6 N Ridgeview Road

RECEIVED
Town of Sewall's Point FEB 1 3 2001 Bldg. Permit Number:
BUILDING PERMIT APPLICATION
Owner or Titleholder's Name MIKE & JULIE NOHETL Phone No. (561) 220-1821
Street: 18 5. VIA LUCINDIA City Statueus Point State: FC ZIP3496
Legal Description of Property: Lot 4 BLOCK B HOMEWOOD
Parcel Number:
Location of Job Lite: <u>6 NO. PIDGEVIEW</u>
TYPE OF WORK TO BE DONE: New SINGLE FAMILY HOME
CONTRACTOR/Company Name: RON PAYMOND CONST. Phone No. (Sol) 878-1361
Street: 2530 PAINEON DRIVE City F7. P(ETICE State: F. ZIP 3498) State Registration: State License: 0067/06
State Registration:State License:_ <u>0067/06</u>
ARCHITECT. Phone No. (**) Street: City State:
ENCINEER: DUSCOUL Phone No. 5(1) 297-850
Street: 1366 SW JASMINE TRACE City Pace City State: PC Zip 34990
AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
Living Area: 2615 Garage Area: 557 Carport: Accessory Bldg:
Covered Patio: 225 Scr. Porch: 7(Wood Deck:
Type Sewage: Septic Tank Permit # from Health Dept. 43-55-02783
New Electrical Service Size: 143.81 AMPS
FLOOD HAZARD INFORMATION
Flood zone: <u>A 10</u> Minimum Base Flood Elevation (BFE): <u>8</u> NGVD
Proposed first habitable floor finished elevation:9 NGVD (minimum 1 foot above BFE)
COSTS AND VALUES
Estimated cost of construction or Improvement: \$ 200,000
Estimated Fair Market Value (FMV) prior to improvement: \$10, 000
If Improvement, is cost greater than 50% of Fair Market Value? YES NO
Page - 2. Form revised: 20 April 2000
Approved by Town Engineer
:etel Date: Date: Date: Date:
Bated by Building Official:
sebnesi agencies.
additional permits required' from other govermental entities such as water management district
property that may be found in the public records of COUNTY OF MARAIN, and there may b
NOTICE: In, addition to the requirements of this permit, there may be additional restrictions applicable to thi

; •

•

•

A course of the second statement of the second statement of the

.

TREE REMOVAL (Attach sealed survey)

Number of trees to be removed:	9 Number of trees to be retained:	35	Number of trees to l
planted: 9 (Dowe) Number of Spe	ecimen trees removed:		
Fee: \$ Authorized	/Date:		

DEVELOPMENT 'ORDER #

- 1. ALL APPLICATIONS REQUIRE
 - a. Property Appraisers Parcel Number.
 - b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
 - c. Contractors name, address, phone number & license numbers.
 - d. Name all sub-contractors (properly licensed).

e. Current Survey

- 2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
- 3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
- 4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) set plans, drawn to scale with engineer's or architects seal and the following items:
 - a. 'Floor Plan
 - b. Foundation Details
 - c. Elevation Views Elevation Certificate due after slab inspection,
 - d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location driveway).
 - e. Truss layout
 - f. Vertical Wall Sections (one detail for each wall that is different)
 - g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

- 1. Use permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (State Road A-1-A East Ocean Boulevard only).
- 2. Well Permit or information on existing well & pump.
- 3. Flood Hazard Elevation (if applicable).
- 4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets

3 18

- 5. Statement of Fact (for Homeowner Builder), and proof of ownership (Deed or Tax receipt).
- 6. Irrigation Sprinkler System layout showing location of heads, valves, etc.
- 7. A certified copy of the Notice of Commencement must be filed in this office and posted at the job site prior to the first inspection.

		RGENCY MANAGEMENT		O.M.B. No. 3067-0077 Expires July 31, 2002
		TION CERTIFICA ad the instructions on page		
	SECTION A - P	ROPERTY OWNER INFORMA	TION	For Insurance Company Use:
BUILDING OWNER'S NAME Mike & Julie Noh	eil			Policy Number
BUILDING STREET ADDRESS (Including	Apt., Unit, Suite, and/or	Bidg. No.) OR P.O. ROUTE AND	BOX NO.	Company NAIC Number
Sewalls Point		STATE		ZIP CODE 34996
PROPERTY DESCRIPTION (Lot and Bloc	~ ~ ~ ~	Number, Legal Description, etc.)	a a	
BUILDING USE (e.g., Residential, Non-res			NUN OD	
LATITUDE/LONGITUDE (OPTIONAL)	HORIZONTA	DATUM: SOURCE	GPS (Type):	
(##°-##'-##### or ##.###°)	NAD 1927		USGS Quad Map	[] Other:
SEC		SURANCE RATE MAP (FIRM		
B1. NFIP COMMUNITY NAME & COMMU		2. COUNTY NAME		
Town Of Sewalls Point	120164	Martin		B3. STATE FLORIDA
B4. MAP AND PANEL B5. SUFFIX NUMBER	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
1201640002 D	6-30-99	6-16-92	A10	(Zona Ko, use depin of hooding)
B10. Indicate the source of the Base File		data or base flood depth entere Determined [] Other (De		
B11. Indicate the elevation datum used	for the BFE in B9:	ANGVD 1929 [] NAVD 198	38 Other (De	scribe):
B12. Is the building located in a Coasta	Barrier Resources	System (CBRS) area or Otherw	ise Protected Are	a (OPA)? Yes _X] No
Designation Date: N/A				
		EVATION INFORMATION (SI		
C1. Building elevations are based on: *A new Elevation Certificate will be				Finished Construction
C2. Building Diagram Number (S	Select the building dia	igram most similar to the buildi	ng for which this c	certificate is being completed - see
pages 6 and 7. If no diagram accu				
C3. Elevations – Zones A1-A30, AE, Al Complete Items C3a-i below accord				
the datum used for the BFE in Sec	tion B, convert the da	itum to that used for the BFE. S	Show field measur	ements and datum conversion
calculation. Use the space provide	d or the Comments a		as appropriate, to	o document the datum conversion.
Datum <u>NGU029</u> Conversion Elevation reference mark used <u>S</u>		N/A Does the elevation reference (mark used annea	on the FIRM? _ Yes 🖄 No
(including a) Top of bottom floor (including		ure) <u> </u>	<u>∂</u> ft.(m) πું [
ଔ b) Top of next higher floor □ c) Bottom of lowest horizontal s			<u></u> ft.(m) 	Christer
Cr d) Attached garage (top of slab)			ft.(m)	Christer psm 576 - 11/3/01
(e) Lowest elevation of machiner		A .		13 a 310 C
servicing the building		(A/c) 6.	6 ft.(m) 2 ft. 4 ft.(m) 2 ft.	(1/3/0/
Image: Dr f) Lowest adjacent grade (LAG) Image: Dr f) Highest adjacent grade (HAG)			<u> </u>	ľ
 h) No. of permanent openings (i 		t. above adjacent grade		
 i) Total area of all permanent op 	enings (flood vents)		. (sq. cm)	
		, ENGINEER, OR ARCHITEC		
This certification is to be signed and s	ealed by a land surve	eyor, engineer, or architect auth	orized by law to c	ertify elevation information.
I certify that the information in Section I understand that any false statement	s A, B, and C on mis may be punishable h	centificate represents my best (v fine or imprisonment under 1)	efforts to interpret B U S. Code, Seci	the data available. Jion 1001
CERTIFIER'S NAME	ENEX	LICE	NSE NUMBER	
TITLE REG. LAND SUR		COMPANY NAME	510Z	
ADDRESS		CHRISTIAN FENE	STATE	ZIP CODE
SIGNATURE		DATĘ /	FL TELEPHO	34994
FEMA Form 81-31, AUG 99	SEE REVE	パーメーム RSE SIDE FOR CONTINUATIO		2 B3-2977 ACES ALL PREVIOUS EDITIONS
				1010/1221 11241000 C011010

_

·

	opy the corresponding information fro		For Insurance Company Use:
6 North Ridgeri			Policy Number
Sewalls Point	STATE FL	ZIP CODE 34996	Company NAIC Number
	D - SURVEYOR, ENGINEER, OR ARCH		
	Certificate for (1) community official, (2) ins	surance agent/company, and (3) building owner.
COMMENTS		• <u>-</u> •	
<u>-</u>			
	·		······································
	· · · · · · · · · · · · · · · · · · ·		Check here if attachments
	VATION INFORMATION (SURVEY NOT		
information for a LOMA or LOMR-F,		•	
see pages 6 and 7. If no diagra	(Select the building diagram most simila am accurately represents the building, pro	vide a sketch or photograph.)	C .
E2. The top of the bottom floor (incli (check one) the highest adjacer	uding basement or enclosure) of the build nt grade.	ling is [] π.(m) []_lir	n.(cm) [] above or [] below
	openings (see page 7), the next higher flo	oor or elevated floor (elevation l	b) of the building is
	ive the highest adjacent grade. Iepth number is available, is the top of the	bottom floor elevated in accorr	lance with the community's
	nce? Ves No Unknown.		
	F - PROPERTY OWNER (OR OWNER'S		
The property owner or owner's aut community-issued BFE) or Zone A	horized representative who completes Se O must sign here.	ections A, B, and E for Zone A (without a FEMA-issued or
PROPERTY OWNER'S OR OWNER'S	S AUTHORIZED REPRESENTATIVE'S NAME	· · · ·	
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPH	ONE
COMMENTS	<u></u>		<u></u>
			Check here if attachments
	SECTION G - COMMUNITY INFO	RMATION (OPTIONAL)	
	by law or ordinance to administer the com	• • •	nt ordinance can complete
• •	is Elevation Certificate. Complete the app C was taken from other documentation th	••••	sed by a licensed surveyor
	is authorized by state or local law to certif	-	•
elevation data in the Comr	•		
G2. [] A community official compl Zone AO.	leted Section E for a building located in Zo	one A (wilhout a FEMA-issued o	er community-issued BFE) or
	Items G4-G9) is provided for community fl	loodplain management purpose	9.
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		COMPLIANCE/OCCUPANCY
G7. This permit has been issued for	r: I_I New Construction I_I Substar	ntial Improvement	
	r (including basement) of the building is:		ft.(m) Datum:
G9. BFE or (in Zone AO) depth of fl	· · · ·		ft.(m) Datum:
LOCAL OFFICIAL'S NAME		TITLE .	
COMMUNITY NAME		TELEPHONE	*** * **** * _, *, *, *, *, *, *, *, *, *, *, *, *, *,
SIGNATURE	· · · · · · · · · · · · · · · · · · ·	DATE	· · · · · · · · · · · · · · · · · · ·
COMMENTS	······································		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·			Check here if aliachments
FEMA Form 81-31, AUG 99		REPLA	CES ALL PREVIOUS EDITIONS

.

STATEMENT OF INSPECTION (To be submitted at final inspection for Certification of Occupancy)

COMPLIANCE WITH SECTION 0307.2 OF THE SOUTH FLORIDA BUILDING CODE

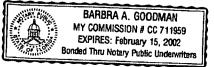
To: Building Official, Town of Sewall's Point

From: Architect or Engineer of Record

Re: Subject Structure Described As Follows:

In accordance with the requirements of Section 0307.2 of the South Florida Building Code, a "Statement of Inspection", executed by the Architect or Engineer who sealed and signed the plans, shall be issued and dated following completion of the work, and delivered as a condition precedent to the issuance by the Building Official of any temporary or final Certificates of Occupancy or Certificates of Completion.

Owner: MIKE NOHESL Address: 6 North Ridge VIEW ROAD
Project Address: 610. Ridgeored Legal Description: Lot 4 Blk 13 Subdivision Sewalls Point Fl
General Contractor: Row RAYMOND CONStruction Lic/Cert No. R. OC67176
Address: P.O. Box 12058 Ft. PIERCE Tel: 561-878-1361 Fax: 561-878-1361 477
STRUCTURAL ENGINEER Architecter Engineer: JOHN W. OLSON, P.E. Lic/Reg No. P.C.
Address:Fax:
Permit No: 5302 Date of Issue: 3/23/01 Date of This Statement: 12/3/01
 I am the Architect or Engineer who sealed and signed the plans for the subject structure. To the best of my knowledge, belief and professional judgment, the structural and envelope components of the structure are in compliance with the approved plans and other approved permit documents. To the best of my knowledge, belief and professional judgment, the approved permit documents of the as-build condition of the structural and envelope components of the structure. Executed at
Executed at
Name: JOHN Y); BLGON; Signature: DUUN Office. No: VE 007789
STATE OF FLORIDA COUNTY OF March 10
Sworn to and subscribed before me this $3nd$ day dD_{ec} , 3001 by $\overline{30h}$, $Olsen$, who is
Personally known to me or who has produced as identification and who did not take an oath.
(NOTARY SEAL) Name: Schler 1049
(NOTART SEAL) Name Galactic Control of the State of Florida and my commission expires: BARBRA A, GOODMAN I am an Notary Public of the State of Florida and my commission expires:



2246

BUG MAN PEST MANAGEMENT, INC. 1401 SW BILTMORE STREET PORT ST LUCIE, FLORIDA 34983 561-879-2740 FAX# 340-4316

Certification of Pre-Construction Soil Treatment

Permit# Lot/Block/Section Job Address: & North Ridgeview Rd. Sewall's Point R Builder:

We the undersigned hereby certify that we have pretreated the above described construction for subterranean termites in accordance with the standards of the National Pest Control Association.

THE AREA TREATED WAS:
FOOTING:
Approximate area treated was: 191 11 Leansquare feet
The chemical used was Prevail F
Percent of solution 0.2570
Total gallons used: 76
Date of Treatment: 11 30 01
BY Mula Bule

Pest Control Contractor

ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

ESTIMATED ENERGY PERFORMANCE SCORE* = 81.9

The higher the score, the more efficient the home.

1.	New construction or existing	New		. Cooling systems	
2.	Single family or multi-family	Single family		a. Central Unit	Cap: 56.0 kBtu/hr
3.	Number of units, if multi-family	1			SEER: 10.00
4.	Number of Bedrooms	-4		b. Central Unit	Cap: 24.0 kBtu/hr
5.	Is this a worst case?	No			SEER: 10.00
6.	Conditioned floor area (ff?)	2615 ft ²		c. N/A	
7,	Glass area & type				•
ถ.	Clear - single pane	623.8 ft ²	11	. Heating systems	
Ե.	Clear - double pane	0.0 ft ²		a. Electric Strip	Cap: 40.0 kBtu/hr
с,	Tint/other SC/SHGC - single pane	0.0 ft ²	_	·	COP: 1.00
d.	Tint/other SC/SHGC - double pane	0.0 ft²		b. Electric Strip	Cap: 17.0 kBtu/hr
8.	Floor types			·	COP: 1.00
a.	Slab-On-Grade Edge Insulation	R=0.0, 269.0(p) ft		c. N/A	0.0711.00
Ь.	Raised Wood, Adjacent	R=11.0, 468.0ft*			
c.	N/A	·		 Hot water systems 	
9.	Wall types			a. Electric Resistance	Cap: 40.0 gallons
а.	Concrete, Int Insul, Exterior	R=5.4, 1931.0 ft²			EF: 0.94
b.	Frame, Wood, Exterior	R=11.0, 671.0 ft ²		b. N/A	
c,	Frame, Wood, Adjacent	R=11.0, 158.0 ft2			
đ	. N/A			c. Conservation credits	
e	. N/A			(HR-Heat recovery, Solar	
10.	Ceiling types			DHP-Dedicated heat pump)	
а	. Under Attic	R≕19.0, 2615.0 ft ³	1	5. HVAC credits	MZ-C, MZ-H
b	. N/A			(CF-Ceiling fan, CV-Cross verailation,	1115 G. 1115-11
с	. N/A			HF-Whole house fan.	
11.	Ducts			PT-Programmable Thermostat.	
ส	. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 95.0 ft		RB-Attic radiant barrier,	
t	. Sup: Unc. Ret: Unc. AH: Interior	Sup. R=6.0, 90.0 ft		MZ-C-Multizone cooling.	
				MZ-H-Multizone heating)	

I certify that this home has complied with the Florida Energy Efficiency Code For Building Construction through the above energy saving features which will be installed (or exceeded) in this home before final inspection. Otherwise, a new EPL Display Card will be completed

based on installed Code compliant textures. Date: 11/30/01 Builder Signature: Kar Kac Address of New Home: 6 N. Ridgeview RD City/FL Zip:

*NOTE: The home's estimated energy performance score is only available through the FLA/RES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStand designation), your home may qualify for energy efficiency mortgage (EEM) incentives if you obtain a Florida Energy Gauge Rating. Contact the Energy Gauge Hotline at 407/638-1492 or see the Energy Gauge web site at www.fsec.ucf.edu for information and a list of certified Raters. For information about Florida's Energy Efficiency Code For Building Construction, contact the Department of Community Affairs at \$50/487-1824.

EnergyGauge® (Version: FLRCNA-200)

OWNER'S AFFIDAVIT OF BUILDING COSTS (To be submitted at time of final inspection for Certificate of Occupancy)

STATE OF FLORIDA MARTIN COUNTY

BEFORE ME, the undersigned authority, personally appeared the undersigned Affidavit, who, being first duly sworn, under penalty of perjury, deposes and says:

- 1. That Affidavit 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 Affidavit'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 \$ 257,000
- 4. That this Affidavit is made for the purpose of inducing the Building Official of the Town to issue a Certificate of Occupancy for the improvements, with the intention that it be relied upon for that purpose.

Affidavit's Signature:

Property Address: 6 N. RIDGEVIEN Ξ EWAUS POINT, FL **SWORN TO** and subscribed before me this $\mathfrak{B}^{\prime \prime \prime \prime}$ dav of Dec., 200/, by MAChey/ , who is personally known to me or produced as identification. Notary Public My commission expires: Joan H. Barrow MY COMMISSION # CC763645 EXPIRES (Notary Seal) November 30, 2002 BONDED THRU TROY FAIN INSURANCE, INC

SPRINKLER HEAD VERIFICATION

THIS LETTER IS TO INFORM YOU THAT WE USE LOW VOLUME SPRINKLER HEADS AND ALSO A RAIN SHUT OFF AS PER SEWALL'S POINT REQUIREMENTS.

IRRIGATION BUILDER mno OWNER



Martin County Health Department (561) 221-4090 Fax. (561) 221-4967

.

TO: BUILDING DEPARTMENT:	MARTIN JUPITER ISL. SEWAL	LS PT. STUART
from: <u>M. Meldau</u> date: <u>12/4/01</u>		
SUBJECT: FINAL APPROVAL FOR S	SEPTIC SYSTEMS	
HEALTH DEPT. PERMIT • 43-SS- <u>2783</u>	BUILDING DEPT PERMIT - 5302	LOCATION La North Ridge View Rd
• 43-SS		
• 43-SS		.`
• 43-SS		
J:\\EH\DOCS\FORMS\OSTDS APPROVALS.DOC 03/	01	

.

TOWN OF SEWALL'S POINT

Building Department One South Sewall's Point Road Sewall's Point, Florida 34996

TEMPORARY ELECTRIC HOOK-UP AGREEMENT: PN: 5302

(To be submitted at final electrical inspection in order to turn on electric service)

Owner: Mike + Julie Nohest Address: 18 South Dia Lucinuba
Builder Address 6 North Ridgeoiew Legal: Lot 4 Blk B Subdivision
General Contractor Kon Raymond Construction Lic/Cert No: ROOG7176 17202
Address: <u>P.O. Box 12058 H. Piezce An</u> Tel: <u>878-1361</u> Fax: <u>878-1361 # 77</u> ELectrical Contractor: <u>F.F. Delutis</u> <u>Inc.</u> Lic/Cert No: <u>EC 0002718 (Elective 12/00)</u>
Electrical Contractor: F.F. Delutis (nc. Lic/Cert No: EC 0002718 (Elective 12/00)
Address: 1576 SENTEMENER Cir. fort St. Lixie Tel: (561) 337.1624 Fax: (56) 335.3646

WHEREAS, pursuant to the provisions of, and governed by, Sections 0307.6 and 4504.6 of the South Florida Building Code as adopted in Section 4-16 of the Codes and Ordinances of the Town of Sewall's Point, temporary electric hook-up for use during building operations and for testing purposes under a valid building permit is authorized under prescribed terms and conditions; and,

NOW THEREFORE IT IS AGREED BY AND BETWEEN THE PARTIES THAT;

- The parties to this agreement are Gene Simmons, Building Official, Town of Sewall's Point, and the above named responsible persons, firms, corporations.
- In order to allow electrical service to be provided to certain equipment being placed at the referenced construction address the Building Official hereby agrees to grant a temporary hook-up permit.
- 3. This temporary hook-up permit shall be effective for 30 calendar days from the date of this agreement, after which time the temporary hook-up will be revoked or a Certificate of Occupancy will be issued to verify completion.
- The temporary electric hook-up is solely for the purposes stated. No furniture or occupants will be moved into the building until a Certificate of Occupancy is issued.

IN WITNESS WHEREOF the parties have caused this agreement to the executed this _8_day of _____ 200 | NOU BARBRA A. GOODMAN WY COMMISSION # CC 711959 XPIRES: Fobruary 15, 2002 hru Notary Public Underwit ELECTRICAL CONTRACTOR GENERAL CONTRACTO and and GENE SIMMONS, BUILDING OFFICIAL SIGN URE OF

ROBERT M. WIENKE Mayor

MARC S. TEPLITZ Vice Mayor

DAWSON C. GLOVER, III Commissioner

THOMAS P. BAUSCH Commissioner

E. DANIEL MORRIS Commissioner



JOSEPH C. DORSKY Town Manager

JOAN H. BARROW Town Clerk

LARRY E. McCARTY Chief of Police

EDWIN B. ARNOLD Building Official

JOSE TORRES, JR Maintenance

CERTIFICATE OF OCCUPANCY

Ø Single Family Residence D Other
OWNER: MIKE NOHELL ; PROPERTY ADDRESS: 6 N. RIDGEVIEW DR
HOME WOOD . LEGAL DESCRIPTION: LOT 4 BLOCK 13 SUBDIVISION SEWALLS POINT .
GENERAL CONTRACTOR: RON RAY MOND CONSTRUCTION ; LIC/CERT NORP.0067176
ADDRESS: P.O. BOX 12058 FT. PIEACE, FL. ; TEL& 1361; FAX
ARCHITECT OR ENGINEER: JOHN OLS DN - STRUCTURAL ENGR, LIC/REG. NO. PE 0023894.
ADDRESS: 1366 S.W. JASMINE TRACE PALM CITY ; TEL ; FAX
PERMIT NO: 5302 ; Date of Issue: 32301 ; Renewal Permit No: N/A ; Date of Issue: N/A .

In accordance with the requirements of the South Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Occupancy is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this _4___ day of _____, 2001.

GENE SIMMON'S Edwin B. Amold, AIA, CBO Building Official, Town of Sewall's Point



PREDICTABILITY + ACCOUNTABILITY = COMPLIANCE

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

TOWN OF SEWALLS POINT IMPACT FEE ALLOCATION

RECEIVED
AUG 2 0 2000
BY:

SINGLE FAMILY 2300sf & OVER

	NEW FEES FOR
FACILITY	ORDINANCE 562
PUBLIC BUILDINGS *	205.18
FIRE & EMS AKA EMERGENCY SERVICES	106.77
LAW ENFORCEMENT/CORRECTIONS	140.37
LIBRARY BUILDINGS	289.40
BOAT RAMPS ***	11.39
	180.91
BEACH FACILITIES	80.40
RESOURCE-BASED PARKS AKA REGIONAL PARKS	348.40
CONSERVATION LAND	321.60
TRANSPORTATION/ROADS	2.223.27
TOTAL IMPACT FEES	3,907.69
	117.23
TOTAL FEE FOR SINGLE FAMILY HOME 2,300 ST & OVER	4,024.92

NOHETC 6. 10 REDGEWEEN



THE FOLLOWING REFLECTS THE EXCEPTIONS IN THE 1991 INTERLOCAL AGREEMENT

* The Town of Sewalls Point agreed to pay 72.5% of the Public Building impact Fees

** The Town of Sewalls Point agreed to pay 50% of the Community Parks Impact Fee.

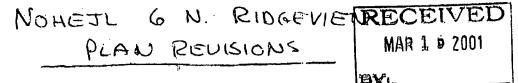
1.0

*** The Town of Sewalls Point agreed to pay 5% of the Boat Ramp Impact Fees

**** PRIOR TO ORDINANCE #562 THE ADMINISTRATIVE FEES WERE DEDUCTED FROM THE TOTAL AND RETAINED BY THE TOWN. UNDER THE NEW ORDINANCE A 3% FEE IS ADDED AND WILL ALSO BE RETAINED BY THE TOWN..

SINGLE FAMILY HOME - 1101 to 2300sf

	NEW FEES FOR
FACILITY	ORDINANCE 562
PUBLIC BUILDINGS *	198.45
FIRE & EMS AKA EMERGENCY SERVICES	103.27
LAW ENFORCEMENT/CORRECTIONS	135.76
LIBRARY BUILDINGS	279.91
BOAT RAMPS ***	11.02
COMMUNITY PARKS **	174.97
BEACH FACILITIES	77.76
RESOURCE-BASED PARKS AKA REGIONAL PARKS	336.98
CONSERVATION LAND	311.06
TRANSPORTATION/ROADS	2,150.38
TOTAL IMPACT FEES	3,779.56
ADMINISTRATIVE FEE ****	113.39
TOTAL FEE FOR SINGLE FAMILY HOME - 1,101 to 2,300 sf	3,892.95



- AGI LAUNDEN FLOOR 7" ABOUE GARAGE FLOOR I HOUR FIRE WALL BETWEEN HAUNDRY & GARAGE HAUNDRY TO GARAGE DOOK 13/4 STEEL W/CLOSER ONE LESS STED DOWN, LAUNDRY FROM HOUSE LAUNDRY ROOM CEILING 7'S" GARAGE - 2 VENTS PER CODE
- PG 2 LAUNDRY ROOM 7" STEP ON FOUNDATION RAN
- PG 5 FRONT ELEVATION SHOW HEIGHT; i) FINISH FLOOR (8') 2) TOP OF THE BERM 3) TOP OF ROOF 4) TOP OF CUPBLA
- RS BLECTRICAL DISCOUNT BIL METER AND ACUNIT 2ª SMOKE DETECTOR - UFSTRIRS HALL

CONTRACTORS LICENCE (1) PROPERTY PEED (1) PRUMBING LAMOUT (2) AC LAMOUT (2) FULL SIZE WINDOW APPRICUALS (1)

RECEIVED FEB 1 3 2001 BY: a

2/19/01 REVIEW W/OUNER

2 SETS ENGINEER STAMPED HOUSE PLANS 2 SETS STAMPED SITE PLAN ~ | SITE PLAN/SUNVEY (2ML COTY KER) | W/H.D. SITEMP (JU KE RETAINED W/SENTIC PEROUT) **1. ELECTRICAL SERVICE CALCULATION** ATTACHED TO PLADS J LOAD AND EQUIPMENT SUMMARY 2. FORM 600A - 97 ENERGY CALCULATIONS 3. COUNTY SEPTIC PERMIT HTTACHED TO PLANS 4. DADE PRODUCT ACCEPTANCE - DOORS 5. DADE PRODUCT ACCEPTANCE - WINDOWS - PROVIDED TOR PERMIT APPLICATION TO OWNER: - SUKALT W/ 2 COYLES OF TREE SURVEY of SCHEDULE OF THEES FOR KEMERAL.

NOHEJL - PERMIT APPLICATION 6 N RIDGEVIEW

- 3. JUNS KELLEN TIME FOR PERALT - OK TO HAND CLEAR BRUSH & VINES PRIOR TO TIR PERMIT

RE(MAR 14 2001

Return to: Thomas R. Sawyer, Esq. McCarthy, Summers, Bobko, McKey, Wood & Sawyer, P.A. 2081 East Ocean Blvd., 2nd Floor Stuart, FL 34996 Phone: (561) 286-1700

00 JAN 19 PH 4:31 (ΔI) ARSHA STILLER OOC-DEE DOC-MTR DOC-ASM

RECORDED & VERIFIED

TRUSTEE'S DEED

CLERK

MARTIN CO.

01412384

Ad Valorem Tax Identification #01-38-41-006-002-00040.40000

BY THIS DEED, JOHN D. McCARTHY, EDITH ANNE McCARTHY AND MERRILL LYNCH TRUST COMPANY, a Florida corporation, a/k/a MERRILL LYNCH TRUST COMPANY (FLORIDA), as Successor Co-Trustees, acting under the provisions of that certain trust known as the JEROME F. McCARTHY TRUST, under Agreement dated December 4, 1990, as amended on January 25, 1995, as further amended on August 11, 1995, as further amended on October 1, 1997, and amended and restated in its entirety on May 22, 1998, herein called the "Grantor", in consideration of TEN AND NO/100 DOLLARS (\$10.00) a. d other good and valuable consideration to Grantor in hand paid by MICHAEL A. NOHEJL AND JULIE A. NOHEJL, HUSBAND AND WIFE, whose post office address is 3315 Oleander Avenue, Ft. Pierce, Florida 34982, whose social security numbers are 333-42-5664, and 460-35-5357, respectively, herein called "Grantees", conveys to Grantees the following property in Martin County, Florida:

Lot 4, Block B, AMENDED PLAT OF HOMEWOOD, SEWALLS POINT, according to the Plat thereof, recorded in Plat Book 3, page 35, Martin County, Florida, public records (the "Property").

TOGETHER WITH all appurtenances, privileges, rights, interests, dower, reversions, remainders and easements thereunto appertaining.

SUBJECT TO taxes accruing subsequent to December 31, 1999, zoning regulations in force and effect, restrictions, easements, and road rights-of-way of public record.

GRANTOR COVENANTS with Grantees that Grantor has good right and lawful authority to sell and convey the property pursuant to the powers set forth in said Trust Agreement. In addition, Grantor further covenants that the subject property is vacant, and that neither John D. McCarthy nor

OR BK 1 4 5 1 PGO 5 4 6

Edith Anne McCarthy, nor any person actually, legally or naturally dependent upon them, now reside on said lands or any lands contiguous thereto, and that they permanently reside with all of such persons, if any, at 4 Glenwood Circle, East Windsor, NJ 08520 and 12 Stuyvesant Oval, New York, NY 10009,

respectively.

EXCEPT for the above warranty, it is expressly understood and agreed by and between the parties and all successors and assigns that this Trustee's Deed is delivered from the Grantor, not personally, but as Trustee under the Trust in exercise of authority conferred upon such Trustee therein. No personal liability or responsibility is assumed by or shall be enforceable against said Trustee, either express or implied.

DATED this 2000 day of January, 2000

Executed in the presence of:

Name: GIAGET

Please Print, Type or Stamp As to Duncan A. McDonell

NAVIN LYNEH Name:

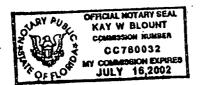
Please Print, Type or Stamp As to Duncan A. McDonell

STATE OF FLORIDA COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this I day of January, 2000, by DUNCAN A. McDONELL, Vice President and Real Estate Officer, who: '1's personally known to as identification, and who did not take an oath. HIA me, or [] has produced _

Name:

(NOTARY SEAL)



Typed, printed or stamped I am a Notary Public of the State of Florida having a commission number of and my commission expires:

DR BK 1 4 5 1 PGO 5 4 7

MERRILL LYNCH TRUST COMPANY, a Florida corporation as Successor Co-Trustee of the Jerome F McCarthy Trust dated December 4,

1990, as amended

Sector and the sector of the sector and my control then a

DUNCAN A MCDONELL,

Vice President and Real Estate Offic

RECEIVED MAR 2 1 2001 BY:

	OFFICIAL RECEIPT (FOR MONEY RECEIVED)	No. 536433
		3.20 , Yeot
	<u>Legal Svcs</u> sch	OOL
RECEIVED FROM	Michael + Julie Acheji (NAME OF ORGANIZATION)	\$ 1001.03
FOR LOT 4	BIK B, Homenbood - School	impact fees
FOR DEPOSIT IN _		FUND(S)
	D. Dalls	
· · ·	PRINCIPAL OR RESPONSIBLE OFF	ICER

.

This document has been prepared by and is to be returned to: Shirley Nichols Community Savings, F.A. Return to: Robert A. Burson, P.A. 310 W. First Street Stuart, FL 34997 Parcel #01-38-41-006-007-00040

NOTICE OF COMMENCEMENT

The undersigned hereby give 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

1. Description of property (legal description and, if svailable, the street address): Lot 4, Block B, Amended Plat of Homewood, Sewall's Point,

according to the Plat thereof, recorded in Plat Book 3, page 35, Martin County, Florida, public records.

- 2. General description of improvement: Single Family Residence
- 3. Owner information:
 - Michael A. Noheji and Julie A. Noheji 2 18 South Via Lucinda
 - Stuart, PL 34996
 - Ь. Interest is property: Fee Simple -
 - Name and address of fee simple utleholder, if other than Owner: N/A C.
- 4. Contractor name and address; Ron Raymond Construction P.O. Box 12058 Pt. Pierce; FL 34979
- 5. Surety (Note: Attach copy of band if applicable): N/A
- 6. Lender name and address: Community Savings, F.A. 660 US Highway Oae North Paim Beach, FL 33408
- 7. Name and addresses of 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: N/A
- 8. In addition to itself, Owner designates the Lender set forth in paragraph six (6) above and the following to each receive a copy of the Liener's Notice as provided in Section 713.13(1)(b), Florida Statutes: N/A
- 9. The expiration date of this notice of commencement is 1 year from the date of recording unless a different date is hereinafter specified:

hull Ce No รทา chael A. Noheji A. Nohejl March 22. 2001. b Nebel and Julic Subscribed and admowledged before me or A. Nohejl, husband and wife. BURSON

amp commissioned name of Notary ublic)

Personally known _____ or produced identification

PY COMPSSION & CC 6307 FIR: Phy & 2201

RY

MARTIN COUNTY THIS IS TO CLATIFY THAT THE FOREGOING PAGES IS A TRUE AND CORGET: OF THE ORIGINAL

STATE OF FLORIDA COUNTY OF MARTIN

STATE OF FLORIDA

61

DATE

(Official Notary Seal or Stamp)

RECEIVED MAR 2 3 2001

This document has been prepared by and is to be returned to: Shirley Nichols Community Sevings, F.A. Return to: Robert A. Burson, P.A. 310 W. First Street Stuart, FL. 34997 Parcet #01-38-41-006-002-00040

NOTICE OF COMMENCEMENT

The undersigned hereby give 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:

Description of property (legal description and, if available, the strest address): Lot 4, Block B, Amended Plat of Humewood, Sewall's Point,

according to the Plat thereof, recorded in Plat Book 3, page 35, Martin County, Florida, public records.

- 2 General description of improvement: Single Family Residence
- 3 Owner information:

ь.

