 Btu/ft.³)
LP vapor: 93 MJ/m³ (2500 Btu/ft.³)

Alternator

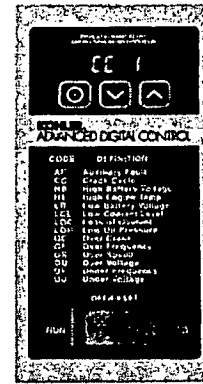
Alternator Features

- Compliance with NEMA, IEEE, and ANSI standards for temperature rise
- Self-ventilated and dripproof construction
- Vacuum-impregnated windings with fungus-resistant epoxy varnish for dependability and long life
- Superior voltage waveform and minimum harmonic distortion from skewed alternator construction
- Digital voltage regulator with $\pm 1.5\%$ no-load to full-load RMS regulation
- Rotating-field alternator with static exciter for excellent load response
- Skewed generator construction produces a smooth AC waveform

Alternator Specifications

Specifications	PowerBoost™ Generator 1-Phase
Manufacturer	Kohler
Output reconnectable	120/240
Type	2-Pole, Rotating Field
Leads, quantity	4
Voltage regulator	Digital
Insulation:	NEMA MG1-1.66
Material	Class H
Temperature rise	Class H
Bearing: quantity, type	1, Sealed Ball
Coupling	Direct
Amortisseur windings	Full
Voltage regulation, no-load to full-load RMS	$\pm 1.5\%$
One-step load acceptance	100% of Rating
Peak motor starting kVA:	
8.5RES	23
12RES	32

Controller



Advanced Digital Control Features

- Compact controller
- Integrally mounted to the generator set
- LED display:
 - Runtime hours
 - Crank cycle status
 - Diagnostics
 - Application software version
- LED display communicates faults:
 - High battery voltage
 - High engine temperature
 - Low battery voltage
 - Low oil pressure
 - Overcrank safety
 - Overfrequency
 - Overspeed
 - Overvoltage
 - Underfrequency
 - Undervoltage
- Membrane keypad for configuration and adjustment:
 - Password-protected user access to menus
 - Voltage, gain, and speed adjustment
 - System configuration: system voltage, phase, and frequency settings, battery voltage, and generator set model
- Master switch: Run/Off-Reset/Auto
- Remote two-wire start/stop capability
- Superior electronics protection from corrosion and vibration:
 - Potted electronics
 - Sealed connections
- Digital isochronous governor to maintain steady-state speed at all loads
- Digital voltage regulation: $\pm 1.5\%$ RMS no-load to full-load
- Automatic start with programmed cranking cycle

Standard Features and Accessories

Standard Features

- Two-year limited warranty
- Advanced Digital Control
- Polymer base
- Battery cables
- Fuel solenoid valve and secondary regulator
- Line circuit breaker
- Oil drain extension with shutoff valve
- Rodent-proof construction
- Critical silencer
- Sound enclosure, quiet 65 dB(A) operation
- Sound-deadening, flame-retardant foam per UL 94, class HF-1
- Spark arrestor, USDA Forest Service-approved
- CARB- and EPA-certified fuel system
- Multi-fuel system, LP vapor/natural gas, field-convertible
- 6-amp battery charger

Kohler® G220 Automatic Transfer Switch

- 100 and 200 amp models available
- Rated 240 volts/60 Hz or 220 volts/50 Hz
- UL 1008 and cUL listed
- Padlockable NEMA 3R outdoor enclosure
- User-enabled generator set exerciser, standard equipment
- Solid state electronics
- Dimensions (H x W x D):
612 x 457 x 284 mm (24 x 18 x 11 in.)
- Weight: 21 kg (47 lb.)

See the G220 specification sheet for more detailed information.

Accessories

Controller

- Relay kit, includes run relay and common fault relay

Electrical System

- Battery
 Battery heater

Fuel System

- Gas strainer
 Braided stainless steel flexible fuel line

Maintenance

- Maintenance kit (air and oil filters)
 General maintenance literature kit
 Overhaul literature kit
 Production literature kit

Starting Aids

- Carburetor heater, 120 VAC (recommended for reliable starting at temperatures below 0°C [32°F])

Transfer Switch

- Kohler automatic transfer switch

Miscellaneous Accessories

- _____

Dimensions and Weights

Overall Size, L x W x H:

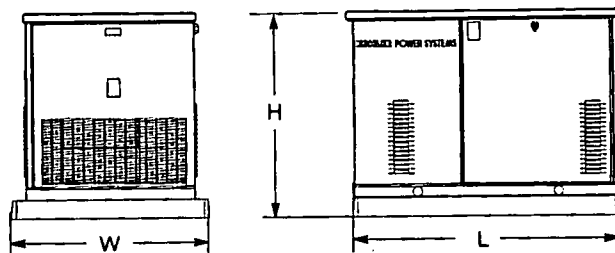
1079 x 774 x 826 mm
 (42.5 x 30.5 x 32.5 in.)

Weight:

186 kg (410 lb.)

Shipping weight:

195 kg (430 lb.)



NOTE: This drawing is provided for reference only and should not be used for planning installation. Contact your local distributor for more detailed information.

DISTRIBUTED BY:

Figure 2-1 Generator Set Mounting Details and Dimensions, ADV-6823A-C

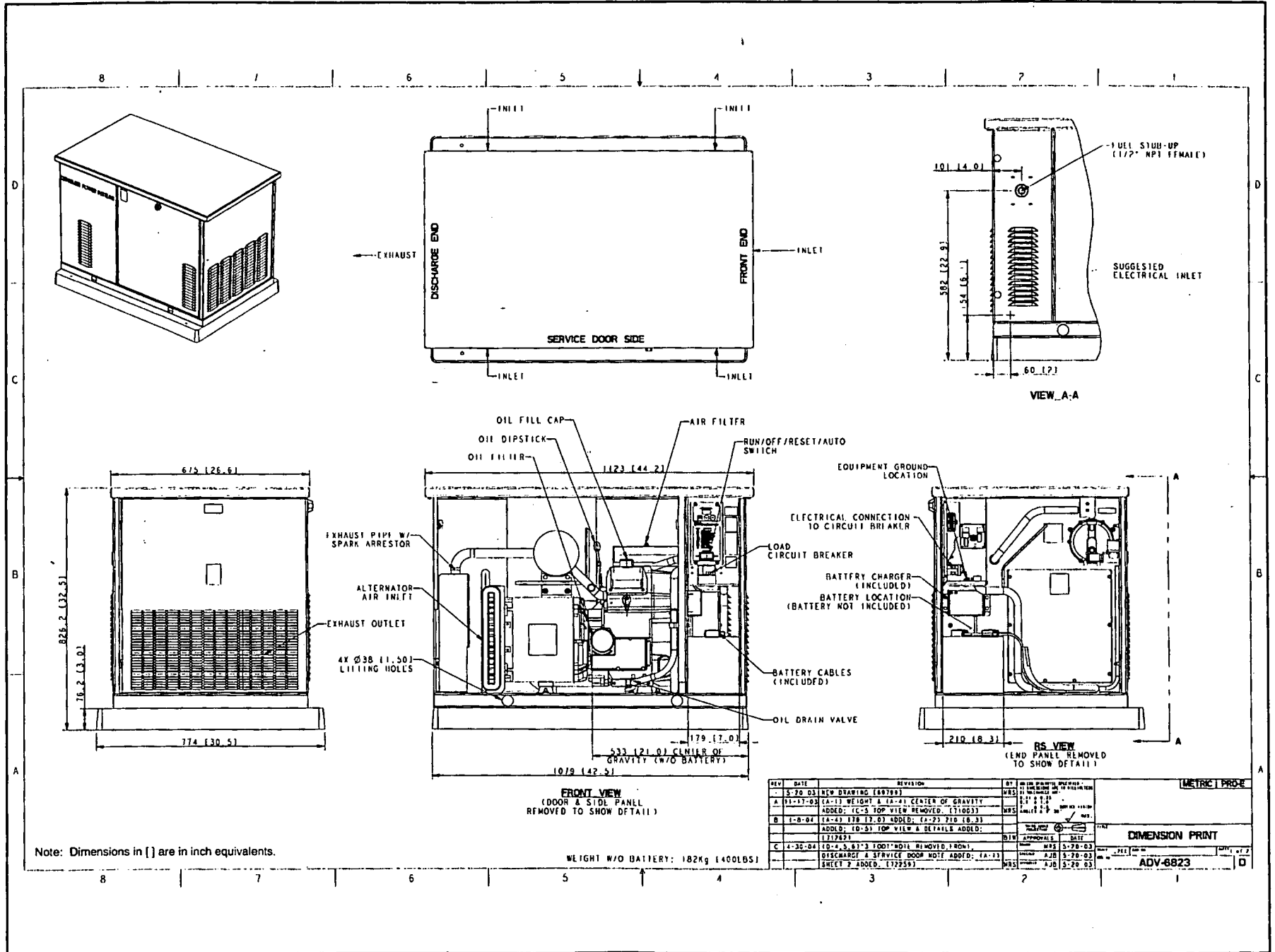
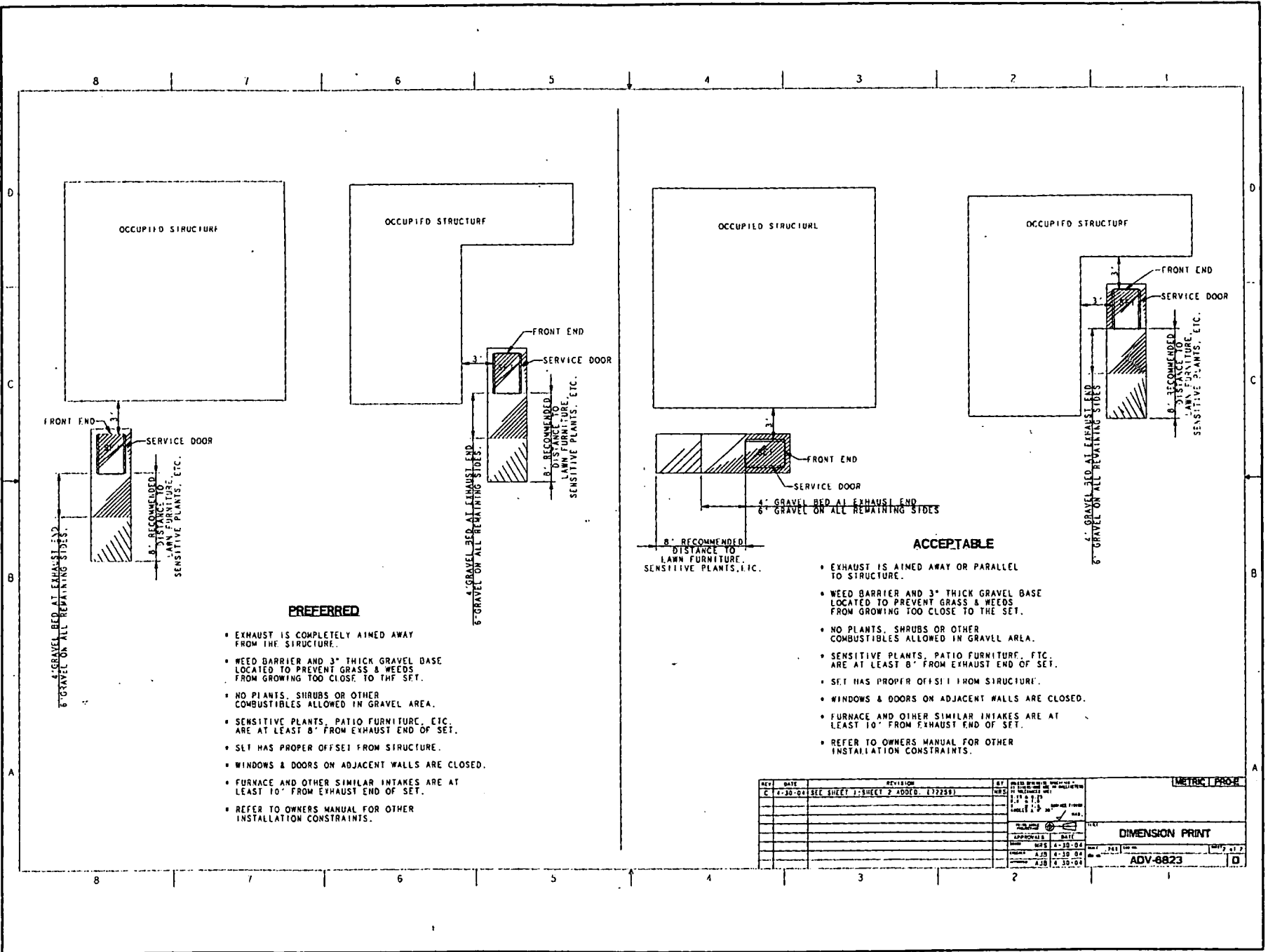


Figure 2-2 Generator Set Clearances, ADV-6823B-C



REV	DATE	REVISION	BY	CHKD	APP'D	DATE
C	4-30-04	SEC SHEET 1; SHEET 2 ADDED. (172256)				

METRIC / PRO-E

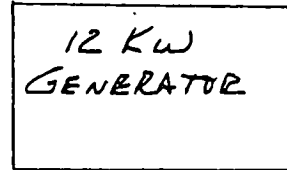
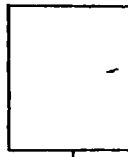
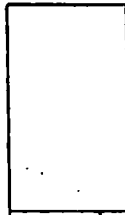
DIMENSION PRINT

ADV-6823

EXISTING
HOUSE
PANEL

100AMP
AUTOMATIC
TRANSFER
SWITCH

100AMP
EMERGENCY
PANEL



1" C. W/ 2-#3, 1-#6, 1-#8 THHN CU

3/4" C. W/ 2-#6, 1-#8, 1-#10 THHN CU

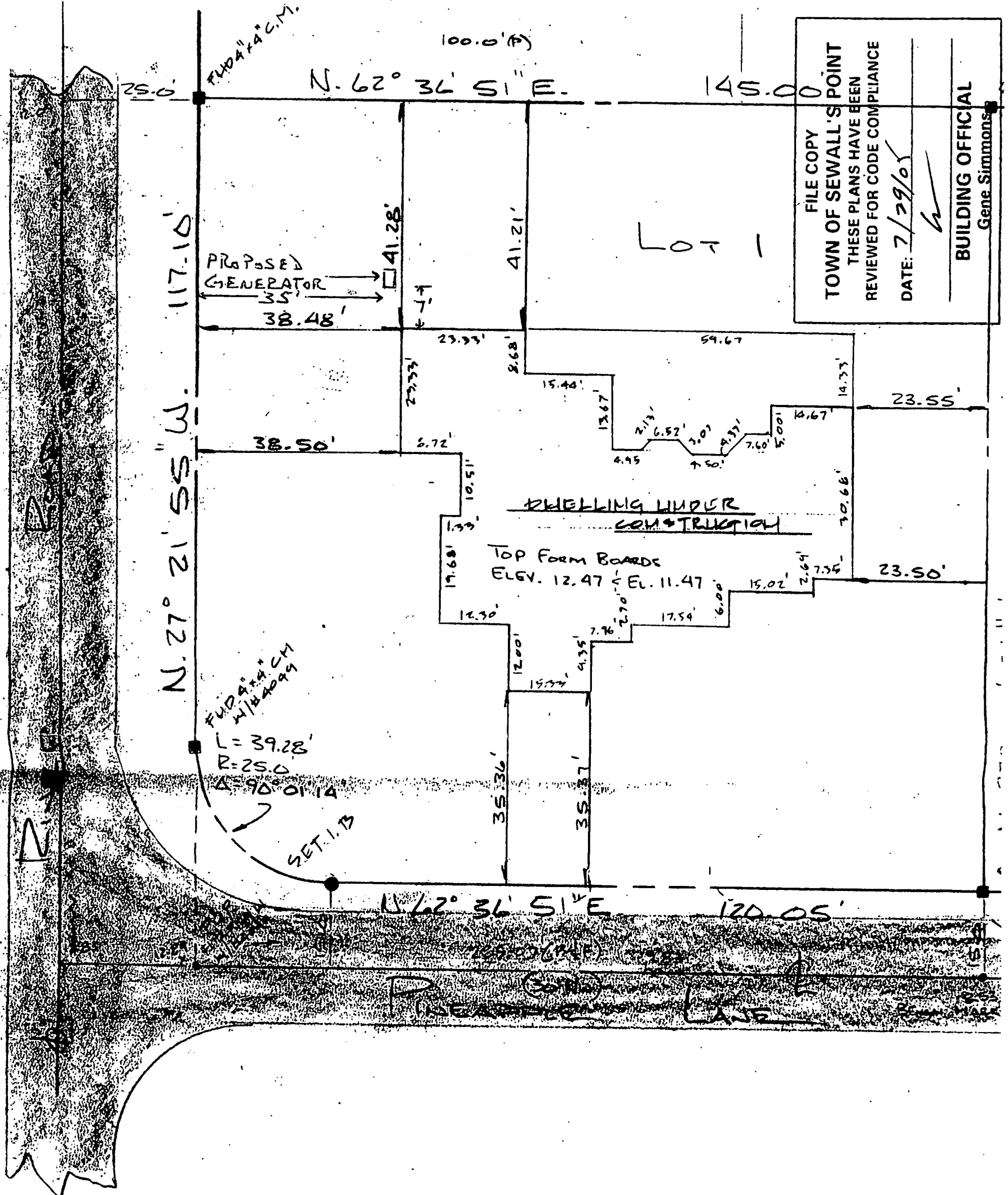
VIENER RESIDENCE 10 PINEAPPLE LANE		
SCALE NTS	APPROVED BY	DRAWN BY LJ
DATE 7-28-05		REVISED
LLOYD JOHNSON ELECTRIC, INC.		
772-223-7397		DRAWING NUMBER

"Riviera" 1/2

Plat Book 6, PL. 95

Lot 40

Lot 39



FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 7/29/05
 BUILDING OFFICIAL
 Gene Simmons

1. PROPERTY LOCATED WITHIN FLOOD ZONE: "C"
2. PROPERTY ADDRESS:
3. CERTIFIED TO: JUNE B. CARRUTHERS WALTER G. WOODS, CHARTERED FIDELITY FEDERAL SAVINGS BANK OF FLORIDA, ITS SUCCESSORS &/OR ASSIGNS ATTORNEYS TITLE INSURANCE FUND, INC.

TOWN OF SEWALLS POINT

NOTES:

1. Survey of description as furnished by (C)
2. Lands shown hereon were not abstract and/or rights-of-way of record. (P) Denotes distance or bearing by description (F) Denotes measured distance or bearing (C) Denotes calculated distance or bearing.
3. All bearings are referenced to the instrument as shown hereon, unless otherwise noted.
4. Elevations shown hereon are relative to the Vertical Datum of 1929, and are based on the datum.
5. There are no above ground encroachments, easements, or other interests shown hereon.

SET I.B. - SET 5/8 IRON BAR & CAP #4045
 FND. - FOUND OBJECT
 I.P. - IRON PIPE
 C.M. - CONCRETE MONUMENT

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/19, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7225	K DEEPIEZ	FINAL POOL ENCL	PASS	CLOSE
3	10 RIO VISTA DR SCREEN			INSPECTOR: <i>OM</i>
7225	SCHOPPE	TREE	PASS	
7	LOT - 25 S. RIVER			INSPECTOR: <i>OM</i>
7503	LADD	ROUGH A/C	PASS	
2	21 SIMARA	ELEC	PASS	INSPECTOR: <i>OM</i>
	HARTEN CAUFIELD	FRAMING	FAIL	
7685	GILLEN	FINAL	PASS	CLOSE
5A	5 PALMWOOD DR			INSPECTOR: <i>OM</i>
	PACIFIC ROOFING			
7734	CRANE	DRY IN	CXL	
2A	2 TIMOR ST			INSPECTOR:
	PACIFIC ROOFING			
7703	VIENER	GENERATOR	PASS	
1	10 PINEAPPLE LA	PAD, ELEC		INSPECTOR: <i>OM</i>
	O/B	FINAL		
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 SEPT 7, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7743	FREUDENBERG	REEROOF - FINAL	PASS	CLOSE
BA	115 N. SEWALLS PT	GREENHOUSE		
	SUPERIOR ROOFING			INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7703	VIENER	FINAL GENERATOR	PASS	CLOSE
3	10 PINEAPPLE LA			
	01B			INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7725	VIENER	FINAL GAS TANK	PASS	CLOSE
3	10 PINEAPPLE LA	# LINES		
	FERR			INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7750	COOPER	UG FUEL	PASS	
9	33 W. HIGH POINT	PIPING		
	DELTA	*LAST PLEASE*		INSPECTOR: <i>OW</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: _____

7725

GAS TANK & LINES

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 8/11/05

BUILDING PERMIT NO. 7725

Building to be erected for VIENER

Type of Permit GAS TANKS & LINES

Applied for by FERRIN GAS

(Contractor) Building Fee 35.00

Subdivision PINEAPPLE LA Lot 1 Block _____

Radon Fee _____

Address 10 PINEAPPLE LANE

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

1238410030000001040000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # 2075 Cash _____

Other Fees (_____)

Total Construction Cost \$ 2300.00

TOTAL Fees 35.00

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

INSPECTIONS

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

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

RECEIVED
8/19/05

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: 1725

Date: _____

OWNER/TITLEHOLDER NAME: VIENER Phone (Day) 288-3103 (Fax) _____

Job Site Address: 10 PINEAPPLE LANE City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) RIO VISTA Parcel Number: 12 38 41 003 000 000 104 0000

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

Description of Work To Be Done: PROPANE TANK & LINE FOR GENERATOR

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2300.00

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: FERRELLGAS Phone: 287-4330 Fax: 287-3456

Street: 3232 SE DIXIE HWY City: STUART State: FL Zip: 34997

State Registration Number: 13351 State Certification Number: _____ Martin County License Number: SP00125

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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)

Karen M. Viener

State of Florida, County of: MARTIN

This the 28th day of JULY, 2005

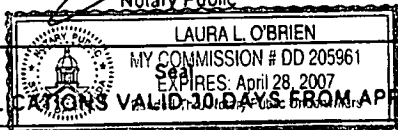
by KAREN M. VIENER who is personally

known to me or produced

as identification. [Signature]

Notary Public

My Commission Expires: _____



CONTRACTOR SIGNATURE (required)

[Signature]

On State of Florida, County of: MARTIN

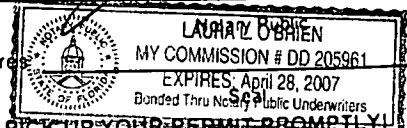
This the 9th day of AUGUST, 2005

by SARAH KEENAN who is personally

known to me or produced

As identification. [Signature]

My Commission Expires: _____



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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

08/01/2006

DATE (MM/DD/YY)
07/12/2005

PRODUCER
Lockton Companies
444 W. 47th Street, Suite 900
Kansas City Mo 64112-1906
(816) 960-9000

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

INSURERS AFFORDING COVERAGE

INSURED
80265 FERRELLGAS, LP
ONE LIBERTY PLAZA
LIBERTY, MO 64068

INSURER A: ACE AMERICAN INSURANCE COMPANY
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES FERCO03 YA

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	XSL G21731742	08/01/2005	08/01/2006	EACH OCCURRENCE	\$ 3,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> (500,000 SIR)				PERSONAL & ADV INJURY	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 7,500,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ Included
A	AUTOMOBILE LIABILITY	ISA H07944937	08/01/2005	08/01/2006	COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ XXXXXXXX
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$ XXXXXXXX
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$ XXXXXXXX
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT	\$ XXXXXXXX
<input type="checkbox"/> ANY AUTO	OTHER THAN AUTO ONLY:				EA ACC \$ XXXXXXXX	
					AGG \$ XXXXXXXX	
	EXCESS LIABILITY	NOT APPLICABLE			EACH OCCURRENCE	\$ XXXXXXXX
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	AGGREGATE				\$ XXXXXXXX	
<input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> UMBRELLA FORM					\$ XXXXXXXX	
RETENTION \$					\$ XXXXXXXX	
					\$ XXXXXXXX	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WLR C4433351A (AOS) SCF C44333521(WI)	08/01/2005 08/01/2005	08/01/2006 08/01/2006	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	OTHER CARGO	ISA H07944937	08/01/2005	08/01/2006	\$100,000	

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

CERTIFICATE HOLDER
1681228
TOWN OF SEWALLS POINT
1 SOUTH SEWALLS POINT RD
STUART, FL 34996

ADDITIONAL INSURED; INSURER LETTER: _____ **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 *[Signature]*

Florida Department of Agriculture and Consumer Services
Bureau of Liquefied Petroleum Gas
P.O. Box 6720
Tallahassee, Florida 32399-6720

License Number: 01237

Business Mailing Address

Licensed Location Address

FERRELLGAS #5539
3232 SE DIXIE HWY
STUART, FL 34997-5239

FERRELLGAS #5539
3232 SE DIXIE HWY
STUART, FL 34997-5239

The liquefied petroleum gas license at the bottom of this form is valid ONLY for the company located at the address on the license. Each business location of a company must be licensed. All LP Gas licenses must be renewed annually. Any license allowed to expire shall become inoperative because of failure to renew. The fee for restoration of a license is equal to the original license fee and must be paid before the licensee may resume operations.