C

6

STATE OF FLORIDA

- Michael A. Nohejl and Julie A. Nohejl 18 South Via Lucinda Stuart, FL 34996
- Reen 302
- Interast in property: Fee Simple
- Name and address of fee simple titleholder, if other than Owner. N/A
- 4 Contractor name and address:
 - Ron Raymond Construction P.O. Box 12058
 - Ft. Pierce, FL. 34979
- 5 Surety (Note: Attach copy of bond if applicable): N/A
 - Londer name and address: Community Savings, F.A. 660 US Highway One North Palm Beach, FL 33408
- Name and addresses of 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. N/A.
- 8 In addition to itself, Owner designates the Lender set forth in paragraph six (6) above and the following to each receive a copy of the Lianor's Notice as provided in Section 713.13(1)(b), Florida Statutes: N/A
- 9 The expiration date of this notice of commencement is 1 year from the date of recording unless a different date is hereinafter specified:

Muchael Ge Mo Michael A. Nohejl A. Nohejl

COUNTY OF MARTIN Subscribed and acknowledged before rus or 2001 b . March Meine I and Julic A. Noheil, husband and wife. ন্দ্রম (Official Notary Seal or Stamp) Dr amp commissioned name of Notury STATE (18 P - Ineblic) MARTIN COURSEnally known ____ or produced identification Personally known THIS IS THE BOTH THAT THE FORE GOING HAGES IS A TRUE AND COMBECTOP) OF THE ORIGINAL 6.5 LOUR

STATE OF FLORIDA (3) SERTIC CENTRAX #: 43-SS-02783 DEPARTMENT OF HEALTH OS SERTIC OSTDSNBR: 00-0798-N	v
CONSTRUCTION PERMIT	
CONSTRUCTION PERMIT FOR: [X]New System []Existing System []Holding Tank [] Innovative Other []Repair []Abandonment []Temporary []	
APPLICANT: NOHEJL, MIKE AGENT: 95-0, PROPERTY OWNER	
PROPERTY STREET ADDRESS: NORTH RIDGE VIEW ROAD STUART FL 34994	
LOT:BLOCK:SUBDIVISION: HOMEWOOD [Section/Township/Range/Parcel No.] PROPERTY ID #: [OR TAX ID NUMBER]	l
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 64E- DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD. 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 PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FI COMPLIANCE WITH OTHER FEDERAL, STATE OR LOCAL PERMITTING REQUIRED FOR PROPERTY DEVELOPMENT	C TIM THIS ROM
SYSTEM DESIGN AND SPECIFICATIONS	
T [1050] GallonsSEPTIC TANKMULTI-CHAMBERED/IN SERIES: MULTI-CHAMBERED/IN SERIES:A [0] GallonsMULTI-CHAMBERED/IN SERIES:N [0] GALLONS GREASE INTERCEPTOR CAPACITY K [0] GALLONS DOSING TANK CAPACITY [0	[]
D [333] SQUARE FEET PRIMARY DRAINFIELD SYSTEM TRACK 9 R [500] SQUARE FEET BOO SYSTEM TR' A TYPE SYSTEM: [Y] STANDARD [N] FILLED [N] MOUND [N] ZOW) X 55 I CONFIGURATION: [Y] TRENCH [SY] BED [N] BED: 9'W X 55.6'L	<u>5.5</u>
N F LOCATION TO BENCHMARK: <u>Crown of Road 7.18</u> I ELEVATION OF PROPOSED SYSTEM SITE [9.0] [INCHES] [BELOW] BENCHMARK/REFERENCE E BOTTOM OF DRAINFIELD TO BE [33.0] [INCHES] [BELOW] BENCHMARK/REFERENCE	
L D FILL REQUIRED: [0.0]INCHES EXCAVATION REQUIRED: [0.0] INCHES OTHER REMARKS:	
The drainfield aggregate must be at least 5 feet from the property line(s). Install an approved outlet filter in the septic tank. Do not exceed 18" of cover on the top of the drainfield. See the attached special conditions list. A reinspection fee will be charged for additional inspections. All special conditions and items above must be completed put to final inspection and approval.	đ
SPECIFICATIONS BY: Black, Angela TITLE: E.S.T.	
APPROVED BY: Cross, Ray TITLE: Env. Supervisor II Martin	_ СНІ
DATE ISSUED: 10/4/00 EXPIRATION DATE: 4/4/02 DH 4016, 03/97 (Obsoletes previous editions which may not be used) (Stock Number: 5744-001-4016-0) [ostds_cons_4016-1] Page	 1

.



Martin County Health Department

SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST				
APPLICATION NAME: Noheil	PERMIT NO .: 43 - SS - 02783			
SUBDIVISION: Home wo	od / Sewalls point			

Permit General Conditions

Finished floor foundation elevation is recommended to be equal to or greater than the drainfield filled elevation of O inches above grade O. If the foundation is proposed to be lower than the drainfield filled elevation, please contact this office to determine the foundation setback away from the drainfield (setback is calculated by adding 4:1 slope, 5-foot shoulder and berm. Recommend roof gutters to divert water away from this berm area).

If the roof drip line is within 5 feet of the drainfield, shoulder or slope and the roof drains toward the septic system, gutters are required.

If fill is required, contact Martin County or your city Building Division for requirements.

Inspection results will be posted on the building permit. A copy of the construction approval is available upon request.

A septic tank outlet filter is required on all septic tanks in unincorporated Martin County.

If any information on this permit changes, an amended application is required to be filed immediately.

Any alteration of the information or conditions of this permit found to be in non-compliance with 64E-6, Florida Administrative Code or Chapter 381, Florida Statute, will be sufficient cause for revocation of this permit.

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

1. Driveway / sidewalk elevation must be 9" higher than the top of the drainfield elevation if they are within <u>6</u> feet of each other.

2. Septic system must be _____ feet from surface water / wetlands mean high water line.

3. Future ponds or surface water created onsite must be greater than 75' from septic system.

4. Septic system must be a minimum of 10 feet from drainage culverts or storm water drains and a 15 feet minimum from dry retention, dry detention or dry drainage ditches.

5. Excavate one foot beyond drainfield area to a depth of

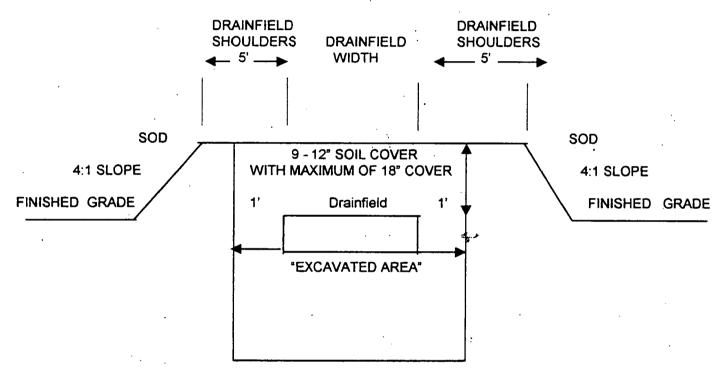
SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS.

SPÈCIAL CONDITION REQUIREMENTS (Page 2 of 3)

6. In addition to item #5, 33% of unsuitable soils at depths greater than must be removed to a depth of slightly limited soils. 7. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation. 8. The organic vegetation layer at the existing grade must be removed and slightly limited fill placed between the existing grade and the bottom of the drainfield. 9. Septic tank abandonment notices from the Septic Tank Contractor must be received by this office prior to final construction approval. 10. The attached well abandonment form must be completed by a certified well driller and and submitted to this office prior to the initial building construction or system inspection. 11. The mound area must be sodded prior to the request for final grade inspection. $\sqrt{12}$. Drainfield must be protected from vehicular traffic (i.e., traffic barriers). 13. Occupational approval will not be given until all requirements for public water system/ food-service/ institutional/ septic system are met. _14. Septic tank/ dosing chamber/ grease trap must have (traffic lids with) ____ manhole cover (s) per tank extending to the surface. · 15. 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. 16. Operational test of dosing pump(s) and high water alarm (audible and visual) required prior to final construction approval. 17. Two pumps are required to alternately dose into two separate fields. Separate drainfields must be a minimum of 10 feet apart. **18.** Irrigation lines must be separated from the drainfield by ten feet unless an approved backflow prevention device is properly installed. 19. Potable water lines, whether connected to an on-site well or to a utility meter, must be a minimum of ten feet from drainfields or sealed with a water proof sealant within a sleeve of similar pipe to a distance of ten feet from the nearest portion of the drainfield. In no case can the sleeved line be located within 24 inches of the drainfield or at an elevation lower than the bottom of the drainfield. 20. All new potable wells must be 25' from the building foundation and meet all other setback installation requirements. 21. \$ Re-inspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection. 22. A well construction permit is required prior to well installation.

SPÈCIAL CONDITION REQUIREMENTS (Page 3 of 3)

- **__23.** The engineer of record must certify that the installed system complies with the approved engineer design and installation requirements.
- ___24. Prior to final construction approval, the property owner must apply for an annual operating permit and pay the \$______Annual Permit Fee (For ___Indust./Manuf. _____Aerobic System _____ Commercial System _____ Performance Based).
- 25. If a mound drainfield is proposed, see following sketch of additional requirements (No retaining walls are allowed within the drainfield shoulder or slope areas of a mound system). No boulders or trees are allowed within the drainfield slope.



DRAINFIELD MOUND REQUIREMENTS

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

.

26. Other:

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

Questions concerning special conditions can be answered by calling <u>Hogela Dkick</u> at (561) 221-4090

J:\...\docs\forms\septics\specialcondtnew.doc. revised 09/11/00



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

CENTRAX #: 43-SS-02783 OSTDSNBR : 00-0798-N

APPLICANT: NOHEJL, MIKE
AGENT: 95-0 PROPERTY OWNER, PROPERTY OWNER
LOT: BLOCK: SUBDIVISION: HOMEWOOD ID#:
TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT 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: 50 ACRES TOTAL ESTIMATED SEWAGE FLOW: 400 GALLONS PER DAY [64E-6, TABLE 1] AUTHORIZED SEWAGE FLOW: 1400 GALLONS PER DAY [1500GPD/ACRE 0R 2500GPD/ACRE] UNOBSTRUCTED AREA AVAILABLE: 380 SQFT UNOBSTRUCTED AREA REQUIRED: 1000 (bd) SQFT
BENCHMARK/REFERENCE POINT LOCATION: CR 7.18 ELEVATION OF PROPOSED SYSTEM SITE IS 9.0 [Inches] [Delow] BENCHMARK/REFERENCE POINT
THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES: SURFACE WATER: N/A FT DITCHES/SWALES: N/A FT NORMALLY WET? []YES [NO WELLS: PUBLIC: N/A FT LIMITED USE: N/A FT PRIVATE: 75 FT NON-POTABLE: N/A FT BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 5 FT
SITE SUBJECT TO FREQUENT FLOODING: []YES [X]NO 10 YEAR FLOOD ELEVATION FOR SITE: NA FT NGVD 10 YEAR FLOOD ELEVATION FOR SITE: NA FT NGVD 10 YEAR FLOOD ELEVATION FOR SITE: NA FT NGVD
SOIL PROFILE INFORMATION SITE 1Munsell #/ColorTextureDepth $10YK$ $9/2$ 5 0 to/2 $1/2$ 3 $1/2$ to $3/2$ 5 0 to 8 $1/2$ 3 $1/2$ to $3/2$ $7/2$ 5 0 to 8 $1/2$ 3 $1/2$ to $3/2$ $7/2$ 5 0 to 8 $1/2$ 3 $1/2$ to $3/2$ $7/2$ 5 0 to 8 $1/2$ 3 $1/2$ to $3/2$ $7/2$ 5 0 to 8 $1/2$ 3 $1/2$ to $3/2$ $7/2$ 5 0 to 8 $1/2$ 3 $1/2$ to $3/2$ $7/2$ 5 0 to 8 $1/2$ 3 $1/2$ to $3/2$ $1/2$ to $3/2$ $7/2$ 5 0 to 18 $1/2$ to $1/2$ $1/2$ to $3/2$ $1/2$ to $3/2$ $1/2$ to $1/2$
USDA SOIL SERIES: Jonathan / Phoin trans
OBSERVED WATER TABLE: (b) INCHES [BELOW], EXISTING GRADE TYPE: [APPARENT] ESTIMATED WET SEASON WATER TABLE ELEVATION: (b) INCHES [below] EXISTING GRADE HIGH WATER TABLE VEGETATION: [] YES [X] NO MOTTLING: [] YES [X] NO DEPTH: N/A INCHES SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING (s) 1.2/.8 DEPTH OF EXCAVATION: N/A INCHES DRAINFIELD CONFIGURATION: [X] TRENCH [X] BED [] OTHER (SPECIFY)
~ <u> </u>
SITE EVALUATED BY: DATE: 10/2/00
DH 4015, 03/97 (Obsoletes previous editions which may not be used) (Stock Number: 5744-003-4015-1) [ostds_eval_4015-3] Page 3 of 3

	STATE OF FLORI DEPARTMENT OF ONSITE SEWAGE APPLICATION FO	HEALTH TREATMENT	AND DIPO TION PERJ	SAL SYSTEM MIT	PERMIT NO. DATE PAID: FEE PAID: RECEIPT #:	
	ystem [] Exi r [] Aba		[] []	Holding Tar Temporary	2k [] Inr []	ovative
APPLICANT:	Mike Nohe	7 <u> </u>			TELEPHONE: Z	20-1821
	RESS: 2 Via Lu			alls Poin	1	
TO BE COMPL BY A PERSON APPLICANT'S	LETED BY APPLICANT LICENSED PURSUANT RESPONSIBILITY TO A/DD/YY) IF REQUEST	OR APPLICANT' TO 489.105(3 PROVIDE DOCU	S AUTHORIZ (m) OR 48 MENTATION MIN OF SI	9.552, FLORI OF THE DATE CATUTORY GRAN	DA STATUTES. THE LOT WAS C DFATHER PROVI	IT IS THE REATED OR SIONS.
LOT: <u>4</u>	BLOCK: B	UBDIVISION:	Amended	Platot Ho	MUUODO PLAT	TED: Jan, 1956
PROPERTY I	D #:		ZONING:	I/	M OR EQUIVALE	NT: [Y/N]
PROPERTY S	IZE: 0.56 ACRES	WATER SUPPLY	: [] PRIV	VATE PUBLIC	[X]<=2000GPL) []>2000GPD
TS SEWER A	VAILABLE AS PER 381	L.0065, FS? [Y / [N]	DI		ER:FT
	North	Kidopri	PUD KC	bad		
DIRECTIONS	TO PROPERTY: 101	n Stere	to Sti	art, Se	walls F	Bint 12d.
South	to Ridiger	rien Ru	oad;	Right -	to site	<u> </u>
BUILDING D	INFORMATION	[[] Comm		
	e of ablishment		Building Area Sqft	Commercial/I Table 1, Cha	nstitutional pter 64E-6, F	System Design AC
1	inde fracilia	Ba 4	2625			
2	nque raining	424	(A C)			•
3						
4				<u></u>		
	oor/Equipment Drain	.10			· · · · · · · · · · · · · · · · · · ·	
	oor/Equipment Drain	s [7] Othe	er (Specify	()	DATE:	
SIGNATURE					DAIG;	
DH 4015,	10/97 (Previous Ed	itions May Be	Used)			Page 1 or 4

and the state of the second second

APPLICATION FOR:	Check type of permit, if "Other" specify type in blank.
APPLICANT: AGENT: TELEPHONE: MAILING ADDRESS:	Property owner's full name. Property owner's legally authorized representative. Telephone number for applicant or agent. P.O. box or street, city, state and zip code mailing address for applicant or agent.
LOT, BLOCK, SUBDIVISION:	Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.
DATE OF SUBDIVISION:	Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.
PROPERTY ID#:	27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.
ZONING:	Specify zoning and whether or not property is in I/M zoning or equivalent usage.
PROPERTY SIZE:	Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.
WATER SUPPLY:	Check private or public <= 2000 gallons per day or public > 2000 gallons per day.
SEWER AVAILABILITY:	Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.
PROPERTY ADDRESS:	Street address for property. For lots without an assigned street address, indicate street or road and locale in county.
DIRECTIONS:	Provide detailed instructions to lot or attach an area map showing lot location.
BUILDING INFORMATION: TYPE ESTABLISHMENT:	Check residential or commercial. List type of establishment from Table II, Chapter 64E-6, FAC. Examples: 'single family, single wide mobile home, restaurant, doctor's office.
NO. BEDROOMS:	Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.
BUILDING AREA:	Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.
BUSINESS ACTIVITY:	For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.
FIXTURES:	Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.
SIGNATURE / DATE:	Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.
	e plan drawn to scale, showing boundaries with dimensions, locations of residences or

ATTACHMENTS: A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features; filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are with 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.

APPLICANT	"SNAME: Mike Noheil	
	SCRIPTION: Lot 4, BIK B	Homewood.
	PROPOSED SEPTIC SYSTEM	TSITE INFORMATION
n'ittititistenisitiere	· · · · · · · · · · · · · · · · · · ·	
-	CIRCLE ONE ANSWER FOR EACH QUEST	IUN (FUR II EMS I - 1 / BELUN).

N/A MEANS THAT THE QUESTION IS NOT APPLICABLE.

	F	_	
1. 2. 3. 4.	Is there a septic system within 75 feet of the proposed private well?	Yes M	
5. •	the proposed septic system?	Yes No)
6.	Is there a public well that serves more than 25 people or more than 15 homes or businesses within 200 feet of the proposed septic system?	Yes to)
7.	Is there a gravity sewer line or lift station within 50 feet of the proposed lot?	Ycs D)
8.	Is there a lake, stream, wetland, or surface water within 75 feet of the available area for the proposed septic system?	Yes No	2
9: 10.	Is there a proposed or existing public drinking water line within 10 feet of the proposed septic system? Is there a storm water retention area or drainage casement within 15 feet of the proposed septic system?	-Ycs 🔞)
11.	Is the proposed septic system in an area proposed for paving or vehicular traffic?		
12.	Are all private wells, septic systems and surface water on adjacent or contiguous land within 75 feet of the applicant's lot shown on the site plan?	- CS No	N/A
13.	Are all public wells within 200 feet of the applicant's lot shown on the site plan?	- Yes No	(1/A
14.	Does the site 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, proposed or existing septic systems, any proposed or existing wells, public water lines, paved areas or driveways, and surface waters such as lakes, ponds, streams, canals, or wetlands?	Yes No	
· 15.		TY CS NO	
16.	Are the natural grade elevation in the area of the septic system and the benchmark shown on the site plan?	Cos No	
17.	Is the public water line location from the water meter to the house shown on the site plan?	Yes No	
18.	There is 1966 square feet of available, unobstructed, contiguous land to install the	\smile	
	septic system. This area excludes interferences. Shade this available area on the site plan.		

TE ELEVATIONS

Crown of road elevation 7.18 NGVD. Show location on the site plan. If the road is not paved, benchmark 1. NGVD. Show location on site plan. clevation

6.4 Natural grade elevation in the area of the proposed septic system NGVD. Show location on site plan. 2.

Is the building location in a flood hazard area "A" or "V" as identified on F.E.M.A. maps? (es) or No If yes, what is 3. the minimum required flood hazard floor elevation of the building? 8 NGVD.

NOTE: Please locate the reference point or benchmark within 200 feet of the proposed septic system.

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

. .

CERTIFIED BY: FLORIDA PROFESSIONAL NO .: 5102 ov JOB NO .: 200004 DATE:

s:/page2.doc forms II disk 10/03/96

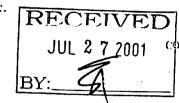


MIAMI-DADE COUNTY, FLORIDA METRO-DADE FLAGLER BUILDING

IUILDING CODE COMPLIANCE OFFICE METRO-DADE FLAGLER DUILDING 140 WEST FLAGLER STREET, SUITE 1403 M(AMI, FLORIDA 33130-1563 (305) 375-2901 FAX (305) 375-2908

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Southeastern Metals Manufacturing Co., Inc. 11801 Industry Drive Jacksonville ,FL 32226



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

(ONTINCTOR ENFORCEMENT DIVISION (303) 375-2966 PAX (305) 375-2908

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

Your application for Notice of Acceptance (NOA) of:

5-V Crimp Metal Roofing Panels

ACCEPTANCE NO.: 01-0313.19

EXPIRES: 06/14/2006

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

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

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

Raul Rodriguez Chief Product Control Division

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL <u>CONDITIONS</u> <u>BUILDING CODE & PRODUCT REVIEW COMMITTEE</u>

This application for Product Approval has been reviewed by the BCCO and approved by the Building Code and Product Review Committee to be used in Miami-Dade County. Florida under the conditions set forth above. 7/22/01/17/1111) OF Flutics POINT

FICTAGrancisco J. Quintana, R.A.

Director Miami-Dade County Building Code Compliance Office

APPROVED: 06/14/2001

PN 5306 (MPN 5302)

11:0450001/oc20001/tempiates/hotice acceptance cover page.dot

luternet mail address: postmaster@buildingcodconline.com

THE JIECZ THAT JZ HAN

ACCZOCOHOC - YOU

Roofing System Approval

Category:	Roofing	Approval date:	June 14, 2001
Sub-Category:	Non-Structural Metal Roofing	Expiration date:	June 14, 2006
Material:	Metal		
Maximum Design I	Pressare: -57.5 psf.		

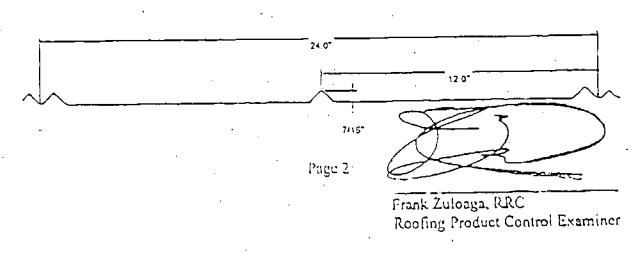
TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

Product	Dimensions	Test Specifications	Product Description
SV Crimp Metal Panels	Length : various Height : $\frac{7}{16}^{m}$ Width : 24" Thickness : 0.0217	PA 125	Corrosion resistant, galvalume, performed, standing seam, coated, pre-finished, metal panels,

Evidence Submitted

<u>Test Agency</u> Construction Research Laboratory, Inc.	<u>Test Identifier</u> 5898A	<u>Test Name/Report</u> <u>Direct Deck Test</u> Uplift Pressure Testing ASTM E 330 Wind Driven Rain	<u>Date</u> Oct. 1993
Construction Research Laboratory, Inc.	589813	Over Battens Test UpliA Pressure Testing ASTM E 330 Wind Driven Rain	Oct. 1993
Hurricane Test Laboratories, Inc.	0041-0102-98	 UL -580 test PA 125 	Jan. 1998 -

"5-V CRIMP" METAL ROOF PANELS



2018 21:52 IND2 22 UND

ACCEPTANCE No.: 01-0313-19

APPROVAL ASSEMBLY:

System:	"SV-Crimp" Metal Panels
Deck Type:	Wood, Non-insulated
Deck Description:	¹⁹ /32" or greater plywood or wood plank.
Slope Range:	2":12" or greater
Maximum Uplift Pressure:	The maximum allowable design pressure for the 24^{**} wide panel shall be -57.5 psf.
Deck Attachment:	In accordance with applicable building code, but in no case it shall be less than $-\#8 \times 1\%$ screws or annular ring shank only spaced at 6° oc. In re-roofing, where deck is less than $^{19}/_{32}$ ° thick (minimum $^{15}/_{32}$ °) the above attachment withod must be in addition to existing attachment.
Underlayments	Minimum underlayment shall be a ASTM D 226 Type II installed with a minimum 4" side-laps and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and 14" annular ring-shank nails, spaced 6" o.e. at all laps and two staggered rows 12" o.e. in the field of the roll.
Valleys:	Valley construction shall be in compliance with Roofing Application Standard RAS 133 and with current published installation instructions and details in Southeastern Metal Manufacturing Metal Roofing Installation Manual.
Fire Barrier Board:	For class A or B fire rating, install minimum M^{**} thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Tritex. RockRoof (with current NOA) or $\frac{3}{8}$ water resistant type X gypsum sheathing with treated core and facer.
Metal Panels and	
Accessories:	Install the "SV-Crimp Panels" and accessories in compliance with the current published installation instructions and details in Southeastern Metal Manufacturing Company's Installation Manual. Flashings, penetrations, valley construction and other details shall be constructed in

Page 3

compliance with Roofing Application Standard RAS133.

Frank Zuloaga, RRC Roofing Product Control Examiner

SYSTEM LIMITATIONS

- Increased design pressures at perimeter and corner areas, in compliance with applicable building code may be met through rational analysis by increasing the number of attachment points in this areas. The maximum fastener spacing noted in the "Systems Description" section of this approval shall not be exceeded. All rational analysis computation shall be prepared, signed and scaled by a Florida Registered Professional Engineer, Registered Architect, or Registered Roof Consultant.
- 2. Panel shall be roll formed in continuous lengths from cave to ridge. Maximum lengths shall be described in the Roofing Application Protocol RAS 133.
- 3. All panels shall be permanently labeled with the manufacturer's name and/or logo, and the following statement: "Miami-Dade County Product Control Approved. All clips shall be permanently labeled with manufacturer's name, and/or logo, and/or model.

Page 4

Frank Zuloaya, RRC Roofing Product Control Examiner

Jun 27 2001 25:18 P. 04

Fax: 9046965556

NOTICE OF ACCENTANCE STANDARD CONDITIONS

- documents, are no older than eight (8) years. Filed and the original submitted documentation, including test supporting data, engineering וצפוופיעדו סר וווג גרכפפףומוכב (האהרטיגו) גוומון שב כסוגולפרפל מונפר מ רפועימו הפאווסת וומג שכבי
- specifically stated in the specific conditions of this Acceptance. state, and the following statement: "Miami-Dade County Product Control Approved", or as Any and all approved products shall be permanently labeled with the manufacturer's name, ϵ ity. Ζ
- Renewals of Acceptance will not be considered if: ٤
- product and the product is not in compliance with the code changes: There has been a change in the South Florida Building Code affecting the evaluation of this (v
- If the Acceptance holder has not complised with all the requirements of this acceptance. (כ The product is no longer the same product (identical) as the one originally approved: (9
- The engineer who originally prepared, signed and sealed the required documentation initially (P isonoor off to noiselleisni sooroo aff guibuloni
- .noiseofer on longer practicing the engineering profession.
- .201110 requested (through the filing of a revision application with appropriate fee) and granted by this automatically be cause for termination of this Acceptance, unless prior written approval has been Λ ny revision of change in the materials, use, and/or manufacture of the product or process shall
- a) Unsatisfactory performance of this product or process: Any of the following shall also be grounds for removal of this Acceptance: S
- other purposes. b) Misuse of this Acceptance as an endersement of any product. for sales, advertising or any
- Notice of Acceptance is displayed, then it shall be done in its entirely. followed by the expiration date mer be displayed in adventising literature. It any ponion of the The Motice of Acceptance number preceded by the words Minimi-Dade County. Florida, and -9
- inspection at the job site at all times. The copies need not be rescaled by the engineer. son plating of the sum former of the manufacturer or its distributors and shall be available for A copy of this Acceptance as well as approved drawings and other documents. where it applies, 4
- .oonnigaoo∧ المالايية ذه جمسها لا سنانا عملا وجدنامة ملاطنة لا جدومهامته فلمالا له جيبته لمد تعييناميتاميا منط تخيبته ملا 8
- This Acceptance contains pages 2 through 5. 6

END OF THIS ACCEPTANCE.

S para

Frank Zuloaga, RISC

Roofing Product Control Examiner

Jun 27 2001 25:18 P. 05

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

- 1 Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years.
- 2 Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.
- 3 Renewals of Acceptance will not be considered if:
 - a) There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes;
 - b) The product is no longer the same product (identical) as the one originally approved;
 - c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product;
 - d) The engineer who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession.
- 4 Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
- 5 Any of the following shall also be grounds for removal of this Acceptance:
 - a) Unsatisfactory performance of this product or process;

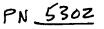
b) Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes.

- 6 The Notice of Acceptance number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the Notice of Acceptance is displayed, then it shall be done in its entirety.
- 7 A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all times. The copies need not be resealed by the engineer.
- 8 Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
- 9 This Acceptance contains pages 1 through 7.

END OF THIS ACCEPTANCE

Page 7 of 7

Frank Zuloaga, RRC Roofing Product Control Examiner



OWNER'S AFFIDAVIT OF BUILDING COSTS

(To be submitted at time of final inspection for Certificate of Occupancy)

STATE OF FLORIDA MARTIN COUNTY

BEFORE ME, the undersigned authority, personally appeared the undersigned Affidavit, who, being first duly sworn, under penalty of perjury, deposes and says:

- 1. That Affidavit 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 Affidavit'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 \$ 257.000
- 4. That this Affidavit is made for the purpose of inducing the Building Official of the Town to issue a Certificate of Occupancy for the improvements, with the intention that it be relied upon for that purpose.

Affidavit's Signature:

Property Address: N. RIDGEVIEN (\circ)

EWALLS POINT. FL

SWORN TO and subscribed before me this $3^{\prime \prime}$ dav of Dec., 200/, by M. Nohel , who is personally known to me or produced as identification. Notary Public My commission expires: Joan H. Barrow MY COMMISSION # CC763645 EXPIRES (Notary Seal) November 30, 2002 BONDED THRU TROY FAIN INSURANCE, INC.

Building to be erected for MICHAELA JULEA, NOHETL Type of Permit BLDG S.F.R. Applied for by RON RAYMOND CONSTRUCTION (Contractor) Building Fee 1,920.00 Subdivision HOMEWOOD (Advisor) Lot 4 Block B Radon Fee 24.21 Address 6 NOPTH RIDGEVIEW Type of structure S.F.R. Parcel Control Number: A/C Fee 01-38-41-006-002-00040-40000 Ropfing Fee Amount Paid \$6,641.13 Check \$2895 Construction Cost \$200,000.00 Other Fees (_KEV)	TOWN OF SEWALL'S POINT Date 3/23/01 BUILDING PERMIT NO. 5300 BUILDING PERMIT BUILDING PERMIT BUILDING PERMIT Subdivision HOMEWOOD (&0:000 (&0:00 (Contractor) BUILDING Fee 120 Plumbing Fee 120 AC Fee 120 Plumbing Fee 120 OI - 58 - 41 - 006 - 002 - 00040 - 40000 Roofing Fee 120 Amount Paid \$6,641.13 Check # 2895 Cash Other Fees (REU) 192 Total Construction Cost \$ 200,000 .to Total Construction Cost \$ 200,000 .to Applicant Town Building Resector. CH(CU DATE Signed DATE Signed DATE			,	
Date 3/23/01 Building to be erected for MICHAELA JULE A. NOHESIL. Type of Permit BLDGG5.F.R. Applied for by RON RAYMOND CONSTRUCTION (Contractor) Building Fee 1,920.00 Subdivision HOMEWOOD (APTERN) Lot 4 Block B Radon Fee 24.92 Address 6 NOPTH RIPGEVIEW (Contractor) Building Fee 4,024.92 Address 6 NOPTH RIPGEVIEW Impact Fee 4,024.92 Address 6 NOPTH RIPGEVIEW Impact Fee 120.00 Parcel Control Number: 01-58-41-006-002-00040-40000 Roofing Fee 120.00 Monut Paid 16 1641.13 Check # 2895 Cash Other Fees (EU). 192.00 Monut Paid 16 1641.13 Check # 2895 Cash Other Fees (EU). 192.00 Signed JULL DONG PERMIT BUILDING PERMIT BUIL DONG BUIL DING PERMIT BUIL DING PERMIT Fee 120.00 Mapplicant Signed DATE Signed <th>Date 3/23/01 BUILDING PERMIT NO. 530 Building to be erected for MICHAELA JULEA. NOHETL. Type of Permit BL/G S.F. F. Applied for by RON RAYMOND CONSTRUCTION (Contractor) Building Fee 1,720 Subdivision HOMEWOON (AMEND) Lot 4 Block B Radon Fee 24 Address 6 NOPTH RIDGEVIEW Impact Fee 1,720 Type of structure 5.F. R. A/C Fee 120 Parcel Control Number: 01-38-41-006-002-00040-40000 Ropfing Fee 120 Parcel Control Number: 01-38-41-006-002-00040-40000 Ropfing Fee 120 Amount Paid \$ 6,641.13 Check # 2895 Cash Other Fees (\$ 6,641 Signed Juli Nohy Signed Juli Nohy Applicant Signed Muit Nohy Applicant Signed Datte Proof Resenter CHC/CL Roof DATE Signed Datte Roof Resenter DATE DATE Signed Datte Roof Resenter DATE DATE Solution Could Datte Roof Resenter DATE DATE DATE Solution Could Date DATE<</th> <th></th> <th></th> <th>PERMIT NO. N/A</th>	Date 3/23/01 BUILDING PERMIT NO. 530 Building to be erected for MICHAELA JULEA. NOHETL. Type of Permit BL/G S.F. F. Applied for by RON RAYMOND CONSTRUCTION (Contractor) Building Fee 1,720 Subdivision HOMEWOON (AMEND) Lot 4 Block B Radon Fee 24 Address 6 NOPTH RIDGEVIEW Impact Fee 1,720 Type of structure 5.F. R. A/C Fee 120 Parcel Control Number: 01-38-41-006-002-00040-40000 Ropfing Fee 120 Parcel Control Number: 01-38-41-006-002-00040-40000 Ropfing Fee 120 Amount Paid \$ 6,641.13 Check # 2895 Cash Other Fees (\$ 6,641 Signed Juli Nohy Signed Juli Nohy Applicant Signed Muit Nohy Applicant Signed Datte Proof Resenter CHC/CL Roof DATE Signed Datte Roof Resenter DATE DATE Signed Datte Roof Resenter DATE DATE Solution Could Datte Roof Resenter DATE DATE DATE Solution Could Date DATE<			PERMIT NO. N/A	
Building to be erected for MICHAELA TUVE A. NOHEST. Type of Permit BLOG - 5.F.R. Applied for by RON RAYMOND CONSTRUCTION (Contractor) Building Fee 1.92.0.00 Subdivision HOMEWOOD (Advew) Lot 4 Block B Radon Fee 24.21 Address 6 NOPTH RIDGEVIEW Impact Fee 4.024.92 Address 6 NOPTH RIDGEVIEW Impact Fee 1.00.00 Subdivision HOMEWOOD (Advew) Lot 4 Block B Radon Fee 24.21 Address 6 NOPTH RIDGEVIEW Impact Fee 1.0.00 A/C Fee 1.20.00 Parcel Control Number: 01-58-41-006-002-00040-40000 Roofing Fee 1.20.00 Amount Paid 1 (.641.13 Check # 2815 Cash Other Fees (.EW.) 192.00 Otal Construction Cost \$ 200,000.00 Foral Eees (.6,641.13 192.00 Foral Eees (.6,641.13 Signed Juli 1 Nohy Signed Date Roof PHAL Date Signed Mapplicant Signed Date Roof PHAL Date Date Signed Mapplicant Date ROOF PHAL Date Date Date Signed Mapplicant Date ROOF PHAL Date Date Date Date Solu Poisoning Recul Date	Building to be erected for MICHAELA TULE A, NOHESTL Type of Permit BLOG S.F. F. Applied for by RON RAYMOND CONSTRUCTION (Contractor) Building Fee 1,720 Subdivision HOMENUOD (Advisuu) Lot 4 Block B Radon Fee 24 Address 6 NOPTH RIDGEV/EW Impact Fee 1,720 Type of structure 5. F. R. A/C Fee 120 Parcel Control Number: A/C Fee 120 O1-38-41-006-002-00040-40000 Ropfing Fee 120 Amount Paid # 6,641.13 Check # 2815 Cash Other Fees (KU,) 192 fotal Construction Cost \$ 200,000.00 Water Fees (KU,) 192 192 Signed Juli 100000 Signed Juli 100000 Date Signed Juli 100000 Date Ropfing Fee 100 Signed Juli 10000000 Date Roof RY-IN Date Soll POISONING DATE Roof RY-IN DATE Roof RY-IN DATE Soll POISONING DATE ROOF RY-IN DATE DATE Roof RADE DATE Roof RADE Stab on GRADE DATE	TOWN OF SEWA	LL'S POINT	1	
Building to be erected for MICHAELA JULEA. NOHESTL Type of Permit BLDG S.F.R. Applied for by RON RAYMOND CONSTRUCTION (Contractor) Building Fee 1,920.00 Subdivision HOMEWOOD (BAREWO). Lot 4 Block B Radon Fee 24.21 Address 6 NOPTH RIDGEVIEW Impact Fee 4,024.92 Address 6 NOPTH RIDGEVIEW Impact Fee 120.00 Parcel Control Number: A/C Fee 120.00 A/C Fee 120.00 Parcel Control Number: Plumbing Fee 120.00 Ropfing Fee 120.00 Mount Paid \$6,641.13 Check # 289.5 Cash Other Fees (REU) 192.00 Applicant Signed Signed Date 192.00 BUILLDING PERMIT Signed Date Roofing Fee 120.00 BUILLDING PERMIT Town Building kaspector CFLCUM BUILLDING PERMIT Town Building kaspector CFLCUM BUILDING PERMIT Date NOTHEL Roof Final Signed Matter NOTHEL Parte 20.6641.13 Signed Matter NOTHEL Parte 20.6641.13 Signed Matter NOTHEL Parte 20.6641.13 Signed Inspector CFLCUM Date	Building to be erected for MICHAELATULEA, NOHETL Type of Permit BLOG S.F.F. Applied for by RON RAYMOND CONSTRUCTION (Contractor) Building Fee 1,724 Subdivision HOMEWOOD (AU:END) Lot 4 Block B Radon Fee 23 Address 6 NOPTH RIDGEVIEW Impact Fee 4,022 Type of structure 5.F.F. A/C Fee 120 Parcel Control Number: 01-38-41-006-002-00040-40000 Ropfing Fee 120 Onumunt Paid \$6,641.13 Check # 2895 Cash Other Fees (te $5/23/0$	BUILDING	PERMIT NO. 5302	
Public of by NON CATAMOND CONSTRUCTION Building Fee Inglace Subdivision HOMEWOOD (Advisure) Lot 4 Block B Radon Fee 24.21 Address 6 NORTH RIDGEVIEW Impact Fee 1.92.0.00 Subdivision HOMEWOOD (Advisure) Lot 4 Block B Radon Fee 24.21 Address 6 NORTH RIDGEVIEW Impact Fee 1.02.00 Prove of structure 5.F. R. A/C Fee 120.00 Parcel Control Number: 01-38-41-006-002-00040-40000 Rooping Fee 120.00 Immount Paid 1.0.64 # 2815 Cash Other Fees (LEW) 192.00 otal Construction Cost \$ 200,000.00 Point Fees (LEW) 192.00 otal Construction Cost \$ 200,000.00 Point Building Respector CFHCUM BUILDING PERMIT Roon Building Respector CFHCUM BUILDING PERMIT Suddiving Parce 100.00 Art Energy Colspan="2">Control Number: Impact Fee 104.04 Autor Advises Advises Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan= 2"Colspan="2" <td colspa<="" td=""><td>Address 6 NOPTH RIDGENTIAL FORMED (Contractor) Subdivision HOMEWOOD (AV:EWD) Lot 4 Block B Radon Fee 24 Address 6 NOPTH RIDGENTIAL Block B Radon Fee 24 Address 6 NOPTH RIDGENTIAL Block B Radon Fee 24 Address 6 NOPTH RIDGENTIAL Block B Radon Fee 24 Parcel Control Number: 01-38-41-006-002-00040-40000 Roofing Fee 120 Mount Paid # 6.641.13 Check # 2895 Cash Other Fees (KEU.) 192 Mount Paid # 6.641.13 Check # 2895 Cash Other Fees (KEU.) 192 Mount Paid # 6.641.13 Check # 2895 Cash Other Fees (KEU.) 192 Mount Applicant Signed Matteres (KEU.) 192 Building kaspector WFICL Matteres (KEU.) 192 Mount Applicant Date North Notteres (KEU.) 192 Solut Poisoning Date Roof PRIVEN Date Notteres (KEU.) Notteres (KEU.)</td><td>ilding to be erected for MICHAELA. FJULEA. N</td><td>INFET THE AD</td><td>RIN SEP</td></td>	<td>Address 6 NOPTH RIDGENTIAL FORMED (Contractor) Subdivision HOMEWOOD (AV:EWD) Lot 4 Block B Radon Fee 24 Address 6 NOPTH RIDGENTIAL Block B Radon Fee 24 Address 6 NOPTH RIDGENTIAL Block B Radon Fee 24 Address 6 NOPTH RIDGENTIAL Block B Radon Fee 24 Parcel Control Number: 01-38-41-006-002-00040-40000 Roofing Fee 120 Mount Paid # 6.641.13 Check # 2895 Cash Other Fees (KEU.) 192 Mount Paid # 6.641.13 Check # 2895 Cash Other Fees (KEU.) 192 Mount Paid # 6.641.13 Check # 2895 Cash Other Fees (KEU.) 192 Mount Applicant Signed Matteres (KEU.) 192 Building kaspector WFICL Matteres (KEU.) 192 Mount Applicant Date North Notteres (KEU.) 192 Solut Poisoning Date Roof PRIVEN Date Notteres (KEU.) Notteres (KEU.)</td> <td>ilding to be erected for MICHAELA. FJULEA. N</td> <td>INFET THE AD</td> <td>RIN SEP</td>	Address 6 NOPTH RIDGENTIAL FORMED (Contractor) Subdivision HOMEWOOD (AV:EWD) Lot 4 Block B Radon Fee 24 Address 6 NOPTH RIDGENTIAL Block B Radon Fee 24 Address 6 NOPTH RIDGENTIAL Block B Radon Fee 24 Address 6 NOPTH RIDGENTIAL Block B Radon Fee 24 Parcel Control Number: 01-38-41-006-002-00040-40000 Roofing Fee 120 Mount Paid # 6.641.13 Check # 2895 Cash Other Fees (KEU.) 192 Mount Paid # 6.641.13 Check # 2895 Cash Other Fees (KEU.) 192 Mount Paid # 6.641.13 Check # 2895 Cash Other Fees (KEU.) 192 Mount Applicant Signed Matteres (KEU.) 192 Building kaspector WFICL Matteres (KEU.) 192 Mount Applicant Date North Notteres (KEU.) 192 Solut Poisoning Date Roof PRIVEN Date Notteres (KEU.) Notteres (KEU.)	ilding to be erected for MICHAELA. FJULEA. N	INFET THE AD	RIN SEP
Subultivision functional field and	Subolitision 1,10,11,20,20,201,10,201,201,201,201,201	plied for by <u>NOID IN IN IN UN IN IN</u>	$\left(\left(\right) \right) = \left(Contractor \right)$		
ddress UNCHTENUGEVIEW Impact Fee 4,024,92 ype of structure S.F. R. AC Fee [20.00] Parcel Control Number: 01-58-41-006-002-00040-40000 Plumbing Fee [20.00] umount Paid \$10.641.13 Check # 2895 Cash Other Fees (KEU) 192.00 otal Construction Cost \$ 200,000.00 Point Fees (KEU) 192.00 igned Juli 100 Juli Signed Point Fees (C.641.13 igned Juli 100 Juli Signed Point Fees (C.641.13 igned Juli 100 Juli Signed Point Fees (C.641.13 igned Juli 100 Juli Signed Point Fees (C.641.13 igned Juli 100 Juli Signed Point Fees (C.641.13 igned Juli 100 Juli Signed Point Fees (C.641.13 igned Juli 100 Juli Signed Point Fees (C.641.13 igned Juli 100 Juli Signed Date Point Fees (C.641.13 Soll Poisoning Date Point Fees (C.641.13 Point Fees (C.641.13 Soll Poisoning Date Point Fees (C.641.13 Point Fees (C.641.13 Point Fees (C.641.13 <td< td=""><td>Address Impact Fee 4,024 ype of structure S, F, R, A/C Fee 220 Parcel Control Number: Impact Fee 120 Parcel Control Number: Plumbing Fee 120 Impact Fee 120 Impact Fee 120 Parcel Control Number: Plumbing Fee 120 Impact Fee 120 Parcel Control Number: Plumbing Fee Impact Fee 120 Impact</td><td>Daivision 1 UMULWUUU (AVIEWU) Lot 4</td><td>Block B</td><td>$\frac{1}{24.71}$</td></td<>	Address Impact Fee 4,024 ype of structure S, F, R, A/C Fee 220 Parcel Control Number: Impact Fee 120 Parcel Control Number: Plumbing Fee 120 Impact Fee 120 Impact Fee 120 Parcel Control Number: Plumbing Fee 120 Impact Fee 120 Parcel Control Number: Plumbing Fee Impact Fee 120 Impact	Daivision 1 UMULWUUU (AVIEWU) Lot 4	Block B	$\frac{1}{24.71}$	
Support of structure J. F. K. A/C Fee [20.00] Parcel Control Number: 01-38-41-006-002-00040-40000 Plumbing Fee [20.00] Amount Paid \$16.641.13 Check # 2895 Cash Other Fees (EUL) 192.00 Applicant Signed Jarre 192.00 Plumbing Fee [20.40] Signed Juli 1000.00 Plumbing Fee [20.41.13] Plumbing Fee [20.60] Applicant Signed Juli 192.00 Plumbing Fee [20.60] Plumbing Fee [20.60] Monard Survey Date Signed Juli 192.00 Plumbing Fee [20.60] Mapplicant Signed Juli 192.00 Plumbing Fee [20.60] Plumbing Fee [20.60] BUILDING PERMIT Signed Juli 192.00 Plumbing Fee [20.60] Plumbing Fee [20.60] GROUND ROUGH Date Signed Juli 192.00 Plumbing Fee [20.60] Plumbing Fee [20.60] Solu Poisoning Date Insulation Date Insulation Plumbing Fee [20.60] Plumbing Fee [20.60] Plumbing Fee [20.60]	Sype of structure J. F. K. A/C Fee [20] Parcel Control Number: Image: Construction Provided Fee [20] Ol-38-41-006-002-00040-40000 Ropfing Fee [20] Nmount Paid £6,641.13 Check # 2895 Cash Other Fees (dress <u>6 NOPTH RIDGEVIEW</u>			
Parcel Control Number: Image: Control Number: Plumbing Fee Image: Control Number: Image: Control Number: Image: Control Number: Plumbing Fee Image: Control Number: Image: Control Number: Plumbing Fee Image: Control Number: Image: Contr	Parcel Control Number: Electrical Fee [20] 01-38-41-006-002-00040-40000 Roofing Fee [20] umount Paid \$6,641.13 Check # 2895 Cash Other Fees (\$20, 00.40 igned Juli 100404 Signed Interfees (\$20, 00.40 Interfees (\$20, 00.40 igned Juli 100404 Signed Interfees (\$20, 00.40 Interfees (\$20, 00.40 Interfees (\$20, 00.40 igned Juli 100404 Signed Interfees (\$20, 00.40 Interfees (\$20, 04.41 Igned Juli 100404 Signed Interfees (\$20, 04.41 Igned Juli 100404 Interfees (\$20, 04.41 Interfees (\$20, 04.41 Igned Interfees (\$20, 04.41 Interfees (\$20, 04.41 Interfees (\$20, 04.41 Igned Interfees (\$20, 04.41 Interfees (\$20, 04.41 Interfees (\$20, 04.41 Soill Poisoning on grade Interfees (\$20, 0	be of structure $5, F, R$,			
Parcel Control Number: 01-38-41-006-002-00040-40000 Amount Paid \$ 6,641.13 Check # 2895 Cash Other Fees (KUL) 192.00 otal Construction Cost \$ 200,000 Applicant Signed Applicant Signed Applicant Town Building Respector CHCCUM FORM BOARD SURVEY DATE Signed ATE Framework (6,641.13 FORM BOARD SURVEY DATE REAL Framework (6,641.13 SURVEY DATE REQUIRED FOR INSPECTIONS. CALL 287-2455 SURVEY CONSTRUCTION REAL FRAMEWORK (6,641.13 MONDAY TROUGH SATURDAY NONDAY TROUGH SATURDAY SURVEY CONSTRUCTION REAL FRAMEWORK (6,641.13 SURVEY CONSTRUCTION REAL FRAMEWORK (6,641.13 SURVEY CONSTRUCTION REAL FRAMEWORK (6,641.13 SURVEY CONSTRUCTION REAL FRAMEWORK (6,641.13 SURVEY CONSTRUCTION REAL FRAMEWORK (6	Plumbing Fee [20 Plumbing Fee [20 Plumbing Fee [20 Roofing Fee [20 Roofing Fee [20 Roofing Fee [20 Roofing Fee [20 Roofing Fee [20 Roofing Fee [20 Plumbing Fee [20 Roofing Fee [20 Plumbing Fee [20 Roofing Fee [20 Plumbing Fee [20 Pl				
U1-32-41-006-002-00040-40000 Ropfing Fee 120.00 Amount Paid # 6.641.13 Check # 2895 Cash Other Fees (EU,) 192.00 Signed Juli 1000,00 Building Respector CH(CUM) Signed Signed Juli 1000,00 Building Respector CH(CUM) BUILDING PERMIT Signed Juli 1000,00 Building Respector CH(CUM) FORM BOARD SURVEY DATE SHEATHING DATE GROUND ROUGH DATE RAMING DATE GROUND ROUGH DATE ROOF FINAL DATE SOL POISONING DATE ROOF FINAL DATE SOL POISONING DATE ROOF FINAL DATE DATE SIAB ON GRADE DATE AS BUILT SURVEY DATE SIAB ON GRADE DATE AS BUILT SURVEY DATE STAPS AND ANCHORS DATE STOM PANELS DATE DATE DRIVEWAY DATE STOM PANELS DATE AS-BUILT SURVEY DATE STOM PANELS DATE Star Provar DATE STOM PANELS DATE AS-BUILT SURVEY DATE LOWEST HABITABLE FLOOR ELEV. <td>U1-58-91-006-002-00040-40000 Roofing Fee [20] Amount Paid \$ 6,641.13 Check # 2895 Cash Other Fees (\$ 6,641 Signed Juli 1004j Signed Signed Signed Applicant Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 Soli Poisoning DATE Signed The Soli Poisoning DATE Soli Poisoning DATE Insultion DATE The Soli Poisoning DATE <</td> <td>cel Control Number:</td> <td></td> <td></td>	U1-58-91-006-002-00040-40000 Roofing Fee [20] Amount Paid \$ 6,641.13 Check # 2895 Cash Other Fees (\$ 6,641 Signed Juli 1004j Signed Signed Signed Applicant Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 FORM BOARD SURVEY DATE Signed Town Building Image: 6,641 Soli Poisoning DATE Signed The Soli Poisoning DATE Soli Poisoning DATE Insultion DATE The Soli Poisoning DATE <	cel Control Number:			
Amount Paid 16/641.15 Check # 2895 Cash Other Fees (_KEU,_) 192.00 iotal Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 Signed Image: Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 Signed Image: Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 Foom Board Survey Datte State Construction Cost \$ 200,000 Image: Construction Cost \$ 200,000.00 FOOM ROUGH Datte Insulation Datte Roof PRY-IN Datte Datte State Sund Anchors Date Roof Final Date Date Date Date State Sund Anchors Date Storm Panels Date Date Date Date State Sund Anchors Date State Sund Anchors Date Image: Storm Panels Date Date Date State Sund Anchors Date Image: Storm Panels Const	Amount Paid 10,641.15 Check # 2895 Cash Other Fees (_KEV) 192 iotal Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 signed Juli Mohyl Signed Image: Construction Cost \$ 200,000.00 Image: Construction Cost \$ 200,000.00 signed Juli Mohyl Signed Image: Construction Cost \$ 200,000.00 Applicant Signed Image: Construction Cost \$ 200,000.00 Form Building Mage: Construction Cost \$ 200,000.00 Form Building Mage: Construction Cost \$ 200,000.00 Form Building Mage: Cost Image: Cost Imag	01-38-41-006-002-00040-4	-0000	170 24	
Signed July 100/000 Applicant Signed Town Building Inspector. CHICLIM BUILLDING PERMIT FORM BOARD SURVEY DATE FORM BOARD SURVEY DATE GROUND ROUGH DATE GROUND ROUGH DATE GROUND ROUGH DATE Soll FOSONING DATE ROOF DRY-IN DATE Soll FOSONING DATE ROOF DRY-IN DATE Soll FOSONING DATE ROOF DRY-IN DATE Soll FOSONING DATE ROOF BATE ROOF DRY-IN Soll FOSONING DATE ROOF FINAL DATE ROOF GRADE DATE Soll FOSONING DATE ROOF FINAL SIDE ON GRADE DATE ROOF BARS & COLUMNS DATE STORM PANELS STRAPS AND ANCHORS DATE STORM PANELS DIVEWAY DATE JENEWAY DATE JENEWAY DATE JENEWAY DATE STRAPS AND ANCHORS DATE STORM PANELSE JENEWAY	Signed July Nohyl Signed July Nohyl Applicant Signed Town Building Inspector PHCLI BUILDING PERMIT FORM BOARD SURVEY DATE SHEATHING DATE GROUND ROUGH DATE HRAMING DATE GROUND ROUGH DATE INSULATION DATE SOLA POISONING DATE ROOF DRY-IN DATE SIL POISONING DATE ROOF FINAL DATE SIAB ON GRADE DATE ROOF FINAL DATE SIAB ON GRADE DATE STORM PANELS DATE SIAB ON GRADE DATE STORM PANELS DATE STRAPS AND ANCHORS DATE STORM PANELS DATE DATE SHUL	ount Paid \$6,641.13 Check # 7895 Cool		Hooting Fee 10000	
Signed July Applicant Signed July Applicant Town Building Respector-CHUCUM BUILDING PERMIT FORM BOARD SURVEY DATE FORM BOARD SURVEY DATE FORM BOARD SURVEY DATE GROUND ROUGH DATE SOIL POISONING DATE ROOF FINAL DATE SOIL POISONING DATE SIDL POISONING DATE SIDL POISONING DATE ROOF FINAL DATE SIAB ON GRADE DATE STRAPS & COLUMNS DATE STORM PANELS STRAPS AND ANCHORS DATE STRAPS AND ANCHORS DATE STORM PANELS DRIVEWAY DATE JUNUTY DATE STORM PANELS DATE JUNUTY DATE STORM PANELS DATE JUNUTY DATE STRAP S AND ANCHORS DATE STORM PANELS JUNUTY DATE JUNUTY DATE JUNUTY DATE JUNUTY DATE STRAP AND ANCHORS DATE<	Signed Juli Mohyl Signed Juli Mohyl Applicant Town Building Insepector CHICLE BUILDING PERMIT FORM BOARD SURVEY DATE FORM BOARD SURVEY DATE SHEATHING DATE COMPACTION TESTS DATE RAMING DATE GROUND ROUGH DATE INSULATION DATE SOIL POISONING DATE ROOF FINAL DATE FOOTINGS / PIERS DATE ROOF FINAL DATE SLAB ON GRADE DATE AS BUILT SURVEY DATE STRAPS AND ANCHORS DATE STORM PANELS DATE ORIVEWAY DATE STORM PANELS DATE STRAPS AND ANCHORS DATE STORM PANELS DATE ORIVEWAY DATE LANDCAPE & GRADE DATE ORIVEWAY DATE LANDCAPE & GRADE DATE Straps AND ANCHORS DATE LANDCAPE & GRADE DATE STRAPS AND ANCHORS DATE LANDCAPE & GRADE DATE STRAPS AND ANCHORS DATE LANDCAPE & GRADE DATE 24 HOURS NOTICE REQUIRED FOR INSPECTIONS.	al Construction Cost \$ 200,000.00		es (<u>PHV.</u>) 1 12.00	
Applicant Town Building Haspector, CHULL Town Building Haspector, CHULL BUILLDING PERMIT FORM BOARD SURVEY DATE SHEATHING DATE COMPACTION TESTS DATE GROUND ROUGH DATE SILE DISONING DATE ROOF DRY-IN DATE SOL POISONING DATE ROOF FINAL DATE SILAB ON GRADE DATE STRAPS AND ANCHORS DATE STRAPS AND ANCHORS DATE COMPACTION DATE STRAPS AND ANCHORS DATE COMPACTION DATE INBULT SURVEY DATE STRAPS AND ANCHORS DATE STRAPS AND ANCHORS DATE DRIVEWAY DATE DATE INBULT SURVEY DATE DATE DRIVEWAY DATE DATE LOWEST HABITABLE FLOOR ELEV. CALL 287-24555 WORK HOURS – 8:00 AM UNTIL 5:00 PM MOND	Applicant Town Building Haspector, CHUL BUILDING PERMIT FORM BOARD SURVEY DATE SHEATHING DATE COMPACTION TESTS DATE FRAMING DATE GROUND ROUGH DATE INSULATION DATE SOIL POISONING DATE ROOF DRY-IN DATE FOOTINGS / PIERS DATE ROOF FINAL DATE SLAB ON GRADE DATE AS BUILT SURVEY DATE STRAPS AND ANCHORS DATE AS BUILT SURVEY DATE DRIVEWAY DATE STORM PANELS DATE GROUD ZONE DATE LOWEST HABITABLE FLOOR ELEV. 24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2 WORK HOURS – 8:00 AM UNTIL 5:00 PM		- ///	10TAL Fees (0,0471.15	
Applicant Town Building Haspector, CHULL Town Building Haspector, CHULL BUILLDING PERMIT FORM BOARD SURVEY DATE SHEATHING DATE COMPACTION TESTS DATE GROUND ROUGH DATE SILE DISONING DATE ROOF DRY-IN DATE SOL POISONING DATE ROOF FINAL DATE SILAB ON GRADE DATE STRAPS AND ANCHORS DATE STRAPS AND ANCHORS DATE COMPACTION DATE STRAPS AND ANCHORS DATE COMPACTION DATE INBULT SURVEY DATE STRAPS AND ANCHORS DATE STRAPS AND ANCHORS DATE DRIVEWAY DATE DATE INBULT SURVEY DATE DATE DRIVEWAY DATE DATE LOWEST HABITABLE FLOOR ELEV. CALL 287-24555 WORK HOURS – 8:00 AM UNTIL 5:00 PM MOND	Applicant Town Building Haspector, CHUL BUILDING PERMIT FORM BOARD SURVEY DATE SHEATHING DATE COMPACTION TESTS DATE FRAMING DATE GROUND ROUGH DATE INSULATION DATE SOIL POISONING DATE ROOF DRY-IN DATE FOOTINGS / PIERS DATE ROOF FINAL DATE SLAB ON GRADE DATE AS BUILT SURVEY DATE STRAPS AND ANCHORS DATE AS BUILT SURVEY DATE DRIVEWAY DATE STORM PANELS DATE GROUD ZONE DATE LOWEST HABITABLE FLOOR ELEV. 24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2 WORK HOURS – 8:00 AM UNTIL 5:00 PM	ned_ Juli Moheil	in the		
FORM BOARD SURVEY DATE SHEATHING DATE COMPACTION TESTS DATE INSULATION DATE GROUND ROUGH DATE INSULATION DATE SOIL POISONING DATE ROOF DRY-IN DATE FOOTINGS / PIERS DATE ROOF DRY-IN DATE SOIL POISONING DATE ROOF PRY-IN DATE FOOTINGS / PIERS DATE ROOF FINAL DATE SIAB ON GRADE DATE AS BUILT SURVEY DATE STRAPS AND ANCHORS DATE AS BUILT SURVEY DATE DATE ORIVEWAY DATE STORM PANELS DATE ORIVEWAY DATE STORM PANELS DATE ORIVEWAY DATE INDLAPCE & GRADE DATE ORIVEWAY DATE LANDCAPE & GRADE DATE ORNE LOWEST HABITABLE FLOOR ELEV.	FORM BOARD SURVEY DATE SHEATHING DATE COMPACTION TESTS DATE FRAMING DATE GROUND ROUGH DATE INSULATION DATE SOIL POISONING DATE ROOF DRY-IN DATE SOIL POISONING DATE ROOF FINAL DATE SIAB ON GRADE DATE METER FINAL DATE SIAB ON GRADE DATE AS BUILT SURVEY DATE TIE-BEAMS & COLUMNS DATE AS BUILT SURVEY DATE DATE TIE-BEAMS & COLUMNS DATE AS BUILT SURVEY DATE DATE DRIVEWAY DATE STORM PANELS DATE DRIVEWAY DATE LANDCAPE & GRADE DATE AS-BUILT SURVEY DATE LANDCAPE & GRADE DATE FLOOD ZONE DATE LOWEST HABITABLE FLOOR ELEV.	Applicant		PLICIH	
FORM BOARD SURVEY DATE	FORM BOARD SURVEY DATE SHEATHING DATE COMPACTION TESTS DATE FRAMING DATE GROUND ROUGH DATE INSULATION DATE SOIL POISONING DATE ROOF DRY-IN DATE FOOTINGS / PIERS DATE ROOF FINAL DATE SLAB ON GRADE DATE METER FINAL DATE SLAB ON GRADE DATE AS BUILT SURVEY DATE STRAPS AND ANCHORS DATE AS BUILT SURVEY DATE STRAPS AND ANCHORS DATE STORM PANELS DATE DRIVEWAY DATE IANDCAPE & GRADE DATE AS-BUILT SURVEY DATE ILANDCAPE & GRADE DATE		Iown Bu	illding inspector a Planc	
FORM BOARD SURVEY DATE	FORM BOARD SURVEY DATE SHEATHING DATE COMPACTION TESTS DATE FRAMING DATE GROUND ROUGH DATE INSULATION DATE SOIL POISONING DATE ROOF DRY-IN DATE FOOTINGS / PIERS DATE ROOF FINAL DATE SLAB ON GRADE DATE METER FINAL DATE SLAB ON GRADE DATE AS BUILT SURVEY DATE STRAPS AND ANCHORS DATE AS BUILT SURVEY DATE STRAPS AND ANCHORS DATE STORM PANELS DATE DRIVEWAY DATE IANDCAPE & GRADE DATE AS-BUILT SURVEY DATE LOWEST HABITABLE FLOOR ELEV	BUILDING	FPERMI	Γ	
COMPACTION TESTS DATE	PORM BOARD SORVET DATE COMPACTION TESTS DATE GROUND ROUGH DATE SOIL POISONING DATE ROOF DRY-IN DATE SOIL POISONING DATE ROOF DRY-IN DATE FOOTINGS / PIERS DATE ROOF FINAL DATE SLAB ON GRADE DATE SLAB ON GRADE DATE STRAPS AND ANCHORS DATE STRAPS AND ANCHORS DATE DRIVEWAY DATE AS-BUILT SURVEY DATE INNULATION DATE AS-BUILT SURVEY DATE INNULATION DATE INNULATION DATE INNULATION DATE				
GROUND ROUGH DATE INSULATION DATE SOIL POISONING DATE ROOF DRY-IN DATE SOIL POISONING DATE ROOF FINAL DATE FOOTINGS / PIERS DATE ROOF FINAL DATE SLAB ON GRADE DATE AS BUILT SURVEY DATE TIE-BEAMS & COLUMNS DATE AS BUILT SURVEY DATE STRAPS AND ANCHORS DATE STORM PANELS DATE DRIVEWAY DATE LANDCAPE & GRADE DATE AS-BUILT SURVEY DATE LANDCAPE & GRADE DATE PROOD ZONE DATE FINAL INSPECTION DATE I 2 3 0' FLOOD ZONE LOWEST HABITABLE FLOOR ELEV.	GROUND ROUGH DATE INSULATION DATE SOIL POISONING DATE ROOF DRY-IN DATE FOOTINGS / PIERS DATE ROOF FINAL DATE SLAB ON GRADE DATE METER FINAL DATE SLAB ON GRADE DATE METER FINAL DATE TIE-BEAMS & COLUMNS DATE AS BUILT SURVEY DATE STRAPS AND ANCHORS DATE STORM PANELS DATE DRIVEWAY DATE LANDCAPE & GRADE DATE AS-BUILT SURVEY DATE LOWEST HABITABLE FLOOR ELEV 24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2 WORK HOURS – 8:00 AM UNTIL 5:00 PM PM		•••••	DATE	
FOOTINGS / PIERS DATE	SOLL FOLSON FIRS DATE ROOF FINAL DATE FOOTINGS / PIERS DATE METER FINAL DATE SLAB ON GRADE DATE METER FINAL DATE TIE-BEAMS & COLUMNS DATE AS BUILT SURVEY DATE STRAPS AND ANCHORS DATE STORM PANELS DATE DRIVEWAY DATE LANDCAPE & GRADE DATE AS-BUILT SURVEY DATE FINAL INSPECTION DATE AS-BUILT SURVEY DATE LOWEST HABITABLE FLOOR ELEV 24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2 WORK HOURS – 8:00 AM UNTIL 5:00 PM PM	GROUND ROUGH DATE		DATE	
SLAB ON GRADE DATE	SLAB ON GRADE DATE METER FINAL DATE	SOIL POISONING DATE	ROOF FINAL	DATE	
The permit must be visible from the street, accessible to the inspector.	The bost and anchors Date storm panels Date DRIVEWAY DATE LANDCAPE & GRADE DATE As-BUILT SURVEY DATE FINAL INSPECTION DATE FLOOD ZONE LOWEST HABITABLE FLOOR ELEV. 24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2 WORK HOURS – 8:00 AM UNTIL 5:00 PM	SLAB ON GRADE DATE		DATE	
DRIVEWAY DATE DATE DATE DATE DATE AS-BUILT SURVEY DATE DATE FINAL INSPECTION DATE DATE FLOOD ZONE LOWEST HABITABLE FLOOR ELEV. 24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455 WORK HOURS – 8:00 AM UNTIL 5:00 PM MONDAY TROUGH SATURDAY New Construction Remodel Addition Demolition	DRIVEWAY DATE LANDCAPE & GRADE DATE AS-BUILT SURVEY DATE DATE DATE DATE FLOOD ZONE LOWEST HABITABLE FLOOR ELEV. 24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2 WORK HOURS – 8:00 AM UNTIL 5:00 PM	TIE-BEAMS & COLUMNS DATE	STORM PANELS	DATE	
AS-BUILT SURVEY DATE FLOOD ZONE LOWEST HABITABLE FLOOR ELEV. 24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455 WORK HOURS – 8:00 AM UNTIL 5:00 PM	AS-BOILT SORVEY DATE FLOOD ZONE LOWEST HABITABLE FLOOR ELEV. 24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2 WORK HOURS – 8:00 AM UNTIL 5:00 PM	DRIVEWAY DATE	LANDCAPE & GRADE	DATE 230	
24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455 WORK HOURS - 8:00 AM UNTIL 5:00 PM MONDAY TROUGH SATURDAY New Construction	24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2 WORK HOURS - 8:00 AM UNTIL 5:00 PM				
New Construction Remodel Addition Demolition This permit must be visible from the street, accessible to the inspector.	WORK HOURS - 8:00 AM UNTIL 5:00 PM	FLOOD ZONE	LUWESI MABLIAD		
MONDAY TROUGH SATURDAY Image: New Construction Image: Remodel Image: Addition Image: Demolition This permit must be visible from the street, accessible to the inspector. Image: Demolitic must be visible from the street, accessible to the inspector.		24 HOURS NOTICE REQUIRED FOR INSPI	ECTIONS.		
MONDAY TROUGH SATURDAY New Construction Remodel Addition Demolition This permit must be visible from the street, accessible to the inspector.		WORK HOURS - 8:0	O AM UNT	'IL 5:00 PM	
This permit must be visible from the street, accessible to the inspector.	MONDAY TROUGH SATURDAY	MONDAY TRO	DUGH SATURDAY		
This normit must be visible from the street, accessible to the inspector.	New Construction Remodel Addition Demolitio	New Construction Remo	del 🛛 Additio	on 🛛 Demolition	
This permit must be visible from the street, accessible to the inspection suprime conditions are set forth in the Application for PERMIT,					
	This permit must be visible nom the subor, accessible to the inspection.	This permit must be visible from th	e suver, accession		

	1	ORD	CE	P	TIF	ICATE OF	LIARI	ITV INC		ANC	F OP ID LP	DATE (MMDD/YY)
											RUNNA-1	03/12/01
PROD R.V 204		u Johnson SE Ocean	Agency n Blvd	y , 1	Inc.	COF		ONLY AND OHOLDER. TI	CONFER HIS CER	IS NO RIGH	AS A MATTER OF INFO ITS UPON THE CERTIFIC DOES NOT AMEND, EXT DRDED BY THE POLICIES	ATE END OR
1		t FL 34		5	Fax	: 561-287-4439	U		IN	SURERS A	FFORDING COVERAGE	
INSU	12 D				1	In In I I		INSURER A	Auto-	Owners	Insurance Co	
						prug p		INŠUŘÉŘ B		RE	CEIVED	
		Ron	Raymon	d C	ons	ruction		INSURER C:				
			Box 12 Pierc			1979-2058 A		INSURER D.	·	<u> </u>	<u>R 1 3 2001</u>	
L		<u> </u>			_	ll	Im.	INSURER E:				
· · · · ·		GES		<u> </u>	750.0						rle	
AN M	IY RI VY PI	EQUI <mark>REMEN</mark> ERTAIN, THE	T, TERM OI INSURAN	R CO CE Af	NDITIO	ON OF ANY CONTRACT OF	ROTHER DOCUME SCRIBED HEREIN	IS SUBJECT TO A	CT TO W	HICH THIS	ERTIFICATED NOTA CERTIFICATE MAY BE ISSI CLUSIONS AND CONDITIO	JED OR
INSR		TYPE OF	INSURANCE		I	POLICY NUMBE	R P	OLICY EFFECTIVE	POLICY I	XPIRATION INDDAYY)	LIMI	TS
	GEN		,								EACH OCCURPENCE	\$ 300000
A	X	COMMERCIAL		ы M	1	20584088-00		02/13/01	02,	/13/02	FIRE DAMAGE (Any one fire)	s 50000
			MADE	: oc							MED EXP (Any one person)	s 5000
											PERSONAL & ADV INJURY	s 300000
											GENERAL AGGREGATE	s 600000
	GEN	LAGGREGATE		PEP.	1		[1		PRODUCTS - COMP/OP AGG	\$ 600000
		POUCY			100	· · · · · · · · · · · · · · · · · · ·						
	AUT	OMOBILE LIABI	LITY			NOT COVERED					COMBINED SINGLE LIMIT (Es accident)	5
		ALL OVVIJED AN									BOOILY INJURY (Per person)	5
		HIPED AUTOS	NJITOS								BODILY INJURY (Per accident)	s
	_							_			PROPERTY DAMAGE (Per accident)	s
	GAR										AUTO ONLY - EA ACCIDENT	S
l I		ANY AUTO				NOT COVERED					OTHEP THAN EA ACC	5
							_				₩Ĵ <u>Ψ</u> Ŏ ŬMÊA ₹22	5
	EXC	YTIJIBALI 223	_								EACH OCCURRENCE	s
		9000	c	AS MAD	Æ	NOT COVERED					AGGPEGATE	2
		`			1				-			5
1		DEDUCTIBLE										\$
		RETENTION	\$			···						s
		RIKERS COMPE		i -							TORY LIMITS	
	EMPLOYERS' LIABLITY NOT COVERED				ļ			2				
					ł				1		E.L. DISEASE - EA EMPLOYEE	5
	 										E.L. DISEASE - POUCY LIMIT	5
	OTH	(ER			[•					
ł												
<u> </u>	L								l			
	rur II	ON OF OPENAL	IONSIL OCATI		EMIC L B	SÆXCLUSIONS ADDED BY ENDO	RSEMENT/SPECIAL PF	Rompione				
CE	TIF	CATE HOLI	DER	N	4000	TIONAL INSURED; INSURER LET		CANCELLATIC				
			ı of Se	val	.ls		TOWNO24	SHOULD ANY OF 1 DATE THEREOF, 1 NOTICE TO THE C	THE ABOVE THE ISSUE CRITIFICAT CATION OF	G INSURER WI	POLICIES BE CANCELLED BEFOR LL ENDEAVOR TO MAIL MED TO THE LEFT, BUT FAILURE ANY KIND UPON THE INSURER, IT	10 + DAYS WRITTEN
		Stua	rt FL					Ala	-1	? Q.	Im	
AC	RD	25-5 (7/97)				<u></u>						PPOPATION 1000

ACORD 25-S (7/97)

.