Pursuant to Chapter 527, Florida Statutes, LP Gas licensees must present proof of licensure to any consumer, owner, or end user upon request when engaged in the business of servicing, testing, repairing, maintaining or installing LP Gas systems and/or equipment.

For future correspondence, please make any needed corrections or changes to your business mailing address and/or your licensed location address and return the UPPER PORTION with corrections to:

Florida Department of Agriculture and Consumer Services
Bureau of Liquefied Petroleum Gas
P.O. Box 6720
Tallahassee, Florida 32399-6720



Cut Here



POST LICENSE
CONSPICUOUSLY

State of Florida
Department of Agriculture and Consumer Services

Division of Standards
Bureau of Liquefied Petroleum Gas
(850) 921-8001
Tallahassee, Florida

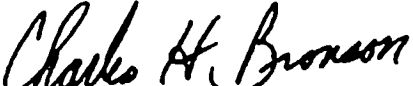
License Number: 01237
Expiration Date: August 31, 2005
Date of Issue: September 1, 2004
License Fee: \$425.00
Type and Class: 0601

Liquefied Petroleum Gas License
CATEGORY I LP GAS DEALER

GOOD FOR ONE LOCATION

This license is issued under authority of Section 527.02, Florida Statutes, to:

FERRELLGAS #5539
3232 SE DIXIE HWY
STUART, FL 34997-5239


CHARLES H. BRONSON
COMMISSIONER OF AGRICULTURE

Attention Lisa

2004--2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Lori / G. O'Grove, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5004

LICENSE 967-249-008 CERT SP0 0125

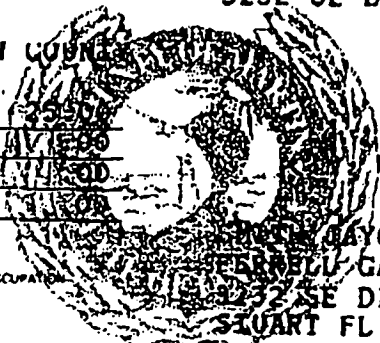
PHONE (561) 287-4330 SIC NO 221210

LOCATION:

3232 SE DIXIE HWY MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV. #1	\$	<u> .00</u>	LIC. FEE	\$	<u> 25.00</u>
	\$	<u> .00</u>	PENALTY	\$	<u> .00</u>
	\$	<u> .00</u>	COL. FEE	\$	<u> .00</u>
	\$	<u> .00</u>	TRANSFER	\$	<u> .00</u>
		TOTAL	<u> 25.00</u>		



DAYCE GENERAL MANAGER

FERRILL GAS

3232 SE DIXIE HWY

STUART FL 34997

IS HERE LISTED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION

OF COUNTY ONLY

AT LOCALITY LISTED FOR THE PERIOD BEGINNING ON THE

17 OF SEPTEMBER 04

AND END 1111 SEPTEMBER 2005

12 04091701 003740

Lisa -

*Also M/C Contractor license
is SP 00125 -*

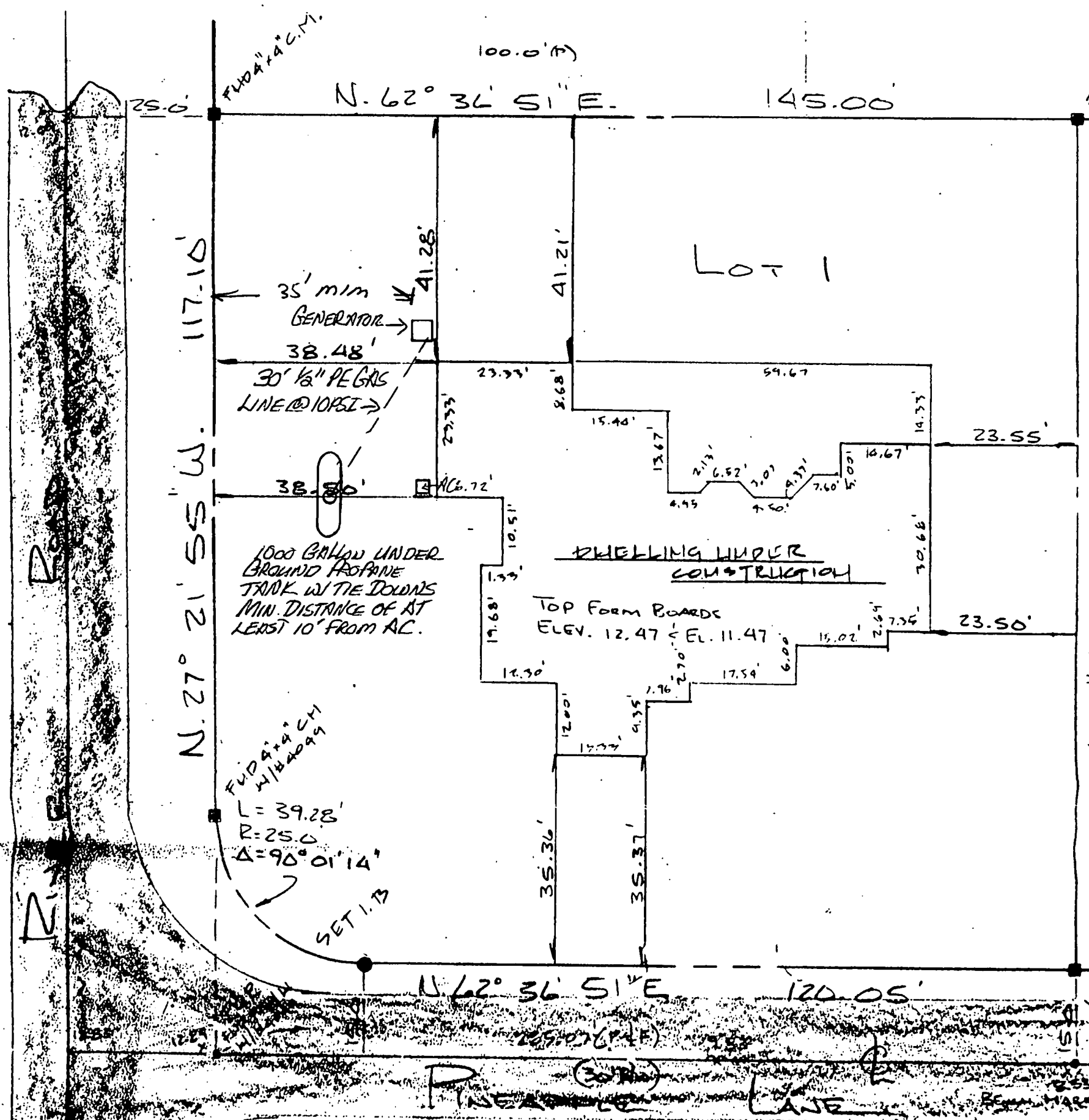
*Hope this helps
Kathryn*

"Rollista" 1/2

PLAT BOOK 6, PL. 95

LOT 40

LOT 39



FERRELL GAS 287-4330

FILE COPY
 TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 8/10/05

 BUILDING OFFICIAL
 Gene Simmons

- 1 PROPERTY LOCATED WITHIN FLOOD ZONE: "C"
 - 2 PROPERTY ADDRESS:
 - 3. CERTIFIED TO: JUNE B. CARRUTHERS WALTER G. WOODS, CHARTERED FIDELITY FEDERAL SAVINGS BANK OF FLORIDA, ITS SUCCESSORS &/OR ASSIGNS ATTORNEYS TITLE INSURANCE FUND, INC.
- TOWN OF SEWALLS POINT






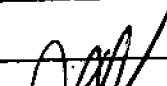
- NOTES:
- 1. Survey of description as furnished by (
 - 2. Lands shown hereon were not abstract and/or rights-of-way of record.
 - (P) Denotes distance or bearing by description
 - (F) Denotes measured distance or bearing
 - (C) Denotes calculated distance or bearing
 - 3. All bearings are referenced to the instrument as shown hereon, unless otherwise noted
 - 4. Elevations shown hereon are relative to the Vertical Datum of 1929, and are based on
 - 5. There are no above ground encroachments, (

SET I.B. - SET 5/8 IRON BAR & CAP #4045
 F.O. - FOUND OBJECT
 I.P. - IRON PIPE
 C.M. - CONCRETE MONUMENT
 OHW

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/19, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7726	FREUDENBERG	DRY IN	PASS	
8	115 N. Sewall's Pt		(PARTIAL)	
	SUPERIOR ROOFING			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	SKINNER	TREE	PASS	
5	15 PALMETTO DR			
				INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7552	MONZON	FINAL FENCE	FAIL	
6	119 HILLCREST DR			
	STANDY FENCE			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7268	H BASSOC - TMI MARKET	FINAL	CANCEL	
	3758 OCEAN BLVD			
	KIRCHMAN			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7725	VENER	DISTANCE LINES	PASS	
1	10 PINEAPPLE LA	(GENERATOR)		
	FERRELL GAS			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6663	BARRETT SANDI	FINAL	PASS	CLOSE
4	23 N. VIA LUCINDIA	ADDITION/ NEW ROOF		
	WHITE ALUMINUM			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	BINNICKER	TREE	PASS	
9	11 PERRWINKLE LA			
				INSPECTOR: 

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Sept 7, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7743	FREUDENBERG	REROOF - FINAL	PASS	CLOSE
(84)	115 N. SEWALL'S PT	GREENHOUSE		
	SUPERIOR ROOFING			INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7703	VIENER	FINAL GENERATOR	PASS	CLOSE
(3)	10 PINEAPPLE LA			
	O/B			INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7725	VIENER	FINAL GAS TANK	PASS	CLOSE
(3)	10 PINEAPPLE LA	# LINES		
	FERR			INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7750	COOPER	UG FUEL	PASS	
(9)	33 W. HIGH POINT	PIPING		
	DELTA	*LAST PLEASE*		INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>OW</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>OW</i>

OTHER: _____

7967
ROOF REPAIRS

CANCELLED

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 12/18/05

BUILDING PERMIT NO. 7967

Building to be erected for VIENER

Type of Permit REPAIR ROOF

Applied for by O/B (Contractor)

Building Fee _____

Subdivision PINEAPPLE Lot 1 Block _____

Radon Fee _____

Address 10 PINEAPPLE LA

Impact Fee _____

Type of structure SEC

A/C Fee N/C

Parcel Control Number:

1238410030000001040000

Electrical Fee HURRICANE DAMAGE

Plumbing Fee _____

Roofing Fee _____

Amount Paid N/C Check # - Cash _____ Other Fees (_____)

Total Construction Cost \$ 1000.00

TOTAL Fees _____

Signed Karen Viener

Applicant

Signed [Signature]

Town Building Official

PERMIT

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

INSPECTIONS

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

1-407 (network done on PN ^{mc} 0043)

RECEIVED
11/28/05

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: 7967

Date: 11/28/05

OWNER/TITLEHOLDER NAME: Karen + Michael Viener Phone (Day) 288 3103 (Fax)

Job Site Address: 10 Pineapple Lane City: Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Pineapple Lane Lot 1 Parcel Number:

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

Description of Work To Be Done: roof repair

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1,000
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$

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

Method of Determining Fair Market Value:

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

CONTRACTOR/Company: Phone: Fax:

Street: City: State: Zip:

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: Screened Porch:

Carport: 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)

Karen Viener

State of Florida, County of: MARTIN

This the 28th day of November, 2005

by KAREN VIENER who is personally

known to me or produced as identification

My Commission Expires: Notary Public

CONTRACTOR SIGNATURE (required)

On State of Florida, County of:

This the _____ day of _____ 200

by _____ who is personally

known to me or produced

As identification.

My Commission Expires: Notary Public



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

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

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

DISCLOSURE STATEMENT

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

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

Name: Karen Viener Date: 12/19/05

Signature: Karen Viener

Address: 10 Pineapple Lane

City & State: Stuart, FL 34996

Permit No. _____

8272

RE-ROOF

Martin County #SP01-
MASTER PERMIT NO. 2006 0043

TOWN OF SEWALL'S POINT

Date 10-15-06

Receipt
BUILDING PERMIT NO. 8272

Building to be erected for Viener

Type of Permit Reroof

Applied for by All American Roofing (Contractor)

Building Fee _____

Subdivision Pineapple Lot 1 Block _____

Radon Fee _____

Address 10 Pineapple La

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:
12-38-41-003-000-0001040000

Electrical Fee _____

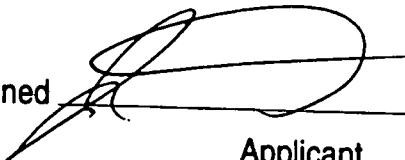
Plumbing Fee _____

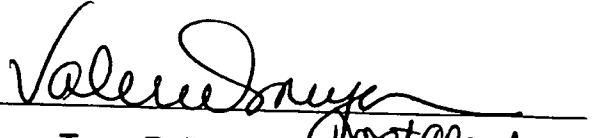
Amount Paid \$120 Check # 6712 Cash _____ Other Fees (_____) _____

Roofing Fee 120

Total Construction Cost \$ 133491

TOTAL Fees 120

Signed 
Applicant

Signed 
Town Building Official *Valerie Dwyer*



MARTIN COUNTY BUILDING PERMIT

CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED.

Permit Number: SP01 - 20060043
Permit Type: SEWALLS POINT
Date Issued: 14-JUN-06
Project:
Scope of Work: Roofing - reroof

Applicant/Contact:	WILKINS, PAUL D	/
Parcel Control Number:	12-38-41-003-000-0001.0-40000	
Subdivision:	PINEAPPLE LANE	
Construction Address:	10 PINEAPPLE LN	
Location Description:		
Owner Name:	VIENER, MICHAEL J & KAREN M	
Prime Contractor:	WILKINS, PAUL D 3006 SE WAALER ST STUART, FL 34997	ALL AMERICAN ROOFING OF THE 1 772-463-8055 License No.: CCC058118

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

**"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 RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.**

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.
The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final _____ 6056 Roof Underlayment/FI _____

RECEIVED
16/4/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: 8272

Date: _____

OWNER/TITLEHOLDER NAME: VIENER, MICHAEL & KAREN Phone (Day) 288-3103 (Fax) _____

Job Site Address: 10 PINEAPPLE LANE City: STUART State: FL Zip: 34990

Legal Desc. Property (Subd/Lot/Block) PINEAPPLE LANE LOT #1 Parcel Number: 12-38-41-003-000-000-104

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

Description of Work To Be Done: Roofing - reroof

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$133,491.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: ALL AMERICAN ROOFING OF THE Phone: _____ Fax: _____
TC

Street: 3006 SE WALKER ST. City: STUART State: FL Zip: 34990

State Registration Number: _____ State Certification Number: 00058118 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

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

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

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

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

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): [Signature]

State of Florida, County of: MARTIN
This the 30th day of MAY, 2006
by MICHAEL VIENER who is personally known to me or produced as identification. [Signature]
Notary Public

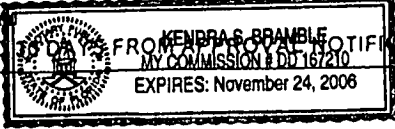
My Commission Expires: 11/24/06

CONTRACTOR SIGNATURE (required): _____

On State of Florida, County of: _____
This the 11 SEE ATTACHED day of _____, 2006
by _____ who is personally known to me or produced as identification. _____
Notary Public

My Commission Expires: _____ Seal

PERMIT APPLICATIONS VALID FROM _____ NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!



Date: _____

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: VIENER, MICHAEL Phone (Day) 988-3103 (Fax) _____

Job Site Address: 10 PINEAPPLE LANE, D City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) PINEAPPLE, Lot #1 Parcel Number: 12-38-41-003-000-000104

Owner Address (if different): 10 PINEAPPLE LANE City: STUART State: FL Zip: 34996

Description of Work To Be Done: REROOF

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

CONTRACTOR/Company: ALL AMERICAN ROOFING Phone: 463-8055 Fax: 463-8054

Street: 10 PINEAPPLE LANE City: STUART State: FL Zip: 34996

State Registration Number: _____ State Certification Number: CC058118 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$133,491.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required) _____

State of Florida, County of: _____

This the 11 day of SEE ATTACHED, 2006

by _____ who is personally

known to me or produced _____

as identification. _____

Notary Public

My Commission Expires: _____

Seal

CONTRACTOR SIGNATURE (required) _____

On State of Florida, County of MARTIN

This the 30th day of MAY, 2006

by ARUC D. WILKINS who is personally

known to me or produced _____

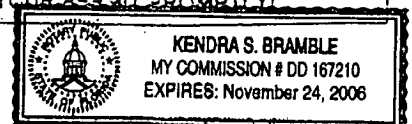
As identification. Kendra S. Bramble

Notary Public

My Commission Expires: 11/24/06

Seal

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



PRODUCER
J.W. Edens & Company
 Commercial Ins of Brevard, Inc
 325 Fifth Avenue, Suite 108
 Indialantic FL 32903
 Phone: 321-725-7000 Fax: 321-725-7856

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
All American Roofing of The Treasure Coast, Inc.
 3006 SE Wailer Street
 Stuart FL 34991

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Canal Indemnity Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSK ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	CPF50439	10/16/05	10/16/06	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER
						WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

SEWALLS

Town of Sewall's Point
 One South Sewall's Point Rd.
 Stuart FL 33494

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

Theresa C. O'Brien



ACORD.. CERTIFICATE OF LIABILITY INSURANCE

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

PRODUCER
Insurance Company of the Americas
1310 Ulton Street
P.O. Box 055
Oriskany, New York 13424
Tel: (315) 768-2728 Fax (315) 736-8731

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

INSURED
Employee Leasing Solutions, Inc.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Insurance Company of the Americas	33000
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

1401 Manatee Ave W, Suite 600
Bradenton, FL 34205

COVERAGES

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. PER. <input type="checkbox"/> LOC.				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (incl. sup. exp.) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMMOD. AGG. \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (SA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - SA ACCIDENT \$ OTHER THAN SA ACC. \$ AGG. \$
EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPERTY OR PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC69203010103	01/01/2006	01/01/2007	<input checked="" type="checkbox"/> WC STATE TORT LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
OTHER Client ID: 84841121 Print Ref #: 1001-27210				

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

All American Roofing of the Tr
 Qualifiers Name: Paul D Wilkins
 Aprox active employee count: 44

CERTIFICATE HOLDER
 Town Of Sewells Point
 1 South Sewells Point Road
 Stuart, FL 34996

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 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 ISSUER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
[Signature]

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L05080901343

DATE	BATCH NUMBER	LICENSE NBR
08/09/2005	050113188	QB0020109

The BUSINESS ORGANIZATION
 Named below IS QUALIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2007
 (THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
 COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)
 ALL AMERICAN ROOFING OF THE TREASURE COAST IN
 3006 WAALER STREET FL 34997
 STUART

JEB BUSH GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR SECRETARY

AC#1479402

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04070800927

DATE	BATCH NUMBER	LICENSE NBR
07/08/2004	040019579	CCC058118

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

WILKINS, PAUL D
 ALL AMER ROOF OF THE TREASURE COAST INC
 3006 SE WAALER ST FL 34997
 STUART

JEB BUSH GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR SECRETARY

2005-2006 MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE
 Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
 (772) 288-5604

LICENSE 2002-513-008 CERT CC-C058118
 PHONE (772)463-8055 LIC NO 023561
 LOCATION:
 3006 SE WAALER ST STU

CHARACTER COUNTS IN MARTIN COUNTY

PHEV. VR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL		<u>25.00</u>	

WILKINS, PAUL D (QUALIFIER)
 ALL AMERICAN ROOFING OF THE
 TREASURE COAST, INC.
 3006 SE WAALER STREET
 STUART, FL 34997

I HEREBY LICENSURE TO ENGAGE IN THE BUSINESS PROFESSION OR OCCUPATION
 OF **ROOFING CONTRACTOR**
 AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

13 DAY OF SEPTEMBER 05
 AND ENDING SEPTEMBER 2006

12 05091303 006395

INSTR # 1938767 OR BK 02150 PG 1953 REC'D 06/07/2006 02:41:18 PM
Pg 1953 (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK T Copus (asst mgr)

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 12-38-41-003-000
000-104

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): 10 PINEAPPLE LANE
PINEAPPLE LANE, LOT #1

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

OWNER: VIENER, MICHAEL & KAREN
ADDRESS: 10 PINEAPPLE LANE, STUART, FL 34996
PHONE #: _____ FAX #: _____

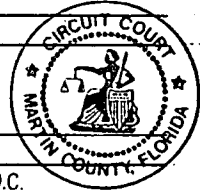
INTEREST IN PROPERTY: _____

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

CONTRACTOR: ALL AMERICAN ROOFING
ADDRESS: OF THE TREASURE COAST, INC.
PHONE #: 772-463-8054 3006 SE WAALER ST. FAX #: 772-463-8054
STUART, FL 34997

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

FAX # THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING CLERK
BY: [Signature]
DATE: 6/7/06 D.C.