CACORD CORPORATION 1988

		Certificate of Insura	ance	
This certificate is issued as a r and does not amend, extend,	matter of information only and or alter the coverage afforder	d confers no rights upon you t d by the policies listed below.	he certificate holder. This certificate	is not an insurance policy
Named Insured(s):				TOOS & L AAM
Staff Leasing, LP, By Staff Ac Affiliated Limited Partnerships Partner And Staff Leasing, Im Texas, LP, Staff Leasing of To 600 301 Boulevard West, Sui Bradenton, Florida 34205	s Of Which Staff Acquisition, c. Is The Limited Partner incluer exas II, LP, Staff Leasing IV,	Inc. Is The General uding Staff Leasing of	CN RISK MANA	KECENV,
		• • • • • • • •	Insurer Afford	ling Coverage
Coverages:		الم	Continental Casu	ualty Company
			ed above for the policy period inc ns and conditions of such policy(
Type of Insurance	Certificate Exp. Date	Policy Number	Limits	
			Employe	rs Liability
Workers' Compensation	1-1-2002	WC 189165165 WC 189165182 WC 247848874	Bodily Injury By Acciden \$1,000,000	t Each Accident
		WC 247848888 WC 247848888	Bodily Injury By Disease \$1,000,000	Policy Limit
			Bodily Injury By Disease \$1,000,000	Each Person
Other :				
Employees Leased To 17933.Ron Raymond Cons			Effective Date: 01-JAN-200)1
The above referenced workers	s' compensation policy provid	es statutory benefits only to er	nployees of the Named Insured(s) or	n the policy, not to employees

*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: (Not applicable unless a number of days are entered below)

Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policy(ies) until at least 30 days notice of such cancellation has been mailed to:

Certificate Holder

of any other employer.

TOWN OF SEWALLS POINT

1 SOUTH SEWALLS POINT ROAD

Stuart, FL 34996

Martin E

Martin Oosterbaan Authorized Representative St. Louis, MO (877)427-5567 12-MAR-2001

Office Phone

Date Issued

11.50 This Certificate is subject to St. Lucie County revocation **CITY OF PORT ST. LUCIE** and suspension by Contractor Certification St. Lucie County CONTRACTORS : CERTIFICATE OF COMPETENCY Examining Board. Starus EXPIRES SEPTEMBER 30, 2001 RAYMOND. RONALD Star DBA: RON RAYMON RONALD RAYMOND has qualified NAME: RON RAYMOND CONSTRUCTION THIS IS TO CERTIF TERED, contractor FIRM: POLBOX 112058 as a certified R . . . Lucie for period from 10/1/2000 to 9/ 34979 FI · PICDIN and Compiled Law County Code of Ordin Date: 08/14/00 TYPE: Official STATE: RR 000700 CITY: PSL01-3678 MARTIN COUNTY, FLORIDA STATE OF FLORIDA AC# 55700 Construction Industry Lic Bd DEPARTMENT, DRABUSENESS AND Certificate of Competency PROFESSIONAL REGULATION License: SP01638 RR -0067196 064124 Expires September 30, 2001 REGISTERED RESIDENTEAL CONTR RAYNOND, ROMALD RON RAYMUND CONSTRUCTION (INDIVIDUAL MUSTANEET ALL LOC LICENSING REQUTION TS PRIOR RAYMOND, RONALD RON RAYMOND CONSTRUCTION BOX 12058 FT. PIERCE, FL 34979 CONTRACTING IN ANY AREA) CARPENTRY HAS REGISTERED inder the provisions Expiration Data: AUG 31, 2001 Ш MAR 1 F 4 200

S POINT BUILDING PE Type of Permit (Contractor) E Dock B SSSS Ela Plu SSSS Ela Plu SSSS Ela	ERMIT NO. 5302 ERMIT NO. 5303 A/C - 50B uilding Fee Radon Fee Radon Fee Mode Fee A/C Fee SEE PN 530 A/C Fee SEE PN 540 A/C FEE SEE PN 540
LType of Permit (Contractor) E bock TEEUE Ek Plu F F	A/C - 5UB uilding Fee Radon Fee Impact Fee A/C Fee SEE IN 530 actrical Fee mbing Fee toofing Fee TAL Fees
LType of Permit (Contractor) E bock TEEUE Ek Plu F F	A/C - 5UB uilding Fee Radon Fee Impact Fee A/C Fee SEE IN 530 actrical Fee mbing Fee toofing Fee TAL Fees
(Contractor) E	uilding Fee Radon Fee Impact Fee A/C Fee SEE IN 530 ectrical Fee mbing Fee oofing Fee) TAL Fees
NULL Ele SSSS Plu Plu Other Fees (Radon Fee A/C Fee SEE IN 530 ectrical Fee mbing Fee oofing Fee) TAL Fees DTAL Fees
MUU Ela SSSS Plu Plu Ather Fees (Impact Fee A/C Fee SEE IN 530 ectrical Fee mbing Fee oofing Fee) DTAL Fees DTAL Fees
Ather Fees (A/C Fee SEE IN 530
Plu SSSS Ela Plu F Other Fees (ectrical Fee mbing Fee oofing Fee) DTAL Fees
Plu F Other Fees (mbing Fee oofing Fee) DTAL Fees
Plu F Other Fees (oofing Fee)
Pather Fees (oofing Fee)
Other Fees (DTAL Fees
	TAL Fees
	1 A
	ng Inspector official
	ng Inspector official
Town Buildi	ng Inspector official
FDAIT	
PERMIT	
	TE
	TE TE
DRY-IN DA	TE
FINAL D	TE
R FINAL DA	ATE
JILT SURVEY D	ATE
	ATE
	TE TE
	FLOOR ELEV.
NS.	CALL 287-245
	5:00 PM
M UNTIL	
AM UNTIL	Demolition
AM UNTIL SATURDAY	
AM UNTIL SATURDAY	
AM UNTIL SATURDAY	the inspector.
AM UNTIL SATURDAY Addition	the inspector. ON FOR PERMIT, IS IN THE PERMIT FIL
	AM UNTIL H SATURDAY

. . .

:

	CORS	CERT	FICATE OF LIAE	BILITY II	NSURA		DATE (MM/DD/YY) 07/27/01		
	UCEX			THIS CERT	IFICATE IS ISSUE	ED AS A MATTER OF IN GHTS UPON THE CER	FORMATION		
3@7	art'Insura 10 S W Mapp	,	PY FILE	HOLDER. T	HIS CERTIFICAT	E DOES NOT AMEND, I FORDED BY THE POLIC	EXTEND OR		
	m City FL one:561-28		x: 561-286-9389		INSURERS /	AFFORDING COVERAG	E		
INSU	RED		- Me th	INSURER A:	Hartford				
	Tram	r DSteele)		Insurance Co			
	Cond	D. Steele tioning, I Edgarce St		INSURER C:	Amcomp Prei	erred Insurance			
	Port	St Lucie H	T 34953 MUNIT	INSURER E:		-RECEI	VED		
cov	/ERAGES						2001		
ТН	E POLICIES OF INSU	IRANCE LISTED BELC	OW HAVE BEEN ISSUED TO THE INSURED NAME OF ANY CONTRACT OR OTHER DOCUMENT WIT	D ABOVE FOR THE PO	LICY PERIOD INDICATE	ED. NOTWITHSTANDING	3		
PO	Y PERTAIN, THE INS	SURANCE AFFORDED	BY THE POLICIES DESCRIBED HEREIN IS SUBJ Y HAVE BEEN REDUCED BY PAID CLAIMS.	ECT TO ALL THE TERN	AS, EXCLUSIONS AND	CONDITION OF SUCH	8		
INSR LTR	TYPE OF	INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		1		
	GENERAL LIABILIT	Ŷ				EACH OCCURRENCE	\$ 1000000		
Α	—	GENERAL LIABILITY	21SBAEK0532	12/27/00	12/27/01	FIRE DAMAGE (Any one fire)	\$ 300000 \$ 10000		
	CLAIMS !					MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 100000		
						GENERAL AGGREGATE	\$ 2000000		
						PRODUCTS - COMP/OP AGG			
в			95-435-141	12/27/00	12/27/01	COMBINED SINGLE LIMIT (Ea accident)	\$ 50000		
	X ALL OWNED A					BODILY INJURY (Per person)	\$		
						BODILY INJURY (Per accident)	\$		
						PROPERTY DAMAGE (Per accident)	5		
	GARAGE LIABILIT	Y		1		AUTO ONLY - EA ACCIDENT	S .		
	ANY AUTO					OTHER THAN AUTO ONLY: AGG			
		(EACH OCCURRENCE	\$		
						AGGREGATE	\$		
		L					\$		
1	DEDUCTIBLE						5		
	RETENTION	S					\$		
	WORKERS COMPI					X TORY LIMITS OTH			
C	EMPLOYERS' LIAS	BILITY	WCV4073982	01/01/01	01/01/02	E.L. EACH ACCIDENT	\$ 100000		
						E.L. DISEASE - EA EMPLOYE			
						E.L. DISEASE - POLICY LIMIT	\$ 500000		
	OTHER								
DES	CRIPTION OF OPER	ATIONS/LOCATIONS/	VEHICLES/EXCLUSIONS ADDED BY ENDORSEM	I ENT/SPECIAL PROVIS	IONS '	1			
Ai	r Conditio	oning Contr	actor - State of Florid	a					
			· · · · · · · · · · · · · · · · · · ·						
CE	RTIFICATE HO	LDER N A	DDITIONAL INSURED; INSURER LETTER:	CANCELLA					
			TOWNS-	· -		IBED POLICIES BE CANCELLE			
1	m +	of 011	a Paint			ER WILL ENDEAVOR TO MAIL			
I		n of Sewall 220-4765	s roint			R NAMED TO THE LEFT, BUT			
	1 S	Sewalls Po				CY OP ANY KIND UPON THE IN	SURER, ITS AGENTS OR		
	Stua	art FL 3499	6	AUTHORIZED R					
				T	AUTHORIZED REDACESENTATIVE				

©ACORD CORPORATION 1988

.DO	1 09:38AM FROM	TRACY D STEELE AIR COND	ΙΤΟ	2204765 P.01
	ALL DEDER THE	CONSTITUESS AND A	UFESS LONAL RE GUI	TION
ATE	BATCH NUMBER			
126/2007-			1	
The Manager S		INTAS JODNI RACTOR	165	
Context the provisions Expiration date		FS .	151	
			15/	1111
		ſ	07/	
STEELE, TR TRACY D ST	EELENA 70 THE			ARND.
2750 EDGAR PT ST EUCI	GE ST	34953		AANDLD
JEB BUSH GOVERNOR			· · ·	YNTHIA A. HENDERSON
UUVERNOR		DISPLAY AS REQUIRE	ED BY LAW	SECRETARY
			REC	FVED
		FILE	JUL'	2 7 2001
			BY:	3
		UC/18S		
			This license uslid	when all state and loca
				ises/competency cards
1991.01		CUPATIONAL LICENS	valid for the current	tiscal year.
CITY O	F PORT ST. LUC		TO SEP	TEMBER 30, 20 01
			DBER 1. 00 TO SEP	
			n in the business(es) as lic	ansed, but that the
This license does not w	varrant or hold that the	Hicensee is competent to perform wided the necessary documentation HIBITED CONSPICUOUSLY AT YOU	OR (IF REQUIRED) TO BE INCENES	
licensee is have	ICENSE MUST BE EXI	HIBITED CONC.	LICENSE NO. 1	03561/01-1015539
BUSINESS ADDRESS:	2750 SW EDGAR	E STREET	Discount	0.00
			FEE	105.00
TRACY	DSIGLE		Try of	and a second
		34983	CITY LICENSE	OFFICIAL DO
PORT	ST LUCIE FL	LID AT THE ROOVE BUSINESS ADDAE	sontiment	
Fees: 105. 150/088 KA	OU LALE			
		and the second second		
	,	,		TOTAL P.01

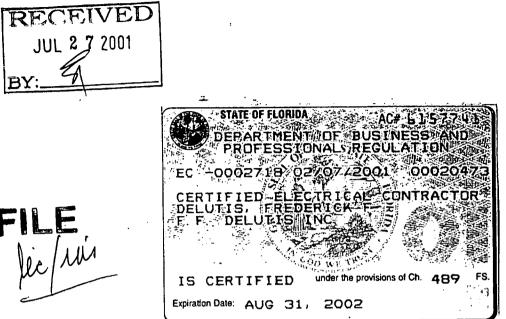
Date	WN OF SEWALL'S POINT	
Date		
Building to be prosted for MICH	BUILDING PERMIT NO. 5304 AEL/JULIE NOHETL Type of Permit ELECT - SUB	•
	Type of Permit <u>PLPC1 SUB</u>	
Applied for by <u>F.F. VPLVII</u>), 1PC1 (Contractor) Building Fee	
Subdivision	an z z	
	DGEVIEW Block D Radon Fee	
	Impact Fee	
Type of structure <u>S.F.R.</u>	A/C Fee	
	C/CERT ! EC-00027 18 Electrical Fee SEF PN 5	7/17
Parcel Control Number:		100
	Plumbing Fee	
, , , , , , , , , , , , , , , , , , , ,	Roofing Fee	
Amount PaidChec	k/#CashOther Fees ()	_
Total Construction Cest \$		
	TOTAL Fees	
Flat	9 Charles	
Signed	Signed	
Applicant	Town Building Inspector	
	town building inspector	
, BI	UILDING PERMIT	
FORM BOARD SURVEY DATE	SHEATHING DATE FRAMING DATE	
COMPACTION TESTS DATE		
GROUND ROUGH DATE SOIL POISONING DATE	ROOF DRY-IN DATE	
FOOTINGS / PIERS DATE	ROOF FINAL DATE	
SLAB ON GRADE DATE	METER FINAL DATE	
TIE-BEAMS & COLUMNS DATE STRAPS AND ANCHORS DATE	STORM PANELS DATE	•
DRIVEWAY DATE	LANDCAPE & GRADE DATE	
AS-BUILT SURVEY DATE		
FLOOD ZONE	LOWEST HABITABLE FLOOR ELEV	
24 HOURS NOTICE REQU	IRED FOR INSPECTIONS. CALL 287-24	55
	URS - 8:00 AM UNTIL 5:00 PM	
	MONDAY TROUGH SATURDAY	
New Constructi	on CRemodel CAddition Cemolition	
This permit must b	e visible from the street, accessible to the inspector. NS ARE SET FORTH IN THE APPLICATION FOR PERMIT,	
" " elistlis palitia!	NR ARE SET FORTH IN THE APPLICATION FOR PERMIT,	
ruriner vuryitivi	VED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT	

÷

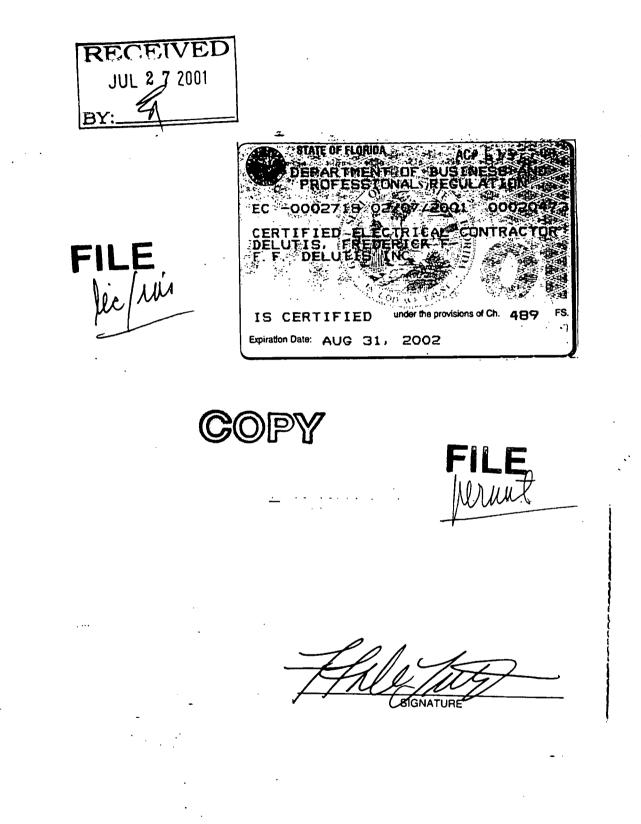
			and the second secon						30/2001	
	RODUCER (561) 776-0660 FAX (561) 776-0670 Insurance Office of America, Inc.				THIS CERTIFICATE IS ISSUED AS A MAYTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR					
		A Blvd., Suite 301		ALTER THE	ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
Pal	alle Beach Gardens, FL 33418				INSURERS /	AFFORDING	COVERAGE			
NSUR		F. Delutis Inc.	Vertur		St. Paul Fir		rine Insu	галс	8	
		alutis Electric			Everest Insu	rance	111073		VICTOR	
		76 S.E. Niemeyer C					REC	<u>E/</u>	VEUH	
	P	ort St. Lucie, FL 3		ASSUGER O.]	· ·			30	-2001	
				INSURER E:			001			
_	ERAG		BELOW HAVE BEEN ISSUED TO THE INS		VE FOR THE POLIC	PERIOD IN	ENTED. NOT	WITHS	TANDING	
					260 10 10 10 10 10	13 CERTIFICA				
140	V DGD	TAMI THE INCLEANCE AFEOR	RDED BY THE POLICIES DESCRIBED HEI N MAY HAVE BEEN REDUCED BY PAID C		DALL THE TERMS, I	:XCLUSIONS			5000	
	UCIES		POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)		LINT	5		
		TYPE OF RISURANCE	RF500000389068	06/01/2001	06/01/2002	EACH OCCUR	RENCE	\$	500,000	
ł		AL LIABILITY			•••, •••	FIRE DAMAGE	(Any one line)	5	50,000	
ł	X a	CLAMS MADE X OCCUR				MED EDOP (AM	(one person)	\$	10,000	
A	-+-					PERSONAL &	ADV INJURY	\$	500,000	
^						GENERAL AG	OREGATE	S	1,000,000	
		AGOREGATE LINUT APPLIES PER:				PRODUCTS-	COMP/OP AGG	8	1,000,000	
		COLE LIABILITY	BFA00000354739	06/01/2001	06/01/2002	COMBINED S	NGLELIMIT	s		
		NY AUTO				(Ea eccideni)				
		LL OWNED AUTOS				BODILY INUU (Por person)	RY	3		
۸		URED AUTOS				BODILY INJUI	RY			
	X	ON-OWNED AUTOS				(Per accident)				
						PROPERTY () (Per accident)	AMAGE	s		
<u> </u>						AUTO ONLY -	EA ACCIDENT	\$		
	۲,					OTHER THAN	EA ACC	\$		
	H					AUTO ONLY:	AGG	5		
	EXCE	SS LIABILITY	BFS00000389068	06/01/2001	06/01/2002	EACH OCCU	RRENCE	5	1,000,000	
	F			1		AGGREGATE		5	_1,000,000	
	\mathbf{H}							8		
		DEDUCTIBLE				ļ		5		
		RETENTION S				A L WE ST		3		
	WOR	KERS COMPENSATION AND	WC-051301	05/13/2001	05/13/2002			1	100 000	
8	EMPL	OVERS LABILITY				EL GACH AC		 	100,000	
P	ł						- EA EMPLOYEE		500,000	
						EL DISEASE	- POLICY LIMIT	1.	300,000	
	0114	2R	Į							
1										
			THE TREAT LICENSE ADOSD BY ENDORSE	HENT/SPECIAL PROVIS	UNS					
Des	icrii Icrii	on of operations/Locations/	VENCLESVEXCLUSIONS ADDED BY ENDORSES							
[•								
1								-		
	-		DDITIONAL INSURED; INSURER LETTER:	CANCELLA						
ř					NY OF THE ABOVE DES					
					N DATE THEREOF, THE					
					YS WRITTEN NOTICE 1					
		Town of Complie Do	int Building Department		RE TO MAIL SUCH NOT					
		1 Sewell's Point ro	ad		ID UPON THE COMPAN			-	1 31 1	
		Stuart, FL 33496		· · · · · - · · · · · · · · · · · ·	REPRESENTATIVE	.	Joan	-e	Klyfin	
1			· · · · · · · · · · · · · · · · · · ·	Joanne K	luglein/BONN		-		PORATION 198	

ACORD 25-8 (7/97) FAX: (561)220-4765

_



SIGNATURE



.

· ·

3

3

• •

	MASTER PERMIT NO. 5302
	WALL'S POINT
Date	BUILDING PERMIT NO. 5305 E NOHETL Type of Permit PLMBG - 50B ALC
Subdivision HOMEWOOD (AMEND) Lot-4- Address <u>GNORTH RIDGEVIEW</u>	Block <u>3</u> Radon Fee
5 F Q	A/C Fee
Parcel Control Number:	
Amount Paid Check #	Other Fees () TOTAL Fees
SignedApplicant BUILDI	Signed Town Building knspector Official
FORM BOARD SURVEYDATECOMPACTION TESTSDATEGROUND ROUGHDATESOIL POISONINGDATEFOOTINGS / PIERSDATESLAB ON GRADEDATETIE-BEAMS & COLUMNSDATESTRAPS AND ANCHORSDATEDRIVEWAYDATEAS-BUILT SURVEYDATE	SHEATHINGDATEFRAMINGDATEINSULATIONDATEROOF DRY-INDATEROOF FINALDATEMETER FINALDATEAS BUILT SURVEYDATESTORM PANELSDATELANDCAPE & GRADEDATEFINAL INSPECTIONDATE
FLOOD ZONE	LOWEST HABITABLE FLOOR ELEV.
24 HOURS NOTICE REQUIRED FOR IN WORK HOURS - 8 MONDAY	ASPECTIONS. CALL 287-245 B:00 AM UNTIL 5:00 PM TROUGH SATURDAY model Addition Demolition

.....

· · ·

ACORD CERTI	FICATE OF LIAB	ILITY IN	SURAN		DATE (MM/DD/YY) 09/20/00
RODUCER				DAS A MATTER OF INF	
, tuart Insurance, Inc.		ONLY AND HOLDER. T	CONFERS NO RIC HIS CERTIFICATE	SHTS UPON THE CERTI DOES NOT AMEND, EX	FICATE (TEND OR
)70 S W Mapp alm City FL 34990	A Line Line J	ALTER THE	COVERAGE AFF	ORDED BY THE POLICI	ES BELOW.
	:: 561-286-9389			FFORDING COVERAGE	
URED		INSURER A:	Southern Ow	ners	
Masters Plumbing	g, Inc. of	INSURER B:	Auto Owners	Insurance Co	
Martin County d Master Plumbing	1 (.	INSURER C:			TVED
2551 SE Clayton Stuart FL 34997	-5017 UC/US			/	!
<u>_</u>	L	INSURER E:			
OVERAGES				BY. 7	
ANY REQUIREMENT, TERM OR CONDIT MAY PERTAIN, THE INSURANCE AFFOR	BELOW HAVE BEEN ISSUED TO THE INSU ION OF ANY CONTRACT OR OTHER DOCI IDED BY THE POLICIES DESCRIBED HERE I MAY HAVE BEEN REDUCED BY PAID CLA	UMENT WITH RES	PECT TO WHICH TI	HIS CERTIFICATE MAY BE I	SSUED OR
	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	s
GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000
X COMMERCIAL GENERAL LIABILITY	20100900-01	10/09/00	10/09/01	FIRE DAMAGE (Any one fire)	\$ 100,000
CLAIMS MADE X OCCUR	_			MED EXP (Any one person)	\$ 10,000
				PERSONAL & ADV INJURY	\$ 1,000,000
				GENERAL AGGREGATE	\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:			İ	PRODUCTS - COMP/OP AGG	\$ 1,000,000
AUTOMOBILE LIABILITY	41100100-01	10/09/00	10/09/01	COMBINED SINGLE LIMIT (Ea accident)	\$
ALL OWNED AUTOS			•	BODILY INJURY (Per person)	s 500000
X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	s 500000
	· · · · · ·			PROPERTY DAMAGE (Per accident)	s 500000
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	S
ANY AUTO			1	OTHER THAN EA ACC	S
			•	AUTO ONLY: AGG	s
EXCESS LIABILITY			•	EACH OCCURRENCE	\$ 2000000
OCCUR CLAIMS MADE	21100900-01	10/09/00	10/09/01	AGGREGATE	\$ 2000000
	1		ſ		5
DEDUCTIBLE			į		\$
X RETENTION \$ 10000			i		s
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS ER	\$
				E.L. DISEASE - EA EMPLOYE	
				E.L. DISEASE - POLICY LIMIT	
OTHER			1		
ESCRIPTION OF OPERATIONS/LOCATIONS/VI	EHICLES/EXCLUSIONS ADDED BY ENDORSEMEN	NT/SPECIAL PROVISI	ONS	<u> </u>	
lumbing Contractor - S	State of Florida				
-					
	DITIONAL INSURED; INSURER LETTER:	CANCELLAT	ION		

TOWSP-3	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRAT
	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTE
	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAL
Town of Sewalls Point 1 South Sewalls Point Road	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR
Sewalls Point FL 34996	REPRESENTATIVES.
	Joseph E. Coons, CPCU. CIC.
ACORD 25-S (7/97)	© ACORD CORPORATION 1988

٠.

JRD. CERTIFICATE OF LIABILI	ry insu	JRANC		DATE (MM/DD YY) 3/23/01		
	THIS CERT	FICATE IS IS	SUED AS A MATTER OF	INFORMATION		
Aon Risk Services, Inc.		D CONFERS	NO RIGHTS UPON THE ATE DOES NOT AMEND	EXTEND OR		
	ALTER TH	E COVERAGE	AFFORDED BY THE POL	ICIES BELOW		
001 Brickell Bay Dr.			S AFFORDING COVERAGE			
uite 1100	COMPANY					
iami, FL 33131-4937	-	CIONAL FIR	E INS CO OF HTFD			
05-372-9950	COMPANY					
		VTINENTAL	CASUALTY COMPANY			
ASIS OUTSOURCING, INC.	COMPANY		RECEIVED			
FORMERLY PEM)	C					
Sarasota Center			,			
819 Main Street, 8th Floor Marasota, FL 34236 lui/ms	COMPANY	••• ••		ar i Nar		
<u>urubotu,</u>	<u> </u>		3V: NC			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HA	DED BY THE PO	D TO THE INSU RACT OR OTHER	RED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT T ED HEREIN IS SUBJECT TO AI			
	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATIO				
GENERAL LIABILITY			GENERAL AGGREGATE , \$			
COMMERCIAL GENERAL LIABILITY		1	PRODUCTS - COMP/OP AGG			
		ļ	PERSONAL & ADV INJURY \$			
OWNER'S & CONTRACTOR'S PROT			EACH OCCURRENCE			
		•	FIRE DAMAGE (Any one fire)			
		ļ	MED EXP (Any one person) \$; 		
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT	;		
ANY AUTO			BODILY INJURY (Per person)	3		
SCHEDULED AUTOS						
HIRED AUTOS			BODILY INJURY	5		
NON-OWNED AUTOS		•	PROPERTY DAMAGE	s		
		·	AUTO ONLY - EA ACCIDENT	<u> </u>		
GARAGE LIABILITY			OTHER THAN AUTO ONLY:			
ANY AUTO			EACH ACCIDENT	e		
			•			
			AGGREGATE			
EXCESS LIABILITY			EACH OCCURRENCE			
UMBRELLA FORM			AGGREGATE			
OTHER THAN UMBRELLA FORM		:		\$		
WORKERS COMPENSATION AND			X TORY LIMITS ER			
EMPLOYERS' LIABILITY 194268115 194268129	4/01/01	4/01/02		<u>s 100000</u>		
THE PROPRIETORI X INCL 194268146				<u>s 100000</u>		
OFFICERS ARE:		<u> </u>	EL DISEASE - EA EMPLOYEE	<u>\$ 100000</u>		
OTHER			• •			
		1	: 			
ESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS						
ONLY THOSE EMPLOYEES LEASED TO BUT NOT SUBCON MASTER PLUMBING	ITRACTORS	OF:				
CERTIFICATE HOLDER			VE DESCRIBED POLICIES BE CAN	CELLED BEFORE THE		
TOWN OF SEWALLS POINT			THE ISSUING COMPANY WILL E			
TOWN OF SEWALLS POINT						
1 S SEWALLS POINT ROAD	30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY					
SEWALLS POINT, FL 34996			E COMPANY TTE AGENTS OR			
		REPRESENTATIVE	sept Tietradiger	01568743		
ACORD 25-5 (1/95)				RPORATION 19		

	DEPART.	MENTO BUSINESS AND PROFESSIONAL REGULATION CONST INDUSTRY, LICENSING BOARD	
DATE	BATCH NUMBER	LICENSE NBR	
07/27/2000	00002621	CF -C057528	
The PLUMBII Named below I Under the provision Expiration date:	9 CESTIFIER	TDR FS.	4 2 - 2 - 2

.` ÷. VAN ETTEN, PETER J MASTERS PLUMBING INC OF MARTIN COUNTY 2551 SE CLAYTON STREET STUART FL 34997 ۰.

JEB BUSH GOVERNOR

3

DISPLAY AS REQUIRED BY LAW

.

CYNTHIA A. HENDERSON SECRETARY

49.2

	MASTE	R PERMIT NO. 530Z
TOWN OF	SEWALL'S POINT	
Date		G PERMIT NO. 5306
Building to be erected for MICHAEL	NUE NOHETI THE	PR/ - LIP
Applied for by PIJMETU (UPPE)		
Subdivision HOMEWOOD (HUEVD) Lot	4 Contractor)	Building Fee
Address <u>6 NORTH RIDGEVI</u>	Block K(I)	Radon Fee
ype of structure $\underline{S,F,R}$		Impact Fee
QUALIFIER	! RICHMO COMPC	A/C Fee
LIC/CERT	CC-COS6793	Electrical Fee
Parcel Control Number:		Plumbing Fee
,		Roofing Fee SPE PN 530
mount PaidCheck #	CastOther Fe	ees ()
otal Construction Cost \$	$ \longrightarrow $	TOTAL Fees
		111
igned here here	Signed	11/1/
Applicant (UR. AM		uilding Inspector CHHOLHC
BUILI	DING PERMI	Γ
FORM BOARD SURVEY DATE	DING PERMI' SHEATHING	<u>Г</u>
FORM BOARD SURVEY DATE COMPACTION TESTS DATE	SHEATHING FRAMING	DATE
FORM BOARD SURVEY DATE COMPACTION TESTS DATE GROUND ROUGH DATE	SHEATHING FRAMING INSULATION	DATE DATE
FORM BOARD SURVEY DATE COMPACTION TESTS DATE GROUND ROUGH DATE SOIL POISONING DATE FOOTINGS / PIERS DATE	SHEATHING FRAMING INSULATION ROOF DRY-IN ROOF FINAL	DATE DATE DATE DATE
FORM BOARD SURVEY DATE COMPACTION TESTS DATE GROUND ROUGH DATE SOIL POISONING DATE FOOTINGS / PIERS DATE SLAB ON GRADE DATE	SHEATHING FRAMING INSULATION ROOF DRY-IN ROOF FINAL METER FINAL	DATE DATE DATE DATE DATE
FORM BOARD SURVEY DATE COMPACTION TESTS DATE GROUND ROUGH DATE SOIL POISONING DATE FOOTINGS / PIERS DATE SLAB ON GRADE DATE TIE-BEAMS & COLUMNS DATE	SHEATHING FRAMING INSULATION ROOF DRY-IN ROOF FINAL METER FINAL AS BUILT SURVEY	DATE DATE DATE DATE DATE DATE
FORM BOARD SURVEY DATE COMPACTION TESTS DATE GROUND ROUGH DATE SOIL POISONING DATE FOOTINGS / PIERS DATE SLAB ON GRADE DATE TIE-BEAMS & COLUMNS DATE STRAPS AND ANCHORS DATE DRIVEWAY DATE	SHEATHING FRAMING INSULATION ROOF DRY-IN ROOF FINAL METER FINAL AS BUILT SURVEY STORM PANELS	DATE DATE DATE DATE DATE DATE DATE
FORM BOARD SURVEY DATE COMPACTION TESTS DATE GROUND ROUGH DATE SOIL POISONING DATE FOOTINGS / PIERS DATE SLAB ON GRADE DATE TIE-BEAMS & COLUMNS DATE STRAPS AND ANCHORS DATE	SHEATHING FRAMING INSULATION ROOF DRY-IN ROOF FINAL METER FINAL AS BUILT SURVEY STORM PANELS	DATE DATE DATE DATE DATE DATE DATE DATE
FORM BOARD SURVEY DATE COMPACTION TESTS DATE GROUND ROUGH DATE SOIL POISONING DATE FOOTINGS / PIERS DATE SLAB ON GRADE DATE TIE-BEAMS & COLUMNS DATE STRAPS AND ANCHORS DATE DRIVEWAY DATE	SHEATHING FRAMING INSULATION ROOF DRY-IN ROOF FINAL METER FINAL AS BUILT SURVEY STORM PANELS LANDCAPE & GRADE FINAL INSPECTION	DATE DATE DATE DATE DATE DATE DATE DATE
FORM BOARD SURVEY DATE COMPACTION TESTS DATE GROUND ROUGH DATE SOIL POISONING DATE FOOTINGS / PIERS DATE SLAB ON GRADE DATE TIE-BEAMS & COLUMNS DATE STRAPS AND ANCHORS DATE DRIVEWAY DATE AS-BUILT SURVEY DATE	SHEATHING FRAMING INSULATION ROOF DRY-IN ROOF FINAL METER FINAL AS BUILT SURVEY STORM PANELS LANDCAPE & GRADE FINAL INSPECTION LOWEST HABITAE	DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE
FORM BOARD SURVEY DATE	SHEATHING FRAMING INSULATION ROOF DRY-IN ROOF FINAL METER FINAL AS BUILT SURVEY STORM PANELS LANDCAPE & GRADE FINAL INSPECTION LOWEST HABITAE	DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE DATE CALL 287-2455
FORM BOARD SURVEY DATE	SHEATHING FRAMING INSULATION ROOF DRY-IN ROOF FINAL METER FINAL AS BUILT SURVEY STORM PANELS LANDCAPE & GRADE FINAL INSPECTION LOWEST HABITAE	DATE CALL 287-24555
FORM BOARD SURVEY DATE	SHEATHING FRAMING INSULATION ROOF DRY-IN ROOF FINAL METER FINAL AS BUILT SURVEY STORM PANELS LANDCAPE & GRADE FINAL INSPECTION LOWEST HABITAE R INSPECTIONS. - 8:00 AM UNT	DATE CALL 287-2455
FORM BOARD SURVEY DATE	SHEATHING FRAMING INSULATION ROOF DRY-IN ROOF FINAL METER FINAL AS BUILT SURVEY STORM PANELS LANDCAPE & GRADE FINAL INSPECTION LOWEST HABITAE R INSPECTIONS. - 8:00 AM UNT DAY TROUGH SATURDAY Remodel Additio	DATE DATE_
FORM BOARD SURVEY DATE	SHEATHING FRAMING INSULATION ROOF DRY-IN ROOF FINAL METER FINAL AS BUILT SURVEY STORM PANELS LANDCAPE & GRADE FINAL INSPECTION LOWEST HABITAE R INSPECTIONS. - 8:00 AM UNT DAY TROUGH SATURDAY Remodel [] Additio	DATE CALL 287-2455



RECEIVED JUL 2 7 2001

July 27, 2001

Town of Sewall's Point

Re: Ron Raymond Construction Permit #5302 6 North Ridgeview

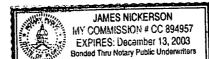
To Whom It May Concern:

Please accept this letter as authorization for David Danner of Pacific Roofing Corporation to sign on by behalf on the above residence permit.

Should you have any questions, please feel free to contact me.