LENDER/MORTGAGE COMPANY _____
ADDRESS: _____
PHONE #: _____

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

NAME: _____
ADDRESS: _____
PHONE #: _____ FAX #: _____

IN ADDITION TO HIMSELF 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 #: _____ FAX #: _____

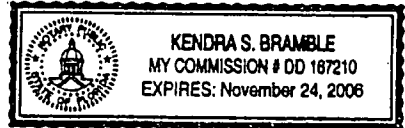
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 30th DAY OF MAY 2006
BY MICHAEL VIENER

PERSONALLY KNOWN _____
OR PRODUCED ID ✓
TYPE OF ID FL DL

[Signature]
NOTARY SIGNATURE



MARTIN COUNTY REROOF CERTIFICATION

PERMIT # _____

ALL AMERICAN ROOFING OF THE TREASURE COAST, INC.

CONTRACTOR'S NAME: _____ PHONE #: (1) 463-8055 FAX: (1) 463-8054

OWNER'S NAME: VIENER, MICHAEL & KAREN

CONSTRUCTION ADDRESS: 10 PINEAPPLE LANE CITY STUART STATE FL

REROOF: RESIDENTIAL (SINGLE FAMILY) COMMERCIAL/MULTI-FAMILY -- REMOVE/REINSTALL ROOF TOP HVAC EQUIP YES NO -- DISCONNECT/RECONNECT HVAC ELECTRICAL YES NO -- REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: 5 /12 SLOPE

FLORIDA BUILDING DEPARTMENT PROGRAM STANDARD PERMIT CONDITIONS

ROOF DECK: * SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED SHEATHING) - REQUIRES A FLORIDA REGISTERED ENGINEER'S WRITTEN SPECIFICATIONS AND PLANS WITH DETAILS DESCRIBING ATTACHMENT REQUIREMENTS (NAIL OR SCREW LENGTH AND FASTENING PATTERN INTO FRAMING MEMBERS.) SPECIFICATIONS SHALL BE SUBMITTED AT TIME OF ROOFING PERMIT APPLICATION.

RE-SHEATH - (REMOVAL OF SPACED SHEATHING FOR APPLICATION OF PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".

SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK. NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".

EXISTING DECK TO REMAIN

EXISTING ROOF COVERING: CEMENT TILE EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED ROOF COVERING: CLAY TILE

MANUFACTURER: WOODWILL PRODUCT NAME: AMERICANA PRODUCT APPR # 03-1211.01
CERTAINTEED MODIFIED BITUMEN 03-0227.02
(APPROVED ROOF COVERING MATERIAL FROM MARTIN COUNTY'S APPROVED ROOF COVERING LIST)
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. NOTE: ANY REROOFING CATEGORIES ABOVE WITH AN ASTERISK WILL REQUIRE THE PERMIT PACKAGE TO BE REVIEWED BY MARTIN COUNTY BUILDING DEPARTMENT. ALL OTHER CATEGORIES OF REROOFING WILL BE PERMITTED OVER THE COUNTER.

PROPOSED FLASHING: GALV/STEEL ALUMINUM COPPER LEAD COPPER OTHER

RIDGEVENT TO BE INSTALLED: YES NO
DESCRIPTION OF WORK: REMOVE TILE DOWN TO DECK. RE-NAIL DECK TO CODE. INSTALL NEW 30# FELT, 16oz COPPER ACCESSORY METALS, MODIFIED TIE UNDERLAYMENT AND CLAY TILES. FEELT ROOF TO RECEIVE 43# BASE SHEET, 1 SMOOTH & 1 WHITE MODIFIED CAP SHEET, HOT MOP APPLIED.

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

[Signature]
SIGNATURE OF CONTRACTOR

DATE: 6.13.06

9" FLAT CLAY TILE

Martin County Building Department

Materials Checklist

BUILDING INSPECTION PROGRAM
STANDARD PERMIT CONDITIONS

1. 30# ASTM Felt Base Sheet
 2. 16oz. COPPER Accessory Metals
 3. MODIFIED Tile Underlayment
 4. 9" FLAT CLAY TILE
1. Materials and methods of construction shall meet the Florida Building Code 2004.
 2. Alternate materials and methods shall comply with 104.11 of the Florida Building Code 2004.
 3. The approved plans must be on the job site at time of inspection.
 4. Inspection scheduling 288-5489 between 10:00 am and 4:30 pm.
Plan review and revisions 288-5916 between 9:30 am and 4:30 pm.

IMPORTANT NOTICE

ALL CONSTRUCTION IN MARTIN COUNTY MUST MEET

Failure to provide complete specifications and construction details on the building plans does not relieve the building designer and contractor from responsibility for compliance with the applicable codes and editions of the following:

1. The Florida Building Code 2004 - Building
2. The Florida Building Code 2004 - Residential
3. The Florida Building Code 2004 - Existing Building
4. The Florida Building Code 2004 - Plumbing
5. The Florida Building Code 2004 - Mechanical
6. The Florida Building Code 2004 - Fuel Gas
7. The Florida Fire Prevention Code - 2004
8. National Electric Code (NFPA 70 & 70A) -
9. ~~Martin County Code of Laws and Ordinances~~
10. F.C.I.A. National Flood Insurance Program

Martin County Building Dept: Inspections - 288-5489

Plan Review - 288-5916

REVIEWED FOR CODE COMPLIANCE

6/20/08



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Ludowici Roof Tile, Inc.
4757 Tile Plant Road
New Lexington, OH 43764

SCOPE:

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

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

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

DESCRIPTION: Americana, Classic, Williamsburg, Norman, Calais, Provincial, Georgian, Colonial, Brittany, Antique, Crude and Flat Slab' Clay Roof Tile

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

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

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

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

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

This NOA consists of pages 1 through 10.

The submitted documentation was reviewed by Frank Zuloaga, RRC



NOA No.: 02-1211.01
Expiration Date: 01/31/08
Approval Date: 01/31/03
Page 1 of 10

ROOFING ASSEMBLY APPROVAL

Category: Roofing
Sub-Category: Flat Profile Roofing Tiles
Material: Clay

1. SCOPE

This renews a roofing system using Ludowici ‘Americana, Classic, Williamsburg, Norman, Calais, Provincial, Georgian, Colonial, Brittany, Antique, Crude and Flat Slab’ Clay Roof Tile, as manufactured Ludowici Roof Tile, Inc. and described in Section 2 of this Notice of Acceptance. For locations where the pressure requirements, as determined by applicable Building Code does not exceed the design pressure values obtained by calculations in compliance with RAS 127 using the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

2. PRODUCT DESCRIPTION

<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Ludowici Americana, Classic Williamsburg, and Lanai Roof Tile		ASTM C 1167	Flat, interlocking, vitrified clay roof tile equipped with two nail holes. For direct deck or battened, nail-on, mortar set or adhesive set applications.
Ludowici Norman, Calais, Provincial, Georgian, Colonial, Brittany, Antique Crude and Flat Slab Roof Tile		ASTM C 1167	Flat, vitrified clay roof tile equipped with two nail holes. For direct deck or battened, nail-on, mortar set or adhesive set applications.
Trim Pieces	l = varies w = varies varying thickness	ASTM C 1167	Accessory trim, clay roof pieces for use at hips, rakes, ridges and valley terminations. Manufactured for each tile profile.

2.1 SUBMITTED EVIDENCE:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Redland Technologies	7161-03 Appendix III	Static Uplift Testing PA 102 & PA 102(A)	Dec. 1991
The Center for Applied Engineering, Inc.	94-060B 94-084	Static Uplift Testing PA 101 (Adhesive Set) (Mortar Set)	March, 1994 May 1994
Redland Technologies	7161-03 Appendix II	Wind Tunnel Testing PA 108 (Nail-On)	Dec. 1991
Redland Technologies	Letter Dated Aug. 1, 1994	Wind Tunnel Testing PA 108 (Nail-On)	Aug. 1994
Redland Technologies	P0631-01	Wind Tunnel Testing PA 108 (Mortar Set)	July 1994



NOA No.: 02-1211.01
 Expiration Date: 01/31/08
 Approval Date: 01/31/03
 Page 2 of 10

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Redland Technologies	P0402	Withdrawal Resistance Testing of screw vs. smooth shank nails	Sept. 1993
The Center for Applied Engineering, Inc.	Project No. 307025	Wind Driven Rain	Oct. 1994
Walker Engineering, Inc.	Test #MDC-76	PA 100	March 1999
	Calculations	Aerodynamic Multiplier	April 1999
Walker Engineering, Inc.	Calculations	25-7183	March 1995
		25-7094	February 1996
		25-7496	April 1996
Walker Engineering, Inc.	Calculations	25-7584	December
		25-7804b-8	1996
		25-7804-4 & 5	
		25-7848-6	
Walker Engineering, Inc.	Calculations	Two Patty Adhesive Set System	April 1999

3. LIMITATIONS

- 3.1 Fire classification is not part of this acceptance.
- 3.2 For mortar or adhesive set tile applications, a static field uplift test shall be performed in accordance with RAS 106.
- 3.3 Applicant shall retain the services of a Miami-Dade County Certified Laboratory to perform quarterly test in accordance with TAS 112, appendix 'A'. Such testing shall be submitted to the Building Code Compliance Office for review.
- 3.4 Minimum underlayment shall be in compliance with the applicable Roofing Applications Standards listed section 4.1 herein.
- 3.5 30/90 hot mopped underlayment applications may be installed perpendicular to the roof slope unless stated otherwise by the underlayment material manufacturers published literature.
- 3.6 This acceptance is for wood deck applications. Minimum deck requirements shall be in compliance with applicable building code.



4. INSTALLATION

4.1 Ludowici 'Americana, Classic, Williamsburg, Norman, Calais, Provincial, Georgian, Colonial, Brittany, Antique, Crude and Flat Slab' Clay Roof Tile and its components shall be installed in strict compliance with Roofing Application Standard RAS 118, RAS 119, and RAS 120.

4.2 Data For Attachment Calculations

Table 1: Average Weight (W) and Dimensions (l x w)			
Tile Profile	Weight-W (lbf)	Length-l (ft)	Width-w (ft)
Americana, Classic, Williamsburg and Lanai Roof Tile	5.06	1.17	0.75
Norman, Calais and Provincial Roof Tile	5.05	1.25	0.583
Georgian Roof Tile	2.58	1.25	0.667
Colonial Roof Tile	5.65	1.22	0.615
Brittany Roof Tile	4.51	1	0.583
Antique Roof Tile	4.0	1	0.583
Crude Roof Tile	4.03	1	0.5
Flat Slab Roof Tile	3.71	1	0.5

Table 2: Aerodynamic Multipliers - λ (ft ³)		
Tile Profile	λ (ft ³) Batten Application	λ (ft ³) Direct Deck Application
Americana, Classic, Williamsburg, Lanai, Norman, Calais, Provincial, Georgian, Colonial, Brittany, Antique, Crude and Flat Slab Roof Tile	0.187	0.203

Table 3: Restoring Moments due to Gravity - M_g (ft-lbf)										
Tile Profile	3":12"		4":12"		5":12"		6":12"		7":12" or greater	
	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck
Americana, Classic, Williamsburg, Lanai, Norman, Calais, Provincial, Georgian, Colonial, Brittany, Antique, Crude and Flat Slab Roof Tile	2.61	3.05	2.57	3.00	2.52	2.94	2.46	2.87	2.39	N/A



Table 4: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) for Nail-On Systems				
Tile Profile	Fastener Type	Direct Deck (min 15/32" plywood)	Direct Deck (min. 19/32" plywood)	Battens
Americana, Classic, Williamsburg, Lanai, Norman, Calais, Provincial, Georgian, Colonial, Brittany, Antique, Crude and Flat Slab Roof Tile	2-10d Ring Shank Nails	30.9	38.1	17.2
	1-10d Smooth or Screw Shank Nail	7.3	9.8	4.9
	2-10d Smooth or Screw Shank Nails	14.0	18.8	7.4
	1 #8 Screw	30.8	30.8	18.2
	2 #8 Screw	51.7	51.7	24.4
	1-10d Smooth or Screw Shank Nail (Field Clip)	24.3	24.3	24.2
	1-10d Smooth or Screw Shank Nail (Eave Clip)	19.0	19.0	22.1
	2-10d Smooth or Screw Shank Nails (Field Clip)	35.5	35.5	34.8
	2-10d Smooth or Screw Shank Nails (Eave Clip)	31.9	31.9	32.2
	2-10d Ring Shank Nails ¹	50.3	65.5	48.3

¹ Installation with a 4" tile headlap and fasteners are located a min. of 2 1/2" from head of tile.

Table 5: Attachment Resistance Expressed as a Moment M_r (ft-lbf) for Two Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Americana, Classic, Williamsburg, Lanai, Norman, Calais, Provincial, Georgian, Colonial, Brittany, Antique, Crude and Flat Slab Roof Tile	Adhesive	31.3 ³

² See manufactures component approval for installation requirements.
³ Flexible Products Company TileBord Average weight per patty 13.9 grams.
Polyfoam Product, Inc. Average weight per patty 8 grams.



Table 5A: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) for Single Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Americana, Classic, Williamsburg, Lanai, Norman, Calais, Provincial, Georgian, Colonial, Brittany, Antique, Crude and Flat Slab Roof Tile	PolyPro™	118.9 ⁴
	PolyPro™	40.4 ⁵
4 Large paddy placement of 45 grams of PolyPro™.		
5 Medium paddy placement of 24 grams of PolyPro™.		

Table 5B: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) for Mortar Set Systems		
Tile Profile	Tile Application	Attachment Resistance
Americana, Classic, Williamsburg, Lanai, Norman, Calais, Provincial, Georgian, Colonial, Brittany, Antique, Crude and Flat Slab Roof Tile	Mortar Set	39.00

5. LABELING

All tiles shall bear the imprint or identifiable marking of the manufacturer's name or logo, or following statement: "Miami-Dade County Product Control Approved".

6. BUILDING PERMIT REQUIREMENTS

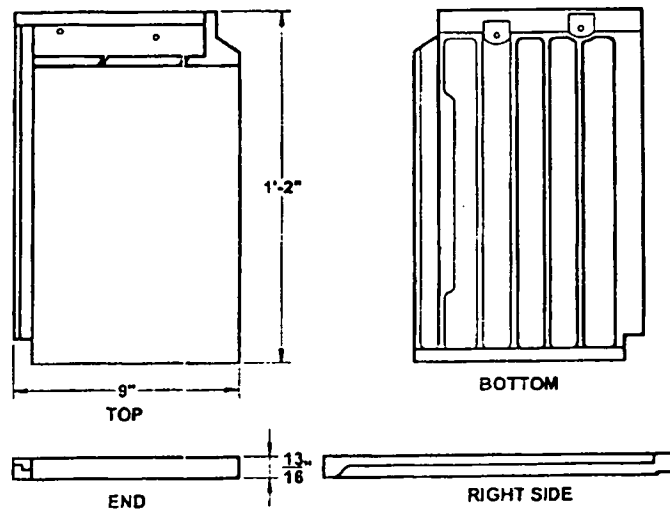
6.1 Application for building permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance.

6.1.2 Any other documents required by the Building Official or applicable building code in order to properly evaluate the installation of this system.

PROFILE DRAWING

INTERLOCKING SHINGLE
(CLASSIC, AMERICANA, WILLIAMSBURG AND LANAI)



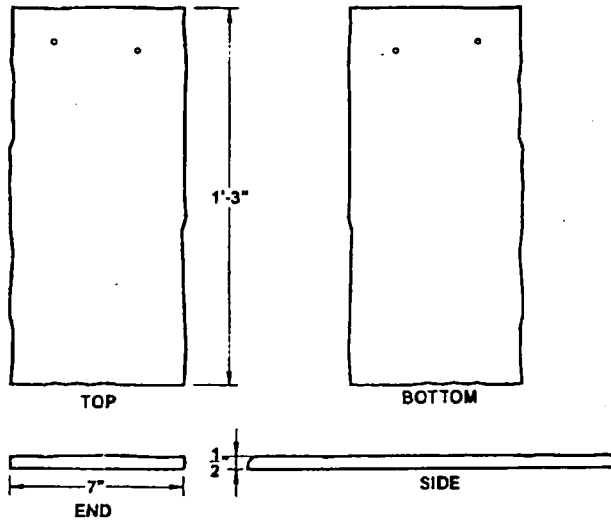
AMERICANA, CLASSIC, WILLIAMSBURG, AND LANAI CLAY ROOF TILES



NOA No.: 02-1211.01
Expiration Date: 01/31/08
Approval Date: 01/31/03
Page 6 of 10

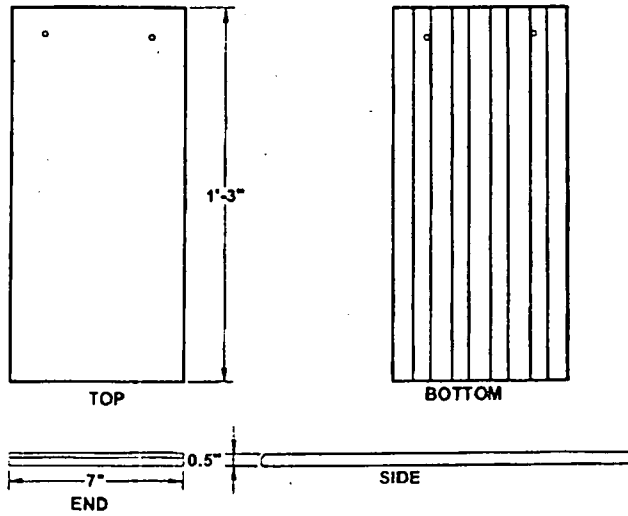
PROFILE DRAWING

NORMAN AND CALAIS



NORMAN AND CALAIS CLAY ROOF TILE

PROVINCIAL

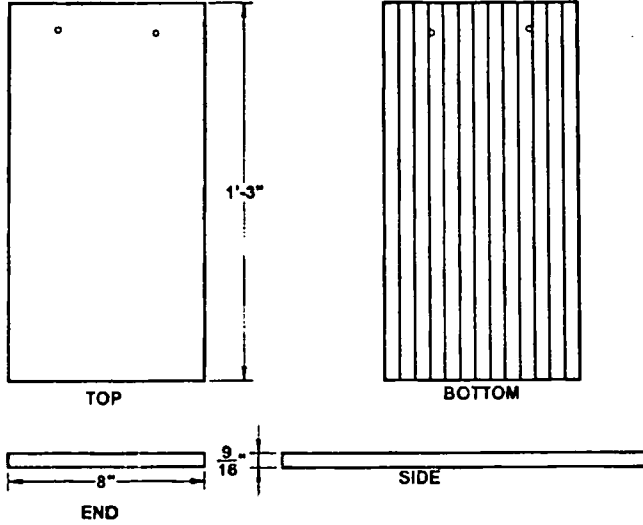


PROVINCIAL CLAY ROOF TILE



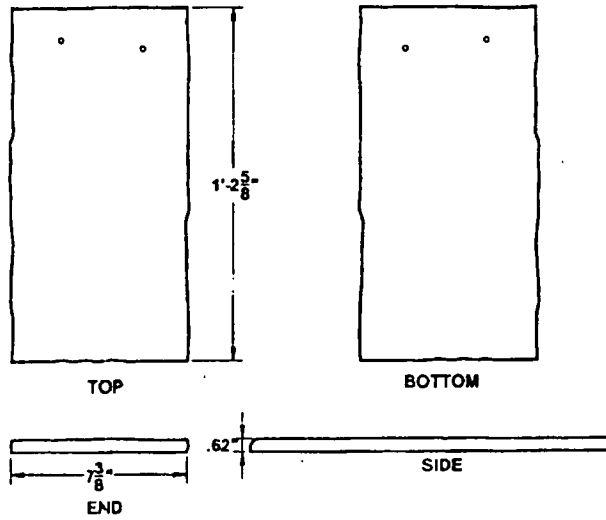
PROFILE DRAWING

GEORGIAN



GEORGIAN CLAY ROOF TILE

COLONIAL

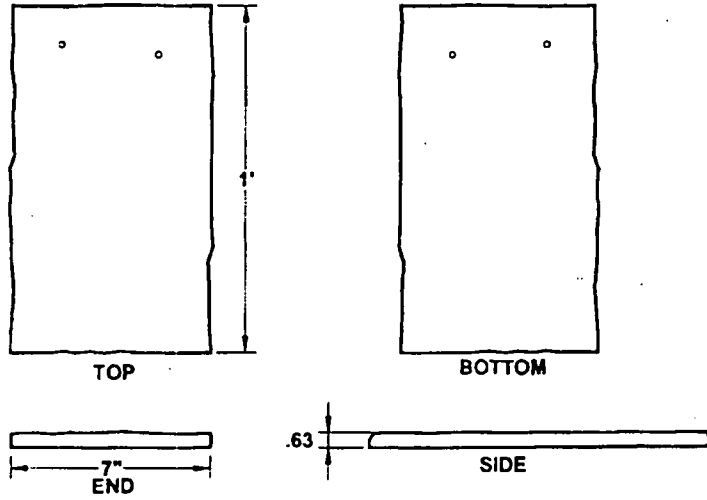


COLONIAL CLAY ROOF TILE



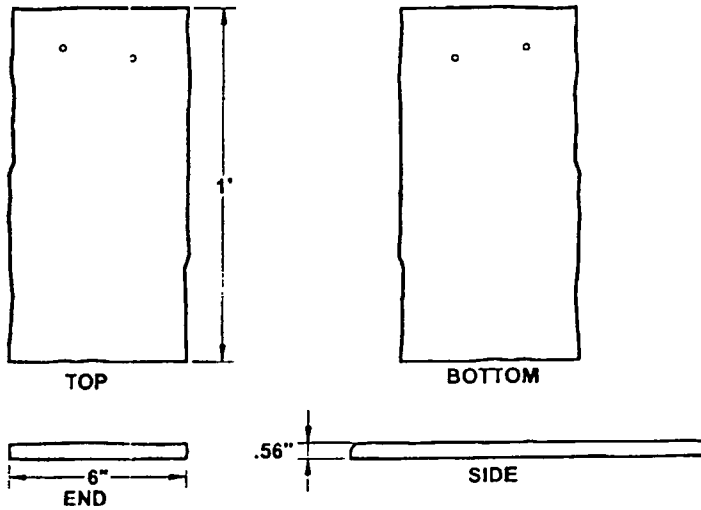
PROFILE DRAWING

BRITTANY OR ANTIQUE



BRITTANY AND ANTIQUE CLAY ROOF TILES

CRUDE

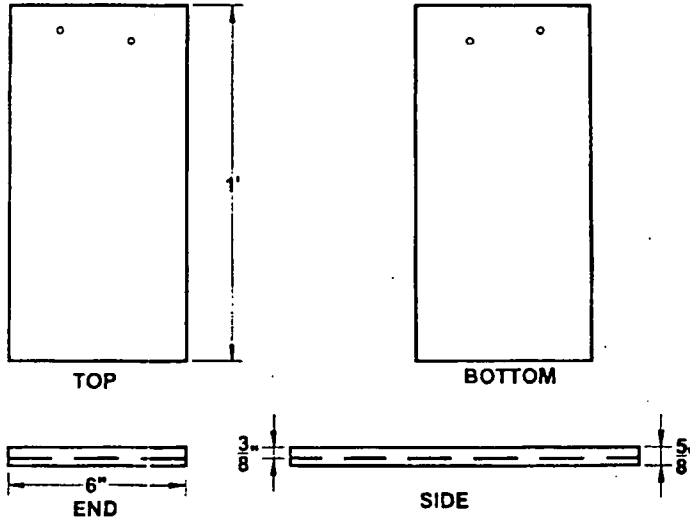


CRUDE CLAY ROOF TILE



PROFILE DRAWING

FLAT SLAB



FLAT SLAB CLAY ROOF TILE

END OF THIS ACCEPTANCE





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

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

NOTICE OF ACCEPTANCE (NOA)

**Sun-Tek Manufacturing, Inc.
10303-General-Drive
Orlando, Florida 32824**

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE 11-13-06
BUILDING OFFICIAL

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.