Sincerely, Richard J. Gomes, Qualifier

Pacific Roofing Corporation



Jim Nickerson - Notary Public

RJG/jn

P.O. Box 2697 • Stuart, Florida 34995 808 SE Dixie Highway • Stuart, Florida 34994 (561) 283-7663 • 1-800-226-3283 (Ext. 9056) • FAX (561) 283-9505 • http://pacificroofing.com License No. CCC056793 & Insured

ER (581)-746-4546 Esta Agency, Inc. Tequesta Drive	FAX (561)746-9599	THIS CERTI	FICATE IS ISSUE	D AS A MATTER OF IN	ORMATION
		HOLDER. T	HIS CERTIFICATE	GHTS UPON THE CERT DOES NOT AMEND, E ORDED BY THE POLIC	IFICATE XTEND OR
esta, FL 33469	FILE			FFORDING COVERAG	E
Pacific Roofing Corp	., Inc. MM	INSURER A:	Transcontine	ntal Insurance co).
PO Box 2697	1 Mar	INSURER B:		PECELV	ED -
Stuart, FL 34994		INSURER C:		I VI V	
		INSURER D:		JAN 1-0-20	01
		INSURER E:			
RAGES	· · ·		· · · · · · · · · · · · · · · · · · ·	BY	
REQUIREMENT, TERM OR CONDIT	TION OF ANY CONTRACT OR OTHER D RDED BY THE POLICIES DESCRIBED H	OCUMENT WITH RESP IEREIN IS SUBJECT TO CLAIMS.	PECT TO WHICH TH DALL THE TERMS, E	S CERTIFICATE MAY BE IS	SUED OR
TYPE OF INSURANCE	POLICY NUMBER			LIMIT	
ENERAL LIABILITY	C2020206931	10/28/2000	10/28/2001	EACH OCCURRENCE	\$ 1,000,0
COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	s <u>50</u> ,
CLAIMS MADE X OCCUR				MED EXP (Any one person)	s 5,0
					s 1,000,
					s 2,000,
			•	PRODUCTS - COMP/OP AGG	s 2,000,
	C2020206945	10/28/2000	10/28/2001	COMBINED SINGLE LIMIT (Ea accident)	^s 1,000,
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	S
HIRED AUTOS				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
ARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	s
ANY AUTO					
XCESS,LIABILITY				EACH OCCURRENCE	\$
				AGGREGATE	\$
					S
DEDUCTIBLE					\$
RETENTION \$				I WC STATU- I IOTH-	S
VORKERS COMPENSATION AND					
					<u>s</u>
THER			1		
IPTION OF OPERATIONS/LOCATIONS/	VEHICLES/EXCLUSIONS ADDED BY ENDORS	EMENT/SPECIAL PROVISI	ONS		
	÷				
	AGES COLICIES OF INSURANCE LISTED REQUIREMENT, TERM OR CONDI- PERTAIN, THE INSURANCE AFFOI CIES, AGGREGATE LIMITS SHOWI TYPE OF INSURANCE ENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY COLAIMS MADE X OCCUR ENTL AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY X PRO- POLICY X DECT LOC TOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS CARAGE LIABILITY ANY AUTO ARAGE LIABILITY OCCUR DEDUCTIBLE RETENTION \$ VORKERS COMPENSATION AND MPLOYERS' LIABILITY OTHER	POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE IN REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER D PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED DIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR POLICY X JECT LOC TOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS CLAIMS MADE DEDUCTIBLE RETENTION S VORKERS COMPENSATION AND MPLOYERS' LIABILITY DTHER	AGES INSURER E: POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ADD REQUIREMENT, TERN OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESIDERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ISES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY C2020206931 COMMERCIAL GENERAL LIABILITY C2020206935 INVATIO ANY AUTO ANY AUTO INFERCIPTIE MIRED AUTOS INCAS INCOMED AUTOS INCAS INCOMPRIATION ANY AUTO ANY AUTO INCAS ARAGE LIABILITY C2020206945 INCOMPRIATION INC/28/2000 TROMOBILE LIABILITY C2020206945 ANY AUTO INCAS ANY AUTO INCAS INCOMPRISE INSUMADE INCOMPRIATION AND DEDUCTIBLE RETENTION S INCOMPRISTION AND INCAS INCOMPRES' LIABILITY INCAS INCOMPRISTION AND INCAS INCOMPRES' LIABILITY INCAS INCOMPRES' LIABILITY INCAS	AAGES	Insurance JAN 1 - 0 20 Insurance I: Insurance I: Insurance I: JAN 1 - 0 20 Insurance I: Insurance I: Insurance I:

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION		
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE		
		EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL		
		10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEF		
TOWN OF SEWALL		BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY		
ATTN: ED ARNOLD 1 SOUTH SEWALLS POINT ROAD		OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
STUART, FL 349		AUTHORIZED REPRESENTATIVE		
		Charles Martyn III/DEBBIE		

. ...

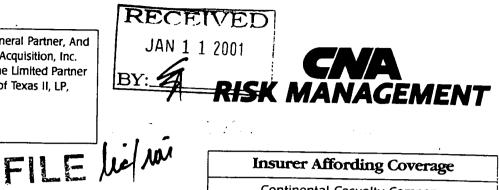
- /		
©ACORD	CORPORATION	1988

Certificate of Insurance

, issued as a matter of information only and confers no rights upon you the certificate holder. This certificate is not an insurance policy and does not amend, er the coverage afforded by the policies listed below.

,amed Insured(s):

Staff Leasing, LP, By Staff Acquisition, Inc., The General Partner, And The Affiliated Limited Partnerships Of Which Staff Acquisition, Inc. Is The General Partner And Staff Leasing, Inc. Is The Limited Partner including Staff Leasing of Texas, LP, Staff Leasing of Texas II, LP, Staff Leasing IV, LP 600 301 Boulevard West, Suite 202 Bradenton, Florida 34205



Insurer Affording Coverage

Continental Casualty Company

Coverages:

The policy(les) of insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policy(les) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

Type of Insurance	Certificate Exp. Date Continuous Extended * 20 Policy Term	Policy Number	Limi	ts
Workers'	1-1-2002	WC 189165165	Employer's	Liability
Compensation		WC 189165182 WC 247848874	Bodily Injury By Accident \$1,000,000	Each Accident
		WC 247848888	Bodily Injury By Disease \$1,000,000	Policy Limit
			Bodily Injury By Disease \$1,000,000	Each Person

Employees Leased To:

16455 Pacific Roofing Corp Inc

Effective Date: 1/1/01

The above referenced workers' compensation policy(les) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(les), not to the employees of any other employer.

*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: (Not applicable unless a number of days are entered below)

Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policy(ies) until at least 30 days notice of such cancellation has been mailed to:

Certificate Holder:

Town of Sewall Point Attn Nancy 1 S Sewalls Point Rd Stuart, FL 34996-6736

Martin Oosterbaan Authorized Representative

Office: St. Louis, MO Phone: (877) 427-5567 12/15/00 Date Issued

Certificate of Insu , issued as a matter of information only and confers no rights upon you the cer , iter the coverage afforded by the policies listed below.	
Staff Leasing, LP, By Staff Acquisition, Inc., The General Partner, And The Affiliated Limited Partnerships Of Which Staff Acquisition, Inc.	
Is The General Partner And Staff Leasing, Inc. Is The Limited Partner including Staff Leasing of Texas, LP, Staff Leasing of Texas II, LP, Staff Leasing IV, LP 600 301 Boulevard West, Suite 202 Bradenton, Florida 34205	RISK MANAGEMENT
	Insurer Affording Coverage

Coverages:

Continental Casualty Company

The policy(ies) of insurance listed below have been issued to the insured named above for the policy period indicated. The insurance afforded by the policy(les) described herein is subject to all the terms, exclusions and conditions of such policy(les).

Type of Insurance	Certificate Exp. Date Continuous Extended * Policy Term	Policy Number	Limi	ts	
	1-1-2002	WC 189165165	Employer's	s Liability	
Workers' Compensation	1-1-2002	WC 189165182 WC 247848874	Bodily Injury By Accident \$1,000,000	Each Accident	
		WC 247848888	Bodily Injury By Disease \$1,000,000	Policy Limit	
			Bodily Injury By Disease \$1,000,000	Each Person	

Other:

Employees Leased To: 16459 Pacific Roofing Corp Inc Office Effective Date: 1/1/01

The above referenced workers' compensation policy(les) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(les), not to the employees of any other employer.

*If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. However, you will not be notified annually of the continuation of coverage.

Notice of Cancellation: (Not applicable unless a number of days are entered below)

Before the stated expiration date the company will not cancel or reduce the insurance afforded under the above policy(ies) until at least <u>30</u> days notice of such cancellation has been mailed to:

Certificate Holder:

Marlin

Martin Oosterbaan Authorized Representative

Office: St. Louis, MO Phone: (877) 427-5567 12/15/00 Date Issued



JEB SUSH GUVERNOR

.

DISPLAY AS REQUIRED BY LAW

OF

CYNTHIA A. HENDERSON SECRETARY

CC-C056793

یک بین بر افغانیا میں RECEIVED SEP 2 2 2000 BY:

FILE

	Building De Inspection: D Mon D We	partment - Ins	pection	LOG 001; Page _ of
				vvi; rage <u>or</u>
ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
3502	NOHETL	Maryumiser .	.(f93900(h)	(KESCHEN, FROM 5/2)
BN	6 W. RINKEVIEW			<u> </u>
	RON RAYMOND CONST			INSPECTOR DUTA
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
2013	Dennis	Tap Con Window.	lossod	
3	16 Ridgeland	iy progress		
	PL Rinest (Ron)			INSPECTOR: DILL
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5349	Schultz	SERVICE CHANNE		late as possible
()	64 S. SPR	(FINAL)	might	113= Incompl. : Roinsp
$\underline{\boldsymbol{\Theta}}$	FORWARD ELECT.	PPL 327 7057	KOLEASE	INSPECTOR: 2 2.00
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5063	ROBINSON	TIN TAG+	Persod	
6	173 S. RIVER RD.	METAL		<u> </u>
$\mathbf{\Theta}$	PACIFICIDRIFTWOOD			INSPECTOR: 6 5/4
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5336	SACHS	FOOTER V +ALS	Passed	
5	78 N. SPR	THE DOWN + V		
6	MASTERVILLE BLIKS.	STRAPPING ON		INSPECTOR D5/4
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5312	ENRIQUEZ	ROUGH PLUMB.	Passad	
A	I KINGSTON CT.			
<u>v</u>	DRIFTWOOD			INSPECTOR 5.9
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
5209	TRANTER	FINAL	Presed -	- excl shutter/
6	9 MIDDLE RD.	(242 FL. +DI)N)	POWMERS	, disconnoge?
(b)	Emmick		K80. FUL	INSPECTOR: AS 574
THER:				<u> </u>

Date of	Inspection: 🗆 Mon Wed	partment - Insp F		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5229	Seely	Pool deck	Haciod	878 8806
6	37 NE Lofting Way			- $) / / / / / / / / / / / / / / / / / /$
0	Haibor Box Pools			INSPECTOR 5/2
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5192	RAO	INSULATION	Hand	ceiling: blown?
(\mathbf{a})	30 CASTLE HUL WAY			An -1 h
	A.R. MAKTIN (JOHN-260-0574)			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1/ <u>R</u>	ASTEDLANDER	FIELD VERIF.	Under	Signal Obtained
7	34 FIELDWAY DR.		review	T.B. Discussod
	0/B 286-8464			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302		OWNING ZE ZOURAD		CALL as possible
X		-FOMD:		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
4990	ELDER	ROUGH ELECT	Passod	
<u>1990</u>	4 EMARITA WAY	+ PLUMBING		4
	OIB	/ _0//.0//		INSPECTOR: JJZV
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
5317	NEARING	REROOF - FINAL	Passad	
(\$	5 LANTANA		· · ·	4
U	COOPER			INSPECTOR: A Th
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	GUNZEL	FIELD VERIFICATION	Parsod	Signappi. (not hom
6	19 N. VIA LUCINDIA			Α
	0/8			INSPECTOR DO 2

A. M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET FORT PIERCE, FLORIDA 34946 (561) 461-7508 OFFICE - (561) 461-8880 FAX

	BUILDING PAD COMPACTION REPO	RT
--	-------------------------------------	----

Client: Ron Raymond Construction Contractor: Client Site: <u>6 N Ridgeview</u> Foundation Fill
 Date:
 4/25/01

 Test No.:
 2651

 Remmit No.:
 \$302

APR 3 0 2001

EIVED

FIELD TESTING

Density tests and Hand Cone Penetrometer (HCP) readings were made at a minimum of three locations in the building pad. The foundation pad setbacks were based on information furnished by the client at the time of our testing. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade to the bottom of the fill.

The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density	Date	Location	Elevation	Dry Density (pcf)		Percent
Test No.	Tested		(feet)	Maximum	In Place	Compaction
2851	4/25/01	N.W. Corner	0-1	105.0	100.1	95.3
		Center	0-1		100.5	95.7
		S.E. Corner	0 - 1		100.2	95.4

CONCLUSIONS

The depth of the fill is approximately 1 foot. In the locations that were tested the fill has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

A. M. ENGINEERING AND TESTING, INC.

Rebecca Grant Ascoli P.E.

Florida Reg

Client - 1 MC Building Dept. - 1

 $\overline{\mathbf{R}}$

Bł

A. M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET FORT PIERCE, FLORIDA 34946 (561) 461-7508 OFFICE - (561) 461-8880 FAX

BUILDING PAD COMPACTION REPORT

REC EIVED Client: Ron Raymond Construction Date: 4/25/01 MAY -2 2001 Contractor: Client Test No.: 2851 Site: SAN LEIZENIEW 5300 Feinit Ma Foundation Fil FIELD TESTING

Density tests and Hand Cone Penetrometer (HCP) readings were made at a minimum of three locations in the building pad. The foundation pad setbacks were based on information furnished by the client at the time of our testing. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade to the bottom of the fill.

The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No.	Date Tested	Location	Elevation	Dry Dens	ity (pcf)	Porcent
			(feet)	Maximum	In Place	Compaction
2851	4/25/01	N.W. Corner	0-1	105.0	100.1	95.3 V
		Center	0-1		100.5	95.7
		S.E. Corner	0 - 1		100.2	95.4

CONCLUSIONS

The depth of the fill is approximately 1 foot. In the locations that were tested the fill has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

A. M. ENGINEERING AND TESTING, INC. Rebecca Grant Ascoli. P.E. Florida Registration No. 518

Client - 1

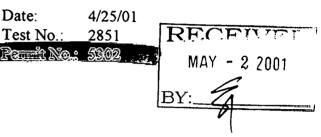
A. M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET FORT PIERCE, FLORIDA 34946 (561) 461-7508 OFFICE - (561) 461-8880 FAX

FILE

BUILDING PAD COMPACTION REPORT

Client: Ron Raymond Construction Contractor: Client Site: 6N Ridgeview 1 Foundation Fill



FIELD TESTING

Density tests and Hand Cone Penetrometer (HCP) readings were made at a minimum of three locations in the building pad. The foundation pad setbacks were based on information furnished by the client at the time of our testing. Density tests were performed in the upper one foot of fill. HCP readings were taken in hand auger boreholes at one foot intervals from slab grade to the bottom of the fill.

The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density	Date	Date Location	Elevation	Dry Densi	ity (pcf)	Percent	ך
Test No.	Tested		(feet)	Maximum	In Place	Compaction	
2851	4/25/01	N.W. Corner	0-1	105.0	100.1	95.3	C
		Center	0 - 1		100.5	95.7	12
		S.E. Corner	0 - 1		100.2	95.4	10

CONCLUSIONS

The depth of the fill is approximately 1 foot. In the locations that were tested the fill has been compacted to a minimum of 95 percent of the modified Proctor maximum dry density (ASTM D 1557).

A. M. ENGINEERING AND TESTING, INC.

Frank As No. 2.

Rebecca Grant Ascoli. P.E. Florida Registration No. 51863

Client - 1 MC Building Dept. - 1

		Ć		(
ſ		TOWN OF	SEWALL	'S PC	INT
			par <mark>tment - In</mark> si		
	Date of	Inspection: 🗆 Mo	FAL JUDELLO	<u></u> , 2	001; Page of Z
	PERMIT	OWNER/ADDRESS/CONTR		RESULTS	NOTES/COMMENTS:
V	1/12	Ectino	IRO RELOVA	65000	18" Piulo 11 /4
5	(7)	67 Henry Sewall way	K KERLACENCEN		replace * A / 8
╞		JMC	on chursche fu		INSPECTOR 62
ł	PERMIT	OWNER/ADDRESS/CONTR		RESULTS	NOTES/COMMENTS:
V	5358	INGRAM	U/G PCMBG	tesed	6
N	(2)	101 N. SEWALLS POINT P.D.	(marries and a contraction of the contraction of th	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	BUFORN CONST.	(MATTER PLANG PN 30)		INSPECTOR 62
25	PERMIT		INSPECTION TYPE	RËSULTS	
	7,500		1315 SHEATTHINGS	145 \$40 <i>61</i> T	A
2	(12)				INSPECTOR DG/E
				RESULTS	NOTES/COMMENTS:
	PERMIT	OWNER/ADDRESS/CONTR.		A	
	5345	BARON 75 CIFLOWAR W?	ELECT. RGH. (PTL)	Pascal	IF SCHED. TOO FULL - KUL OVER
N	$(\overline{3})$	25 FIELDWAY DK.	0	Disconn.	(CHU OWNER & ADMSE)
		0/B (PICHARD BARDY 220-1388)	Straps + Quiclois INSPECTION TYPE	RESULTS	INSPECTOR 6 20 V
.,	PERMIT	OWNER/ADDRESS/CONTR.	TIE BM.	Pessoo	INOTES/COMMILITY IS:
V	5409	HELLEK 27 N N/A / NCM MIA	(PORCH FRAMING REY.)	10-5001	0 9
5	(i)	23 N. VIA LUCINDIA TREASVICE COAST CARMENTRY	(Popul + Moung per.)		INSPECTOR D & 20
	PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
X	5300	SERCAW	POL - DECK	Ressod	VERIFY COMP. TEST RCVD.
	5 700	11 RIVERCREST CT	Pailed 7		st not ou sitre or affice ?
N	(4)	HARKOR BAY POOLS	(MPN SOOI - RENAR)		
	PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
	5143	GIFFORD	FRAMING.	Arad	
		85 N. SEWALI'S POINT RD	I PARTING.		<u> </u>
M		SCOTT J. HOLMES			INSPECTOR D6/20
·		Musso	Pool stap	Pessod	
	OTHER:				G
(mi	5416	SF Pools 2867037			100/20 AL
-			T		
	·	• • • • • •	· · ·		

	Building De	- SEWALL partment - Ins	pection	
Date of	f Inspection: XMon 🗆 Wed		<u> </u>	001; Page of
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE		NOTES/COMMENTS
5013	DENNIS	INSULATION	Acsod	(Inprogress)
	16 RIDGELAND DR.			
	FLORIDA'S FINEST ("RON")			INSPECTOR A 6/1
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
53012.	MORESTIC		KNSCOQP	.
	6 D. RIDGEVIEU			
	RON RAYMONI) CONST.			INSPECTOR & 6 SE
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5345	25 FLELDWAY DR.	SHEATHING	Persod	
	BARON		·	
	0/3			INSPECTOR 6
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5796	Riedy	relamite DC pad	hot rac	dy
	20 N. River Rd.	·		
•	Crauss + Craup			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Ton	Smith	TR-p El. pole	Passod	Called FPL 1200
	133 S River Rd.		· · ·	
	Ackerry			INSPECTOR & G / 1
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
· · ·			•••	
				INSPECTOR:
OTHER:			•	

	Building De f Inspecti <u>en: Men</u> – Wee	epartment - Ins		
	r inspections, and a new			001; Page of
ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
ìcol	Bercaw	Roof	In progr.	Medd New spors
$\overline{(1)}$	11 Riverciest Ct.	(In program)		for Entegra tion
	Rena	· · · · ·		INSPECTOR: 14
ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
102	(ohejl		Cossel	
	C Qualgomes.	x		
	Ron Maymond Court.			INSPECTOR A 14 9
ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5255	Nohej1 (0/8)	Slab (Patio)		late
6	18 SW Vig Lucindia	(PORCH ADV'N)	resched	woden 5/16
	Ron Raynod Conto.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
375	MULCANY	SHEATHING	herod	
(P)	385, SEWAUS POINT RD	ļ		
	J.A. TAYLOR REG STEVE	216-3000)		INSPECTOR 19
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
5351	JORDAN	POOL SCAR-	Hisside	SURVEY NOT PEQUILLED
()	12 CASTLE HILL WAY	FORMBURKU		
	CONNERY CONC.	· · · · · · · · · · · · · · · · · · ·	· · · · ·	INSPECTOR: 14
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5159	BRENT	FINAL- BLDG.	fail *	8 4859756
5	6 KNOWLES ROAD	(INI.AU) ELEET.	rescha.	El. Incomplete 3
$\underline{\mathbb{O}}$	0/B	PLMBG.	-> 5/16	INSPECTOR: 14
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	POTTER	FIBEN IMSP.	VERIFIEL	PN 0441 5/14/01
G)	4 PERPIWINKE CIR.	(AFTER FACT -	· · · · · · · ·	"WALFES" IN LIED OF FILE
UZ	SHANES TREESERVICE	BRAZ.DEPYER)		INSPECTOR:
THER:	# 8 ¹⁵ Hoc locked V			

		F SEWALL partment Ins		
Date of	f Inspection: 🗆 Mon 🗆 W			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5228	FOGLIA	INSULATION	Provod	walls only
6	102 ABBIE CT.			ceils to be blowing
	FOG-UA			INSPECTOR H
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5267	GELLER	ALL PAD RELOC.	Parsal	Ť
(-)	10 PALMETTO	FINAL		6
U	PORT ST LUCIE HEAT			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5350	KIPLINGER	CURBS - PRE -	Parsal.	15TINSP. 8:45-9:00 M
	143 S. RIVER RD	POUR		\cap h
U	MOSLEY + SON			INSPECTOR STUT
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<u>B</u> Dec	Nonisala		1	CHARCER BY COMPLETE
		<u> </u>	<u> </u>	4:43 10/ 5/0/01 5
	ROD RAYMOND CONF-			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5348	MIRAGUA	SLAB - FINAL	Pessed	
$\widehat{\mathbf{M}}$	66 N. SEWALL'S POLM KD.		· · ·	0 9
	WISDOM ASSOC.			INSPECTOR OF 4
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
720	FOGLIA CONT	INSULATION	שמויטן	wells only
A	102 ABINE CT			Caila to be plan
	FACTURE CAUSE (CLUBD IN	CALE LIKON)		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5123	PICEU	TIEBM	Dozzol	HAVE G.C. CALL - ELECT/M
6	655. RIVER RD.			SUB VERMITT NOTISSUEI
U	SEAGATE BLUKS.			INSPECTOR TO 5/11 9
OTHER:				<u> </u>
			· · · · · · · · · · · · · · · · · · ·	
		<u> </u>		

	TOWN OF	SEWALL	'S PC	DINT
• •• •		partment - Ins		
Date of	Inspection: XMon 🗆 Wed			
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
5447	BARLAND	STL./MAN DRAW	failed	FURCH KOARD SORARY WHILE
	I VIA LUCINDIA		Washost	Called Confi.
	HARBOK BAY POOLS 57	9 8806		INSPECTOR D 8 6
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
FAL			1055ez	(Al enclosure!)
	6 N. RIDGEVIEW	MUSTIKKOUS.	(1.Strap t	Koaming (Penel.)
	ROD RAYMONN CONST.			INSPECTOR 8
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5426	DEMOREST	ENTRY ENCL	fassad	
	925. RIVEK RUAD	SLAB		0
	COMMERCIAL CONST.			INSPECTOR: 0 0/6
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5143	GIFFORD	LATH	Resal	
	85 N. SEWALL'S POINT KD			$\bigcap_{i=1}^{n}$
	SCOTT J. HOLMES, BLOG. INC			INSPECTOR X86
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5280	ROTHBERG	RET. WMU/RIPRAP	Passod	
	103 N. SEWALL'S POINT KP	Rinal	Passod	
	CUSTOM BULLY MAPLINE	(288-4254)	· ·	INSPECTOR: D86
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5443	WYEKOFF	WALL RTG.	Aussail	SPR Owner
	26 N. RWEKKOM			
	0/8		· · · ·	INSPECTOR 8/6
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
54-66	Matuszewski	Shoathing roof	Pessod	
	3 Mirguar			
	A+P IIIdg.			INSPECTOR 86
OTHER	VERIFY FLOOD DEBRIS CLEAN	.VP: #35 2007.295.	PLUER RO()	N4978)
	(REINSPECTUR)	KIMER-LEA	K DEVELC	WMENT.
	2	Clarvp in	progress	17 5/6

	· .	TOWN OF	SEWALL	'S PC)INT
· .		Building De	partment - Ins	pection	Lóg
Da	ite of	Inspection: 🗆 Mon 🗆 We	KAR STURE 27	2 , 2	001; Page of
				RESULTS	NOTECONMENTO
PEI	RMIT	OWNER/ADDRESS/CONTR.		G SSOCTS	NOTES/COMMENTS:
	R	ATEN	FIELD. VERIF,	102512	INCLIPENT TO CONSTR. BPN 5455 (7/26/01)
6		103 ABBIE CT GEIBBEN CONST.			INSPECTOR: X V 7/27
	RMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
	286	SCHULTZ	REVIEW-PROPOSED		SPEC APPT. 2:30 - EBA
<u>)(</u>	00	64 5. SEWALL'S POINT RD	POOL SAFETY ACT		(RODDY GROUD 78(-3053)
	フ)	ADVANTAGE POIL KUNKS	COMPLIANCE.	(MUL AMPL)	
PE	RMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
_	318	KOENKE	REVIEW- PROPOSED		SPEC. APPT. 2:45 - EBA
7		665. SEWALL'S POINT RD.	POR SAFETY ACT	TOOK ALAB	
×.	8)	ADVANTAGE POUL RUPKS	COMPLIANCE .	WWA ACTO	
PE	RMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
Ş	30972	MARTE CONTRACTOR		REGEL	11.15 · · · · · · · · · · · · · · · · · · ·
		GENERAL BALLANT BA		/	spocs. (20 84 7/27)
			will obtain all sub per		INSPECTOR: \$7/27
PE	RMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
52	387	INGRAM	POOL STL/MATEN DR.	Pessod	(MPID STSB-BUFURD CONT
7		101 N. SEWAL'S POLAT KD			FORMBOAKEN SORVEY IRCUD
	Y	OLYMMIC MOUS (FRANK: 286	6070)	· .	INSPECTOR 57/27
PE	RMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
54	442	GELLER	REROOF - FINAL	Passod	
22		10 PALMETTO DR.			
		BE I'NEIFIC REG.			INSPECTOR D7/27
PE	RMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5	358	INGRAM	THE EM & COL.	not roo	dy, will call
		101 N. SEWAL'S POLNT RD			
		BUFORD COUST.			INSPECTOR:
ΟΤ	HER	I KINGSTON CT (DRIFTWOOD) T/R PN 0426; t	n freld co	py he office for dupl.
		57/27			
		<u>}</u>	-	· · · · · · · · · · · · · · · · · · ·	

		an a	· · · · · · · · · · · · · · · · ·	and a second
	TOWN O	F SEWALL	'S PC	DINT
	Building De	partment - Insj	pection	Log
Date of	Inspection: 🗆 Mon 🗙 Wed		123.32	001; Page of
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS
		FRAMING	RESULTS	
5508		(Partia ()	10>2004	
	16 RIVERVIEW RD.	Cland		
PERMIT	SWAT OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5439	BRENNAN	POOL-	Corsod	
$\frac{5}{6}$	111 Henry Sewall wa		10.3~	\sim
U	FLAMINGO POOLS			INSPECTOR Q/12
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
SKA7	Thankson	DIGPONATULS.	Remeal	
	6 12 12/10/23 12/13/22			\bigcirc
(2)	RON KAYMON CONST.	[216-1188]		INSPECTOR 09/12
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5455	ATEA)	TEMAN. ELECT.	Failed	On neighbors lot
$\overline{\mathbf{A}}$	103 ABBIE CT.	(SHOKELINE - 221-3923)		at hand hold
(4)	GRIKBEN CONST ROW 240-T			INSPECTOR: 4 9/12
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5358	INGRAM	TRUSS RAIGE .	Parsod	
\bigcirc	101 D. SEWALLS VI. KD.	- RK SHEATHING	Pacsod	
6	RUHORD COLST. (MUNY: 201-9153	Tie Dowy	Pailou	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
T/R	ESCUE	FIELD VERIF.	Assod	
(-5	Z BANYAN KU			$\left \begin{array}{c} 0 \\ 0 \\ \end{array} \right $
U	0/8			INSPECTOR: 19/12
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
			_	INSPECTOR:
THER:	POSSIBLE CODE ENF.: 8	HUM COURT-SUBL	J; SHOKKL	INE CONST. & THEE REMOVE
	<u>v)</u>	MPLHNI BY MKS.		
	Police: 63 Abbre CL			Scaping hotree re
•	Torese · 100 movie u.	Son not BA		to fulfer zore no shore (ic intruse mar.) modificat

)ate of	Building De Inspection Mon - Wed	SEWALL partment - Insp refise / Jewick		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TR	COMBS	FIELD VERIF.	Irsad	
	MANDALAY ISLAND			\mathbf{O}
	MONTR'S TREE SERV.			
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
35020	NOHER	DRYWALL SCIPU	carcolle	Conficetor
	GINE RIVGEVIEW		Matshe	ay I g
	RON RAYMOND			INSPECTOR: CA
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5489	STRACUZZI	-TEMP. ELECT.	forsol	FUXMEDTEDSUKURE
	12 RU VISTIFOR	-SLAK	tessad	COMP. TRITIROVD.
	RUCCOLO	DUMINSTOL, TO IS OCET TUNK		INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5457	Pickelver	Reloof Hual	Parsad	
5	UEHigh Pt.			
9	Pacific Roota.			
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
5319	fic Cortney	Vool Steel Band	105500	
	45 E High Pt.			<u> </u>
\overline{U}	Dducutage Pools			INSPECTOR 9/1
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
· · · · <u>·</u>				
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		and the second		
				INSPECTOR:

· · · ·	TOWN OI	F SEWALL	'S PC	DINT
		partment - Ins		
Date of	Inspection: Wed	DER FRUGUST	<u>2 </u>	001; Page of
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5443		TIE BEAM +	A BOD	
	26 N. RIVER RD.	COLUMN		0
<u>s</u>	018			INSPECTOR & 27
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
785	ROYCE JONES	STC-PAD FTCS	not rec	way - woodrosda
$\left(\begin{array}{c} \\ \\ \end{array} \right)$	14 HEROWS WEST			0
U	01B (781-4-780)			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5427	FOGULA	UG PLABG	VESSO	· PLANEY SUB YN 5930
$\overline{\mathbf{x}}$	105 ABBIE CT.			LATE ADD IF POSSIBLE
\bigcirc	FOGLIA CONTRACTING			INSPECTOR & 27
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5483	VITALE	SLAB (BLEET KOND	Ho sigod	FORMEDARD SURVEY \$
$\overline{7}$	15 KNOWLES ROHD			COMP. TEST RCVD.
	DECUR BATH & KITCHEN			INSPECTOR 8 27
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7302	MOHIER MAN	INSVICATION	RAREOG	
(1)	IG N. RINGELARU			R e/-
	ROD KATMOND			INSPECTOR & 8/27
PERMIT	OWNER/ADDRESS/CONTR.			NOTES/COMMENTS:
5234	MCCARTNEY	SLAB	rassa	FB Survey will be
	45W. HIGHPOINT	2040)		delvered today
<u> </u>	WILSON KUNES (NANCY: 288-			INSPECTOR & & /27
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
5192	ILAU To or other white	SIUKA SHUITEK -	ussod	Layout dos CO
(C)	30 CASTLE IFILL WAP	FINAL		hungener (). e. la
\sim	ARMARTIN (JOHN:260-0574 102 ABBIE CT (PN 522			INSPECTOR 8/24

••

•

۰.

. .

1a 🛦

8

	Building De	SEWALL partment - Ins	pection	Log
Date of	Inspection: 🗆 Mon 🛛 Wed	KERRAUGUST &	2	001; Page <u>/</u> of
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5068	WINER (285-4600)	TIT + METAL/	Passod	
		WILWAW BUCKS	Passol	Ô
2	LEAR DEV			INSPECTOR D & 24
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5410	WITTMAN	TTTYMETAL	Ressol	
	13 RIVERVIEW DR.			\mathcal{U}
\bigcup	A+W ROOFING (283-0292)			INSPECTOR A 8 (2
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5473	LIPPISCH	DEPTH OF		DORK PN 5279
$\overline{(\neg)}$	22 S. SPR	DITCH		
\bigcirc	HOSS ELECT.	(DOCK ELECT. SEKU.)		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5488	JUSTICE	STEEL	Ressol,	FORMBORRD SUKURY KC
(\mathfrak{I})	18 MIDDLE RD.	Carerage to be -	provod	- FIELD COM TOSIDE
6	TWIN POOLS			INSPECTOR DE/24
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5294	LEHMAN	INSULATION	Ressod	
(\mathbf{n})	6 RIDGELAND			\square
	GRIBBEN			INSPECTOR 8/24
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
53.02	MOMESTL	THE BAR	C GB QCA	b
(R)	6 B. BINGENNOD	(RENERS WEIGH, A		$\left \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$
G	ROD RAYMONI) (216-1188)			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5426	DEMOKEST	FRAMING71NSUL	Pessod	
$\left(\overline{\tau}\right)$	92 S. RIVEK RD.	(ENTRY ENCL.)		-0
	COMM'L. CONST. (TIM: 260-2			INSPECTOR 8/2
OTHER:	101 N. SPR (PN 5358) DELIV	ER PRODUCT CONTROL	NOTICE OF	ACCEPT. TO JOB

. . .

6		F SEWALL		
	Building Do	epartment - Ins	pection	Log
Date of	I Inspection: D Mon A We		<u> </u>	2001; Page of
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5501	POTSDAM	STOREY SHUTTERS.	bosed	
$\widehat{\mathbb{C}}$	50 RIO VISTA DR	FINAL		β
6	ROLLADEN (VACIFIC-DA	10:263-0177)		INSPECTOR \$ 8/22
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5302	MARATE	TATEDANTE	16322	115P. 7/27
$\overline{\mathbb{A}}$	6 D. RIDGEVIEN			\square
Y	ROD RAYMOND			INSPECTOR & An
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5460	STANTON	PLMBG V/G.	focsod	14×18D: Veverso
(2)	6 SABAL CT (Ridgeland	M		
\underline{C}	0/B (SOUTH PARK PLMK4:24	37-2548)		INSPECTOR 8/2
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5228	FOGLIA	SHUTTERS-	Possod	
	102 ABBIE CT.	FINAL		
()	FOGLIA			INSPECTOR: A C22
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5234	MICARTNEY	ROUGH PLUMBING	Possed	a) house
$(\hat{\mathbf{Q}})$	45 W. HIGHPOINT	U-Ground		b) aux, bldg.
$\underline{\bigcirc}$	WILSON BLDRS.		· · ·	INSPECTOR E/22
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5455	ATEN	UNDERGROUND	Rossad	
(3)	103 ABBIE CT.	PLUMBING	· · · · · · · · · · · · · · · · · · ·	
	GRIBBEN			INSPECTOR S/22
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TIR	SARTAN	FIELD VERIF.	1602231	
0483	71 5. SPR	(ADDITIONAL		0 - 1
(3)	TIMBUR TREE	TREE)		INSPECTOR 8/22

 \sim

A4 · •

· · · ·	TOWN OI	F SEWALL	'S PC	DINT
		partment - Ins		
Date of	Inspection: 🗆 Mon 🗰	Eri CAUSUS	LSI 2	001; Page <u>2</u> of <u>7</u>
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5312	ENRIQUEZ	T/T & MTL.	Perod	
$\tilde{\mathbf{n}}$	I KINGSTON CT.			0
$\boldsymbol{\heartsuit}$	DRIFTWOOD HOMES			INSPECTOR D 8/10
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302		STURINGERTE	Pessol	LATE AS POSSIBLE
6	(6 KWAZDULLO. 2017)			lift steel fra O.k
\mathcal{U}	RON KAYMOND (216-1	188		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5234	MCCARTNEY	T/T & MTL.	125500	(no metal, postial
(8)	45 W. HIGHPOINT			
<u> </u>	WILSON BLIPS (NAVER:	288-2000)		INSPECTOR 8/1
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5435	POTTER	DRIVEWAY REPL-	65500	
(\mathbf{r})	4 PERFIWINKLE CIRCLE	FINAL		0-7
	TRIPLE M BRICE PAURES	(MIKE: 561-239-1726)		INSPECTOR: 8/10
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5068	WINER (285-4600)	PTL. SHEATHING (LAST-LOW ROOFS CIEF)	Ressod	
(3)	19 RIDGELAUD DR.		0	
	LEAR DEVEL. CORP.	TRUSS	Acres pol	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
•				
····- ·		· · · · · · · · · · · · · · · · · · ·		
				INSPECTOR: NOTES/COMMENTS:
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	
· · ·				
				INSPECTOR
	<u> </u>			

.