DESCRIPTION: Curb Mount Aluminum-Dade Skylight.

APPROVAL DOCUMENT: Drawing No. CMA-D 004, titled "Curb-Mount Aluminum-Dade Skylight", sheets 1 and 2, prepared by Sun-Tek Industries Inc, dated 05/18/00 with no revisions bearing the Miami-Dade County Product Control Renewal stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large & Small Missile Impact

LABELING: Each unit shall bear a permanent label with the manufacturer's name or logo, city, state and the following statement: "Miami-Dade County Product Control Approved or MDCPCA", unless otherwise noted herein and the dome shall be properly marked by the manufacturers of Lexan, GE Co. and/or IYZOD, DMM.

RENEWAL of this NOA shall not 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.

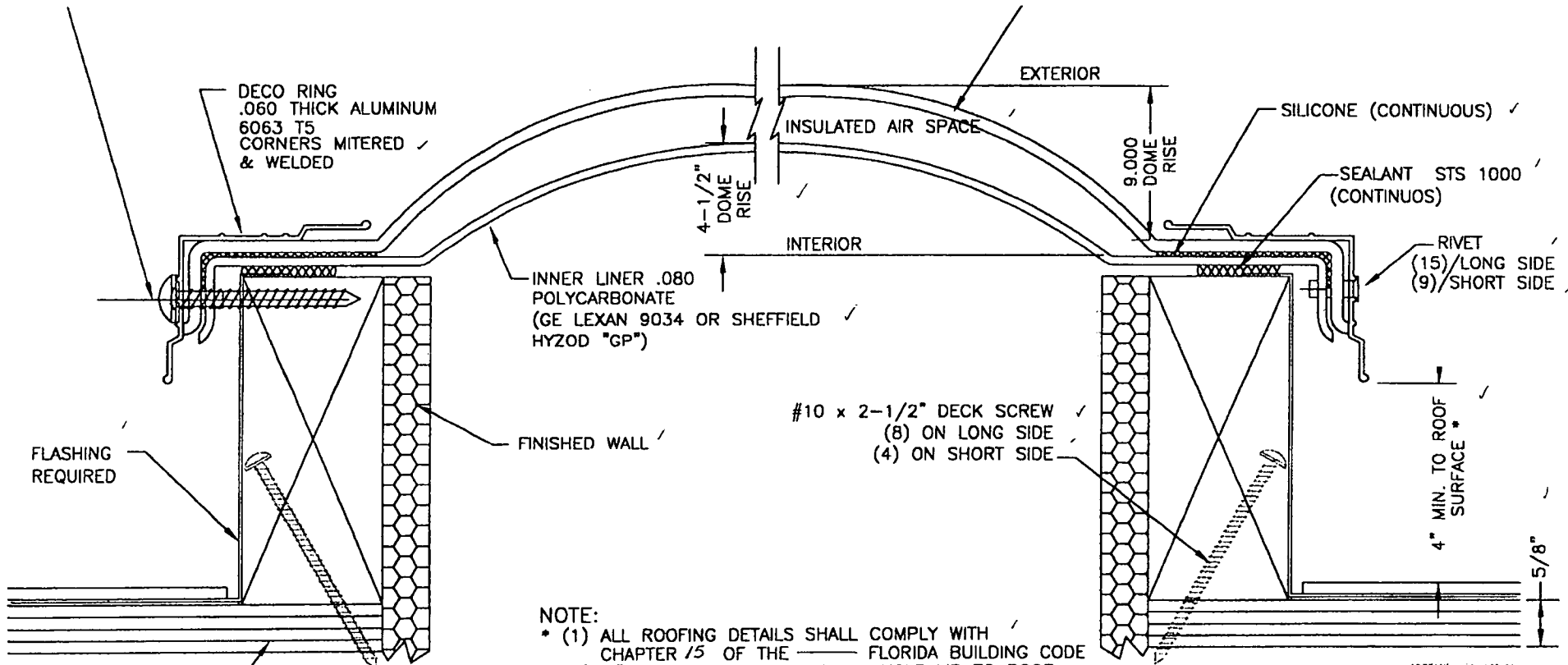
This NOA renews NOA n# 00-1024.03 consists of this page, evidence page and approval document mentioned above

The submitted documentation was reviewed by **Candido F. Font, P.E.**

Candido F. Font
03/09/06



NOA n# 05-1013-03
Expiration Date: February 22, 2011
Approval Date: March 9, 2006
Page 1



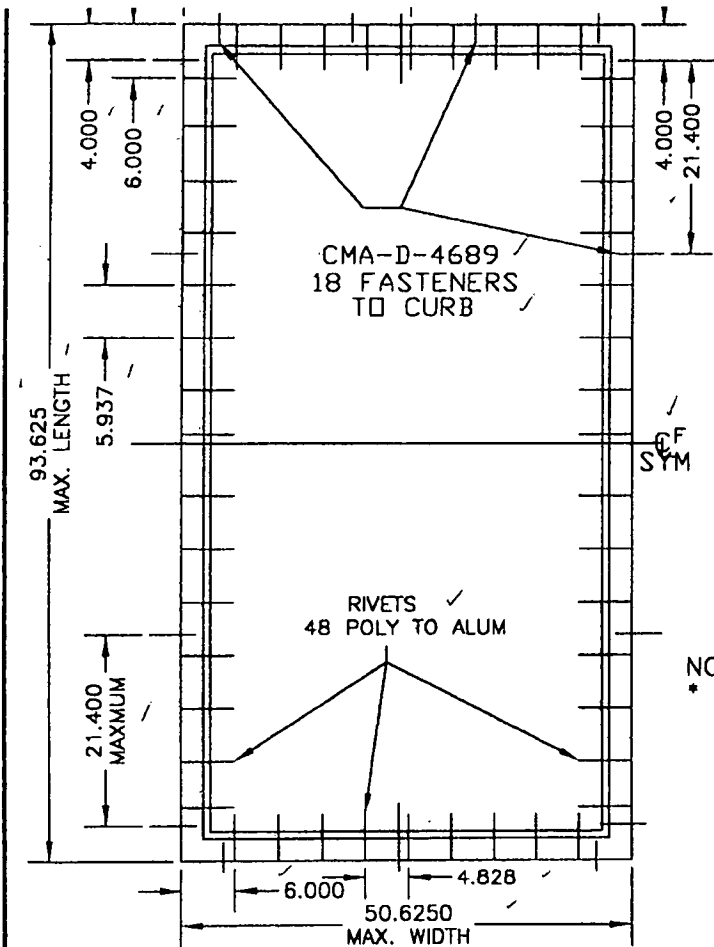
NOTE:
 * (1) ALL ROOFING DETAILS SHALL COMPLY WITH CHAPTER 15 OF THE FLORIDA BUILDING CODE
 (2) 4" MINIMUM DISTANCE FROM ANGLE LIP TO ROOF SURFACE IS FOR SHINGLE OR B.U.R. WITHOUT INSULATION. FOR INSULATION AND TILE ROOF ADD TILE HEIGHT AND INSULATION THICKNESS TO 4" MINIMUM HEIGHT.

PROJECT RENEWED
 Approved with the Florida
 Building Code
 Date: 05-10-03
 By: [Signature]
 Product Control Division

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE 02-23-01
 BY: [Signature]
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 00-102403

01-17-01

REVISION:	REVISION:	PRODUCT NAME:	CMA-D	SUN-TEK INDUSTRIES, INC.	10303 GENERAL DRIVE ORLANDO, FL 32824
INT:	DATE:	INT:	DATE: 05/18/00	SCALE:	DWG No. CMA-D-004



FASTENER SCHEDULE DOME TO CURB #12 X 2" PHILLIPS PAN HEAD / SCREWS			RIVET SCHEDULE DOME TO DECO RING 3/16 X 3/4" POP RIVET	
MODEL	PER LONG SIDE	PER SHORT SIDE	PER LONG SIDE	PER SHORT SIDE
4689	5	4	15	9
4669	5	4	15	9
4646	4	4	9	9
3636	3	4	7	7
3069	6	3	12	6
3046	4	3	9	6
3030	3	3	6	6
2269	5	3	12	4

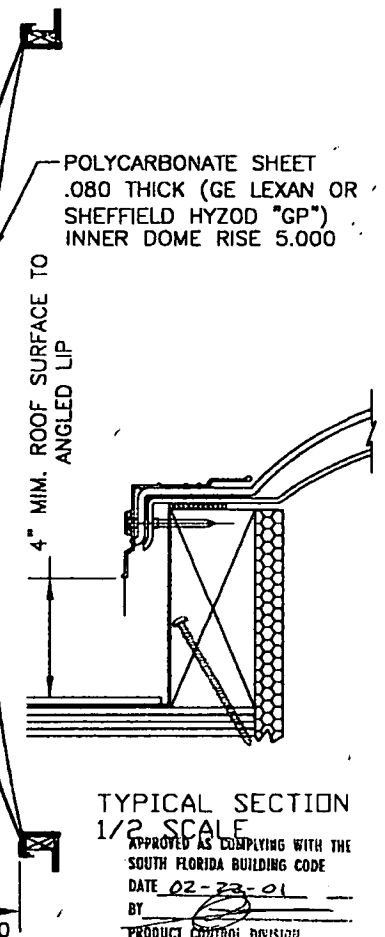
FASTENER SCHEDULE CURB TO DECK #10 X 2-1/2" DECK SCREWS		
MODEL	PER LONG SIDE	PER SHORT SIDE
4689	8	4
4669	7	4
4646	5	4
3636	4	4
3069	7	4
3046	5	3
3030	3	3
2269	7	3

NOTE:

- * (1) ALL ROOFING DETAILS SHALL COMPLY WITH CHAPTER 15 OF THE FLORIDA BUILDING CODE
- (2) 4" MINIMUM DISTANCE FROM ANGLE LIP TO ROOF SURFACE IS FOR SHINGLE. OR B.U.R. WITHOUT INSULATION. FOR INSULATION AND TILE ROOF ADD TILE HEIGHT AND INSULATION THICKNESS TO 4" MINIMUM HEIGHT.

PRODUCT RENEWED
in compliance with the Florida
05-101803
02/23/01
by [Signature]
Product Control
Division

MHA
01-17-00



TYPICAL SECTION
1/2 SCALE
APPROVED AS COMPLYING WITH THE
SOUTH FLORIDA BUILDING CODE
DATE 02-23-01
BY [Signature]
PRODUCT CONTROL DIVISION
BUILDING CODE COMPLIANCE OFFICE
ACCEPTANCE NO. 00-1024.03

REVISION:	REVISION:	PRODUCT NAME: CMA-D	SUN-TEK INDUSTRIES, INC.
DATE:	DATE:	DATE: 05/22/00 SCALE:	10303 GENERAL DRIVE ORLANDO, FL 32824
		DWG No. CMA-D-004	

Sun-Tek Manufacturing, Inc.

NOTICE OF ACCEPTANCE: EVIDENCE PAGE

A. DRAWINGS

1. Drawing prepared by Sun-Tek Industries, Inc., titled "Curb-Mount Aluminum-Dade Skylight", drawing No. CMA-D 004, dated 05/18/00, with no revisions, sheet 1 and 2, signed and sealed by M. Martinez PE.

B. TEST REPORTS

1. Test report on Large Missile Impact Test per TAS 201, Cyclic Wind Pressure Test per TAS 203 and Uniform Static Air Pressure Test per TAS 202 on "Model "CMA-D polycarbonate Dome Skylight (double dome utilizing 6" wood curb)", prepared by National Certified Testing Laboratories, Report No: NCTL 210-2364-1.2.3 dated 06/21/00, signed and sealed by B. D. Portnoy, PE.

C. CALCULATIONS

1. Anchor calculations of CMA-D Polycarbonate Dome Skylight, dated 09/05/00, pages 1 through 22 of 22, prepared by Product Application Engineering Inc, signed and sealed by M. Martinez PE.

D. QUALITY ASSURANCE

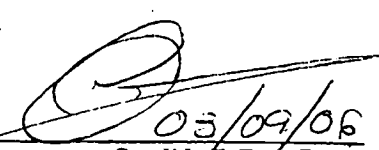
1. Building Code Compliance Office.

E. MATERIAL CERTIFICATION

1. Notice of Acceptance No. 03-1210.04 issued to General Electric on 12/03/04 reviewed by C. F. Font PE and expiring on 07/17/08.
2. Notice of Acceptance No. 01-0709.07 issued to Sheffield Plastics Inc, on 08/23/01, reviewed by C. F. font PE and expiring on 08/27/06.

F. STATEMENTS

1. Letter of Code compliance and No financial interest issued by Product & Application Engineering, on 10/13/00, signed and sealed by M. Martinez PE.


Candido F. Font, P. E.
Senior Product Control Examiner
NOA No. 05-1018.03
Expiration Date: February 22, 2011
Approval Date: March 9, 2006



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 10 PINEAPPLE

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

DDJ-W

SUBMIT 2 COPIES PRODUCT
APPROVAL FOR SILYLIGHT
DOMES

You are hereby notified that no work shall be concealed upon these premises until the above violations are corrected. When corrections have been made, call for an inspection.

DATE: 11/1

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11-01, 2006 Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1338	McCormack	HVAC insp.	CANCEL	
2	59 N. River Rd Pine Orchard			INSPECTOR: <i>AM</i>
Tree	Heiland	Tree	PASS	
5	16 N. Ridgview Rd O/B			INSPECTOR: <i>AM</i>
Tree	Gillen	Tree	PASS	
7	6 Heritage Way O/B			INSPECTOR: <i>AM</i>
1	SZYMAUSKI 118' N.S.P.R.	PROV ENCL. COURTESY INSP. 214-0445	OK	INSPECTOR: <i>AM</i>
8197	Schoppe	Final	PASS	CLOSE
3	9 Palm Rd Propane Serv.			INSPECTOR:
1782	Schoppe	Final	PASS	NEED OWNERS LOST APPLICANT
3	9 Palm Rd Schiller	OK for 452 nd Rd		INSPECTOR: <i>AM</i>
8203	Van Vonne	Final	FAIL	
6	15 S Ridgview All Am	10:00 A.M.		INSPECTOR: <i>AM</i>
OTHER:				
100043 10 Pineapple Dr Direct Metal PAIS				
6A	10 Pineapple Dr All American			<i>AM</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11-15, 2006 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Fedrick	Tree	PASS	
3	32 S Sewalls Pt O/B			INSPECTOR: <i>[Signature]</i>
8403	Clements	generator	PASS	
1	11 W High Pt Deitz Elect			INSPECTOR:
8427	Hepworth	slab inspection	PASS	Requested LAST INSP
4	Olivista Sand Castle			INSPECTOR: <i>[Signature]</i>
2243	1024 W	PAVING	PASS	
2	10 PINE APPLE LN			INSPECTOR: <i>[Signature]</i>
0220	ROBSON LN.	REPAIR	PASS	
	WATER MAINS			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

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

Page 2 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0043	Vener	file in progress	PASS	
4	10 Pineapple Ln All Am Roof.			INSPECTOR: <i>AM</i>
0072	Noheij	Final door	PASS	CLOSE
0072 3	26 W High Pt OB			INSPECTOR: <i>AM</i>
7960	Alteclaben	Door	PASS	CLOSE
12	7 N River Rd OB	Submitted papers-		see file INSPECTOR: <i>AM</i>
Tree	Zechiel	Tree	PASS	
6	1 Riverview Dr Tropical Palms			INSPECTOR: <i>AM</i>
8427	Hepworth	Plumbing	PASS	
7	8 Rio Vista Sand Castle	Electric	PASS	INSPECTOR: <i>AM</i>
8482	Gensheimer	Pt window install	PASS	
11	63 N. River Rd Masterpiece			INSPECTOR: <i>AM</i>
0064	Lazarus	Final	FAIL	
1	31 S River Rd Ken Wendell			INSPECTOR: <i>AM</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1-24, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0043	Vener	Final roof	PASS	CLOSE
4	10 Pineapple La All American			INSPECTOR: <i>[Signature]</i>
8484	Harte	Hotmap	PASS	
1	3 High Pt - E - Cardinal Roof			INSPECTOR: <i>[Signature]</i>
Tree	Zachiel	Tree	PASS	
3	1 Riverview DR Trop. Palms			INSPECTOR: <i>[Signature]</i>
8172	Manano	Roof sheathing	PASS	
2	23 Middle Rd Ken Wendell			INSPECTOR: <i>[Signature]</i>
6195	Shali	Final-gence	PASS	CLOSE
9	73 N. Sewalls Pt OB	See file/Val		INSPECTOR: <i>[Signature]</i>
8481	Hepworth	GAS ROUGH	PASS	FAIL
	8 W Vista Sand Castle		Cancel no forms	INSPECTOR: <i>[Signature]</i>
Tree	Fidje	Tree	PASS	
8	28 Castle Hill Way Vacant lot #31			INSPECTOR: <i>[Signature]</i>

OTHER:

9431

A/C CHANGEOUT



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9431	DATE ISSUED:	MAY 11, 2010
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS:			
CONTRACTOR:	FLYNN'S AC		
PARCEL CONTROL NUMBER:	123841-003-000-000104	SUBDIVISION	PINEAPPLE LA - LOT 1
CONSTRUCTION ADDRESS:	10 PINEAPPLE LA		
OWNER NAME:	VIENER		
QUALIFIER:	JOSEPH FLYNN	CONTACT PHONE NUMBER:	283-4114

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

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

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

REQUIRED INSPECTIONS

UNDERGROUND PLUMBING	_____	UNDERGROUND 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**

Date: 5-11-10 Permit Number: 9431
 OWNER/TITLEHOLDER NAME: VEINER Phone (Day) 288-3103 (Fax) _____
 Job Site Address: 10 PINEAPPLE LN City: STUART State: FL Zip: 34996
 Legal Description _____ Parcel Control Number: _____
 Owner Address (if different): _____ City: _____ State: _____ Zip: _____

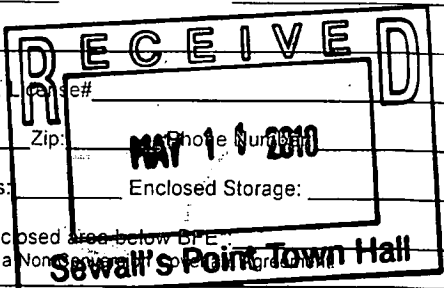
SCOPE OF WORK (PLEASE BE SPECIFIC): 4-TON SYSTEM C/O

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: \$ 4890
 (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: FLYNN'S AK Phone: 283-4114 Fax: 781-1307
 Qualifiers name: JOE FLYNN Street: 1323 THELMA ST City: PALM CITY State: FL Zip: 34990
 State License Number: CAC055442 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____
 DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____
 AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____
 Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below DE _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Residential Flood Hazard Permit.



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

NOTICES TO OWNERS AND CONTRACTORS:

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

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

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

OWNER NOTORIZED SIGNATURE: (required on ALL F.S. OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED))
Michael Veiner
 State of Florida, County of: Martin
 On This the 11th day of May
 by Michael Veiner
 known to me or produced FLC# VS60-350-41-123-0
 As identification: Valerie Meyer
 My Commission Expires: _____

CONTRACTOR NOTORIZED SIGNATURE: (required on ALL F.S.)
Joe Flynn
 State of Florida, County of: Martin
 On This the 11th day of May
 by Joseph Flynn
 known to me or produced _____
 As identification: Valerie Meyer
 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

Site Provided by...
governmentmax.com T1.12

Summary

Print | Home | Search | Address
1 of 1

Parcel Info

Summary

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-003-000-00010-4	10 PINEAPPLE LN	27620	Address	0	1

Summary

Property Location 10 PINEAPPLE LN
Tax District 2200 Sewall's Point
Account # 27620
Land Use 101 0100 Single Family
Neighborhood 120400
Acres 0.470

Legal Description
Property Information
 PINEAPPLE LANE, LOT 1

Search By

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

Owner Information
Owner Information
 VIENER, MICHAEL J & KAREN M

Mail Information
 10 PINEAPPLE LN
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$229,500
Market Impr Value \$431,010
Market Total Value \$660,510

Site Functions

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

Recent Sale
Sale Amount \$575,000

Sale Date 11/13/1995
Book/Page 1148 2201

Print | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 4/29/2010



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **5-20-10** Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9426	Bonaface 635 River Rd Code Red Roofers	in-progress	PASS	INSPECTOR <i>JA</i>
9151	Vener 107 Maple Ln Thynns	Handicap	Pass	Close INSPECTOR <i>JA</i>
9241	Comcast 105 Abbie Ct	Final cables	PASS	Close INSPECTOR <i>JA</i>
9412	Comcast 715 River	Final cables	PASS <i>OK</i>	Close INSPECTOR <i>JA</i>
9381	Testebo 104 N Sewalls Demorest	lathe	PASS	INSPECTOR <i>JA</i>
Tree	Martin 23 Island Rd	Tree	OK	INSPECTOR
9409	Kurtin 5 Mandalay Driftwood	dry-in/metal	PASS	INSPECTOR <i>JA</i>

10909

A/C CHANGEOUT



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road

Sewall's Point, Florida 34996

Tel 772-287-2455 Fax 772-220-4765

BUILDING PERMIT CARD

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

A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10909	DATE ISSUED:	6/23/2014
SCOPE OF WORK:	A/C CHANGEOUT		
CONTRACTOR:	FLYNN'S A/C		
PARCEL CONTROL NUMBER:	123841003000000104	SUBDIVISION	PINEAPPLE LN LOT 1
CONSTRUCTION ADDRESS:	10 PINEAPPLE LANE		
OWNER NAME:	VIENER		
QUALIFIER:	JOSPEH FLYNN	CONTACT PHONE NUMBER:	772 283-4114

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10909		
ADDRESS:	10 PINEAPPLE LANE		
DATE ISSUED:	6/23/2014	SCOPE OF WORK:	A/C CHANGEOUT

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

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

ACCESSORY PERMIT	Declared Value:	\$	\$ 4,800.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	5.00
TOTAL ACCESSORY PERMIT FEE:		\$	109.00

*Pd 7-10-14
 CK 1854
 Permit 10909 & 10910*

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Permit Number: 10909

Date: _____
 OWNER/LESSEE NAME: VANER Phone (Day) 284-3103 (Fax) _____
 Job Site Address: 10 PINEAPPLE LN City: SWART State: FL Zip: 34996
 Legal Description _____ Parcel Control Number: 12-38-41-003-000-00010-4
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

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

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 4800
 (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: FLYNN'S INC Phone: 283-4114 Fax: _____
 Qualifiers name: JOSEPH FLYNN Street: 1323 TACOMA City: PALM State: FL Zip: 34990
 State License Number: CAC55482 OR: _____ Municipality: _____ License Number: _____

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

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

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

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. NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

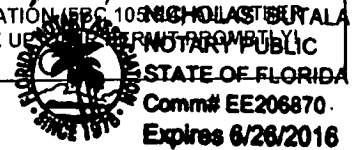
******* A FINAL INSPECTION IS REQUIRED ON ALL BUILDING PERMITS *******

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: _____
 On This the _____ day of _____ 2014
 by _____ who is personally
 known to me or produced _____
 As identification. _____
 Notary Public
 My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: MARTIN
 On This the 17 day of JUNE 2014
 by _____ who is personally
 known to me or produced _____
 As identification. _____
 Notary Public
 My Commission Expires: 2/26/2016

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.4.1.1) - PLEASE PICK UP PERMIT PROMPTLY
 APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP PERMIT PROMPTLY



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

generated on 6/23/2014 10:52:15 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-003-000-00010-4	27620	10 PINEAPPLE LN, SEWALL'S POINT	\$554,510	6/21/2014

Owner Information

Owner(Current)	VIENER MICHAEL J & KAREN M
Owner/Mail Address	10 PINEAPPLE LN STUART FL 34996
Sale Date	11/13/1995
Document Book/Page	1148 2201
Document No.	
Sale Price	575000

Location/Description

Account #	27620	Map Page No.	SP-05
Tax District	2200	Legal Description	PINEAPPLE LANE, LOT 1
Parcel Address	10 PINEAPPLE LN, SEWALL'S POINT		
Acres	.4700		

Parcel Type

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

Assessment Information

Market Land Value	\$181,500
Market Improvement Value	\$373,010
Market Total Value	\$554,510



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: <u>CARRIER</u> Model# <u>FV4002</u>	Condenser: Mfg: <u>CARRIER</u> Model# <u>24ACC624</u>
Volts ___ CFM's _____ Heat Strip <u>5</u> Kw	Volts ___ SEER/EER <u>16</u> BTU's _____
Min. Circuit Amps _____ Wire gauge <u>8</u>	Min. Circuit Amps _____ Wire gauge <u>10</u>
Max. Breaker size <u>30</u> Min. Breaker size _____	Max. Breaker size <u>25</u> Min. Breaker size <u>20</u>
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>410</u>	Refrigerant type <u>410</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>CLOSET</u>	Left/Right/Rear/Front/Roof <u>RIGHT SIDE</u>
Access: _____	Condensate Location _____

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

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: _____ Model# _____	Condenser: Mfg: <u>CARRIER</u> Model# _____
Volts ___ CFM's _____ Heat Strip <u>5</u> Kw	Volts ___ SEER/EER _____ BTU's _____
Min. Circuit Amps _____ Wire gauge <u>8</u>	Min. Circuit Amps _____ Wire gauge <u>10</u>
Max. Breaker size <u>30</u> Min. Breaker size _____	Max. Breaker size <u>25</u> Min. Breaker size _____
Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>R22</u>	Refrigerant type _____
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>CLOSET</u>	Left/Right/Rear/Front/Roof <u>RIGHT</u>
Access: _____	Condensate Location _____

Certification:

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

[Signature]
 Signature

6/17/14
 Date



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

Certificate of Product Ratings

AHRI Certified Reference Number: 3657138

Date: 6/17/2014

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

Outdoor Unit Model Number: 24ACC624A**30

Indoor Unit Model Number: FV4CNF002

Manufacturer: CARRIER AIR CONDITIONING

Trade/Brand name: CARRIER AIR CONDITIONING

Series name: PERFORMANCE SERIES PURON AC

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

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

Cooling Capacity (Btuh):	23200*
EER Rating (Cooling):	13.00*
SEER Rating (Cooling):	16.00*
IEER Rating (Cooling):	

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

DISCLAIMER

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

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

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



we make life better™

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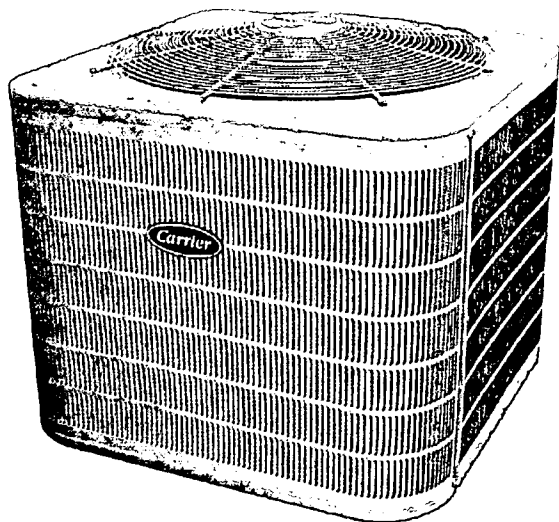
CERTIFICATE NO.:

130474798202437900

**24ACC6
Performance™ 16 Air Conditioner
with Puron® Refrigerant
1-1/2 to 5 Tons**



Product Data



Performance SERIES

Carrier's Air Conditioners with Puron® refrigerant provide a collection of features unmatched by any other family of equipment. The 24ACC has been designed utilizing Carrier's Puron refrigerant. The environmentally sound refrigerant allows you to make a responsible decision in the protection of the earth's ozone layer.

This product has been designed and manufactured to meet Energy Star® criteria for energy efficiency when matched with appropriate coil components. Refer to the combination ratings in the Product Data for system combinations that meet Energy Star® guidelines.

NOTE: Ratings contained in this document are subject to change at any time. Always refer to the AHRI directory (www.ahridirectory.org) for the most up-to-date ratings information.

INDUSTRY LEADING FEATURES / BENEFITS

Efficiency

- 14 - 16.5 SEER / 11.5- 13.5 EER
- Microtube Technology™ refrigeration system
- Indoor air quality accessories available

Sound

- Sound level as low as 72 dBA
- Compressor sound blanket standard

Comfort

- System supports Edge® Thermostat™ or standard thermostat controls

Reliability

- Puron® refrigerant - environmentally sound, won't deplete the ozone layer and low lifetime service cost.
- Scroll compressor
- Internal pressure relief valve
- Internal thermal overload
- Filter drier
- High and low pressure switches
- Balanced refrigeration system for maximum reliability

Durability

WeatherArmor Ultra™ protection package:

- Solid, durable sheet metal construction
- Louvered coil guard
- Baked-on, complete outer coverage, powder paint

Applications

- Long-line - up to 250 feet (76.20 m) total equivalent length, up to 200 feet (60.96 m) condenser above evaporator, or up to 80 ft. (24.38 m) evaporator above condenser (See Longline Guide for more information.)
- Low ambient (down to -20°F/-28.9°C) with accessory kit

ELECTRICAL DATA

UNIT SIZE	V/PH	OPER VOLTS*		COMPR		FAN	MCA	MIN WIRE SIZE† 60° C	MIN WIRE SIZE† 75° C	MAX LENGTH ft. (m)‡ 60° C	MAX LENGTH ft. (m)‡ 75° C	MAX FUSE** or CKT BRK AMPS
		MAX	MIN	LRA	RLA	FLA						
18-30	208/230/1-60	253	197	48.0	9.0	0.50	11.8	14	14	67 (20.4)	64 (19.5)	20
24-30				58.3	13.5	0.70	17.6	14	14	46 (14.0)	43 (13.1)	25
30-30				64.0	12.8	0.70	16.7	14	14	44 (13.4)	41 (12.5)	25
36-30				77.0	14.1	0.50	18.1	12	12	57 (17.4)	54 (16.5)	30
42-30				112.0	17.9	1.20	23.6	10	10	85 (25.9)	81 (24.7)	40
48-30				109.0	19.9	1.20	26.1	10	10	70 (21.3)	67 (20.4)	40
60-30				135.0	21.4	1.20	28.0	8	10	91 (27.7)	56 (17.1)	40

* Permissible limits of the voltage range at which the unit will operate satisfactorily

† If wire is applied at ambient greater than 30°C, consult table 310-16 of the NEC (NFPA 70). The ampacity of non-metallic-sheathed cable (NM), trade name ROMEX, shall be that of 60°C conditions, per the NEC (NFPA 70) Article 336-26. If other than uncoated (no-plated), 60 or 75°C insulation, copper wire (solid wire for 10 AWG or smaller, stranded wire for larger than 10 AWG) is used, consult applicable tables of the NEC (NFPA 70).

‡ Length shown is as measured one way along wire path between unit and service panel for voltage drop not to exceed 2%.

** Time-Delay fuse.

FLA - Full Load Amps
LRA - Locked Rotor Amps
MCA - Minimum Circuit Amps
RLA - Rated Load Amps

NOTE: Control circuit is 24-V on all units and requires external power source. Copper wire must be used from service disconnect to unit.

All motors/compressors contain internal overload protection.

Complies with 2010 requirements of ASHRAE Standards 90.1

24ACC6

A-WEIGHTED SOUND POWER LEVEL (dBA)

Unit Size - Voltage, Series	Standard Rating (dBA)	TYPICAL OCTAVE BAND SPECTRUM (dBA without tone adjustment)						
		125	250	500	1000	2000	4000	8000
18-30	73	49.5	58.5	64.5	69.0	63.0	59.5	52.4
24-30	74	54.5	62.0	67.0	71.5	66.0	62.0	53.0
30-30	74	56.0	62.5	66.0	68.5	64.5	61.0	53.5
36-30	72	52.0	61.0	64.0	68.0	61.0	58.5	51.5
42-30	74	56.5	61.5	65.0	68.5	63.5	61.0	56.5
48-30	73	58.0	61.0	65.0	66.0	62.0	58.0	51.0
60-30	74	56.5	62.5	66.5	68.0	63.0	59.5	51.5

NOTE: Tested in accordance with AHRI Standard 270-08 (not listed in AHRI).

CHARGING SUBCOOLING (TXV-TYPE EXPANSION DEVICE)

UNIT SIZE - VOLTAGE, SERIES	REQUIRED SUBCOOLING °F (°C)
18-30	10 (5.6)
24-30	10 (5.6)
30-30	10 (5.6)
36-30	10 (5.6)
42-30	9 (5.0)
48-30	10 (5.6)
60-30	9 (5.0)

6-19-14

Flynn's Air Conditioning Service Inc.

PROPOSAL

1323 SW Thelma St.
Palm City, Fl. 34990
(772) 283-4114 Fax: (772) 781-1307
#CACO55482

To Mr. & Mrs. Viener 10 Pineapple Lane Stuart, FL 34996	Phone 288-3103	Date 5-29-2014
	Job Name	
	Job Phone	Job Number

We hereby submit specifications and estimates for:

1. Install (1) 2-ton high efficiency Carrier air conditioning system.
2. Install matching air handler with 5kw electric heater.
3. Install new emergency float switch.
4. Install new digital thermostat.
5. Install liquid line filter drier.
6. Secure condenser to slab.
7. Install time delay relay on condenser.
8. Undercoat condenser base pan with rust preventative.
9. Supply (6) High efficiency R-85 filters.
10. Ten year limited manufacturers parts warranty.
11. Ten year limited manufacturers compressor warranty.
12. One year labor warranty.
13. Includes permit fees.

Equipment:

1. 16.0 SEER Model #24ACC624/FV4CNF002 \$5,205.00 - \$405.00(FPL) = \$4,800.00

We ~~Propose~~ hereby to furnish material and labor-----complete in accordance with the above specifications, for the sum of:

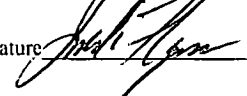
Dollars

Payment to be made as follows: Customer agrees to pay all court costs, attorney fees or other expenses incurred in the collection of the above
Payments upon default by customer. **50% at contract acceptance/ 50% at completion**
Prices include 6% Florida sales tax

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

CONSTRUCTION INDUSTRIES RECOVERY FUND. Payment may be available from the CIRF if you lose money on a project performed under contract, where the loss results from specified violations of Florida law by a state licensed contractor. For more information about the recovery fund and filing a claim, contact the Florida Construction Industry Licensing Board at the following number and address: 1940 N. Monroe St., Tallahassee, Fl 32399-2202. Tel. (850) 487-1395

Acceptance of Proposal The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Authorized Signature 

Customer Signature _____

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

ACCOUNT 1971-51A-0187 CE 0AC055482
 PHONE (772)283-4114 SIC NO 235110
 LOCATION:
 1323 SW THELMA ST MAR



CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	<u>.00</u>	LIC. FEE \$	<u>26.25</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL			<u>26.25</u>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF **FLYNN, BRIAN**
FLYNN'S AIR CONDITIONING SERVICES
HVAC CONTRACTING/APPLIANCE REPAIR 1323 SW THELMA STREET
 AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE **PALM CITY, FL 34990**

17 DAY OF SEPTEMBER 20 13
 AND ENDING SEPTEMBER 30, **2014** 11 2012 33915.0001 26.25 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE. IF NOT PAID BY OCT. 1, A DELINQUENT PENALTY OF 10% FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE -A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.

AC# 6260885

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12081001213

DATE	BATCH NUMBER	LICENSE NBR
08/10/2012	128036014	CAC055482

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

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

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

03245 10-19-13



Certificate of Registration

DR-11
R. 10/13

Issued Pursuant to Chapter 212, Florida Statutes

53-8012089566-7	10/08/80
-----------------	----------

Certificate Number

Registration Effective Date

This certifies that

FLYNNS AIR CONDITIONING SERVICE INC
1323 SW THELMA ST
PALM CITY FL 34990-3354

has met the sales and use tax registration requirements for the business location stated above and is authorized to collect and remit tax as required by Florida law. This certificate is non-transferable.

POST THIS CERTIFICATE IN A CONSPICUOUS PLACE

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **7-11-14** Page **14** of **14**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10904	NESSEN 109 N. SEWALLS Pt. Rd GLENMARK HOMES	WINDOW FINAL	CANCELED	341-2750 INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10909	VEINER 10 Pineapple Ln Flynn's A/C	Final	PASS	283-4774 INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	MANTIL 32 Rio Vista FL Windows & Doors	WINDOW FL ROUGER	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	BARKER 117 N. Sewalls DRIFWOOD HOMES	ALL TRADES	FAIL	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10922	BEAN 5 Miramar	V.G. TANK & LINES	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10923	FED MCT 3 BANYAN ALLIGATOR A/C	A/C FINAL	FAIL	No Access NO ONE HOME INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10934	FARMLEY 6' Oakhill Way SEAGATE PAPER	ROOF JOBS	PASS	FPL INSPECTOR <i>[Signature]</i>

10954
SHUTTERS

VOID

**Gulfstream Aluminum
went out of business**



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:	10954	DATE ISSUED:	7/23/2014
SCOPE OF WORK:	SHUTTER INSTALL		
CONTRACTOR:	GULFSTREAM ALUMINUM		
PARCEL CONTROL NUMBER:	12384100300000104	SUBDIVISION	PINEAPPLE LANE LOT 1
CONSTRUCTION ADDRESS:	10 PINEAPPLE LANE		
OWNER NAME:	VIENER		
QUALIFIER:	JOHN O'BRIAN	CONTACT PHONE NUMBER:	287-6476

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

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

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

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

INSPECTIONS

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

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



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	10954		
ADDRESS:	10 PINNACLE LANE		
DATE ISSUED:	7/23/2014	SCOPE OF WORK:	SHUTTER INSTALL.

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

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

ACCESSORY PERMIT	Declared Value:	\$	\$ 2,250.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 1.00	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.00
TOTAL ACCESSORY PERMIT FEE:		\$	\$ 109.00

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: 7-22-14 Permit Number: 10954
 OWNER/LESSEE NAME: Karen Viener Phone (Day) 288-3103 (Fax) _____
 Job Site Address: 10 Pineapple Ln City: Stuart State: FL Zip: 34996
 Legal Description: Pineapple Ln Lot 1 Parcel Control Number: 12-38-41-003-000-00010-4
 Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

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

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 2250.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
 Estimated Fair Market Value prior to improvement: \$ _____
 (Fair Market Value of the Primary Structure only, Minus the land value)
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Gulfstream Aluminum Phone: 2876476 Fax: 2879740
 Qualifiers name: John L O'Brien Street: 3001 SE Green Pkwy City: Stuart State: FL Zip: 34997
 State License Number: CRC058017 OR: Municipality: _____ License Number: _____
 LOCAL CONTACT: Karen Ridgely Phone Number: 2876476
 DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

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

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

WARNINGS TO OWNERS AND CONTRACTORS:

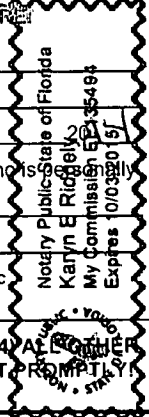
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
 X _____
 State of Florida, County of: _____
 On This the _____ day of _____, 20____
 by _____ who is personally
 known to me or produced _____
 As identification _____
 _____ Notary Public
 My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
 X John L O'Brien
 State of Florida, County of: Martin
 On This the 22 day of July
 by John L O'Brien who is personally
 known to me or produced _____
 As identification _____
 _____ Notary Public
 My Commission Expires: 10/3/2015



SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) AND 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 7/22/2014 9:02:09 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-003-000-00010-4	27620	10 PINEAPPLE LN, SEWALL'S POINT	\$560,270	7/19/2014

Owner Information

Owner(Current)	VIENER MICHAEL J & KAREN M
Owner/Mail Address	10 PINEAPPLE LN STUART FL 34996
Sale Date	11/13/1995
Document Book/Page	1148 2201
Document No.	
Sale Price	575000

Location/Description

Account #	27620	Map Page No.	SP-05
Tax District	2200	Legal Description	PINEAPPLE LANE, LOT 1
Parcel Address	10 PINEAPPLE LN, SEWALL'S POINT		
Acres	.4700		
<i>Sewalls Point</i>			

Parcel Type

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

Assessment Information

Market Land Value	\$192,500
Market Improvement Value	\$367,770
Market Total Value	\$560,270



CERTIFICATE OF LIABILITY INSURANCE

GULFS-5

OP ID: CR

DATE (MM/DD/YYYY)

07/22/2014

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

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

PRODUCER R.V. Johnson Insurance 2041 SE Ocean Blvd Stuart, FL 34996 Robert C. Johnson	CONTACT NAME: Carol Rzaca		
	PHONE (A/C, No, Ext): 772-287-3366	FAX (A/C, No): 772-287-4255	
E-MAIL ADDRESS: crzaca@rvjohnson.com			
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Gulfstream Aluminum & Shutter Corp 3001 SE Gran Parkway Stuart, FL 34997	INSURER A: Safeco Ins. Co. of America		24740
	INSURER B: Bridgefield Employers Ins.		10701
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			01CH9055976	07/08/2014	09/08/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> EPLI \$10,000						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Emp Ben. \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			02CE2298831	07/08/2014	07/08/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB		<input type="checkbox"/> OCCUR	NOT COVERED			EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$		
	<input type="checkbox"/> DED		<input type="checkbox"/> RETENTION \$		\$		
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0830-52724	06/13/2014	06/13/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Town of Sewall's Point
1 South Sewalls Point Rd
Stuart, FL 34996

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Carol Rzaca

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2013-2014

MARTIN COUNTY ORIGINAL BUSINESS TAX RECEIPT

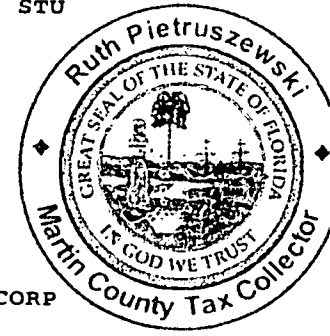
HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-5604

ACCOUNT 2008-518-0115 CE#RC058017

PHONE (772) 287-6476 SIC NO 236115

LOCATION:

3001 SE GRAN PARK WAY STU



CHARACTER COUNTS IN MARTIN COUNTY

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

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

O'BRIEN, JOHN (QB52216)
GULFSTREAM ALUMINUM & SHUTTER CORP
3001 SE GRAN PARK WAY
STUART, FL 34997

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

11 2012 34454.0001 26.25 PAID

PALM BEACH COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

CERTIFICATE # U-20825		EXPIRATION 09/30/2015
---------------------------------	---	---------------------------------

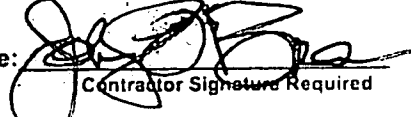
NAME: JOHN L'O'BRIEN
FIRM: GULFSTREAM ALUMINUM & SHUTTER CORP

DBA :

3001 SE GRAN PKWY
STUART, FL 34997

CERTIFIED CONTRACTOR WINDOW & DOOR
--

FEE: 250.00
ISSUED BY: SMATTHES ON: 09/30/2013
ID: #0104219

Signature: 
Contractor Signature Required

PROPOSAL

Page No. of Pages



Phone: (800) 244-4143
Fax: (772) 287-9740
www.gulfshutters.com

3001 S.E. Gran Park Way
Stuart, Florida 34997

Since 1979
Residential/Commercial
World Wide
License # CRC058017

Proposal Submitted to KAREN NIENAR Phone 288-3103 Date 4/23/14
Street 10 PIHKAPPA LN. City SEWELLS POINT State FL Zip Code 34996

DO NOT SIGN THIS CONTRACT UNTIL YOU READ ALL CONDITIONS OF THE AGREEMENT.