. . •• •

.`

		SEWALL		
	Building De Inspection: D Mon Wed	partment - Insp	Dection	
Date of	Inspection: D Monacwed		<u>a.</u> , 2	UU1; Page <u>C</u> 01 <u>C</u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5300	NOME AND STREET	WILL SUATION	Postor	
	CARLAND RUGEVIEW			0
U-	RON RAY MOND (216-1188)		1	INSPECTOR D 8/8
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5230	DENNISON	IM. MJ FINAL	Prssod	
\bigcirc	49 W. HIGHPOINT	* drain fr. yeighbor	<u> </u>	<u> </u>
U	0/B	* dock work	•	INSPECTOR 5 8/8
PERMIT	OWNER/ADDRESS/CONTR		RESULTS	NOTES/COMMENTS
T/R	Ryrom	FIELD VERLE.	Presed	
(10)	34 E HIGH POINT			\mathbf{D}
	0/B			INSPECTOR 688
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
•			•	
			·	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
•	· · · · · · · · · · · · · · · · · · ·			
·				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
			· · ·	
				INSPECTOR:
DEDMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
PERMIT				
				INSPECTOR:
DTHER: .				
· · ·				

TOWN OF	EWALLS POINT
×	LORIDA

Ì

I

6. 23

TOWNLOF CEWALL'S POINT
TOWN OF SEWALL'S POINT
One South Sewall's Point Road
Sewall's Point, Florida 34996
(561) 287-2455
CORRECTION NOTICE
ADDRESS: 6 N. SHERVIEW CT. RIDGEVIEW
RUCKEVIEN
have this day inspected this structure and these premises and have foun
have this day inspected this structure and theor periods have been have been been been been been been been be
POOL DECK- HANDRAZL BRACKET MISSING
MITH RANDING.
- E"x E" FOOTING W-2-755
Nor DANE
- # 55 NEED TO BE BONDED

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: 10/31/01

GENE INSPECTOR

1

DO NOT REMOVE THIS TAG

		· · · · · · · · · · · · · · · · · · ·		
•		F SEWALL		• · ·
•	Building De	partment - Ins	pection	Log
Date of	Inspection: 🗆 Mon 🕱 Wed	D Fri OCTOBER 13.	<u>, 2</u>	001; Page <u>1</u> of <u>2</u> .
		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
PERMIT	OWNER/ADDRESS/CONTR.			NOTES/CONINIENTS.
5501.	ALLANANJ.	SLAB,	FALLED	
7	3 SUTMER LN.			
	O.B.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5578.		FMAL.	PASSED	Im
3	23 S SEWALLS PT			
2	FOLDING SHUTTERS			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	NOTELL.	Deck	FALLED	him
	GN. REDUEVIEW RD.			· · · · · · · · · · · · · · · · · · ·
	HARBOR BAM POOLS.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5541-	THLORD	TEMPERT	PARED	an
	144 MLNSPR	POLE		
2	DB			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
5123	PICEU	POOL DECK.	FAILED	h
	65 S, RIVERRD.	(GROUNDING)		
4	SEAGATE			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5566	NUNLEY	TIN TAG.	FANED.	h
,	32 W NUGH POINT			
6				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5+61	musso.	PROPERTY UNE	PRESED.	
	18 S-PAUER ROAD.	Whit-FINAL.		
5	THE NEW SEWALL WAY			INSPECTOR:
OTHER:				

Date o	f Inspection: 🗆 Mon 🗆 Wed	🗴 Fri 🛄 🕅 🖉 🖉	, 2	001; Page <u> </u> of _
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
				A A A A A A A A A A A A A A A A A A A
5143	6 IFFOLD	Pool DECK.	RASSON	m
4	BS N. SEWAUS PJ RD.			
PERMIT	Scoth Holmes Owner/address/contr.		RESULTS	NOTES/COMMENTS:
		TEMP. ELE.		CANGELLED
5391	PITTINGS. 117 NEWRY SEWAY WY.	IIIIP. Ebo.		ha
2		CHECK POLIE		INSPECTOR:
PERMIT	JMC CM11ACTM/0 · OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		DECK		REPASPECTIONS . N.A-
<u>de la c</u>	NOHEJE			availate lea
	6 N. RIDGEVIEWRD HARBOR BAY POOLS			
	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
5501	ALMAN	SUB	FALLED	m
/	3 SUMMER CT.			
3	DIR OIR			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5358.	INGRAM	ALL THADES +	FAILED	a
· ·	101 N. SEWAUS PT RD.	FLAMING.		
5	BUFFORD.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
561	PITTINOS	POOL STEEL.	PALLEP	Im
2	117 HENRY SEWALLS WAY	· · · ·		
L .*	YOOK BY GIRG	387-9713		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5546	NUNNELEE	SHEATH-ME- TNT	AB PARKA	o la
<u> </u>	32 W. NeloH POINT.	9:00.		
1	PARIFIC			INSPECTOR:

TOWN OF SEWALL'S POINT Building Department - Inspection Log Date of Inspection: Date of Inspection: Mon Ø Wed D Fri							
Date of	Inspection: U Mon p wea		, Z	001; Page $_$ of $\underline{\mathcal{L}}$			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:			
53.02 6	KOHEJL	POOL DECK	faisel				
	6 N. RIDGEL/IEW RD.						
3	HARBOR BAY POOLS			INSPECTORIA			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:			
5254	INGRAM \	TIN TRAG		CANCELED			
	101 N. SPR						
Ì	BUFORD			INSPECTOR:			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:			
5448	VORASSO	FRAMING +	FATL				
	21 & PERRIWINKLE CRES.	ELECT.	PASSED	·			
2	RLM CONST.			INSPECTOR:			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:			
5352	CLEMENTS	SHEATHING	PASSED				
	11 W. HIGHPOINT						
6	MOLTER			INSPECTOR: 6			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS			
5213	ENRIQUEZ	DENEWAY.	FARLED				
157	KINGSTON CT.	٠	ļ				
	DRIFTWOOD BLDES						
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:			
352	CLEMENTS.	STRAP + ANCHOR		FOR FRIDAY			
	11 W HIGHPOINT	CANCEL.					
6	matter	<u> </u>		INSPECTOR:			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:			
5572	DOSS.	SNOATHING.	PALLED				
5	85 S. GUERRO.	11:00-12:02-					
5	CAROMAL			INSPECTOR:			



TOWN OF SEWALL'S POINT One South Sewall's Point Road Sewall's Point, Florida 34996 (561) 287-2455 CORRECTION NOTICE

CORRECTION NOTIC

ADDRESS: 4 RIPERVIEW DE

a

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.

THEME ELEC. ALL ELECTRICAL MP/LINCES (I.E.) A/C, WATER INFORME ETC) MUST SE INSTAYED You are hereby notified that no work shall be concealed upon these premises

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: ____/9/0/

("ENE

INSPECTOR .

1

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: 🗆 Mon 🗆 Wed 🗙 Fri 🕅 🖓 🥞

, 2001;

Page: <u>/</u> of

		· · · · · · · · · · · · · · · · · · ·		
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	NOHEJL	TEMP POWER	FAUED	7
~	6 RIDGE VIEW PR.			
- 3	RAYMOND CONST.			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5254.	WERAM	PLUMBING	PARDED	
,	101 N. SEWAUS PT RD.	Epomine.	PASED	
I	BU FORD			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5352	CLEMENTS	STRAP +	RE.SCILEU	iner I
	11 W. HIGHPOINT	ANCHOR	(ANCE	ED
4	MOLTER			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5588	GOODE	SHEATHING		
	9 EMARITA WAY	TIN TAG		
2	JIM'S ROOFING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE .	RESULTS	NOTES/COMMENTS:
5213	ENRIQUEZ	Deure.	PARSED	
0	I KMGSTON CT.	TEMP. FIEL	PASED.	
3	DRIFTWOOD BLOR'S			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5515	WALKER	SLAB	PARE	
	6 CRANES NEST.			
	ANIERO.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				· · · · · · · · · · · · · · · · · · ·

TOWN OF SEWALL'S POINT Building Department - Inspection Log

Date of Inspection: D Mon Wed D Fri MOMEMBER 28 , 2001; Page 2 of _

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5202	NOMESTL	DRIVEWAN	N. Serjazl	
$\widehat{(1)}$	6 RIDGEVIEW DR.	PRE POUR		
U	RON RAYMOND	-		INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5022	SMITH	COLUMN +	failed	
	133 S. RIVER RD.	TIE BEAM	•	\square
	MACARI			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5068	WINER	LATH	PAGE	
	19 RIDGELAN)	REINSPECTION		
	LEAR			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5138	RIBALIND.	G,0	Parsal	
	18 ISLAND RD.			\bigcirc
	Wilson			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
2160		Roof Ring 1	asial	
	32 W Hishabiyt			\bigcap
	Pacific			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
570		the raigh	Parsod	
	4 Mandelay,		·· ·	
	Herd. Aunda /D	rford		
PERMIT	OWNER/ADDRESS/CONTR/	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5213		Со	failed	Late
	1 kingston Ct		· · ·	
	1 Kingston Ct Driftwood	215 0074	· · ·	
OTHER: .	<u> </u>		•	

. . .

÷

.

OTHER: .

S

Jate of	Inspection: 🗙 Mon 🗆 Wed	- Fri Delino	26.3.2	001; Page \ of
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5013	Donnis	CO	Pail	
(4)	16 Ridgeland			\frown
4	FL Fivest			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/GOMMENTS:
5427	Foglia	Sheatting	PASSED	
(6)	los Abbie Ct.			
6	Poslia			INSPECTOR: 4
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5068	Winer	laty	Failpa	
	19 Ridgeloa			\land
3	Lea Deu.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	Dohej	Divenaza Rispart	Fatter	-1012
	6 Ridgeview Rd.	· · · · · · · · · · · · · · · · · · ·		∩
9	Ro- Naz-v-1			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6294.	LEHMAN	C.O. FINAL.	failed	
12	6. RIDGELAND DR.			<u> </u>
<u>```</u>	CORLEFM.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5501.	ALLMAN.	Tie Bean	N. Midy	_
(a)	3 SUMMOR CT.		Failod	0
$\mathbf{\mathcal{O}}$	ALLMAN. 0/B			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5513	FLAUGH	FOTTIMES SLAB	PASSER	
	LINDIALUCIE LN			<u> </u>
\cup	HUFNARdel			INSPECTOR L

I,

.

-

Da	ate of	Building De Inspection:	partment - Ins XFri	pection, 2	
•	RMIT	OWNER/ADDRESS/CONTR.		RESULTS	
			Pad Ring1		
5	218	GG (Sowalls PJ. Rd.	Sod ?	FAUEP	
	\mathbf{q}	Boundago (rop)	304	<u> </u>	
DE	RMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
	582	GRAZ	Louce final	FORED.	
5	200	10 Riverview Dr.	-rule final	IMLED.	
(.	6)	Quality fouce			INSPECTOR: 4
	RMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
ļ	452		DEMOLITION-	Arrod	
	<u>45</u> 2	18 KNOWLES	FINAL	161500	
((\mathbf{Z})	10 KNOWCES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		INSPECTOR
PE	RMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
5	022	SMITH	TEMP. ELECT.		
	<u> </u>	133 S. RIVER RD.	POLE		
ļ		MACARI			INSPECTOR:
PE	RMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5	580	WYCOFF	WALKWAY	Pacipal	
		26 N.RIVER	PAVERS -		~
	$\tilde{\boldsymbol{z}}$	0/8	FINAL		INSPECTOR:
PE	RMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5	294	LEHMAN	TEMP. ELECT.	FAILED	
1		6 RIDGELAND DR.			· · · · · ·
	4)	ORIBBEN			INSPECTOR:
PE	ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
15	5022	Nomenc	PROPLASES.	Presed	
Ē	1	6 REPOENTEW RD.		· · · · · · · · · · · · · · · · · · ·	0
$\left \left(\right. \right. \right $	\mathcal{S}	RAYMOND CONST.	"ALREADY HAVE FORM		INSPECTOR:

1

. e - 2 a

٨.



TOWN OF SEWALL'S POINT One South Sewall's Point Road Sewall's Point, Florida 34996 (561) 287-2455 CORRECTION NOTICE

ADDRESS: ____

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

i

Covord +csame. Q(D side 0. hor dou 0 Md ciaso 010 61 ٩¥ ما سک 66 Usq1 overflow prot. ~dar SOC Protoction to) ሆ ወ (aboled 0 one

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: INSPECTOR DO NOT REMOVE THIS TAG

Date of		F SEWALI partment - Ins	pection	•
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5363	JOHNSON.	FINAL ROSE	Presid	
	2 OAK NILL WAY.	TT+Polal		
L.	DRIFFWOOD PACIFIC.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
53.025	MANNON REGISTAN	CONTRACTOR OF		Musuappenera?
	6 RIDDEVIEW RD.	AUSTRAL OF COMMENTS	ALLED-	<u> </u>
(\underline{I})	RAYMOND CONST.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5352	CLEMENTS	TRUSS + BUCK	Pailou	(un ready)
(70)	11. W. HUGHPOINT RD.			Cancelled by Contr.
A.	MOULTER			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5213	ENRIQUEZ	C.O. FINAL	Gasal	
0	KM6STON) CT			<u> </u>
i fina di	morres.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	· · · · · · · · · · · · · · · · · · ·			
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	·			
1		· · · · · · · · · · · · · · · · · · ·		
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
			·	
			_	INSPECTOR:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

of

Date of Inspection: Mon 🗆 Wed 🗆 Fri 💷 37 , 2001; Page

050147				NOTES/SOUNDENTS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	
5302	NOUNIE COMPANY	<u>co</u> .		.
	6 PIDGEVIEW KD.			· · · · · · · · · · · · · · · · · · ·
	RAYMOND CONST.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
SSB3.	KRAPIL	ROOF FUM	failed	
	53 4 Rio Uista.			
	POULOS.	•		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5598	POPE.	FIMAL POWER	fessod	
	124 S. SEWALL'S POINT RD.	FOR DOCK.		\cdot
	ALC ELEC.			INSPECTOR;
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	· · · · · · · · · · · · · · · · · · ·			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	· · · · · · · · · · · · · · · · · · ·			
				· · ·
		· · · · · · · · · · · · · · · · · · ·		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
		· · · · ·		·
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
			. • .	
•				
				INSPECTOR:

. · .

:

5342 FENCE

.

.

. .

	MASTER PERMIT NO.
TOWN OF SEWALL'S	POINT
Date <u>42401</u> Building to be erected for <u>MIKE NOHETL</u> Applied for by <u>0/B</u> Subdivision <u>HOMEWOD</u> (AMENP) Lot <u>4</u> Bloc Address <u>6 V. RIDGEV (BW</u> Type of structure <u>SER (VMER CONS</u>)	Impact Fee
Parcel Control Number: $\frac{1-3B-41-006-002-00040-40000}{\text{Amount Paid} $37.50} \text{Check $$2937} \text{Cash} \\ \text{Total Construction Cost $$} $800.00 \\ \text{Signed} \text{Applicant} \text{Signed} \ \frac{1}{2} \\ \text{Applicant} \text{Signed} \ \frac{1}{2} \\ \text{Construction} Construc$	A/C Fee IUUUIT Electrical Fee Plumbing Fee Roofing Fee Other Fees () TOTAL Fees \$37.50
	Town Building Inspector OFHCLAC

FENCE PERMIT

	,	INSPECTIONS	5	· · ·
SETBACKS FOOTINGS	DATE		HEIGHT FINAL	DATE DATE_ <u>5/11/01</u>
	RK HOUR		M UNTI	CALL 287-2455 L 5:00 PM
		the second se		n 🛛 Demolition
	ermit must be vis			
FURTH	er conditions a	re set forth in	THE APPLICA	TION FOR PERMIT,
NOTATIONS O	N THE APPROVED			NTS IN THE PERMIT FILE

	TOWN O	F SEWALL'	S PO	INT Log
	Building De Inspection: D Mon D W	partment - Insp	<u>, 20</u>	01; Page of
ate of	Inspection: B mon 8			NOTEO/OOMMENITS:
ERMIT	OWNER/ADDRESS/CONTR			NOTES/COMMENTS:
5336	SACHS	FRAMING -	1002237	+ SIDING & WINDOW A
6	78 N. SEWALLS PT. RD.	ALL TRADES		INSPECTOR: DO
	MASTERPIECE BLDRS.		RESULTS	NOTES/COMMENTS:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESOLIS	
5328	DAILEY	REKOOF - FINAL	Yush	
A	20 PERRIWINKLE (N			INSPECTOR + C/U
9	CAPPS & HUFF		RESULTS	NOTES/COMMENTS:
PERMIT	OWNER/ADDRESS/CONTR.	FEDCE- FINAL	Parsod	
5341	NOHETL	Feure Finne		0.4
(8)	185. VIA LUCINDIA			INSPECTOR DE Y
	0WNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
PERMIT		PSINCE PEIVAL	(ACC302	
5 5/4-1	6 19. RINGENTISUS			h a
(9)	6 No KIUGBURDUK			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
LZ4	3 BARDHILL	FENCE- MAR	- Krssad	
7,77	4 N. RINGEVIEW			
(6)	0/13			INSPECTOR:
PERMI	T OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	
537	1 VOLPE	SHEATHING	brest	LATE AS POSSIBLE
G	15 MIRAMAR	(KEROOF)		INSPECTOR: 55
U	0/8 (781-0266)			X
PERM	T OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	
532	7 Geller	Sciegon Quel	rassor	See page
6	10 5. Palmetto	Rincpectio		INSPECTOR DO
Ì	Roodina Scilla	- FUDAC	Passod	and he and date and
OTHE	R T/R SHEETS	FIELD VERCE	103560	PKO 5372 15846 51
6	C. AUDREW BEAKL	.		50/11/6

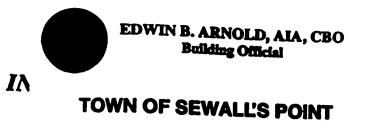
Town of Sewall's Point	REC	EIVED	Permi Nume	17
BUILDING PERMIT APPLICAT	rion ^{Apr}	1 7 2001	トプ	
Owner or Titleholder's Name_MIKE_N	OHE BY		one No. (Sel)	220-18
Street: 6 N. RIDGEVIEW	City Ser	VALLS Par	NT State FL	7in 2494
Legal Description of Property: <u>LO7 4</u> B				
			38-41-000	
Location of Job Site: 6 N. RIDGEUL				
TYPE OF WORK TO BE DONE: PRWAC	4 FENCE-	REAR	PROPERTY	i CAVE
CONTRACTOR/Company Name: OWNER	R AND	Ph	one No. (76()	220-1821
Street: 18 S. VIA LUCINDIA				
	s Sta			
ARCHITECT	: H Visadolla, en	Ph	one No. (👘)_	
Street:	City		State:	_ Zip
	City	Ph	one No. ()	an an a
Street:	City		State:	Zip
AREA' SQUARE FOOTAGE - SEWER - ELECTR				·
Living Area: Garage Area:	2 1 394)	11000000000000000000000000000000000000	Accessing	/ Bldg:
Covered Patio: Scr. Porch:	Wood	Deck:		- F
Type Sewage:	Septic Tank Pe	rmit # from He	alth Dept	1.1
New Electrical Service Size:AN	1PS	· · ·		en 🔥
FLOOD HAZARD INFORMATION				-14.1
	Minimum Base F	lood Elevation	(BFE):	NGVt
Proposed first habitable floor finished elevation:) (minimum 1 fo	ot above BFE
COSTS AND VALUES				
Estimated cost of construction or Improvement: \$				
Estimated Fair Market Value (FMV) prior to impro				-
If Improvement, is cost greater than 50% of Fair N		YES	NO	
Method of determining Fair Market Value:	1 ···		21 July 31 July 1	
Form revised: 20 April 2000	2 - 9084		ι	
and the second			(00)	upại li)
:e)BQ			Town Engineer	vd bevorqqA
101-07-:08(0)				•
so was up tilf to the	An.	II III	sioitto griblica	Approved by
	IT,			
A very energing the matching and there was a set of the		leral agencies	oet bris etste	· · ·
		···· ·		
t, there may be additional restrictions applicable to the	a vitting and ni br	t may be four	ed thed that	
•			j)	NOTICE
Carisenerion And Prior to any further inspections		Longidures		

(A))	TREE & OVAL (Attach sealed survey)	
۲. ۲.		A STATE AND A STATE AND A SUPERIORS AND A STATE
1. N	Number of trees to be removed	Number of trees to be retained:Number of trees to be retained:Number of trees to be retained:Number of trees to be retainedNumber o
· p	lanted: Number of Specimon	Number of trees to be retained:Number of trees to be retained.
D	EVELOPMENT 'ORDER #	
		n and a second
1.	ALL APPLICATIONS REQUIRE	
	a. Property Appraisers Parcel N	the second s
	b. Legal Description of your area	
	C. Contractors name address	operty. (Can be found on your deed survey or Tax Bill.)
	d. Name all sub-contractors (pm	phone number & license numbers.
	d. Name all sub-contractors (pro	speny licensed).
	c. Current Survey	
2.	Take completed a structure of the	
٤.	details and and any instantion to the F	Permits and Inspections Office for approval. Provide constant
	- Fier Plan(s) Showing Se	Uduks vara coverage parting and market with the second
	at the time	ic. Compliance with subdivision regulations can also be determined
3.	Take the application showing Zoning a	approval (complete with plans & plot plan) to the Health Department
	for septic tank. Attach the pink copy to	o the building anglish the plans & plot plan) to the Health Department
4.	Return all forms to the Permits and the	nspection Office. All planned construction requires: two (2)
	plans, drawn to scale with engineers	or architects seal and the following items:
	a. 'Floor Plan	and the following items:
	b. Foundation Details	Carry Provide the Providence background
		rtificate due after slab inspection,
	d. Plot Plan (show desired floor of	runcate due after slab inspection,
	driveway).	levation relative to Sea Level in front of building, plus loc
	e. Truss layout	A LANDER NO. A LANDER AND A LANDER AND A LANDER AND
	-	· •
	g. Fireplace drawing: If prefabricat	ail for each wall that is different)
		• •
ADDI	TIONAL Required Documents are:	
	ter a le riequieu Documents ale	
1.	Use permit (for driveway economic to	
	location (State Road A-1-A East Ocean	public Right of Way). Return form with plot plan showing drivery
2.	te le troud n'n Last Oulan	Boulevard only).
3.	Flood Hazard Elevation (if applicable).	rell & pump
4.	Energy Code Compliance Certification -	
5.	Statement of Fact (for Homosures D. 11)	us any Approved Forms and/or Energy Code Compliance State
6.	and the set of the set (for nonneowner Build	Jer), and proof of ownership (Deed or Tay reasing Market There
0. 7.		
1.		cement must be filed in this office and posted at the job site prior
a	to the first inspection.	
-		•

2,

the set

÷.



Town Hall One South Sewall's Point Road Sewall's Point, Florida 34988

Phone (581) 287-2455 Fex (581) 220-4765

Disclosure Statement

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

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

Name	Julie Nohe, C	Date 4/24/01
Signed	Sulie Doheil	
Address	Le D Ridgevien	
City & State	Stuart Horida 34996	
Permit No.	5342	

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

5498 POOL

.

.

the second se	
Town of Sewall's Point BUILDING PERMIT APPLICATION	AUG - 6 2001 Pan
Owner or Titleli Jider's Name_JUUE_NOITE	TBY: 51 Phone No. (52) 220-1821
Street: 18 9 UIA LUCINDIA City_	STUART State: FL Zip 34996
Legal Description of Property: LOT 4, BLOCK 1	B, AMENDED PLAT OF
HOMENOOD	Parcel Number: 01-38-41-000-002
Location of Job Site: 6 N. RIDGE	W ROAD 00040-4-0000
TYPE OF WORK TO BE DONE: SWIMMING	POOL
CONTRACTOR/COMPANY Name HADROR BAY	POOLS Phone No. (Sol) 878-8806
Street (GU SW) RAYSHORE BLVD City	PORT ST LUCIE State: 12 20 54 100
State Registration: RPO067256	State License: RP0067256
	Phone No. ()
Street:City_	State: Zip
	Phone No. ()
ENGINEER: City	
AREA SQUARE FOOTAGE - SEWER - ELECTRIC:	Carport: Accessory Bidg:
Living Area: Garage Area:	
Covered Patio: Scr. Porch:	c Tank Permit # from Health Dept
Type Sewage: Sepur	POOL- 518 SQ. FT.
New Electrical Service Size:AMPS	
	um Base Flood Elevation (BFE): 8' NGVD
Flood zone: <u>AIO</u> Minimu Proposed first habitable floor finished elevation: <u>B</u> ,	Z' MIN NGVD (minimum 1 foot above BFE)
COSTS AND VALUES Estimated cost of construction or Improvement: \$2	1.000
Estimated Cost of Construction of Improvement. •	nt: \$
If Improvement, is cost greater than 50% of Fair Market	t Value? YES NO
Method of determining Fair Market Value:	
SUBCONTRACTOR INFORMATION: (Notification to th	is office of subcontractor change is mandatory.)
Electrical: EAGLE	State: FL License # <u>ER0013624</u>
Electrical: Electrical: Mechanical: N/A	State: License #
Plumbing: HARBOR BAY POOLS	State: FL License # RP0067250
An fair an an Anna an A	vork and installations as indicated. I certify that no work or mit and that all work will be performed to meet the standard
installation has commenced prior to the issuance of a per- of all laws regulating construction in this jurisdiction. I under for ELECTRICAL, PLUMBING, SIGNS, WELLS, POC CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BI TREE REMOVAL.	rstand that a separate permit from the Town may be required DLS, FURNACES, BOILERS, HEATERS, TANKS, AIR UILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND
CORRECT TO THE 'BEST OF MY KNOWLEDGE AND LAWS AND ORDINANCES DURING THE BUILDING PRO	VE FURNISHED ON THIS APPLICATION IS TRUE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, OCESS, INCLUDING FLORIDA MODEL ENERGY CODES.
WNER OF AGENT SIGNATURE (Required)	CONTRACTOR SIGNATURE (Required)
	Contractor
State of Florida, County of: ST. LUCIE On	State of Florida, County on <u>STEP Vers</u>
this the 25 day of <u>JULY</u> , 200 φ ,	this the <u>as</u> day of <u>output</u>
by JULIE NOHETLwho is personally	by <u>WADE M. CLARKE</u> who is personally
known to me or produced PERSON	known to me of produced
as identification.	as identification.
Raver L. Swinson	- Maren L. Awinson
Notary Public	Notary Public
My Commission Expires:	My Commission Expires:(Seal)
Karen L. Swinson (Seal)	Karen L. Swinson
	ige - 1. My Comprise 20901172600 Expires Jan 3, 2005
T'E OF FLOR	" OF FLU"

TREE REMOVAL (Attach _

. ho

Ŀ

Fee: \$_		Number of trees to be
ree. 9_	Number of Specimen trees removed:	
	Authorized/Date:	i
	OPMENT 'ORDER #	
1. 7	LL APPLICATIONS REQUIRE	•
8		
b		
Ċ		BY OF TAX Bill.)
d		
. 8		
ः । - न		
2. T	ake completed application to the Permits and Inspections Office for application	roval Provide construction
d	etails and a plot plan(s) showing setbacks, yard coverage, parking and pos	sition of all buildings on the
Р	roperty, stormwater retention plan, etc. Compliance with subdivision regulation	ons can also be determined
à	this time.	
3. T	ake the application showing Zoning approval (complete with plans & plot plar	1) to the Health Department
fc	r septic tank. Attach the pink copy to the building application.	y co allo llocala i Dopardinom
	eturn all forms to the Permits and Inspection Office. All planned construction	on requires: two (2) sets of
P	ans, drawn to scale with engineer's or architects seal and the following item	ns:
	'Floor Plan	
b .		
· C.	Le rater de arter siab inspection,	
d.	Plot Plan (show desired floor elevation relative to Sea Level in front of	of building, plus location of
1	driveway).	
6.	Truss layout	
ŗ.	Vertical Wall Sections (one detail for each wall that is different)	
g.	Fireplace drawing: If prefabricated submit manufacturers data	
	NAL Required Decuments and	
	NAL Required Documents are:	
1. Us	e permit (for driveway connection to public Right of Way). Return form with r	olot plan showing driveway
1. Us kor	e permit (for driveway connection to public Right of Way). Return form with p ation (State Road A-1-A East Ocean Boulevard only).	blot plan showing driveway
1. U: Iou 2. W	e permit (for driveway connection to public Right of Way). Return form with p ation (State Road A-1-A East Ocean Boulevard only). ell Permit or information on existing well & pump.	olot plan showing driveway
1. Us Iou 2. W 3. Fk	e permit (for driveway connection to public Right of Way). Return form with p cation (State Road A-1-A East Ocean Boulevard only). ell Permit or information on existing well & pump. pod Kazard Elevation (if applicable).	
1. Us koc 2. W 3. Fk 4. Er	e permit (for driveway connection to public Right of Way). Return form with p cation (State Road A-1-A East Ocean Boulevard only). ell Permit or information on existing well & pump. cod Kazard Elevation (if applicable). ergy Code Compliance Certification plus any Approved Forms and/or Energy	Code Compliance Sheets.
1. U: loo 2. W 3. Fk 4. Er 5. St	e permit (for driveway connection to public Right of Way). Return form with p cation (State Road A-1-A East Ocean Boulevard only). ell Permit or information on existing well & pump. cod Kazard Elevation (if applicable). ergy Code Compliance Certification plus any Approved Forms and/or Energy atement of Fact (for Homeowner Builder), and proof of ownership (Deed or	Code Compliance Sheets.
1. Us loc 2. W 3. Fk 4. Er 5. St 8. Im	the permit (for driveway connection to public Right of Way). Return form with p station (State Road A-1-A East Ocean Boulevard only). ell Permit or information on existing well & pump. bod Kazard Elevation (if applicable). ergy Code Compliance Certification plus any Approved Forms and/or Energy atement of Fact (for Homeowner Builder), and proof of ownership (Deed or gation Sprinkler System layout showing location of heads, valves, etc.	Code Compliance Sheets. Tax receipt).
1. Us loo 2. W 3. Fk 4. Er 5. St 8. Im 7. A c	Re permit (for driveway connection to public Right of Way). Return form with p cation (State Road A-1-A East Ocean Boulevard only). ell Permit or information on existing well & pump. bood Kazard Elevation (if applicable). ergy Code Compliance Certification plus any Approved Forms and/or Energy atement of Fact (for Homeowner Builder), and proof of ownership (Deed or gation Sprinkler System layout showing location of heads, valves, etc. certified copy of the Notice of Commencement must be filed in this office and	Code Compliance Sheets. Tax receipt).
1. U ko 2. W 3. Fk 4. Er 5. St 5. St 7. A c to	the permit (for driveway connection to public Right of Way). Return form with p sation (State Road A-1-A East Ocean Boulevard only). ell Permit or information on existing well & pump. bood Kazard Elevation (if applicable). hergy Code Compliance Certification plus any Approved Forms and/or Energy atement of Fact (for Homeowner Builder), and proof of ownership (Deed or gation Sprinkler System layout showing location of heads, valves, etc. certified copy of the Notice of Commencement must be filed in this office and the first inspection.	Code Compliance Sheets. Tax receipt). posted at the job site prior
1. U ko 2. W 3. Fk 4. Er 5. St 5. St 7. A c to	Re permit (for driveway connection to public Right of Way). Return form with p cation (State Road A-1-A East Ocean Boulevard only). ell Permit or information on existing well & pump. bood Kazard Elevation (if applicable). ergy Code Compliance Certification plus any Approved Forms and/or Energy atement of Fact (for Homeowner Builder), and proof of ownership (Deed or gation Sprinkler System layout showing location of heads, valves, etc. certified copy of the Notice of Commencement must be filed in this office and	Code Compliance Sheets. Tax receipt). posted at the job site prior
1. Us loc 2. W 3. Fk 4. Er 5. St 6. Im 7. A 0 8. Re	Re permit (for driveway connection to public Right of Way). Return form with p cation (State Road A-1-A East Ocean Boulevard only). ell Permit or information on existing well & pump. bood Kazard Elevation (if applicable). ergy Code Compliance Certification plus any Approved Forms and/or Energy atement of Fact (for Homeowner Builder), and proof of ownership (Deed or gation Sprinkler System layout showing location of heads, valves, etc. certified copy of the Notice of Commencement must be filed in this office and the first inspection. plat required upon completion of slab or footing inspection And Prior to any	Code Compliance Sheets. Tax receipt). posted at the job site prior further inspections.
1. Us loc 2. W 3. Fk 4. Er 5. St 5. St 6. Ini 7. A c 8. Re	The permit (for driveway connection to public Right of Way). Return form with preation (State Road A-1-A East Ocean Boulevard only). Hell Permit or information on existing well & pump. Nod Kazard Elevation (if applicable). Hergy Code Compliance Certification plus any Approved Forms and/or Energy atement of Fact (for Homeowner Builder), and proof of ownership (Deed or gation Sprinkler System layout showing location of heads, valves, etc. Pertified copy of the Notice of Commencement must be filed in this office and the first inspection. plat required upon completion of slab or footing inspection And Prior to any In, addition to the requirements of this permit, there may be additional re- property that may be found in the public records of COUNTY OF MA	Code Compliance Sheets. Tax receipt). posted at the job site prior further inspections. strictions applicable to this ARTIN, and there may be
1. Us loc 2. W 3. Fk 4. Er 5. St 5. St 6. Ini 7. A c 8. Re	The permit (for driveway connection to public Right of Way). Return form with preation (State Road A-1-A East Ocean Boulevard only). Hell Permit or information on existing well & pump. Dood Kazard Elevation (if applicable). Deergy Code Compliance Certification plus any Approved Forms and/or Energy atement of Fact (for Homeowner Builder), and proof of ownership (Deed or gation Sprinkler System layout showing location of heads, valves, etc. Deertified copy of the Notice of Commencement must be filed in this office and the first inspection. plat required upon completion of slab or footing inspection And Prior to any In, addition to the requirements of this permit, there may be additional re- property that may be found in the public records of COUNTY OF MA additional permits required' from other governmental entities such as wa	Code Compliance Sheets. Tax receipt). posted at the job site prior further inspections. strictions applicable to this ARTIN, and there may be
1. Us loc 2. W 3. Fk 4. Er 5. St 5. St 6. Ini 7. A c 8. Re	The permit (for driveway connection to public Right of Way). Return form with preation (State Road A-1-A East Ocean Boulevard only). Hell Permit or information on existing well & pump. Nod Kazard Elevation (if applicable). Hergy Code Compliance Certification plus any Approved Forms and/or Energy atement of Fact (for Homeowner Builder), and proof of ownership (Deed or gation Sprinkler System layout showing location of heads, valves, etc. Pertified copy of the Notice of Commencement must be filed in this office and the first inspection. plat required upon completion of slab or footing inspection And Prior to any In, addition to the requirements of this permit, there may be additional re- property that may be found in the public records of COUNTY OF MA	Code Compliance Sheets. Tax receipt). posted at the job site prior further inspections. strictions applicable to this ARTIN, and there may be
1. Us loo 2. W 3. Fk 4. Er 5. St 5. Irri 7. A (5. Re NOTICE:	The permit (for driveway connection to public Right of Way). Return form with preation (State Road A-1-A East Ocean Boulevard only). Hell Permit or information on existing well & pump. Dood Kazard Elevation (if applicable). Deergy Code Compliance Certification plus any Approved Forms and/or Energy atement of Fact (for Homeowner Builder), and proof of ownership (Deed or gation Sprinkler System layout showing location of heads, valves, etc. Deertified copy of the Notice of Commencement must be filed in this office and the first inspection. plat required upon completion of slab or footing inspection And Prior to any In, addition to the requirements of this permit, there may be additional re- property that may be found in the public records of COUNTY OF MA additional permits required' from other governmental entities such as wa	Code Compliance Sheets. Tax receipt). posted at the job site prior further inspections. strictions applicable to this ARTIN, and there may be

Approved by Town Engineer (If required)

.°Ę

, · . Date:

¥

			• • • •	
•	TOWN OF	F SEWALL	'S PC	DINT
· .		partment - Insp		
Date of	Inspection: 🗆 Mon 🗡 Wed	· Fri fully 3	, 2	00,1; Page of
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	
		Acta Finel	RESULTS	NOTES/COMMENTS: Celt 486-6171- PLS call
5731	Fenero Zial EE Chall	Filen Incl	ILLIA	Bygoing
	3601 SE Crean Blud MC Couley + Gulick			
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	
			RESULTS	
PREE	v , –	- VIC	1242.00	NeurBoots !-
	5 Mondaluy			
			RESULTS	
PERMIT	OWNER/ADDRESS/CONTR.			NOTES/COMMENTS:
5-49.8-	WOHESL, Julie	Final-Pool	Gand	Pls call BY-220-1821
	6 N Ridge View			
	Horlon Buy Pails			
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
5579	NOHZJL, Julie	FINAL-Neck		/
	6 N Ridge View	· 1-	0	
	Norber Bay Ports	```	Accessod	
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
5872	Davis	FINGL-ROOF	fossal	
	5 Palm Rd			<u> </u>
	ALUMUTILE			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5631	HART	ROOF TIN TAG.	taction	(soft valley -)
··· <u>.</u>	61 S. RWERROPP			()/
	WINCHIP.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5689	Hendescen	Roof sheatling	tarsad P	Ridial Porch only
	24 Island Rd.		raster	to reserve ()
	Butord			INSPECTOR:
OTHER: .	10 w High Pavers	+ Breezeway	Pool =	
· · · · · · · · · · · · · · · · · · ·	2×6 TfG 4"001	raffers 14" scil		() () () () () () () () () () () () ()
• . 	De Gama = cleary		2020 00	(3)
	TMC el pole	Hi Sewalls hay		

. .