We hereby submit specifications and estimates for:

TO FURNISH AND INSTALL THE FOLLOWING
CLEAR STORM PANELS ON (5) OPENINGS DIRECT MOUNTED W/MALE PANELMATES T+B
~~550 WHITE FINISH ALUMINUM STORM PANELS W/LEAK TRAPS + SCREENS INSTALLED IN ATTIC.~~
PERMIT INCLUDED. ALLOW 4-6 WEEKS FOR INSTALLATION.
USE HOMEOWNERS PAINT FOR VENT PANELS. (1) GAL.

	2250-
TOTAL	\$ 2060. ⁰⁰
DEPOSIT 50% CK 10487	- 1330. ⁰⁰
BALANCE ON COMPLETION	1330. ⁰⁰
ONE YEAR WARRANTY MATERIAL AND LABOR	920-

It is understood that there are no verbal agreements and all items discussed are covered by this written contract. This is a proposal until signed by an officer of the corporation at which time it becomes an executed contract. Acceptance by owner must be within 30 days of proposal date. Buyer may cancel this contract within 3 days after signing. No changes in measurements will be allowed except at prices mutually agreed upon, at the time these changes are made. Any physical or verbal changes after signing must be approved in writing by both parties. All agreements are contingent upon strikes, lockouts, accidents, acts of God, weather, fire, carrier delays, delay or failure to receive raw material deliveries, or by other causes, whether of like or different nature beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance. All material is property of Gulfstream until final payment and can be removed if not paid.

Electric- Buyer agrees that any necessary electrical connections will be made at the closest source of power. Any changes or variations will be an additional charge.

Interest - Buyer agrees to pay 1½% per month interest on any unpaid balances.

Costs of Collection - Buyer agrees to be responsible for seller's attorney's fees (both trial and appeal) and all other costs of collection in the event full payment as outlined herein is not made within 10 days of completion of the work outlined herein.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to do the work as specified. Cancellation Fee 50% of contract. Payment will be made as outlined above.

SIGNATURE Karen Nienar

SIGNATURE Doug Gattner

DATE OF ACCEPTANCE: 4/23/14

AGENT Doug Gattner



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

SHUTTER SCHEDULE

I.D. NO.	APPOX OPENING SIZE (WXH)	APPOX SHUTTER WIDTH	APPOX HEIGHT	# OF STORM BARS REQ'D	ANCHOR SPACING	# OF WINDOW BARS EACH SIDE	HEADER REINF. REQ'D YES/NO	REMARKS
	37"X63"	45"	71"	N/A	12"	N/A	NO	EXAMPLE
1	38x33	3.5	41		12"			
2	38x33	3.5	41		12"			
3	24x36	2	44		12"			
4	24x36	2	44		12"			
5	46x63	4	71		12"			
6								
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TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
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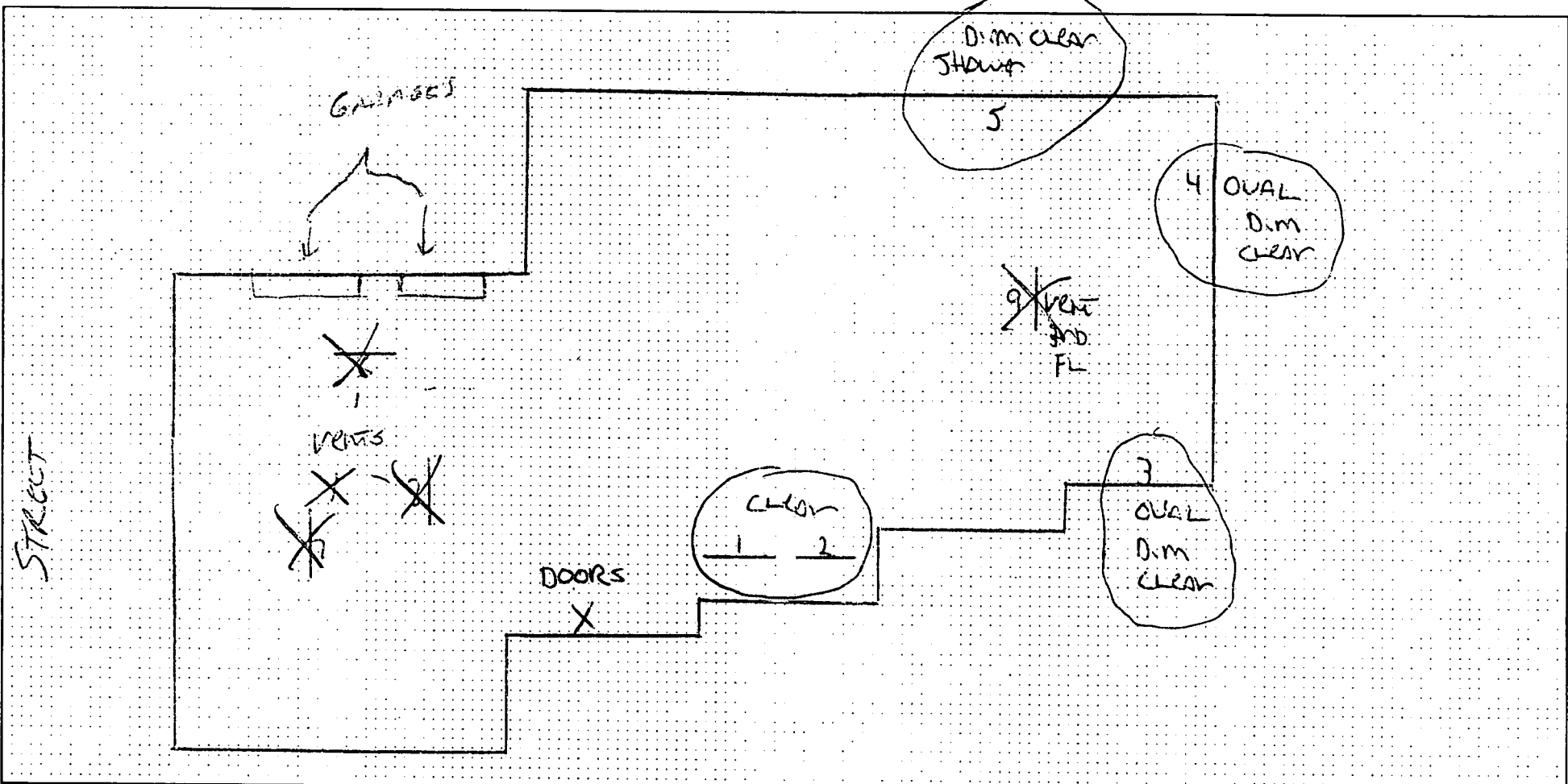


Do It Once. Do It Right.
Since 1979

3001 S.E. Gran Park Way, Stuart, Florida 34997
(772) 287-6476 • (800) 244-4143
FAX (772) 287-9740
E-Mail: jobrien@gulfshutters.com
www.gulfshutters.com
Lic. #MC00231, SL 1211, PB# U-17051, CRC58017

LAYOUT SHEET

Key	
Storm Panels - SP	Rollups - RU
Accordions - AC	Windows/Doors - WD
Bahamas - BA	Retractable Awnings - RA
Colonials - CO	Ultra Lattice - UL



Special Instructions: CLEAR DIM PANELS OLD OPERABLE: 1-5
.030 MILL ALUM TRIM PANELS ON (4) VENTS + SCREENS INSIDE ATTIC.
PAINT PANELS FOR 6-9

Signature Karen Viener Date 4/23/14 Salesperson D. Sturillo Date 4/23/14
 Gulfstream Aluminum and Shutter Corp.



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Business & Professional Regulation

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Product Approval
 USER: Public User

License efficiently. Regulate fairly.

[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > **Application Detail**



FL #	FL15094						
Application Type	New						
Code Version	2010						
Application Status	Approved						
Comments							
Archived							
Product Manufacturer	Eastern Metal Supply						
Address/Phone/Email	4268 Westroads Drive West Palm Beach, FL 33407 (800) 432-2204 lrodriguez@eastemmetal.com						
Authorized Signature	Bill Feeley lrodriguez@eastemmetal.com						
Technical Representative							
Address/Phone/Email							
Quality Assurance Representative							
Address/Phone/Email							
Category	Shutters						
Subcategory	Storm Panels						
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received						
Florida Engineer or Architect Name who developed the Evaluation Report	Walter A. Tillit Jr., P.E.						
Florida License	PE-44167						
Quality Assurance Entity	National Accreditation and Management Institute						
Quality Assurance Contract Expiration Date	12/31/2015						
Validated By	John Henry Kampmann Jr. <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received						
Certificate of Independence	FL15094_R0_COI_EASTERN METAL_certification of independence drwg 11-237.pdf						
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th><u>Standard</u></th> <th><u>Year</u></th> </tr> </thead> <tbody> <tr> <td>ASTM E 1996</td> <td>2005</td> </tr> <tr> <td>ASTM E 330</td> <td>2002</td> </tr> </tbody> </table>	<u>Standard</u>	<u>Year</u>	ASTM E 1996	2005	ASTM E 330	2002
<u>Standard</u>	<u>Year</u>						
ASTM E 1996	2005						
ASTM E 330	2002						
Equivalence of Product Standards Certified By	Florida Licensed Professional Engineer or Architect FL15094_R0_Equiv_EQUIVALENT LETTER_ORIGINAL.pdf						
Sections from the Code							
Product Approval Method	Method 1 Option D						
Date Submitted	12/22/2011						
Date Validated	12/22/2011						

Date Pending FBC Approval
Date Approved

12/27/2011
01/31/2012

Summary of Products

FL #	Model, Number or Name	Description
15094.1	Clear Bertha StormPanel 2 - Non-HVHZ - Drawing# 11-237	Corrugated Polycarbonate storm panels retained or not by tracks to provide hurricane protection.
Limits of Use Approved for use in HVHZ: No Approved for use outside HVHZ: Yes Impact Resistant: Yes Design Pressure: N/A Other: Large Missile. Max span is 7'-5" for +60, -60 p.s.f. ASD. See sheet 3 of installation drawings for other spans and pressures.		Installation Instructions FL15094 RO II EASTERN METAL-DRWG 11-237.pdf Verified By: American Test Lab of South Florida Inc. Created by Independent Third Party: Yes Evaluation Reports FL15094 RO AE EASTERN METAL Product evaluation report drwg 11-237.pdf Created by Independent Third Party: Yes

[Back](#) [Next](#)

Contact Us :: [1940 North Monroe Street, Tallahassee FL 32399](#) Phone: 850-487-1824

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Product Approval Accepts:



GENERAL NOTES:

1. STORM PANEL SHOWN ON THIS PRODUCT EVALUATION DOCUMENT (P.E.D.) HAS BEEN VERIFIED FOR COMPLIANCE IN ACCORDANCE WITH THE 2010 EDITION OF THE FLORIDA BUILDING CODE. THIS STORM PANEL SYSTEM SHALL NOT BE INSTALLED AT HIGH VELOCITY HURRICANE ZONES (MIAMI-DADE / BROWARD COUNTY).

DESIGN WIND LOADS SHALL BE DETERMINED AS PER SECTION 1609 OF THE ABOVE MENTIONED CODE. FOR A WIND SPEED AS REQUIRED BY THE JURISDICTION WHERE THESE SHUTTERS WILL BE INSTALLED AND FOR A DIRECTIONALITY FACTOR $K_d=0.85$. USING ASCE 7-10 FOR INSTALLATIONS UNDER 2010 FBC AND SHALL NOT EXCEED THE MAXIMUM (A.S.D.) DESIGN PRESSURE RATINGS INDICATED ON SHEETS 3 & 6.

IN ORDER TO VERIFY THE ABOVE CONDITION, ULTIMATE DESIGN WIND LOADS DETERMINED PER ASCE 7-10 SHALL BE FIRST REDUCED TO A.S.D. DESIGN WIND LOADS BY MULTIPLYING THEM BY 0.6 IN ORDER TO TO COMPARE THESE W/ MAX. (A.S.D.) DESIGN PRESSURE RATINGS INDICATED ON SHEETS 3 & 6.

STORM PANEL'S ADEQUACY FOR IMPACT AND WIND RESISTANCE HAS BEEN VERIFIED IN ACCORDANCE WITH SECTION 1609.1.2 OF THE ABOVE MENTIONED CODE AS PER ATLSF REPORT # 0615.01-11 & ATL REPORT # 0302.01-10R PER ASTM E 1886 & E 1996, & ASTM E 330-02 STANDARD.

2. CLEAR BERTHA STORM PANEL SHALL BE EXTRUDED USING ANY OF THE FOLLOWING POLYCARBONATE SOURCES WITH THEIR CORRESPONDING MODEL NUMBER:

GENERAL ELECTRIC PLASTICS	LEXAN 103
DOWN CHEMICAL	CALIBRE 302 V-6
BAYER MATERIAL / SCIENCE LLC.	MAKROLON #1804

MINIMUM PROPERTIES FOR ALL OF THE ABOVE POLYCARBONATES ARE AS FOLLOWS:

TYPICAL PROPERTIES	APPLICABLE STANDARD REFERENCE	RESULT
PHYSICAL:		
SPECIFIC GRAVITY	ASTM D792	1.20 G/CC
MECHANICAL:		
TENSILE YIELD STRENGTH	ASTM D638	8,700 p.s.i.
FLEXURAL STRENGTH AT YIELD	ASTM D790	12,500 p.s.i.
FLEXURAL MODULUS	ASTM D790	340,000 p.s.i.
IMPACT:		
NOTCHED IZOD	ASTM D256	18 FT-lb/in
FIRE BURNING CHARACTERISTICS:		
SMOKE DENSITY	ASTM D2843	75 (MAX)
RATE OF BURNING	ASTM D635	C-1 CLASS (MAX)
SELF IGNITION	ASTM D1929	650 °F

3. ALL ALUMINUM EXTRUSIONS SHALL BE ALUMINUM ASSOCIATION 6063-T6 ALLOY & TEMPER.

4. ALL SCREWS TO BE STAINLESS STEEL 304 OR 316 AISI SERIES OR CORROSION RESISTANT COATED CARBON STEEL AS PER DIN 50018 W/ 50 KSI YIELD STRENGTH AND 90 KSI TENSILE STRENGTH & SHALL COMPLY W/ FLORIDA BUILDING CODE SECTION 2411.3.3.4.

5. BOLTS TO BE ASTM A 307, GALVANIZED OR AISI 304 SERIES STAINLESS STEEL, WITH 36 KSI MIN. YIELD STRENGTH.

6. ANCHORS TO WALL SHALL BE AS FOLLOWS: SEE SHEET 2 OF 5 FOR APPLICATIONS.

(A) TO EXISTING POURED CONCRETE: MIN. $f'_c = 3$ KSI
 -1/4" Ø TAPCON ANCHORS MANUFACTURED BY I.T.W. BUILDEX OR ELCO CONSTRUCTION PRODUCTS & 1/4" Ø BLUE TAP ANCHORS AS MANUFACTURED BY FLORIDA FASTENERS DIRECT, INC.
 -1/4" Ø ELCO MALE "PANELMATE" MANUFACTURED BY ELCO CONSTRUCTION PRODUCTS.
 -1/4" Ø x 3/4" ALL POINTS SOLID-SET ANCHORS AS DISTRIBUTED BY ALL POINTS SCREW, BOLT & SPECIALTY COMPANY.
 -1/2" OD x 2 1/8" ENXJ12 PANELMATE INSERTS, AS MANUFACTURED BY ELCO CONSTRUCTION PRODUCTS.

NOTES:

A.1) MINIMUM EMBEDMENT INTO POURED CONCRETE OF TAPCON, BLUE TAP ANCHORS AND ELCO PANELMATES IS 1 3/4".

A.2) 3/4" SOLID SET ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE POURED CONCRETE. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" Ø-20 SCREWS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO. SCREWS SHALL BE 304 SERIES STAINLESS STEEL W/ 3/4" Ø HEAD SIDEWALK BOLTS.

A.3) MINIMUM EMBEDMENT INTO CONCRETE OF PANELMATE INSERTS IS 1 5/8". NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 5/16" Ø -18 304 SERIES STAINLESS STEEL SCREWS USED SHALL PENETRATE 1" MIN. INTO ANCHOR.

A.4) IN CASE THAT PRECAST STONE, PRECAST CONCRETE PANELS, OR PAVERS BE FOUND ON THE EXISTING WALL OR FLOOR, ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS, ANCHORAGE SHALL BE AS INDICATED ON NOTES A.1) A.2) & A.3).

(B) TO EXISTING CONCRETE BLOCK WALL: ASTM C-90
 -1/4" Ø TAPCON ANCHORS MANUFACTURED BY I.T.W. BUILDEX OR ELCO CONSTRUCTION PRODUCTS & 1/4" Ø BLUE TAP ANCHORS, AS MANUFACTURED BY FLORIDA FASTENERS, INC.
 -1/4" Ø ELCO MALE "PANELMATE" MANUFACTURED BY ELCO CONSTRUCTION PRODUCTS.
 -1/4" Ø x 3/4" ALL POINTS SOLID-SET ANCHORS AS DISTRIBUTED BY ALL POINTS SCREW, BOLT & SPECIALTY COMPANY.

NOTES:

B.1) MINIMUM EMBEDMENT OF TAPCON, BLUE TAP ANCHORS AND ELCO PANELMATES INTO THE CONCRETE BLOCK UNIT SHALL BE 1 1/4"

B.2) 3/4" SOLID SET ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE CONCRETE BLOCK UNIT. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" Ø-20 SCREWS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO.

B.3) IN CASE THAT PRECAST STONE OR PRECAST CONCRETE PANELS BE FOUND ON THE EXISTING WALL, ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS. ANCHORAGE SHALL BE AS INDICATED ON NOTES IN B.1) & B.2) ABOVE.

(C) ANCHORS SHALL BE INSTALLED FOLLOWING ALL OF THE RECOMMENDATIONS AND SPECIFICATIONS OF THE ANCHOR'S MANUFACTURER.

7. PANEL MAY ALSO BE INSTALLED HORIZONTALLY FOLLOWING INSTALLATION DETAILS SHOWN ON SECTIONS 1 THRU 4, SHEETS 4 & 5

8. STORM PANEL SHALL BE REMOVED AFTER THE HURRICANE AND SHALL BE STORED AND PROPERLY MAINTAINED.

9. IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE SOUNDNESS OF THE STRUCTURE WHERE SHUTTER IS TO BE ATTACHED TO INSURE PROPER ANCHORAGE.

10. SHUTTER MANUFACTURER'S LABEL SHALL BE LOCATED ON A READILY VISIBLE LOCATION AT STORM PANEL SHUTTER IN ACCORDANCE WITH SECTION 1715.8.3 OF FLORIDA BUILDING CODE. ONE LABEL SHALL BE PLACED FOR EVERY OPENING. LABELING TO COMPLY WITH SECTION 1715.8.2 OF THE FLORIDA BUILDING CODE.

11. THE INSTALLATION CONTRACTOR IS TO SEAL/CAULK ALL SHUTTER COMPONENT EDGES WHICH REMAIN IN CONTINUOUS CONTACT WITH THE BUILDING TO PREVENT WIND/RAIN INTRUSION. CAULK AND SEAL SHUTTER TRACKS ALL AROUND FULL LENGTH.

12. STORM PANEL INSTALLATION SHALL COMPLY WITH SPECS INDICATED IN THIS DRAWING PLUS ANY BUILDING AND ZONING REGULATIONS PROVIDED BY THE JURISDICTION WHERE PERMIT IS APPLIED TO.

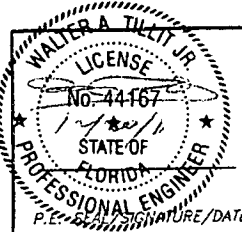
13. (A) THIS P.E.D. PREPARED BY THIS ENGINEER IS GENERIC AND DOES NOT PROVIDE INFORMATION FOR A SITE SPECIFIC PROJECT, I.E. WHERE THE SITE CONDITIONS DEVIATE FROM THE P.E.D.

(B) CONTRACTOR TO BE RESPONSIBLE FOR THE SELECTION, PURCHASE AND INSTALLATION INCLUDING LIFE SAFETY OF THIS PRODUCT. BASED ON THIS P.E.D. PROVIDED HE/SHE DOES NOT DEVIATE FROM THE CONDITIONS DETAILED ON THIS DOCUMENT. CONSTRUCTION SAFETY AT SITE IS THE CONTRACTOR'S RESPONSIBILITY.

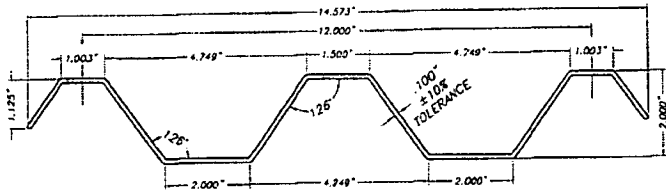
(C) THIS P.E.D. WILL BE CONSIDERED INVALID IF ALTERED BY ANY MEANS.

(D) SITE SPECIFIC PROJECTS SHALL BE PREPARED BY A FLORIDA REGISTERED ENGINEER OR ARCHITECT WHICH WILL BECOME THE ENGINEER OF RECORD (E.O.R.) FOR THE PROJECT AND WHO WILL BE RESPONSIBLE FOR THE PROPER USE OF THE P.E.D. ENGINEER OF RECORD, ACTING AS A DELEGATED ENGINEER TO THE P.E.D. ENGINEER, SHALL SUBMIT TO THIS LATTER THE SITE SPECIFIC DRAWINGS FOR REVIEW.

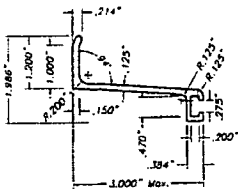
(E) THIS P.E.D. SHALL BEAR THE DATE AND ORIGINAL SEAL AND SIGNATURE OF THE PROFESSIONAL ENGINEER OF RECORD THAT PREPARED IT.



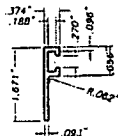
FLORIDA BUILDING CODE (Non High Velocity Hurricane Zone)		CLEAR BERTHA STORM PANEL (2.00" DEEP)		DRAWN BY: A.G.
© 2011 TILTECO, INC.		EASTERN METAL SUPPLY, INC. 4260 WEST ROADS DRIVE WEST PALM BEACH, FL 33407		12/09/11 DATE
		11-237 DRAWING NO.		11-237 DRAWING NO.
TILTECO INC. TILTIT TESTING & ENGINEERING COMPANY 4320 W. 50th St., Ste. 202, MIAMI GARDENS, FL 33146 Phone: (305) 871-1530 Fax: (305) 871-1531 E-mail: info@tilteco.com EG-0006719		WALTER A. TILLET JR. P.E. FLORIDA LIC. # 44167		SHEET 1 OF 6
REV. NO.	DESCRIPTION	DATE	BY	CHECKED BY
1				
2				
3				



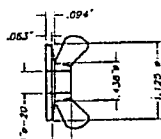
① 0.100" THICK CLEAR PANEL
SCALE 3/8" = 1"



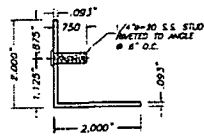
② 3" MAX. ANGLE BUILD OUT BRACKET
SCALE 3/8" = 1"



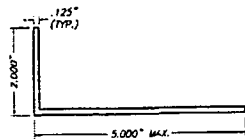
③ F TRACK
SCALE 3/8" = 1"



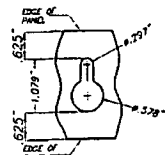
④ WASHERED WING NUT
ZAMAC METAL PLATE
WASHER WING NUT
SCALE 3/8" = 1"



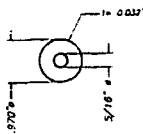
⑤ STUDDED ANGLE
6061-T5 ALUM. ALLOY
SCALE 3/8" = 1"



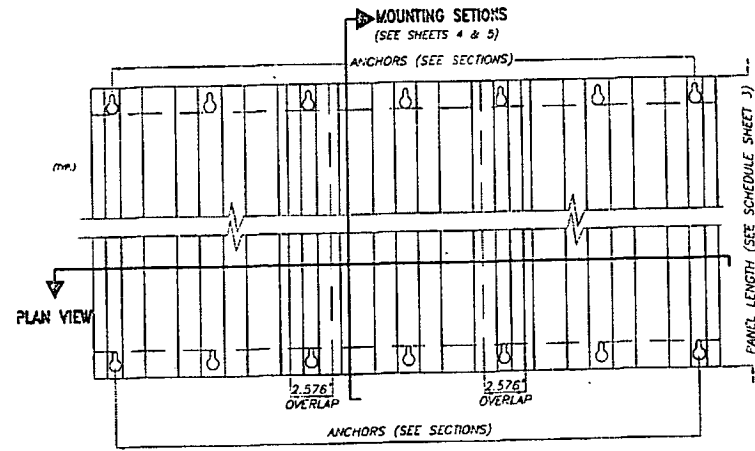
⑥ BUILD OUT ANGLE
SCALE 3/8" = 1"



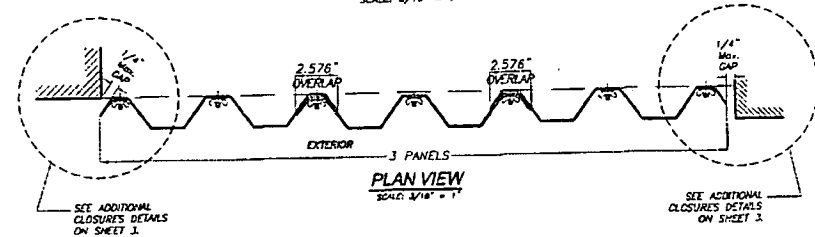
⑦ KEY HOLE AT PANEL
SCALE 3/8" = 1"



⑧ 0.97" Ø G-60 GALV. OR S.S. FLAT STEEL BONDED
WASHER W/ EPDM WASHER BACK UP
AISI 304 SERIES S.S. OF ASTM A-453 GRADE 40

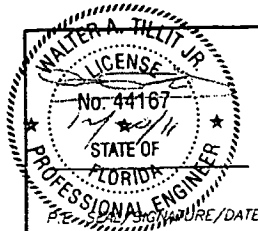


STORM PANEL TYPICAL ELEVATION
SCALE 3/16" = 1"



PLAN VIEW
SCALE 3/16" = 1"

COMPONENTS



FLORIDA BUILDING CODE (Non High Velocity Hurricane Zone)

©2011 TILTECO, INC.

TILTECO INC.

TILLIT TESTING & ENGINEERING COMPANY
 6334 N. 30th St., Ste. 203, Miramar Gardens, FL 33188
 Phone: (305) 871-1530 Fax: (305) 871-1511
 www.tillit.com
 EB-0008719
 WALTER A. TILLIT, JR., P.E.
 FLORIDA LIC. # 44167

CLEAR BERTHA STORM PANEL
(2.00" DEEP)

EASTERN METAL SUPPLY, INC
 4208 WEST ROADS DRIVE
 WEST PALM BEACH, FL 33407

REV. NO.	DESCRIPTION	DATE	REV. BY	DESCRIPTION	DATE
1			3		
2			4		

DRAWN BY:
A.G.

12/08/11
DATE

11-237
DRAWING NO

SHEET 2 OF 6

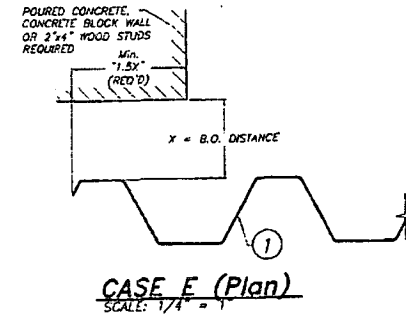
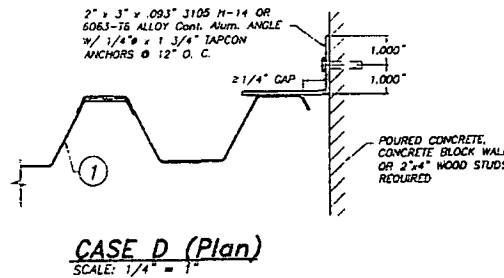
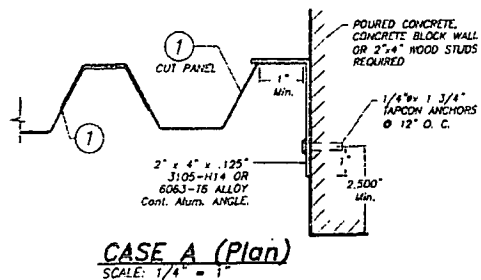
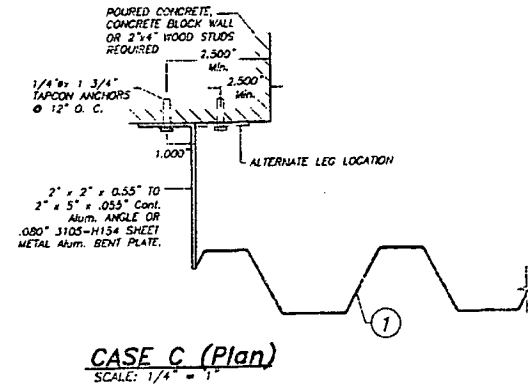
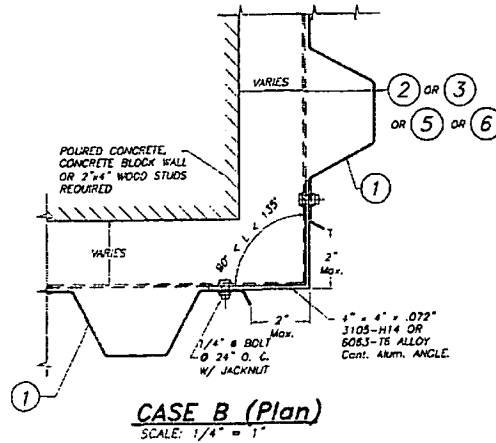
MAXIMUM A.S.D. DESIGN PRESSURE RATING (p.s.f.) WITH CORRESPONDING MAXIMUM PANEL LENGTH "L" (Ft.) VALID FOR INSTALLATIONS INTO POURED CONCRETE, CONCRETE BLOCK OR WOOD.

MAX. A.S.D. DESIGN PRESSURE RATING (p.s.f.)	MAXIMUM PANEL LENGTH L (ft.) *
50	7'-5"

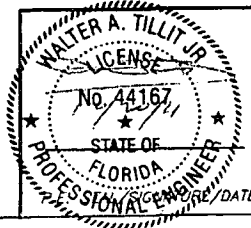
* Min. PANEL LENGTH IS 3'-0"

MIN. SEPARATION TO GLASS

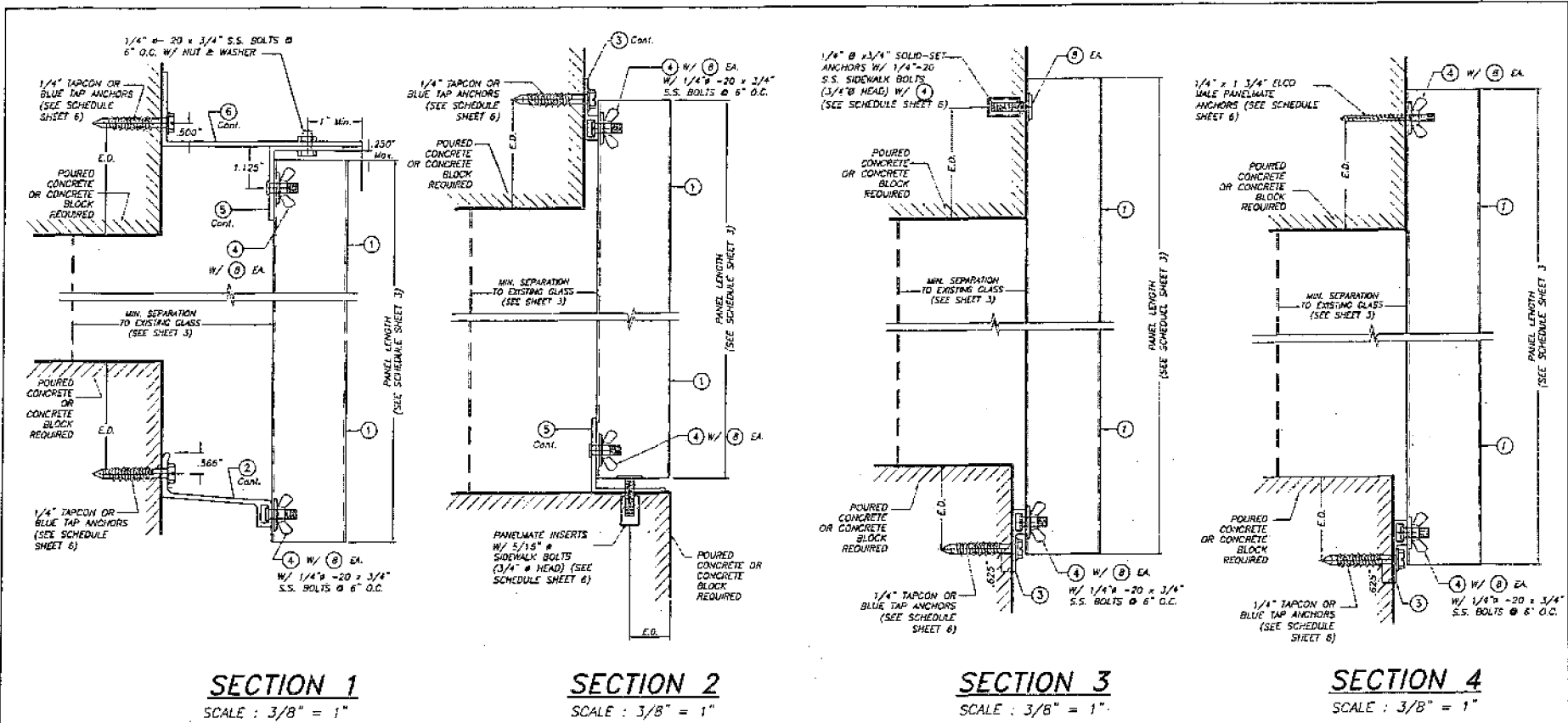
WIND ZONE	SEPARATION
1, 2 & 3	1"
4	5"



END CLOSURES DETAILS



© 2011 TILTECO, INC.		FLORIDA BUILDING CODE (Non High Velocity Hurricane Zone)	
<p>TILLIT TESTING & ENGINEERING COMPANY 4355 NW 36th St., Suite 100, West Palm Beach, FL 33409 Phone: (561) 871-1530 Fax: (561) 871-1531 www.tilteco.com EB-0006719 WALTER A. TILLIT, P.E. FLORIDA LIC. # 44167</p>		CLEAR BERTHA STORM PANEL (2.00" DEEP)	
		EASTERN METAL SUPPLY, INC. 4288 WEST ROADS DRIVE WEST PALM BEACH, FL 33407	
REV. NO.	DESCRIPTION	DATE	BY
1			
2			
DRAWING NO. 11-237			DRAWN BY: A.G.
SHEET 3 OF 8			DATE: 12/09/11



SECTION 1
SCALE : 3/8" = 1"

SECTION 2
SCALE : 3/8" = 1"

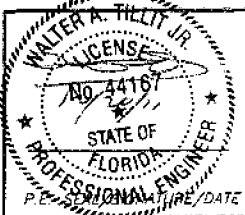
SECTION 3
SCALE : 3/8" = 1"

SECTION 4
SCALE : 3/8" = 1"

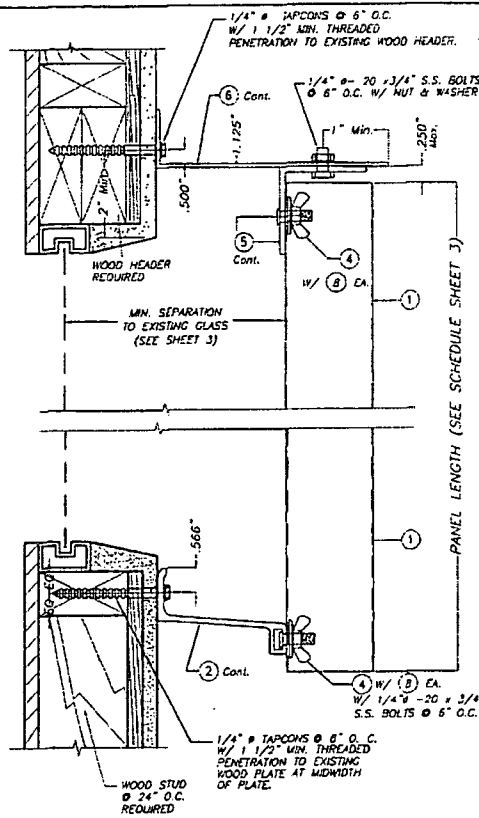
**INSTALLATION DETAILS ON EXISTING POURED CONCRETE
OR CONCRETE BLOCK BUILDINGS**

NOTE:
MOUNTING INSTALLATIONS MAY
BE COMBINED IN ANY WAY TO
SUIT ANY INSTALLATION.

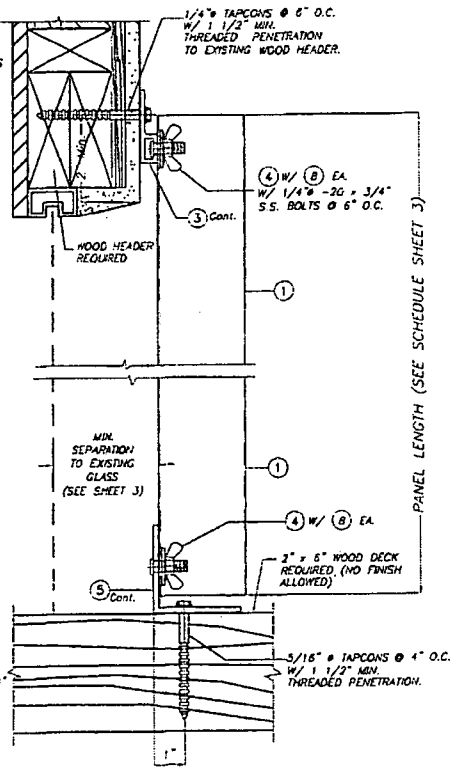
E. D. = EDGE DISTANCE
(SEE SCHEDULE ON
SHEET 5 OF 6).



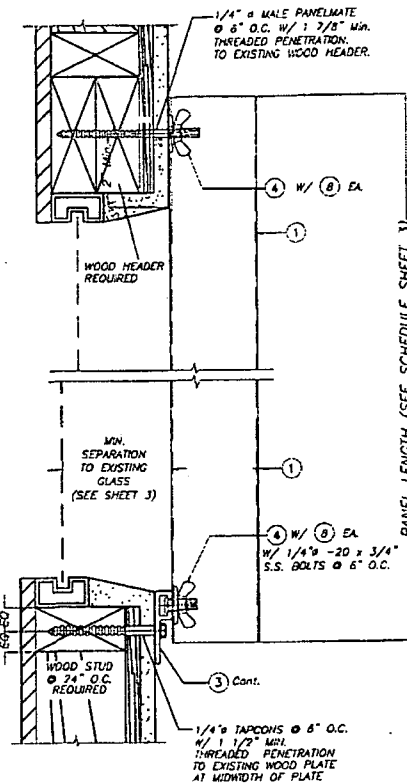
FLORIDA BUILDING CODE (Non High Velocity Hurricane Zone)			
© 2011 TILECO, INC.		CLEAR BERTHA STORM PANEL (2.00" DEEP)	
TILECO INC.		EASTERN METAL SUPPLY, INC	
TILT TESTING & ENGINEERING COMPANY 6555 W. 30th St., Suite 100, Miramar, FL 33144 Phone: (305) 877-1533 Fax: (305) 877-1531		4258 WEST ROADS DRIVE WEST PALM BEACH, FL 33407	
REV. NO.	DESCRIPTION	DATE	REV. BY
1			J
2			A
			DRAWN BY: A.G.
			12/09/11 DATE
			11-237 DRAWING No
			SHEET 4 OF 6



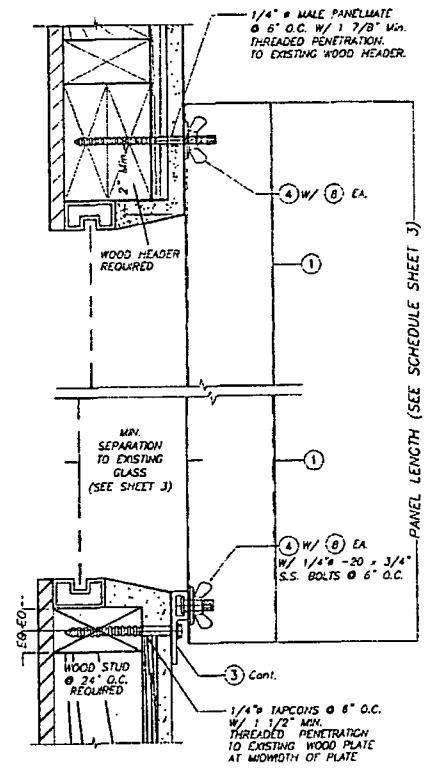
SECTION 1
SCALE: 3/8" = 1"



SECTION 2
SCALE: 3/8" = 1"



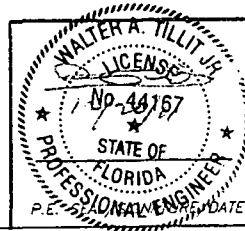
SECTION 3
SCALE: 3/8" = 1"



SECTION 4
SCALE: 3/8" = 1"

INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS

NOTE:
MOUNTING INSTALLATIONS MAY BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.



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 TILIT TESTING & ENGINEERING COMPANY 6350 W. 30th St., Suite 200, Miramar, CA 92051 Phone: (855) 271-1120 Fax: (855) 271-1131 Email: info@tiliteco.com ED-0006719 WALTER A. TILLIT JR., P.E. FLORIDA Lic. # 44167						CLEAR BERTHA STORM PANEL (2.00" DEEP)						DRAWN BY: A.G.	
						EASTERN METAL SUPPLY, INC 4258 WEST ROADS DRIVE WEST PALM BEACH, FL 33407						12/05/11 DATE	
						11-237 DRAWING No							
						SHEET 5 OF 6							

MAXIMUM A.S.D. DESIGN PRESSURE RATING (D.S.F.) AND CORRESPONDING MAXIMUM ANCHOR SPACING SCHEDULE ONLY FOR INSTALLATIONS IN CONCRETE AND CONCRETE BLOCK STRUCTURES

MAXIMUM A.S.D. DESIGN PRESSURE RATING (D.S.F.)	MAXIMUM ANCHORS SPACING FOR E. D. = 3 1/2"								APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM	MAXIMUM PANEL LENGTH " (L)
	TAPCONS OR BLUE TAP		SOLID SET		PANELMATE INSERT		MALE PANELMATE			
	TO CONCRETE	TO BLOCK	TO CONCRETE	TO BLOCK	TO CONCRETE	TO BLOCK	TO CONCRETE	TO BLOCK		
+35.0, -35.0 OR LESS	6"	8"	-	-	-	-	-	-	1 (TOP)	6'-0" OR LESS
	6"	8"	-	-	-	-	-	-	1 (BOTTOM)	
	6"	6"	-	-	-	-	-	-	2 (TOP)	
	6"	6"	-	-	-	-	-	-	2 (BOTTOM)	
	-	-	6"	6"	-	-	-	-	3 (TOP)	
	-	-	6"	6"	-	-	-	-	3 (BOTTOM)	
	-	-	-	-	-	-	6"	6"	4 (TOP)	
	-	-	-	-	-	-	6"	6"	4 (BOTTOM)	

MAXIMUM A.S.D. DESIGN PRESSURE RATING (D.S.F.)	MAXIMUM ANCHORS SPACING FOR E. D. = 3 1/2"								APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM	MAXIMUM PANEL LENGTH " (L)
	TAPCONS OR BLUE TAP		SOLID SET		PANELMATE INSERT		MALE PANELMATE			
	TO CONCRETE	TO BLOCK	TO CONCRETE	TO BLOCK	TO CONCRETE	TO BLOCK	TO CONCRETE	TO BLOCK		
>35.0, -35.0 UP TO +60.0, -60.0	6"	6"	-	-	-	-	-	-	1 (TOP)	6'-0" OR LESS
	6"	6"	-	-	-	-	-	-	1 (BOTTOM)	
	6"	6"	-	-	-	-	-	-	2 (TOP)	
	6"	6"	-	-	-	-	-	-	2 (BOTTOM)	
	-	-	-	-	6"	6"	-	-	3 (TOP)	
	-	-	-	-	6"	6"	-	-	3 (BOTTOM)	
	-	-	-	-	-	-	6"	6"	4 (TOP)	
	-	-	-	-	-	-	6"	6"	4 (BOTTOM)	

MAXIMUM A.S.D. DESIGN PRESSURE RATING (D.S.F.)	MAXIMUM ANCHORS SPACING FOR E. D. = 3 1/2"								APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM	MAXIMUM PANEL LENGTH " (L)
	TAPCONS OR BLUE TAP		SOLID SET		PANELMATE INSERT		MALE PANELMATE			
	TO CONCRETE	TO BLOCK	TO CONCRETE	TO BLOCK	TO CONCRETE	TO BLOCK	TO CONCRETE	TO BLOCK		
+35.0, -35.0 OR LESS	6"	8"	-	-	-	-	-	-	1 (TOP)	>6'-0" TO 7'-5"
	6"	8"	-	-	-	-	-	-	1 (BOTTOM)	
	6"	6"	-	-	-	-	-	-	2 (TOP)	
	6"	6"	-	-	-	-	-	-	2 (BOTTOM)	
	-	-	-	-	4"	-	-	-	3 (TOP)	
	-	-	6"	6"	-	-	-	-	3 (BOTTOM)	
	-	-	-	-	-	-	6"	6"	4 (TOP)	
	-	-	-	-	-	-	6"	6"	4 (BOTTOM)	

MAXIMUM A.S.D. DESIGN PRESSURE RATING (D.S.F.)	MAXIMUM ANCHORS SPACING FOR E. D. = 3 1/2"								APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM	MAXIMUM PANEL LENGTH " (L)
	TAPCONS OR BLUE TAP		SOLID SET		PANELMATE INSERT		MALE PANELMATE			
	TO CONCRETE	TO BLOCK	TO CONCRETE	TO BLOCK	TO CONCRETE	TO BLOCK	TO CONCRETE	TO BLOCK		
>35.0, -35.0 UP TO +60.0, -60.0	6"	6"	-	-	-	-	-	-	1 (TOP)	>6'-0" TO 7'-5"
	6"	6"	-	-	-	-	-	-	1 (BOTTOM)	
	6"	6"	-	-	-	-	-	-	2 (TOP)	
	6"	6"	-	-	-	-	-	-	2 (BOTTOM)	
	-	-	-	-	4"	-	-	-	3 (TOP)	
	-	-	6"	6"	-	-	-	-	3 (BOTTOM)	
	-	-	-	-	-	-	6"	6"	4 (TOP)	
	-	-	-	-	-	-	6"	6"	4 (BOTTOM)	

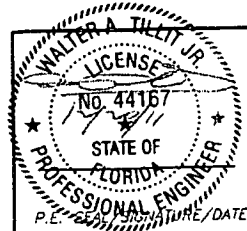
* MAXIMUM ANCHOR SPACINGS ARE VALID FOR 3 1/2" EDGE DISTANCE (EXCEPT FOR PANELMATE INSERTS WHERE E.D. = 4 1/2") FOR E.D. LESS THAN 3 1/2", REDUCE ANCHOR SPACING BY MULTIPLYING SPACING SHOWN ON SCHEDULE BY THE FOLLOWING FACTORS. (NOTE: MIN. E.D. FOR SOLID SET ANCHORS IS 3") FOR THIS OPERATION TO BE POSSIBLE, REDUCED SPACING OBTAINED USING FACTOR SHALL NOT BE LESS THAN MAXIMUM SPACING INDICATED FOR EACH ANCHOR TYPE AT ANCHORS LEGEND.