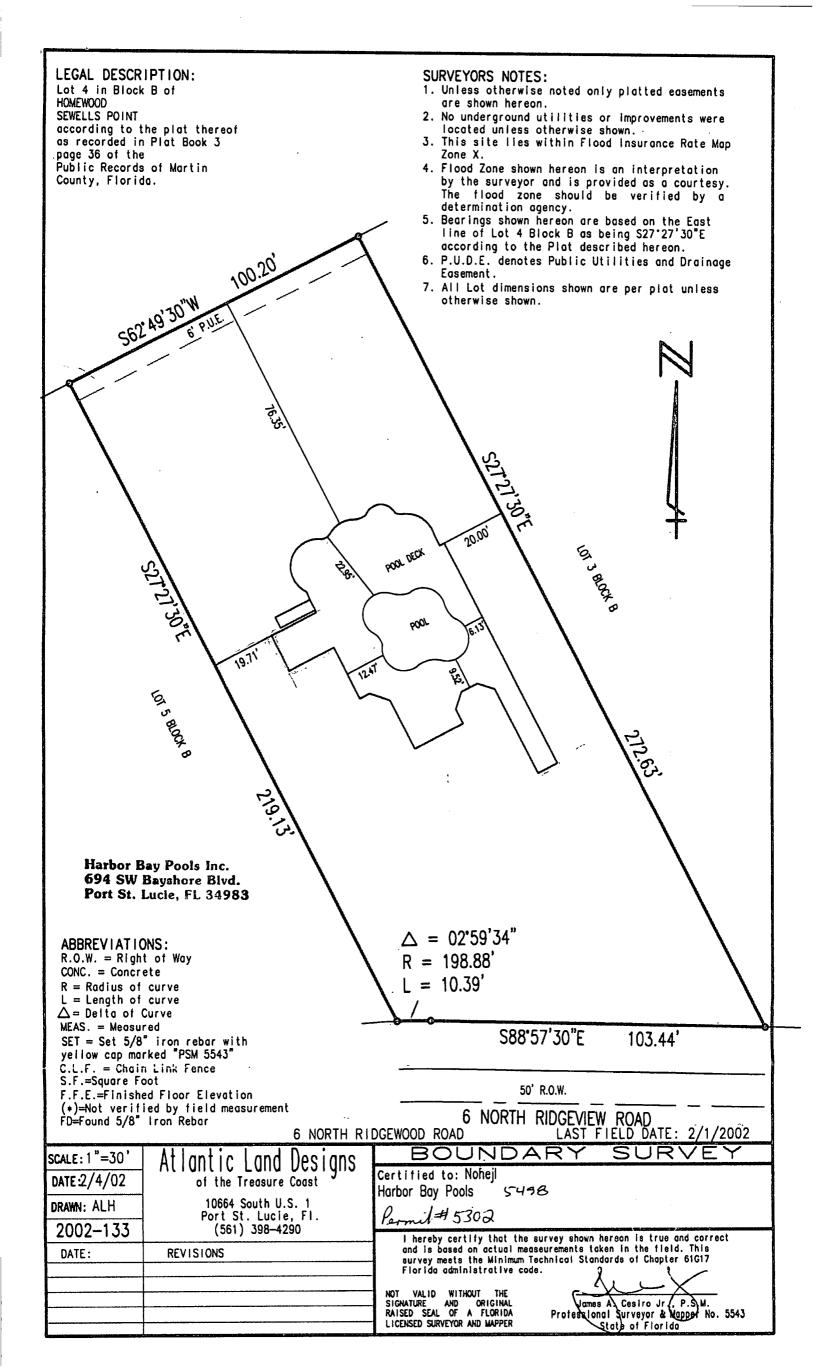
.

.

•

·

		epartment - Ins d X Fri		2001; Page <u></u> of _
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5068	WINER	INSULATION		marian
•	A RINGELAND.		<u> </u>	to
	LEAX			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5612	DEGARMO	FRAMING	failer	
	24 W. HIGH POINT			\bigcap
	PINE ORCHARD		· · · · · ·	
PERMIT	ÖWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/CONMENTS:
	PITTINOS.	SWALE	failed	
	117 HEARY Gwalls			\bigcap
	TMC	11:00 AM		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
2640	King	Gazes, Rool	ass Ref	
	30 Ris Vista		······································	_
	OR			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
302-	NOILEJL.	POOL_FINAL	Railod	-Wo Dames - funce
5498	6 N. RIDGEVIEW			We doer screen ?
	HARROR BAY			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5681	DRUCKER	SHEATHMAD	failed	· · · · · · · · · · · · · · · · · · ·
	18 NIGH POMT ND			
	PACIFIC.	2630116		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5685	Whalen	Pool Steel Rs.	Ragal	
<u></u>	a thousand Rd.			^
	Twi- Pool,			
		5 S. Ruser Nd.		



	TOWN OF	SEWALL	'S PC	DINT
	Building De	partment - Insj	pection	Log
Date of	Inspection: Mon Wed	XIII SEVIENIKER	7	001; Page <u>2</u> of <u>C</u> .
PERMIT	OWNER/ADDRESS/CONTR			NOTES/COMMENTS:
5418	NO.HERCORE ALLERAN	FOLU/STL.	Pised	(MPN STO2)
$(\overline{1})$	GEN BUNGEN (LOU)	818-8806)		out to be porrocted
\bigcirc	HARBOR BAY POULS (KARON		RESULTS	
PERMIT	OWNER/ADDRESS/CONTR		CANCEL	NOTES/COMMENTS:
	H.B.HSSOC.OFT.C. (HARBOR 2740-5758 OCIMU) BAY	M. REPORT-FURT	RY	AKLEUE/PEIKE
	JITUSCIC V CONT		CONTR.	INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		C.O FINAL INSP.	Accird	FPL Called 1145
5(6)	BRENNAN 111 HENKY SEWALL WIY	- Reu		Hoalty/Irniget. Letter
$\overline{(7)}$	GLEN HUTCHINS		<u>чя.</u>	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5451	BREWNAD	POUL BLUC FINAL	·	
	111 HENRY SELANCE WAY	INCHANCE FINAC		
(\hat{o})		(JEKKY: 355-1471)		INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5021	BRENNED	IRRIG - FINAL	Assod	
	111 HEAKY SEWALL WAY	110F4		
Y	OSTRANDER SPRINKLER			INSPECTOR: 09/7
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
			· · ·	
			•	INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:
OTHER:				
			· · · · · · · · · · · · · · · · · · ·	
•••				

	Building De Inspection: D Mon Wed	partment - Insi		
Date of	Inspection: U mon			vvi; rage or
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Plat	Johon	REP. NODRE 7. DU	Par	not ready
ASE	G-M. Addmenter			8788606
\bigcirc	Habsillay			INSPECTOR 8 9
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5309	RAO	POOL -	Daza	
6	30 CASTLE HILL WAY	FINAL INC	fonco	\wedge
<u></u>	Ad G			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5509	MILORD (436-9785 cell)	FTG./SLAB	100001	FORMBOAKD SUBJEY WAIVE
$\overline{\bigcirc}$	4 FIELDWAY DR.			\bigcap
(\mathcal{I})	MILORD DEVEL. CORP			INSPECTOR 9/5
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5187	JORDAN	INSULATION	Passod	LATE IF YOSSIKLE
	110 D. SEWALL'S POINT RD	Upstairs only.		$\int \int \partial \nabla $
$(\underline{4})$	W.D.C. CONST. FWAYNE: 201-	1565)		INSPECTOR 9
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
J27	Picleu	Curt. fire storms	V .	
	65 S. River Rd.			Ο
Ç			·	INSPECTOR 9
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
4981	Rimer	Plumbg.rough	BSS2D	
Leining .	29 S. River Rd.	<u> </u>		Λ
O	Lear Dev.			INSPECTOR 9
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
	Jorday	Plis/slab	Parsod	Liber concr.
5187	NU U. Spewalle Pt Rd.	Garage	Rend :	Will for couperto ser
	WDC Courts.	read.	Parsod	
			<u> </u>	X
OTHER:				

	MASTER	R PERMIT NO. <u>5302</u>
TOWN OF S	SEWALL'S POINT	
e Iding to be erected for MICHAEL \$ JI	JUE NOHEJL-Type of PE	GPERMIT NO. 5498 ermit <u>POOL</u>
blied for by HARBOR BAY POOLS	(Contractor)	Building Fee \$ 240,00
division HOMEWOOD Lot	Block	Radon Fee
dress 6 N. RIDGEVIEU)	Impact Fee
be of structure S.F.R. (UNDER CO	NSF.)	A/C Fee
		Electrical Fee
rcel Control Number:		Plumbing Fee
01-38-41-006-002-0	•	
nount Paid 1 240,00 Check # 499	Cash Other F	ees ()
tal Construction Cost \$ 21,000.		TOTAL Fees \$ 240.00
gned Marguerite Balan Applicant	Signed	Building Inspector PFICLAC
POOL/S	PA PF	RMIT
	INSPECTIONS	
SETBACKS DATE COMPACTION TESTS DATE	DECK ENCLOSURE & LATCH	DATE
GROUND ROUGH DATE	DOOR ALARM(S)	DATE
IGHT NITCHE DATE	FINAL	DATE
4 HOURS NOTICE REQUIRED FOR I	INSPECTIONS.	CALL 287-2455
WORK HOURS -	8:00 AM UNT	IL 5:00 PM
		on Demolition
This permit must be visible f	rom the street, accessibl	

i

i

~

- 🐞

AJF ENGINEERING & TESTING INC.

P.O. BOX 12059 LAKE PARK, FL 33403

IN PLACE SOIL DENSITY (NUCLEAR METHOD) ASTM D 2922

Date:	SEPTEMBER 27, 2001
Job #:	P01-2116
Permit #:	5302
Client:	HARBOR BAY POOLS

Contractor: HARBOR BAY POOLS

Job Location: NOHEGL RESIDENCE 6 N RIDGEVIEW ROAD SEWALL'S POINT, FLORIDA

Test No.	Test Sample Location	Depth	In Place Dry Density	Maximum Dry Density	% Com- pacted
•	Density - Pool D	eck Backfill			
	•	Below Sla	b .		
·	1	Grade	:		
1	North Side	0-1'	101.7	105.3	96.6%
2	:	1-2'	102.1		97.0%
3	•	2-3'	101.6	•	96.5%
4	South Side	0-1'	101.8		· 96.7%
5		1-2'	102.8	. ,	97.6%
6	•	2-3'	102.2		97.1%
7	East Side	0-1'	102.3		97.2%
8	·	1-2'	103.7		98.5%
9	1 An	2-3'	103.1	· · · .	97.9%
.10	1 whet side // A	0-1'	102.6	· ·	97.4%
	MIXI LV	1-2'	10 2.9	•	97.7%
		2-3'	102.3	•	97.2%
Frag	w.Vertews	1/ 9-27	-01		

HENGINEERING& TESTING INC..

NE: (561) 845-7445 WEST PALM BEACH (561) 337-7755 MARTIN-ST. LUCIE (561) 564-0940 INDIAN RIVER (561) 845-8876 FAX

AJF ENGINEERING & TESTING INC.

P.O. BOX 12059 LAKE PARK, FL 33403

FILE

IN PLACE SOIL DENSITY (NUCLEAR METHOD) ASTM D 2922

Date:	SEPTEMBER 27, 2001
Job #:	P01-2116
Permit #:	5302
Client:	HARBOR BAY POOLS

Contractor: HARBOR BAY POOLS

Job Location: NOHEGL RESIDENCE 6 N RIDGEVIEW ROAD SEWALL'S POINT, FLORIDA

Test No.	Test Sample Location	Depth	In Place Dry Density	Maximum Dry Densit <u>y</u>	% Com- pacted
	•				
	Density - Pool D				
	Density - Foot De	Below Slat	h		
	• • •	Grade	• •		
1	North Side	0-1'	101.7	105.3	96.6%
2	- · · · · · · · · · · · · · · · · · · ·	1-2'	102.1	<i>"</i>	97.0%
3		2-3'	101.6		96.5%
				•	
4	South Side	0-1'	101.8	•	96.7%
5		1-2'	102.8	•	97.6%
6		2-3'	102.2		97.1%
7	East Side	0-1'	102.3		97.2%
8	Lust Stat	1-2'	103.7		98.5%
9		2-3'	103.1		97.9%
• •	a h (1)				
10	west side / /	0-1'	102.6		97.4%
11/	NIXIV	<u> </u>	102.9	• •	97.7%
12./) 2-3'	102.3		97.2%
1		$\left(\right)$			

Frank W. Farley, 9-27-01 P.E. 40141 AJF ENGINEERING & TESTING INC..

PHONE: (561) 845-7445 WEST PALM BEACH (561) 337-7755 MARTIN-ST. LUCIE (561) 564-0940 INDIAN RIVER (561) 845-8876 FAX

NOTICE OF COMMENCEMENT

PERMIT NO.	
STATE OF	FLORIDA

TAX I.D. NO. 01-38-41-006-002-00040-4-COUNTY OF MARTIN

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

Legal Description of property and street address, if available 6 N. RIDGEVIEW ROAD LOT 4, BLOCK B. AMENDED PLAT OF HOMEWOOD

Generaldescriptionoimprovements <u>Juimn</u>	NING POOL G DECK
	STATE OF FLORIDA
Owner MICHAEL & TULIE NO	
Address (ON, Attack AND RID	
Owner's interest in site of improvement	FOREGOING PAGES IS A TRUE
PRIMARY RESIDENCE	
· · · · · · · · · · · · · · · · · · ·	BE THO IN CLEAR
Fee simple title holder if other than owner	BE TUDINE D.C. COUNTY.
Address	ATE
Contractor <u>HARROR BAY POOLS</u> Address <u>694 SW BAYSHORE BLUI</u>	Phone # <u>561878-8806</u> <u>P51</u> Fax # <u>878 - 8859</u>
Surety	Phone #
Address	Phone#
Amount of Bond \$	
r	
Lender Address Addres	Phone#
AddressN/H	Fax#
Persons within the State of Florida designated by may be served as provided by Section 713.13 (1) (a Name	a) 7., Florida Statutes: Phone#
Address IV/H	Fax#
In addition to himself, owner designates	of
Phone # Fax# to receive s copy of the second s	of the Lienor's Notice as provided in Section
713.13(1)(b), Florida Statutes. Expiration date of notice of commencement is one date is specified.	year from the date of recording unless a different
	x Juli nohil
	OWNERS SIGNATURE
STATE OF FLORIDA, COUNTY OF $_{I}$	y of JULY, 2001, by JULIE NOHEJL
Sworn to and subscribed before me this $\underline{24}$, day	y of JULY, 2001, by JULIE NOHESL
Is personally known to me or who has produced	IN PERSON as identification.
NOTARY PUBLIC	Haven L. Swinson
Karen L. Swinson	Signature of Notary
My Commission CC99175	18 KAREN L. SWINSON
Expires Jan 3, 2005	Type or Print Name of Notary
THE OF FLORID	Notary Public Title Commission Number



Home Office: One Nationwide Plaza Columbus, OH 43215 - 2220

CERTIFICATE OF INSURANCE

FILE



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

CERTIFICATE	
	5 SEVELINS POINT
2*************************************	2. 这首次有时间是这一名的时候了了。\$P\$

ATTN ED ARNOLD

1 SOUTH SEWELLS POINT ROAD SEWELLS POINT. FL 34996

	RECEIVED
INSURED:	JAN - 4 2001
694 SW BAY, RCOLS, INC 694 SW BAYSHORE BLVD	
PORT ST LUCIE. FL 34	BI:
FILE µ	Irun t

	POLICY NUMBER	POLICY P	OLICY LIMITS OF LIABILITY
TYPE OF INSURANCE	& ISSUING CO.	EFF. DATE EXP	
BLAB HERY	7774PR-7058901-30001	12=21=00 1 12	<u>_21_01_0</u>
Exa Erability and	NATIONWIDE		Any One Occurrence \$ 1.000.000
Medical Expense	MUTUAL		
[X] Personal and	INSURANCE CO.	1	Any One Person/Org \$ 1.000.000
Advertising Injury			
[X] Medical Expenses			ANY ONE PERSON \$ 5,000
[X] Fire Legal		1	Any One Fire or Explosion \$ 50,000
Liability		1	
ļ		1	General Aggregate* \$ 2.000.000
			Prod/Comp Ops Aggregate* . \$ 2.000.000
[] Other Liability			1
AUTOMOBILE LIABILITY			
[] BUSINESS AUTO			Bodily Injury
			(Each Person) \$
[] Owned			(Each Accident) \$
[] Hired			Property Damage
[] Non-Owned			[(Each Accident) \$
I		1 1	Combined Single Limit \$
EXCESS LIABILITY			Each Occurrence \$
l			Prod/Comp Ops/Disease
[] Umbrella Form		1	Aggregate*\$
	······		STATUTORY LIMITS
[] Workers'		i i	BODILY INJURY/ACCIDENT \$
Compensation		1	Bodily Injury by Disease
and		l I	EACH EMPLOYEE \$
[] Employers'		1	Bodily Injury by Disease
Liability		1 İ	POLICY LIMIT \$

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

DESCRIPTION OF OPERATIONS/LOCATIONS VEHICLES/RESTRICTIONS/SPECIAL ITEMS

Effective Date of Certificate: 12-21-2000 Date Certificate Issued: 12-28-2000

Authorized Representative: 0. R. POST AGENCY Countersigned at:

146 NW CENTRAL PARK PLZ SUITE 102

			A	07/	/16/2001								
ODUCER MARSH USA, INC. 600 RENAISSANCE CENTER, SUITE 2100 DETROIT, MI 48243		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. COMPANIES AFFORDING COVERAGE											
								INSURED SUNSHINE COMPANIES, INC. 5825 US 27 NORTH SEBRING, FL 33870 PH: 800-477-5606		B]		
										COMPANY C COMPANY			
D	F	3Y. 4											
THIS IS TO CERTIFY THAT THE POLICIE INDICATED, NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSION AND CONTITION OF SUCH	ES OF INSURANCE LISTED BELO REQUIREMENT, TERM OR COND PERTAIN, THE INSURANCE AFF	W HAVE BEEN ISSUED TO ITION OF ANY CONTRACT (ORDED BY THE POLICIES [OR OTHER DOCUME DESCRIBED HEREIN	INT WITH RESPECT TO WHIC	CHITHIS								
	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS									
GENERAL LIABILITY				GENERAL AGGREGATE	S !S								
	1	- - -		PERSONAL & ADV INJURY	5								
OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	s								
	: : :			FIRE DAMAGE(Any one fire)	s								
	<u> </u>			MED EXP (Arry one person)	\$								
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT BODILY INJURY (Per person)	\$ \$								
SCHEDULED AUTOS HIRED AUTOS	1			BODILY INJURY (Per accident)	s								
NON-OWNED AUTOS				PROPERTY DAMAGE	s								
GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	s								
			: :	EACH ACCIDENT AGGREGATE	\$\$								
			• : !	EACH OCCURRENCE	\$								
OTHER THAN UMBRELLA FORM				AGGREGATE	\$								
A LENGLOSEREISON HAND				X WC STATU- TORY LIMITS ER	4 000 000								
PARTNERS/EXECUTIVE	-MRMWG5276938	06/04/2001	109/01/2001 N.	ELE EACH ACCIDENT	s 1,000,000 s 1,000,000								
OFFICERS ARE: EXCL				EL DISEASE-EA EMPLOYEE	s 1.000.000								
OTHER LOCATION COVERAGE		06/01/2001	09/01/2001										
DESCRIPTION OF OPERATIONS/LOCATIONS/VE	EHICLES/SPECIAL ITEMS												
ONLY THOSE EMPLOYEES LEASED 5155 GRARBOR BAV POOLS	TO, IN FLORIDA, BUT NOT	SUBCONTRACTORS OF: .W. BAYSHORE BLVD		CIE, FL 34983									
CERTIFICATEHOLDER		NGAL MON											
1 SOUTH SEWALL'S POINT RD. STUART,, FL 34996- ATTN: ED ARNOLD		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER MAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Roy D. Cannon											
								TACORD 26-S (195) - CALE PLET STATE		Ed and Antipologican and an Ultradian	1000 A 200 (20.7)		CORPORATION 39

,

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION



.

CONST INDUSTRY LICENSING BOARD 7960 ARLINGTON EXPRESSWAY STE 300 JACKSONVILLE FL 32211-7467

۰.

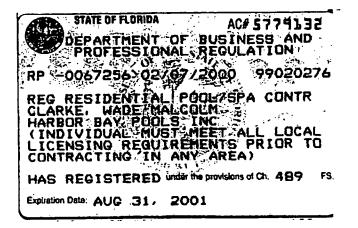
(904) 727-6530

CLARKE, WADE MALCOLM HARBOR BAY POOLS INC 694 SW BAYSHORE BLVD PORT ST LUCIE FL 34983

۰.

•• ••

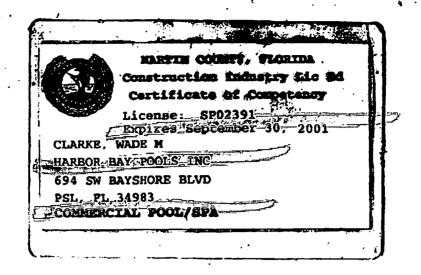
RECEIVED FEB 2 4 2000 BY:



DETACH	HERE
--------	------

	STATE OF FLORIDA	
DEPARTMEN	T DE BUSINESS AND PROFESSIONAL CONST INDUSTRY LICENSING BOAF	
	CENSE NBR	
	-0067256	
The RESIDENTIAL POOL SPA Hamed below HAS REGISTERED Under the provisions of Chapter 489 Expiration date: AUG 31; 2001	CONTRACTOR FS.	
(TNDTVTDUAL MUST MEET A	LL LOCAL LICENSING REQUIREMEN	
CLARKE WADE MALCOLM HARBOR BAY POOLS INC 694 SW BAYSHORE BLVD PORT ST LUCIE FL	-34983	ngan namangan nanggan kalan ka
JEB BUSH GOVERNOR	DISPLAY AS REQUIRED BY LAW	CYNTHIA A. HENDERSON SECRETARY
	DISPLATAS REQUIRED DT LAW	

ATTN: ÉO ARNOLD



RECEIVED JUL 1 6-2001 BY:

FILE

· · ·

5579 POOL DECK

.

.

.

.

.

.

•

MASTER PERMIT NO. N/a

-

TOWN OF SEWALL'S POINT

Address A/C Fee Type of structure SF4 A/C Fee Parcel Control Number: Plumbing Fee Electrical Fee O1 3 € 4 1 006 002 0004 0 4 0000 Roofing Fee Amount Paid Check # Amount Paid Check # Cash Other Fees (Joint Fees (Total Construction Cost \$ 4 000 00 TOTAL Fees 38 40 TOTAL Fees 38 40 Signed Town Building Increator Applicant Signed	FRAMING DATE
Type of structure SFL A/C Fee Parcel Control Number: Electrical Fee 013841006002000404000 Roofing Fee Amount Paid Check # Cash Other Fees (
Type of structure SFL A/C FeeParcel Control Number:Electrical Fee $OI 3841 006 002 00040 4 0000Roofing FeeAmount PaidCheck #Construction Cost $ 4 0000TOTAL Fees 38 40$	Signed
Type of structure SFL A/C Fee Parcel Control Number: Electrical Fee 0138410060020004040000 Roofing Fee Amount Paid Check # Cash	
Type of structure SFL A/C Fee Parcel Control Number: Plumbing Fee	Cash Other Fees ()
Type of structure S F I A/C Fee	Plumbing Fee
	A/C Fee
Subdivision Homewood Lot 4 Block B Radon Fee Address A	N RIDGENTEW DR Impact Fee A/C Fee Electrical Fee Plumbing Fee
Building to be erected for Julie NOHEJL Applied for by HANGE BAY POOLS - Subdivision Home wood Lot 4	



One Nationwide Plaza Columbus, OH 43215 - 2220

Home Office:

CERTIFICATE OF INSURANCE

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

CERTIFICATE HOLDER: TOWN OF SEWELLS POINT ATTN ED ARNOLD 1 SOUTH SEWELLS POINT ROAD SEWELLS POINT. FL 34996



INSURED: HARBOR BAY POOLS INC 694 SW BAYSHORE BLVD PORT ST LUCIE. FL 34983

RECEIVED
JAN - 4 2001
BY:

	POLICY NUMBER	POLICY	POLICY	LIMITS OF LIABILITY
TYPE OF INSURANCE	& ISSUING CO.	EFF. DATE	EXP. DATE	(*LIMITS AT INCEPTION)
LIABILITY	77-PR-708391-3001	12-21-00	12-21-01	
[X] Liability and	NATIONWIDE	1	I.	Any One Occurrence \$ 1,000,000
Medical Expense	MUTUAL	1	1	
[X] Personal and	INSURANCE CO.	1	l	Any One Person/Org \$ 1.000.000
Advertising Injury	1	1	1.	
[X] Medical Expenses			1	ANY ONE PERSON \$ 5.000
[X] Fire Legal		1	I	Any One Fire or Explosion \$ 50.000
Liability			1	
	1	1	1	General Aggregate* \$ 2.000.000
		l	1	Prod/Comp Ops Aggregate* . \$ 2.000.000
[] Other Liability	1	I	1	1
AUTOMOBILE LIABILITY			1	· ·
[] BUSINESS AUTO	1	1	1	Bodily Injury
	1	ł	1	(Each Person)\$
[] Owned	1	1	1	(Each Accident)\$
[] Hired	1	1	ļ	Property Damage
[] Non-Owned	1	1	1	(Each Accident) \$
	1	1		Combined Single Limit \$
EXCESS LIABILITY				Each Occurrence\$
		Ì	1	Prod/Comp Ops/Disease
[] Umbrella Form	i	Ì	1	Aggregate*\$
				STATUTORY LIMITS
[] Workers'	1	1	İ	BODILY INJURY/ACCIDENT \$
Compensation			İ	Bodily Injury by Disease
and		Ì	Ì	EACH EMPLOYEE \$
[] Employers'	· ·	İ		Bodily Injury by Disease
Liability		Ì	1	POLICY LIMIT \$

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

Effective Date of Certificate: 12-21-2000 12-28-2000 Date Certificate Issued:

Authorized Representative: O. R. POST AGENCY Countersigned at:

146 NW CENTRAL PARK PLZ SUITE 102

VEHICLES/RESTRICTIONS/SPECIAL ITEMS

	ER TRANSFER SOLUTIONS, I	REFILEICATE	OF UI	THIS CERTIFI ONLY AND C HOLDER, THI	CATE IS ISSUED A ONFERS NO RIG S CERTIFICATE D	S A MATTER OF INFORM THIS UPON THE CERTIFIC DES NOT AMEND, EXTENDED BY THE POLICIES E	FICATE ND OR
Á	ADMARK CENTER ONE EAST ROBINSON STREET,		L	CC			<u>.</u>
	LANDO, FL 32801			PANY			
 INSI	URED SUNSHINE COMPANIES,		COM B	PANY	MMERCIAL MUTU	PCHIVED	· · · · · · · · · · · · · · · · · · ·
	5825 US 27 NORTH SEBRING, FL 33870			PANY		AUG 3 0 2001	
	PH: 800-477-5606	tictions.		PANY Defense and the second second second second second second second second second second second second second second	B		
THI IND CE	RAGES AND TO SUBJECT OF THE POLICIE S IS TO CERTIFY THAT THE POLICIE ICATED, NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSION AND CONTITION OF SUCH	EQUIREMENT, TERM OR CO PERTAIN, THE INSURANCE	ONDITION C AFFORDED	OF ANY CONTRACT (BY THE POLICIES D REEN REDUCED BY F	THE INSURED NAME OR OTHER DOCUMEN DESCRIBED HEREIN PAID CLAIMS.	D ABOVE FOR THE POLICY	CH THIS
CO LTR	TYPE OF INSURANCE	POLICY NUMBER		DATE (MWDD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
1	GENERAL LIABILITY					PRODUCTS-COMP/OP AGG	\$
[PERSONAL & ADV INJURY	s
	OWNER'S & CONTRACTOR'S PROT					EACH OCCURRENCE	\$
	-					FIRE DAMAGEAny one fire)	5
						MED EXP (Any one person)	\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT BODILY INJURY (Per person)	s ·
	SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$
				1		PROPERTY DAMAGE	\$
						AUTO ONLY-EA ACCIDENT OTHER THAN AUTO ONLY:	s
						EACH ACCIDENT AGGREGATE	s s
						EACH OCCURRENCE	5
	OTHER THAN UMBRELLA FORM					AGGREGATE	5
A	WORKER'S COMPENSATION AND					X WC STATU. OTH- TORY LIMITS ER	
	THE PROPRIETOR/ X INCL PARTNERS/EXECUTIVE EXCL	15227-00		08/06/2001	08/06/2002	EL EACH ACCIDENT	s 1,000,000 s 1,000,000
						EL DISEASE-EA EMPLOYEE	s 1,000,000
	OTHER LOCATION COVERAGE			08/06/2001	08/06/2002		
	RIPTION OF OPERATIONS/LOCATIONS/VE Y THOSE EMPLOYEES LEASED 55 HARBOR BAY POOL, IN	TO, IN FLORIDA, BUT NO			PORT ST. LUCIE	, FL 34983	<u>-</u>
GEF		2. 经增加股票公司	CANCEL	LATION	N (F TTT		
	FAX: 561 220-476	5	SHOULD A	NY OF THE ABOVE DES	CRIVED POLICIES BE CA	ANCELLED BEFORE THE EXPIRATION	TION DATE THEREOF,
TOWN OF SEWALL'S POINT			NAMED TO	THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
	1 SOUTH SEWALL [.] STUART,, FL 34990 ATTN: ED ARNOLC	6-)	AUTHOF Paul R. H	RIZED REPRESEN		1-Sent Allows	

WANARD 25-55 (10-5) IN THE REPORT OF THE REPORT	

STATE OF FLORIDA

UDIDER FILOUT

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION



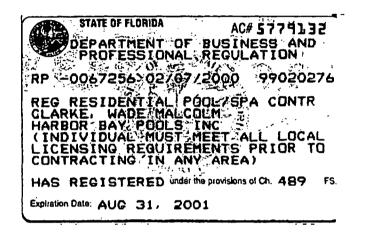
. .

CONST INDUSTRY LICENSING BOARD 7960 ARLINGTON EXPRESSWAY STE 300 JACKSONVILLE FL 32211-7467

(904) 727-6530

CLARKE, WADE MALCOLM HARBOR BAY POOLS INC 694 SW BAYSHORE BLVD PORT ST LUCIE FL 34983

RECEIVED FEB 2 4 2000 BY:



Ô

878 8806

. .

Negation (Construction)

DETACH HERE

DI	EPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION	 Militaria (Militaria) Statistical Militaria Sta
DATE BATCH N	UMBER LICENSE NBR	
02/07/2000 990202		
The RESIDENTIAL F Named below HAS REG Under the provisions of Chapte	POOL/SPA CONTRACTOR	
Expiration date: AUG 31, (INDIVIDUAL MUS)	2001	

CLARKE WADE MALCOLM HARBOR BAY POOLS INC 694 SW BAYSHORE BLVD PORT ST LUCIE FL 34983

JEB BUSH GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON SECRETARY

· · .