ACTUAL E. D.	FACTOR		
	TAPCON, BLUE TAP, MALE PANELMATE	PANELMATE INSERTS	SOLID-SET
4 1/2"	1.00	1.00	1.00
3"	.88	-	.78
2 1/2"	.71	-	-
2"	.50	-	-

ANCHORS LEGEND

ANCHOR TYPE	Min. ANCHOR SPACING
TAPCON, BLUE TAP OR MALE PANELMATE	3.0"
PANELMATE INSERTS	4.0"
SOLID-SET	3.5"

E. D. = EDGE DISTANCE



FLORIDA BUILDING CODE (Non High Velocity Hurricane Zone)

© 2011 TILECO, INC.

TILECO INC.
TILE TESTING & ENGINEERING COMPANY
1268 WEST ROADS DRIVE
WEST PALM BEACH, FL 33407
Phone: (561)871-1830 Fax: (561)871-1831
E-mail: info@tileco.com
EB-0008719
WALTER A. TILL JR., P.E.
FLORIDA Lic. # 44167

CLEAR BERTHA STORM PANEL
(2.00" DEEP)

EASTERN METAL SUPPLY, INC
1268 WEST ROADS DRIVE
WEST PALM BEACH, FL 33407

REV. NO.	DESCRIPTION	DATE	REV. NO.	DESCRIPTION	DATE
1			1		
2			2		

DESIGNED BY: A.G.
DATE: 12/09/11
DRAWING NO: 11-237
SHEET 6 OF 6

TREE PERMITS

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

586

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 JUNE CARRUTHERS Address 2355 N.E. OCEAN BLDG ^{APT} 22A Phone 225-1373
STUART, FL

Contractor MOSLEY & SON CONST. INC Address 1400 SE MONTAGNEY RD. Phone 287-6962
STUART, FL

Number of trees to be removed(list kinds of trees) 11 TOTAL : 2-PAPER TREES, 7-OAK TREES, 3-SAND PINES

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

Number of trees to be replaced within 30 days(list kinds of trees):
N/A

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

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant [Signature] Date submitted 6-7-94

Approved by Building Inspector [Signature] Date 6/7/94

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

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

APPLICATION MATERIAL CHECK LIST:

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

APPLICABLE PERMIT CONDITIONS

Required

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

N/A

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

4. Other: _____

APPROVED: *Dale Brown*
Building Inspector

Date: 6/7/94

DENIED: _____
Building Inspector

Date: _____

Building Commissioner

Date: _____

REASON FOR DENIAL, IF APPLICABLE:

RED RIBBON MARKS TREES TO REMAIN

FILE

TOWN OF SEWALL'S POINT, FLORIDA

Date 8/29/00 ~~19~~ TREE REMOVAL PERMIT No 0359

APPLIED FOR BY M/M MICHAEL VIENER - 10 PINEAPPLE LANE (Contractor or Owner)

Owner (CONTR. - JOHN)

Sub-division _____, Lot _____, Block _____

Kind of Trees 1 OAK TREE

No. Of Trees: REMOVE 1

FIELD INSP.
8/28/00

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

DEAD - NO FEE

No. Of Trees: REPLACE 0 WITHIN 30 DAYS

REMARKS DEAD

SEE ATTACHED SKETCH

Signed, ON FILE
Applicant

Signed, [Signature]
Town Clerk WCOG OFF.

FEE \$ 0

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 drawings]

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

RECEIVED
AUG 21 2000
BY: log
0359
8/29/00

8/28/00 field w/permit

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 M/M Michael Viener Address 10 Pineapple Ln. Phone 288-3103

Contractor John- Shade tree Address _____ Phone mobile - 260-5011

Number of trees to be removed(list kinds of trees) 1 oak tree -

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

Number of trees to be replaced (list kinds of trees):
not applicable

Number of trees to be replaced (list kinds of trees):
not applicable

Permit Fee \$ ~~(325.00)~~ 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 Karen Viener Date submitted 8/21/00

Approved by Building Inspector [Signature] Date 8/28/00

Approved by Building Commissioner _____ Date _____

Completed _____ Date _____ Checked by _____

no fee
FEE:

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.

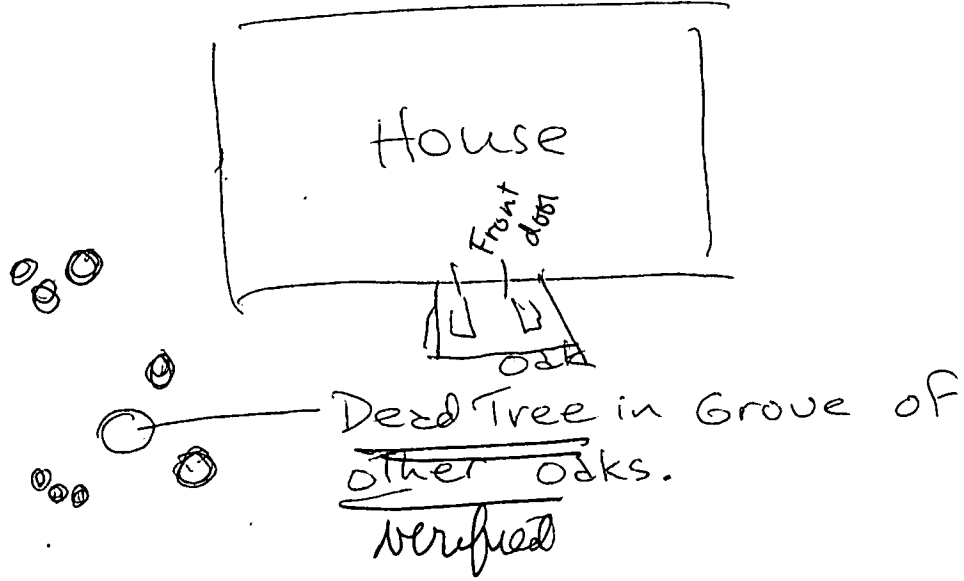
THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA?

Call John at
Shade Tree if
you have any
questions
we'd like tree.
removed ASAP.
John's mobile #
260-5011

S. River Rd.

8/28/00
good verification
DEAD
(no tree
removal)

Pineapple Lane



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 830 8/28, 2000;

Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S 4919	Morris	final		
(8)	24 Ridgeland Kramser	dock pilings		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N T/R	DUNKER	FIELD VERIFICATION	FAILED	unable to locate /
APPL.	19 PERRIWINKLE CRESCENT		Σ	verify as indicated -
(6)	JAMES WILLIAMS			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S T/R	VIEWER	FIELD VERIFICATION	PASSED	APPROVED AS SUBMITTED
APPL.	10 PLUMAPPLE LN. SHANE TREE		Σ	
(13)				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N T/R	BROWD	FIELD VERIFICATION	PASSED	APPROVED AS SUBMITTED
APPL	7 FIELDWAY DR.	(pool/deck/per. appl pend)	Σ	
(3)	O/B			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S T/R	McKELVEY	FIELD VERIFICATION	PASSED	APPROVED AS SUBMITTED
APPL	21 E HIGH POINT TIMBER TREE CO.		Σ	
(11)				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S (bill exist) T/R	PICEO	FIELD VERIFICATION		
APPL	2 ST. LUCIE CT			
(7)	SEBASTIAN FRANCISCO			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: _____

INSPECTOR (Name/Signature): _____

TOWN OF SEWALL'S POINT, FLORIDA

Date 2/12/2 19 _____ TREE REMOVAL PERMIT No 0548

APPLIED FOR BY Norwood/Lancaster (Contractor of Owner)

Owner 4738 ? see application

Sub-division _____, Lot _____, Block _____

Kind of Trees 1 Fig tree (dead), 2 Melaleuca

No. Of Trees: REMOVE 3

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS O.k. to remove

Signed, _____ Applicant Signed, [Signature] Town Clerk
FEE \$ _____
Bids. Insp.

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION _____

REMARKS _____

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 0542

Date Issued: 2/13/2

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

Owner Norwood Lancaster Address 4738 Newbirk Pl Phone (954) 978-6501

Contractor DWANA Address CECILE CASEK Phone SAME AS ABOVE

Number of trees to be removed (list kinds of trees) 3

1 DEAD PINO 2 MELALEUCA

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 \$ _____

\$15.00

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant Norwood Lancaster Plans approved as marked _____

Approved by Building Inspector [Signature] Date submitted: 2/13

Completed _____ Date _____ Checked by _____

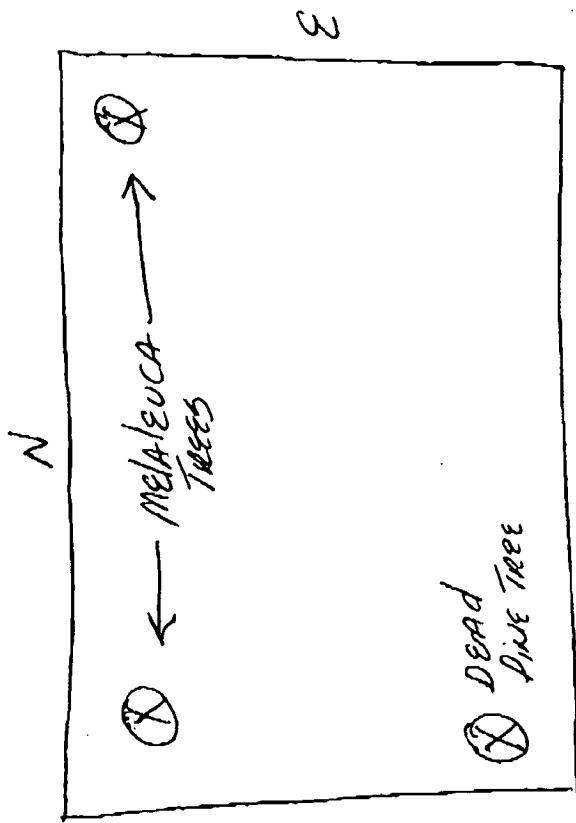
THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

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

See attached Tree Species List

S. Smith's Point Rd.

8 Pine Apple Cane



River Rd

Request for
 TREE REMOVAL
 1 DEAD Pine
 2 MELALEUCA

Contact #5
 Cell 954-553-1003
 Office 954-978-6501

TOWN OF SEWALL'S POINT, FLORIDA

Date MAY 27 of 2005 TREE REMOVAL PERMIT No 2499

APPLIED FOR BY NLENER (Contractor or Owner)

Owner 10 PINEAPPLE LANE

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 3 + 2 stumps -> PINE

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

No. Of Trees: REPLACE 1 WITHIN 30 DAYS LIVE OAK

REMARKS _____

FEE \$ 15.00

Signed, _____ Applicant

Signed [Signature]
Town Clerk
BUILDING OFFICIAL

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

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Blank lined area for drawing or notes.

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner Karen M. Viener Address 10 Pineapple Lane Phone 288-3103

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 3 plus 2 stumps Type: pine

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

No. of Trees: REPLACE 1 WITHIN 30 DAYS Type: live oak

Written statement giving reasons: 2 are leaning, leaving one lonely. want to continue live oak surround of front + side of lot

Signature of Property Owner Karen M. Viener Date 5/25/05

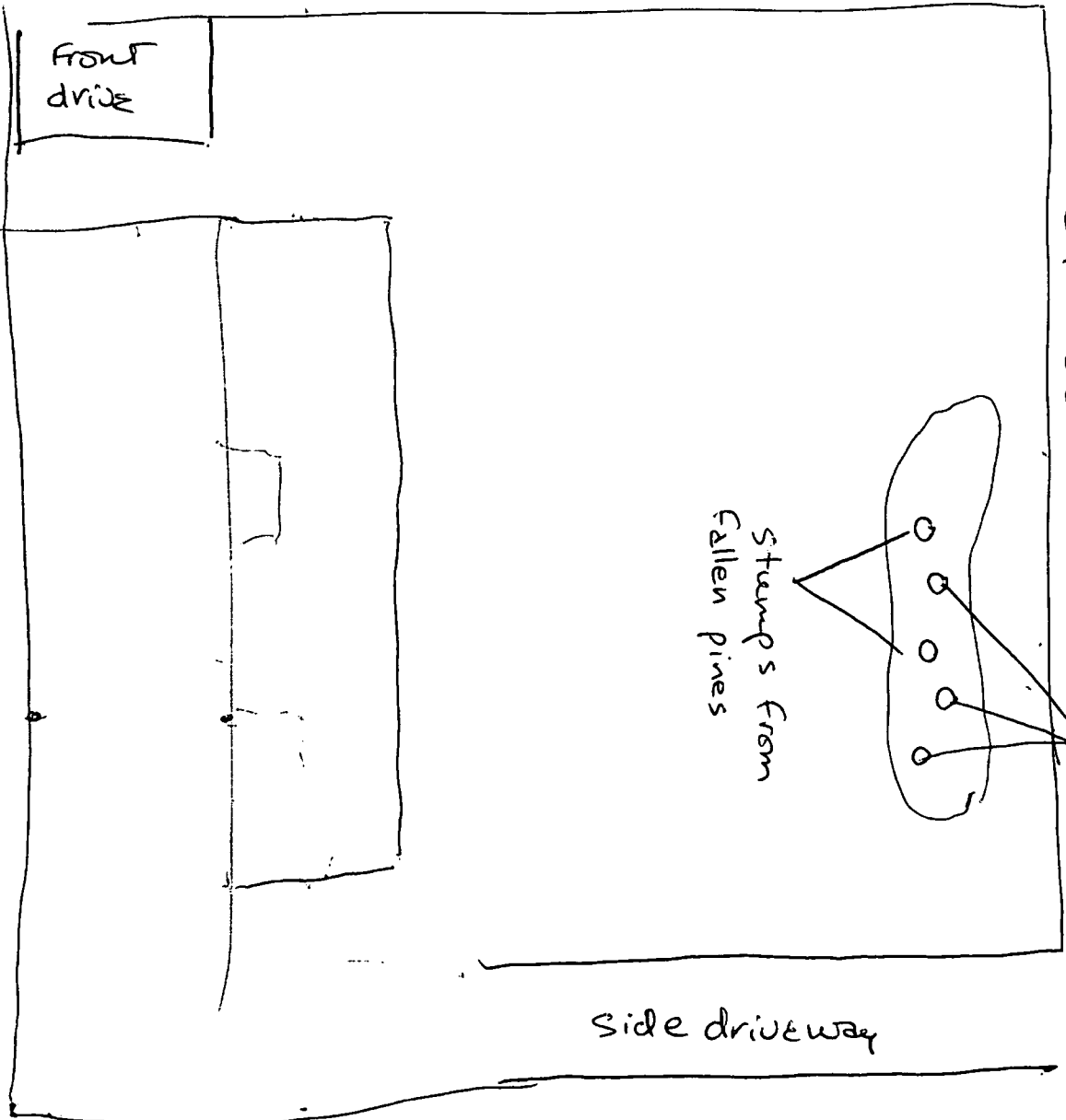
Approved by Building Inspector: [Signature] Date 5/27 Fee: 15

Plans approved as submitted [checkmark] Plans approved as revised/marked: _____

Also want to remove 2 ft stumps from fallen pines

our concern is replacing pines with sturdier live oaks

10
Pineapple Lane



S. River Rd

Stumps from
fallen pines

side driveway

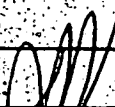
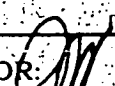
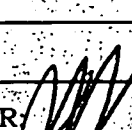

propose to
remove 2 leaving + 1 scraggly

+ replace
with good
size live oak.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/27, 2008 Page 2 of 5

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6741	OSTEEN	FINAL STR		CXL
	1 RIDGEVIEW			
	ANGUS ENY.			INSPECTOR:
6651	OSTEEN	FINAL FILL		CXL
	1 RIDGEVIEW			
				INSPECTOR:
7190	OSTEEN	SASTANGLINES		CXL
	1 RIDGEVIEW	FINAL		
	MARTIN CITY PROPANE			INSPECTOR:
7550	DALEY	FINAL ROOF	PASS	CLOSE
7	129 S. Sewall's			
	SPECIAL FORCES			INSPECTOR: 
TREE	VIENER	TREE	PASS	
6	10 PINEAPPLE LA			
				INSPECTOR: 
7469	NORDGREN	POOL PUMPING	PASS	
4	5 KINGSTON CT			
	OLYMPIC POOLS			INSPECTOR: 
TREE	BEVAN	TREE	FAIL	
5	7 MARGUERITE RD			
				INSPECTOR: 

OTHER: _____



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 Karen + Michael Viener Address 10 Pineapple Ln Phone 288-3103

Contractor Matt Tennbaum Address _____ Phone _____

No. of Trees: REMOVE 1 Species: _____

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) _____

Signature of Property Owner Karen Viener Date 1/29/09

Approved by Building Inspector: [Signature] Date 1/28 Fee: —

NOTES: _____

SKETCH:

→ ○ ○ little pines - want to remove - never took (planted 2 yrs. ago)

○ sick, dying for a long time

The sketch shows a rectangular area in the center, possibly representing a building or a specific zone. Below it, there are two curved lines that might represent a driveway or a path. The notes on the left indicate that there are small pines in a specific area that the owner wants to remove, and that they were never taken because they were planted only two years ago. The note on the right indicates that there is a tree that is sick and dying, and has been in that state for a long time.



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

OK
/

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 Karen + Michael Viener Address [redacted] Phone 288-3103

Contractor Matt Tennhard Address _____ Phone 201-1206

No. of Trees: REMOVE 1 Species: water oak

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/dying

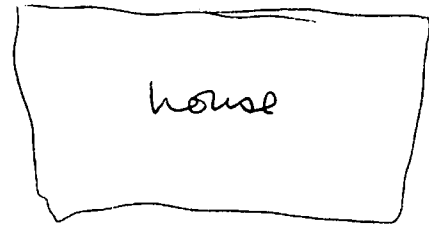
Signature of Property Owner Karen Viener Date 10/18/10

Approved by Building Inspector: [Signature] Date 10-19-10 Fee: N/A

NOTES: DISEASED TREE

SKETCH:

RIVER Rd.



Pinesdale Lane

→



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

OK

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 [Redacted] Address [Redacted] Phone River Rd.

Contractor Matt Tennhard Address _____ Phone 288-3103

No. of Trees: REMOVE 2 Species: 1 oak, 1 hickory

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) _____

Signature of Property Owner Karen Viera Date 4/21/11

Approved by Building Inspector: [Signature] Date 4-21-11 Fee: N/C

NOTES: TREES ARE DEAD

SKETCH:

The sketch area contains handwritten text. At the top, it says "15 to cash". In the center, "Return \$15" is written inside a large hand-drawn oval. At the bottom right, it says "Ret'd 5-17-11".

OK



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

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 Karen + Michael Viner Address [REDACTED] Street, FL 34996 Phone 772 288-3103

Contractor Matt Tennhard Address 1609 Brisbane St Phone 201-1206
PSL

No. of Trees: REMOVE 1 Species: oak

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) sickly. Has never taken proper root since being planted 4-5 yrs. ago. Too close to septic

Signature of Property Owner Karen Viner Date 6-19-13
Not enough sun

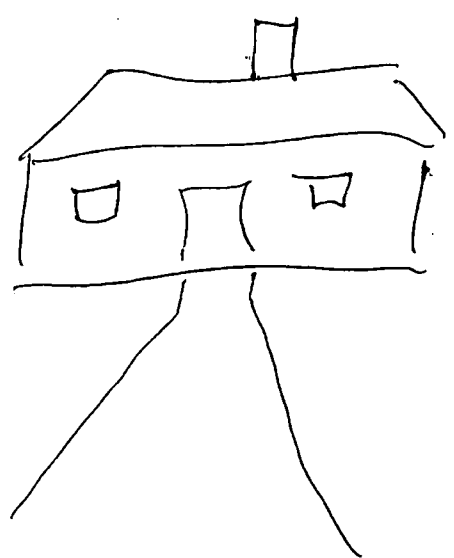
Approved by Building Inspector: [Signature] Date 6-21-13 Fee: N/R

NOTES: _____

N

SKETCH:

W



I am not happy!

E

S 10 Pineapple Ln.