•••••

CARRY RIGHT FOR THE FORES OF RIGHT REAL

MARTIN COUNTY, FLORIDA Construction Industry Lie Ed Certificate of Competency License: SP02391

Expires September 30, 2003 CLARKE, WADE M HARBOR BAY POOLS INC 694 SW BAYSHORE BLVD PSL, FL 34983

COMMERCIAL POOL/SPA

AT31 Fenero Fleth Finel Resal Webber 486 6171-Plsea 3601 SE Ocean Bhd INSPECTOR INSPECTOR INSPECTOR ERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: REF NUMARY Sector Th Paged INSPECTOR ERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: Standaluy INSPECTION TYPE RESULTS NOTES/COMMENTS: Standaluy INSPECTION TYPE RESULTS NOTES/COMMENTS: Standaluy INSPECTOR TYPE RESULTS NOTES/COMMENTS: Standaluy INSPECTOR INSPECTOR INSPECTOR ERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: Standalus Notes/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: Standalus June June June June June Gard June		Inspection: 🗆 Mon 🖗 Wed			00,1; Page of
1151 1900 1 1100 1 1100 1 10000 1 1000 1 1000 1	PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	
MCCONNERVADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: PERMIT OWNERVADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: SMandaluy ERMIT OWNERVADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 5498 NOHE JL, JULIC FIRUL-POOL REQUEST NOTES/COMMENTS: 5498 NOHE JL, JULIC FIRUL-POOL REQUEST NOTES/COMMENTS: 5498 NOHE JL, JULIC FIRUL-POOL REQUEST NOTES/COMMENTS: 5498 NOHE JL, JULIC FIRUL-POOL REQUEST NOTES/COMMENTS: 5498 NOHE JL, JULIC FIRUL-POOL REGUES NOTES/COMMENTS: 5498 NOHE JL, JULIC FIRUL-ROOL REGUES NOTES/COMMENTS: 5498 NOHE JL, JULIC FIRUL-NECK J KAUBAL BUY PU/S ERMIT OWNERVADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 549 NOHEZJEJ JULIC JL/ KAUBAL BUY PU/S ERMIT OWNERVADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 541 NOVERVADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 542 Navis FIRUL-ROOF RESULTS NOTES/COMMENTS: 543 NOTES/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 543 NOVERVADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 543 NOVERVADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 543 NOVERVADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 543 NOVER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 543 NOVER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 544 NAVI ROOF TIN TAG. PACIA (SOLI SOLIDARY) 645 NUNCHAP. 101 S. NUBER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 549 HLUMASCON ROOF TIN TAG. PACIA PARA ONLY 24 (Sland Rd. 103 PORT INSPECTION TYPE RESULTS NOTES/COMMENTS: 1489 HLUMASCON ROOF ARABALL'S NOTES/COMMENTS: 1489 HLUMASCON ROOF ARABALL'S NOTES/COMMENTS: 1489 HLUMASCON ROOF ARABALL'S NOTES/COMMENTS: 1489 HLUMASCON ROOF ARABALL'S NOTES/COMMENTS: 1489 HLUMASCON ROOF ARABALL'S NOTES/COMMENTS: 1489 HLUMASCON ROOF ARABALL'S NOTES/COMMENTS: 1489 HLUMASCON ROOF ARABALL'S ROOF AND RESULTS NOTES/COMMENTS: 1489 HLUMASCON ROOF ARABALL'S ROOF AND RESULTS NOTES/COMMENTS: 1489 HLUMASCON ROOF ARABALL'S ROOF AND RESULTS NOTES/COMMENTS: 1489 HLUMASCON RAVER A BRODZEWAY (PRR =0.E.) OV	<u> </u>	Fenero	Fleth Finel	teral	Geltt- 486-6171- PLS Cal
ERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: REE NUMAY (Secret) T/L (2900) NUMERICAL POOL (2000) NUMERICAL PO		3601 SE acon Blud			
REE Nancy. (Sector) T/L (2000) Neurbody (1-) SMandaluy INSPECTION TYPE RESULTS NOTES/COMMENTS: 7498 NOHESJ, JULIE FINAL-POOL Paged ILS call BY-JJD-18. 6498 NOHESJCONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 7498 NOHESJCONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 7498 Notes/Comments INSPECTOR INSPECTOR: Sector 6. N. Ridge View INSPECTOR INSPECTOR: Sector 6. N. Ridge View Final-Neck INSPECTOR: Sector 6. N. Ridge View Final-Neck INSPECTOR: Sector 6. N. Ridge View Final-Neck INSPECTOR: Sector 8. A. Ridge View Final-Neck INSPECTOR: Sector 6. N. Ridge View Final-Roof Social Sector 6. N. Ridge View INSPECTOR INSPECTOR: Sector 8. Jouris Final-Roof Social Sector 8. Jouris Final-Roof Social Social 8. Jouris Final-Roof Soc		M. Couley + Gulick			INSPECTOR
5 Munidalay INSPECTOR A INSPECTION TYPE RESULTS NOTES/COMMENTS: 5498 NOHE JL, JULIE FINAL-POOL PGGAL PLS COMMENTS: 5498 NOHE JL, JULIE FINAL-POOL PGGAL PLS COMMENTS: 5498 NOHE JL, JULIE FINAL-POOL PGGAL PLS COMMENTS: 5498 Notes Bay Pals ERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 579 NOHE JLE JULIE FINAL-Neck J 6 N Ridge VIEW F NELLS BAY Pools JULIE FINAL-Neck J 6 N Ridge VIEW F NELLS BAY Pools JULIE FINAL-Neck J 6 N Ridge VIEW F NELLS BAY Pools JULIE FINAL-Neck J 6 N RIGGE BIEW F NELLS BAY Pools JULIE FINAL-NECK J 6 N RIGGE BIEW F NELLS BAY POOLS FINAL-NECK J 10 NINERADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 8712 DAVIS FINAL-ROOF POS COL 5 Palm Rd ALUMA TILE INSPECTION TYPE RESULTS NOTES/COMMENTS: 631 HANT ROOF TIN JAG. POCK SOL 601 S. RUBA ROAP WIN CHIP. 10 S. RUBA ROAP WIN CHIP. 10 S. RUBA ROAP WIN CHIP. 10 S. RUBA ROAP WIN CHIP. 10 S. RUBA ROAP WIN CHIP. 10 S. RUBA ROAP WIN CHIP. 10 SPECTOR RESULTS NOTES/COMMENTS: 1289 HELADSSOL ROOF SOL 10 SECONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 1289 HELADSSOL ROAP WIN CHIP. 10 SECONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 1289 HELADSSOL ROAP WIN CHIP. 10 SPECTOR RESULTS NOTES/COMMENTS: 1289 HELADSSOL ROAP 11 NSPECTOR (INSPECTION TYPE RESULTS NOTES/COMMENTS: 1289 HELADSSOL ROAP WIN CHIP. 10 SECONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 1289 HELADSSOL ROAP WIN CHIP. 10 SECONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 1289 HELADSSOL ROAP 13 SPECTOR (INSPECTION TYPE RESULTS NOTES/COMMENTS: 1289 HELADSSOL ROAP 13 SPECTOR (INSPECTION TYPE RESULTS NOTES/COMMENTS: 1280 FOR ROA ROACH ROAP (INSPECTOR FOR FOR ONLY 24 (Sland Rd. 13 SPECTOR (INSPECTOR FOR FOR FOR FOR FOR FOR ONLY 14 SECON PARENT FOR FOR FOR FOR FOR FOR FOR FOR ONLY 14 SECON PARENT FOR FOR FOR FOR FOR FOR FOR FOR ONLY 14 SECON PARENT FOR FOR FOR FOR FOR FOR FOR FOR FOR FOR	ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE		NOTES/COMMENTS:
5 Mandaluy INSPECTOR INSPECTOR 1948 NOHEJADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 1948 NOHEJADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 1948 NOHEZADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 1944 North Bay Hals INSPECTOR HE 6 N Ridge VIEW North Bay Hals INSPECTOR HE 6 N Ridge VIEW North Bay Hals INSPECTOR THE INSPECTOR TYPE RESULTS NOTES/COMMENTS: 1944 North Bay Hals INSPECTOR TYPE RESULTS NOTES/COMMENTS: 1944 North Bay Hals INSPECTION TYPE RESULTS NOTES/COMMENTS: 1944 North Bay Hals INSPECTION TYPE RESULTS NOTES/COMMENTS: 1944 North Bay Hals INSPECTION TYPE RESULTS NOTES/COMMENTS: 1944 North Rad 1944 No	REE	Noncy (See Note)	TR	lags al.	NeurBoots !-
ERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 548 NOHEJ, Julie Firal-Pool Pagal Pls call BY-JD-18. 6 N Ridge View Nauber Bay Pals INSPECTION TYPE RESULTS NOTES/COMMENTS: 579 NoHEFIL, TICTIE Final-Neek J 6 N Ridge View + Nauber Bay Pals Jimme Results NOTES/COMMENTS: 579 NoHEFIL, TICTIE Final-Neek J 6 N Ridge View + Nauber Bay Pals Jimme Results NOTES/COMMENTS: 579 NoHEFIL, TICTIE Final-Neek J 6 N Ridge View + Nauber Bay Pals Jimme Results NOTES/COMMENTS: 579 NoHEFIL, TICTIE Final-Neek J 6 N Ridge View + Nauber Bay Pals Jimme Results NOTES/COMMENTS: 579 NoHEFILD TO BASS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 578 Notes/COMMENTS:	-	5 Mondaluy			0
748 NOHEJL, JULIC FINAL-POOL POGAL PLS CALL BY-JAD-18. 6 N Ridge View INSPECTOR: INSPECTOR: INSPECTOR: ERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 574 Nottzst., Julic FINAL-Neck INSPECTOR: INSPECTOR: 6 N Ridge View + - - 6 N Ridge View + - - - - 6 N Ridge View + - - - - - - - - -		0			
Image: A Ridge View INSPECTION Newler Bing Palls ERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE STAP Method Formation Image: A Ridge View Image: Algebra Stream Image: Algebra Stream Image: Algebra Image: Algebra Image: Algebra Image: Algeb	PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Norther Bay Pays INSPECTOR: ERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 579 Nott25t, Tutle Final-Neek I 6 N Ridge Vie W F Inspector Inspector 6 N Ridge Vie W F Inspector Inspector 8 Notesta Bay Parts Jime Acroch Jime 8 Notesta Bay Parts Jime Acroch Jime 9 Notesta Bay Parts Jime Acroch Jime 9 Notesta Bay Jime Acroch Jime 8 Jin Owner/Address/contr Inspection type Results Notes/comments: 8 Jin Owner/Address/contr Inspection type Results Notes/comments: 8 Jin Owner/Address/contr Inspection type Results Notes/comments: 8 Jin Hant Pool Tin TAG Parts Soft Ord Outy <td>5498</td> <td>NOHESL, Julie</td> <td>Final-Pool</td> <td>Paged</td> <td>Pls call BY-120-183</td>	5498	NOHESL, Julie	Final-Pool	Paged	Pls call BY-120-183
ERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 579 - MCHZIE, JULIE FIRAL-Neck 6 N Ridge VIEW HENDER BAY Bools Jence Accords INSPECTOR: 6 N Ridge VIEW HERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 5 Palm Rd Aluma Tile INSPECTOR: 631 HANT ROOF TIN TAG. Pached Soft Valley - 631 HANT ROOF TIN TAG. Pached Soft Valley - 634 Soft Valley - 635 COMMENTS: 639 HELMASSEN DATE. 6489 HELMASSEN ROOF ROOF RESULTS NOTES/COMMENTS: 6489 HELMASSEN ROOF ROOF RESULTS NOTES/COMMENTS: 6489 HELMASSEN ROOF ROOF RESULTS NOTES/COMMENTS: 6489 HELMASSEN ROOF ROOF ROOF SOCONTR. 6489 HELMASSEN ROOF ROOF ROOF RESULTS NOTES/COMMENTS: 6489 HELMASSEN ROOF ROOF ROOF RESULTS NOTES/COMMENTS: 6489 HELMASSEN ROOF ROOF ROOF RESULTS NOTES/COMMENTS: 6489 HELMASSEN ROOF ROOF ROOF ROOF ROOF ROOM ROOT ROOF ROOF ROOM ROOT ROOT ROOT ROOF ROOT ROOT ROOT ROOT		6 N Ridge View			
579 - Nottzit, Tutie Final-Neck 6 N Ridge View Norber Bay lools fince Accords INSPECTOR: A ERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 822 Davis FINAL-ROOF RESULTS NOTES/COMMENTS: 822 Davis FINAL-ROOF RESULTS NOTES/COMMENTS: 822 Davis FINAL-ROOF RESULTS NOTES/COMMENTS: 822 Nover Add S Palm Rd Aluma Tile VERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 8231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF TIN TAG. Pactal (Soft Valley -) 6231 HANT ROOF (Soft Valley -) 6231 HANT ROOF (Soft Valley -) 6231 HANT ROOF (Soft Valley -) 6231 HANT ROOF (Soft Valley -) 6231 HANT ROOF (Soft Valley -) 6231 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HANT ROOF (Soft Valley -) 6331 HA		Norton Bay Palls			
6 N Ridge View + Norther Bay Pools fince Accords INSPECTOR: A ERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 7872 Davis FINGL-ROOF POSCAl SPRIM Rd ALUMATIPE VERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 1631 HANT ROOF TIN TAG. POCH (Soft Valley) US RUBANDAP UIN CHIP. VIN CHIP.	ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Newborn Buy hooksJenceAccredsINSPECTOR: HoERMITOWNER/ADDRESS/CONTR.INSPECTION TYPERESULTSNOTES/CÓMMENTS:882DavisFINUL-ROOFPOSS Od5Palm RdINSPECTOR: HoALUMUTILEINSPECTOR: HoVERMITOWNER/ADDRESS/CONTR.INSPECTION TYPEVERMITOWNER/ADDRESS/CONTR.INSPECTION TYPE631HANTPOOL TIN TAG.Pached631HANTPOOL TIN TAG.Pached631HANTPOOL TIN TAG.Pached631HANTPOOL TIN TAG.Pached631HANTPOOL TIN TAG.Pached631HANTPOOL TIN TAG.Pached631HANTROOL TIN TAG.Pached631HANTROOL TIN TAG.Pached631HANTROOL TIN TAG.Pached631HANTROOL TIN TAG.Pached633HANTROOL TIN TAG.Pached643HONGAL ROAPINSPECTOR: Ho643HUN CAIP.INSPECTOR643HUN CAIP.INSPECTOR: Ho6489HUN CAIP.INSPECTOR: Ho7489HUN CAIP.INSPECTOR: HO74150-dRd.INSPECTOR: HO74150-dRavers + BreezewayPort = 0.t.7540-dRavers + BreezewayPort = 0.t.	5-79-	NoHZEL, Julie	Emak-Deck-	<u></u>	· · · · · · · · · · · · · · · · · · ·
ERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 872 Davis FINUL-ROOF RESULTS NOTES/COMMENTS: 5 Palm Rd ALUMATIPE INSPECTOR: 4 INSPECTOR: 4 RESULTS NOTES/COMMENTS: 5 RESULTS NOTES/COMMENTS:		6 N Ridge View	F		
1812 Davis FINEL-ROOF POSS al 5 Palm Rd INSPECTOR: INSPECTOR: ALUMUTILE INSPECTION TYPE RESULTS NOTES/COMMENTS: VERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 631 HANT ROOF TIN TAG. Pached Soft Uralley 633 HANT ROOF TIN TAG. Pached Soft Uralley 643 HANT ROOF TIN TAG. Pached Soft Uralley 643 HUN CHIP. INSPECTOR INSPECTOR INSPECTOR 6489 HELADISCEN Roof Sheafling Pached Outy Pached Inspector 7415ad Rd. Toof Char Inspector Inspector 7415ad Ravert & Breezeway Pord = O.L. OV In		Horbor Bay Pools	fince	Accepto	
5 Palm Rd ALUMATILE VERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 631 HALT ROOF TIN TAG. PORTED SOFT 615. RUBARDAP 615. RUBARDAP WINCHIP. VERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 7689 HALDSTEIN ROOF Sheathing Partial Pord only 24 Island Rd. Duford Rovers + Breezeway (Prol = 0.L) OV	PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
ALUMATIPE INSPECTOR: A VERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6644 HANT INSPECTOR INSPECTOR Partial Pord outy 6649 HENDSCON Notes/com Inspector Pool - Do to Pool - Do to 7649 HENDSCON Partial Pool - Do to Inspector Pool - Doto 76407 <td< td=""><td>5872</td><td>Davis</td><td>FINIL-ROOF</td><td>fossal</td><td></td></td<>	5872	Davis	FINIL-ROOF	fossal	
ALUMATIPE INSPECTOR: A VERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6631 HANT POOL TIN TAGE Partial Soft Ualley -) 6644 HANT INSPECTOR INSPECTOR Partial Pord outy 6649 HENDSCON Notes/com Inspector Pool - Do to Pool - Do to 7649 HENDSCON Partial Pool - Do to Inspector Pool - Doto 76407 <td< td=""><td></td><td>5 Palm Rd</td><td></td><td></td><td></td></td<>		5 Palm Rd			
1631 HANT ROOF TIN TAG. Partial Soft Valley. 615. RUBER ROAP WINCHIP. DERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 5689 HERDISCON Roof sheathing Partial Porch only 24 Island Rd. Duford THER: IT which Pavers + Breezeway (Porch = 0. L.) OV		ALUMUTILE			
UISPECTOR: UINCAIP. DERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 5689 HERDDSCOL Roof sheafling ficsed paidial pord only 24 Island Rd. Deford THER: IT which Pavers + Breezeway (Pool = 0.6) OV	ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE		NOTES/COMMENTS:
WINCHIP. DERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 1689 Henduscen Roof sheafling faced partial porth only 24 Island Rd. Duford Rd. THER: IT which Pavers + Breezeway (Pool = 0.6) OV	631	HART	ROOF TIN TAGE	tacted	(soft valley !)
PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: 5689 HELADSCON Roof sheathing faced pained poid only 24 Island Rd. Roof sheathing faced pained poid only Deford Roof Menter Precedency (Pool = 0, L) OV	• .	61 S. RWERROPP			
1689 Hendessen Roof sheatling fiered partial pord only 24 Island Rd. roofer to rescrow () Butord INSPECTOR: (X THER: IT WHigh Pavers + Breezeway (Pool = 0. L) OV		WINCHIP.			INSPECTOR:
Ze Island Rd. Duford THER: IT which Pavers + Breezeway (Pool = O.L.) OV	PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE		NOTES/COMMENTS:
THER: IT W Ligh Pavers + Breezeway (Pool = 0, E) OV	689	Hendescen	Roof sheathing	Hissad F	Risial porch only
THER: IT whigh Pavers + Breezeway (Pool = O.E.) OV		24 Island Rd.	`	raster	to rescion ()
THER IS NOT AN INCOME	•	Duford			INSPECTOR:
	THER:	15 W Ligh Paver	+ Breezeway	<u> </u>	O.E.) OV

• •

_

· .

5747 FENCE

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILER: HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TRE REMOVAL AND RELOCATIONS. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Gas)	· · · · · · · · · · · · · · · · · · ·	
Dener or Titleholder Name: // IIC & JOUIC Nome.ucco Parce Number: Zip. 3149 opail Ceruption of Property, LOT 4, 6LK B Ame.ucco Parce Number: CI-35:41-000.c0.20-accord.vice calin of Job Site: N. 10 & Get V(E N. N. Type of Work To Be Done FGAXE CONTRACTOR/Company Name CMUN Site: Zip. State:	Town of	Sewall's Point
egal Description of Propenty. LOT 14, 644 (2) Aresold Howkerwood. Parcel Number 01-38, 41-006-008-000-000-000 ocarian of Job Site. (2) N. (2) Diff. (2) N. (2) Type of Work To Be Dane. [FG:NCE] ONTRACTOR/Company Name. (2) N. (Building Permit Number:
coalion of Job Site C.N. 210 GEV/EX Mb Type of Work To Be Done FEACE CDNTRACTOR/Company Name CM-D SEL Phone Number, 30 O - (5 2 / 20 - (5 2 /	Dwner or Titleholder Name: MIICE & JULIE NOHE	STL City: SEWALLS POINT State: FL Zip: 349
CONTRACTOR/Company Name @M.S.N.E.C. Phone Number Zip Sittet	egal Description of Property: LOT 4, BLK B AMEND	ED HOME WOOD Parcel Number: 01-38-41-006-002-000+D-400
Site:	ocation of Job Site: <u>6 N. PIDGEVIEW RD</u>	Type of Work To Be Done: FENCE
State Certification Number Martin County License Number ARCHTECT: N/A Street City Street Street Carport Total Under Roof FlooDD HAZARD INFORMATION Flood Zone Processed First Floor Habitable Floor Finished Elevation NOVD (Minimum 1 Foot Above Elevation (BFE) COST AND VALUES Estimated Cost of Construction or improvements / Scient State License Number NO State License Number NO State License Number NO State License Number NO State	CONTRACTOR/Company Name:のいいとれ	Phone Number: 220-1821
ARCHITECT: N/A Phone Number: Zip: Siteet: City: Sitate: Zip: ENGINEER: D/A Phone Number: Zip: Siteet: City: Siteet: Zip: AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: ScreenedPorch: AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: ScreenedPorch: Type Sewage: Septic Tank Permit Number From Health Depart. Well Permit Number: Net: FLOOD HAZARD INFORMATION Flood Zone: Minimum Base Flood Elevation (BFE): NC Ploposed First Floor Habitable Floor Finished Elevation: // SGO Estimated Cost of Construction or Improvements: // SGO Estimated Fair Market Value (FMO) Pric COST AND VALUES Estimated Cost of Construction or Improvements: // SGO Estimated Sait Value (FMO) Pric SUBCONTRACTOR INFORMATION Elevation: State: License Number: Plumbing: N / A State: License Number: Plumbing: N / A State: License Number: Inderstand that as eparale permit from the Town may be required for ELECTRICAL, PLUMBING, S	Street:	City:State:Zip:
Street:	State Registration Number:State Certificat	tion Number:Martin County License Number:
Siteet: City Sitate Zip ENGINEER J / D Phone Number. Siteet: Zip Siteet: City Sitate: Zip AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: Garage: Covered Patios: ScreenedParch. Carport: Total Under Roof Wood Deck: Accessory Building: Type Sewage Septic Tank Permit Number From Heath Depart Well Permit Number: NO Processed First Floor Habitable Floor Finished Elevation. NOCD (Minimum 1 Foot Above E NOCD (Minimum 1 Foot Above E COST AND VALUES Estimated Cost of Construction or Improvements: //Sco Estimated Fair Market Value (FMO) Prict To Improvements. C/Sco Estimated Fair Market Value (FMO) Prict NOCD SuBCONTRACTOR INFORMATION Elevation. NOCD NOCD SuBCONTRACTOR INFORMATION Elevation. NOCD NOCD SuBCONTRACTOR INFORMATION State License Number: NOCD Plumbing N/LA State License Number: NOCD Inderstand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGN S, WELLS, POOLS, FURNANCE, BOILER: Hotanse Mumber: <td></td> <td>Phone Number:</td>		Phone Number:
ENGINEER: D / A Phone Number:		
Street:		
Carport	Street:	City:State:Zip:
Carport		Garane: Covered Patios: Screened Parch
Type Sewage:		
Proposed First Floor Habitable Floor Finished Elevation:		
Proposed First Floor Habitable Floor Finished Elevation:		Minimum Ross Elect Electrics (DEE)
To Improvements: (2,25,000) If Improvement, Is Cost Greater Than 50% Of Fair Market Value YESNO		
To Improvements: (2,25,000) If Improvement, Is Cost Greater Than 50% Of Fair Market Value YESNO		1500
SUBCONTRACTOR INFORMATION Electrical N/A State: License Number: Mechanical: N/A State: License Number: Plumbing: N/A State: License Number: Plumbing: N/A State: License Number: I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILER: HEATERS: TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TRI REMOVAL AND RELOCATIONS. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Gas)		
Electricat: N/A State: License Number: Mechanical: W1 A State: License Number: Plumbing: N / A State: License Number: Roofing: N / A State: License Number: I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILER: HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TRI REMOVAL AND RELOCATIONS. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Gas) State Florida Building Code (Structural, Mechanical, Plumbing, Gas) National Electrical Code Florida Accessibility Code THRERBY CERTIFY THAT THE INFORMATION 1 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: FLucci @ This the 254b day of More or produced May of as identification. Motary Public Notary Public. Notary Public. <tr< th=""><th>in improvements.</th><th></th></tr<>	in improvements.	
Electricat: N/A State: License Number: Mechanical: W1 A State: License Number: Plumbing: N / A State: License Number: Roofing: N / A State: License Number: I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILER: HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TRI REMOVAL AND RELOCATIONS. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Gas) State Florida Building Code (Structural, Mechanical, Plumbing, Gas) National Electrical Code Florida Scessibility Code THRERBY CERTIFY THAT THE INFORMATION 1 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: FLucci & This the 254.b day of Mac - State of Florida, County of: Huller, Builtong Muller, Builtong State of Florida, County of: Muller, Builto		
Mechanical: NIA State: License Number: Plumbing: NIA State: License Number. Roofing: NIA State: License Number. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILER: HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TRI REMOVAL AND RELOCATIONS CODE EDITIONS IN EFFECT AT TIME OF APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Gas) State: South Florida Building Code (Structural, Mechanical, Plumbing, Gas) National Electrical Code Florida Energy Code Florida Accessibility Code Florida Energy Code THREREY 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) Contractors Signature (Required) State of Florida, County of: State. State of Florida, County of: State. You Mail to me or produced As identification. As identification. No to me or produced As identification. No Commis		State: License Number
Plumbing N/A State: License Number. Roofing: N / A State: License Number. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILER: HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TRI REMOVAL AND RELOCATIONS. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Gas) National Electrical Code Florida Energy Code Florida Accessibility Code THEREBY 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: State. ON TAKE, No.ht. State. by DN'KE, Nohes Who is personally known to me or produced As identification. As identification. As identification. No. CC 793879 My Comm Exp. 11/30/2002 No. CC 793879 Feal	Mechanical: WIA	
Roofing: N / A State: License Number: I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILER: HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TRI REMOVAL AND RELOCATIONS. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Gas) Stational Electrical Code Florida Energy Code Florida Accessibility Code I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES. LAWS AND ORDINANCES DURING THE BUILDING PROCESS. OWNER OR AGENT SIGNATURE (Required) Multic Multic State of Florida, County of. Multic My Comme Exp. 11/30/2002 No Corrmission Expires: <td></td> <td></td>		
I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILER: HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TRE REMOVAL AND RELOCATIONS. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Gas)		State:License Number.
HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TRUREMOVAL AND RELOCATIONS. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Gas)		
HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TRUREMOVAL AND RELOCATIONS. CODE EDITIONS IN EFFECT AT TIME OF APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Gas)	I understand that a separate permit from the Town may be required	d for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILERS
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION Florida Building Code (Structural, Mechanical, Plumbing, Gas)		
Florida Building Code (Structural, Mechanical, Plumbing, Gas)	REMOVAL AND RELOCATIONS.	
National Electrical CodeFlorida Energy Code	CODE EDITIONS IN EFFECT AT TIME OF APPLICATION	
National Electrical CodeFlorida Energy Code	Florida Building Code (Structural, Mechanical, Plumbing, Gas)	South Florida Building Code (Structural, Mechanical, Plumbing, Gas)
Florida Accessibility Code		
KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES. LAWS AND ORDINANCES DURING THE BUILDING PROCESS. OWNER OR AGENT SIGNATURE (Required) Make Nolled State of Florida, County of: Statue of Florida, County of: This the 2545 day of March 2002 by Mike Nolled On State of Florida, County of: State of Florida, County of: Statue On State of Florida, County of: Statue Dy Mike Nolled On State of Florida, County of: State of Florida, County of: Statue On State of Florida, County of: Statue Dy Mike Nolled On State of Florida, County of: who is personally Who is personally known to me or produced As identification. As identification. Notary Public, No Commission Expires: Notary Dublic, No CC 793879 Seal		
KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES. LAWS AND ORDINANCES DURING THE BUILDING PROCESS. OWNER OR AGENT SIGNATURE (Required) Make Nolled State of Florida, County of: Statue of Florida, County of: This the 2545 day of March 2002 by Mike Nolled On State of Florida, County of: State of Florida, County of: Statue On State of Florida, County of: Statue Dy Mike Nolled On State of Florida, County of: State of Florida, County of: Statue On State of Florida, County of: Statue Dy Mike Nolled On State of Florida, County of: who is personally Who is personally known to me or produced As identification. As identification. Notary Public, No Commission Expires: Notary Dublic, No CC 793879 Seal	THEREBY CERTIFY THAT THE INFORMATION I HAVE FURNIS	HED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY
OWNER OR AGENT SIGNATURE (Required) Make Nollef CONTRACTOR SIGNATURE (Required) Make Nollef State of Florida, County of: State of Florida, County of: State of Florida, County of: This the 25±5 day of March 2002 by Phike Nohe who is personally Who is personally known to me or produced who is personally by Mike Nohe Mr Commission Expires: Notary Public, Notary Public, Notary Public, No Corrary of My Comm Exp. 11/30/2002 Seal My Comm Exp. 11/30/2002 Seal No. CC 793879 No. CC 793879 Seal No. CC 793879		
State of Florida, County of: State of Florida, County of:	OWNER OR AGENT SIGNATURE (Required) Make Nolu	CONTRACTOR SIGNATURE (Required) Melle Nobel
by <u>Mike Nohe</u> , who is personally known to me or produced		On State of Florida, County of: Stlucie
by <u>Mike Nohes</u> who is personally known to me or produced		This the 2S day of March 2002
known to me or produced	by Mike None, who is personally	
as identification As identification Notary Public, Mx Commission Expires: Accord S. Scottur LOIS GERALDINE LASTER My Comm Exp. 11/30/2002 Seal No. CC 793879 My Comm Exp. 11/30/2002 Seal No. CC 793879	÷	
COF FLOP LOIS GERALDINE LASTER My Comm Exp. 11/30/2002 No. CC 793879 LOIS GERALDINE LASTER My Comm Exp. 11/30/2002 No. CC 793879		
COF FLOP LOIS GERALDINE LASTER My Comm Exp. 11/30/2002 No. CC 793879 LOIS GERALDINE LASTER My Comm Exp. 11/30/2002 No. CC 793879	Notary Public 0	() Notary Putylic
Motary b My Comm Exp. 11/30/2002 Seal No. CC 793879 My Comm Exp. 11/30/2002 Seal No. CC 793879		My Commission Bappings
No. CC 793879		
	No. CC 793879 () Percently Known () Other I.D.	1) Personally Known (1) Other (D

J

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR A FENCE

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

Application form must contain the following information:

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

Submittals (2 copies)

- 1. Current survey (boundary & topographic) containing the following information:
 - a. < Legal Description of Lot
 - b. ✓ Lot dimensions and bearings
 - c. 🗸 Street and Waterway names
 - d. 🗸 Easements
 - e. ROW's
 - f. Canals, Ponds, or Riverfront locations
 - g. y Location of existing and proposed fences
 - h. < Description of type and height of fence at all locations
- 2. Statement of Fact (owner/builder affidavit)
- 3. Proof of ownership (deed or tax recpt.)
- 4. *wl* ► Letter from Home Owners or Subdivision Associations stating design is per their deed restriction or covenants
- 5. Application for tree removal or relocation (attach tree survey and removal or relocation plan
- 6. WIN A certified copy of the Notice of Commencement for any work over \$2500.00
- 7. Nh~ Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
- 8. Copy of Workmen's Compensation
- 9. PM Copy of Liability Insurance

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

DATE SUBMITTED:

то І	BE	COMPLETED	WHEN	CONSTRUCTION	VALUE EXCEEDS \$2500.00
------	----	-----------	------	--------------	-------------------------



PERMIT #_____

.

. .

TAX FOLIO #____

NOTICE OF COMMENCEMENT

•

STATE OF_____

COUNTY OF____

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 NO-TICE OF COMMENCEMENT.

LEGAL DESCRIPTION OF PROPERTY(INCLUDE STREET ADDRESS IF AVAILABLE):

OWNER:	
ADDRESS:	
PHONE #:	FAX #:
CONTRACTOR:	
ADDRESS:	
PHONE #:	FAX #:
SURETY COMPANY(IF ANY)	
ADDRESS:	
PHONE #	FAX #:
BOND AMOUNT:	
LENDER:	
ADDRESS:	
PHONE #:	FAX #:
MAY BE SERVED AS PROVIDED BY SECTION 71 NAME: ADDRESS:	
PHONE #:	FAX #:
IN ADDITION TO HIMSELF, OWNER DESIGNAT	TES CCEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTIO
EXPIRATION DATE OF NOTICE OF COMMENCE	
SIGNATURE OF OWNER	
SWORN TO AND SUBSCRIBED BEFORE ME TH	US DAY OF
	OR PERSONALLY KNOWN OR PRODUCED ID TYPE OF ID
NOTARY SIGNATURE	<u> </u>

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 through 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 Statues 489.103(7).

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

Name: Mile Nohed Julie Mohil Date: March 25 2002
Signature: Delector
Address: 6 N Ripgeriew Dr
City & State: Schuces Pean, Pl
Permit No

This form is for all permits except electrical.

Ν	(A
---	---	---

TOWN OF SEWALL'S POINT

.

. . .

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit #_____

Date Issued: _____

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

Owner	Address	······································	Phone	<u> </u>
Contractor	Address		Phone	
Number of trees to be re	emoved (list kinds of	f trees)	- h	
Number of trees to be re	elocated within 30 da	ays (no fee) (l	ist kinds of trees):	
Number of trees to be re	eplaced: (list	t kinds of trees	;;):	
Permit Fee \$				
\$15.00				
(No permit fee for trees to be removed in order hazardous to life or pro	to provide utility ser	on property ovice, nor for a	r lie within a utility tree which is dead,	easement and are required diseased, injured or
Plans approved as subm	nitted	Plans app	roved as marked	
Permit good for one yea	ar. Fee for renewal o	of expired per	nit is \$5.00.	
Signature of applicant_		Plans app	roved as marked	
Approved by Building	Inspector		Date submitted:	
Completed Date	Checked	l by	- .	
THE PURPOSE OF TH	, FLORIDA HOLLY IS PERMIT, A TRI	TREE, AUS EE IS DEFINI	TRALIAN PINE AN ED AS ANY SELF-S	IOUT A FEE. ID STRANGER FIG. FOR SUPPORTING WOODY OF TWELVE (12) FEET.
THE FOLLOWING THE BRAZILIAN PEPPER				

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR TREE REMOVAL AND RELOCATION

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

Application form must contain the following information:

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

Submittals (2 copies)

- 1. Current survey (boundary & topographic) containing the following information:
 - a. Legal Description of Lot
 - b. Lot dimensions and bearings
 - c. Street and Waterway names
 - d. Easements
 - e. ROW's
 - f. Canals, Ponds, or Riverfront locations
 - g. Location of all trees including type and size
 - h. Schedule of all trees to be removed, relocated or replaced
- 2. Proof of ownership (deed or tax recpt.)
- 3. Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
- 4. Copy of Workmen's Compensation
- 5. Copy of Liability Insurance

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

(SIGNATURE OF APPLICANT) DATE SUBMITTED:

3/25/2002

MASTER PERMIT NO.____

TOWN OF SEWALL'S POINT

Date 3 28 02	BUILDING PERMIT NO. 5747
Building to be erected for MIKE + JULIE	NOHEJL Type of Permit
Applied for by OB	(Contractor) Building Fee 30.00
Subdivision HOMEWOOD Lot 4	
Address <u>6</u> N. RIDGEVIEW RD.	
	N N
Type of structure	
	Electrical Fee
Parcel Control Number:	Plumbing Fee
01384100600200040	040000 Roofing Fee
Amount Paid 30.00 Check # 3158	Cash Other Fees ()
Total Construction Cost \$ 1, 500,00	TOTAL Fees
Λ	Signed <u>Mene Siminary</u>) NLC Town Building Official
PI	ERMIT
	Image: Pool/Spa/Deck Image: Pool/Spa/Deck
INSF	PECTIONS
	UNDERGROUND GAS
STEMWALL FOOTING	
SLAB	TIE BEAM/COLUMNS WALL SHEATHING
ROOF TIN TAG/METAL	ROOF-IN-PROGRESS
PLUMBING ROUGH-IN	ELECTRICAL ROUGH-IN
MECHANICAL ROUGH-IN	GAS ROUGH-IN
FRAMING	
FINAL PLUMBING	
	FINAL GAS
	BUILDING FINAL

	MARSHA STILLER CLERK OF CIRCUIT COURT MARTIN CO. FL	RECORDED & VERIFICU BY D.C.
• • • • • • • • • • • • • • • • • • •	01412384	DO JAN 19 PM 4:31 DOC-DEED & OC MARSHA STILLER
er, Esq.	· · · · · · · ·	DOC-ATTE B MARTIN COUNTY DOC-ASM & CLERK OF CIRCUIT COUNT INT. TAX B DV

Return to: Thomas R. Sawyer, Esq. McCarthy, Summers, Bobko, McKey, Wood & Sawyer, P.A. 2081 East Ocean Blvd., 2nd Floor Stuart, FL 34996 Phone: (561) 286-1700

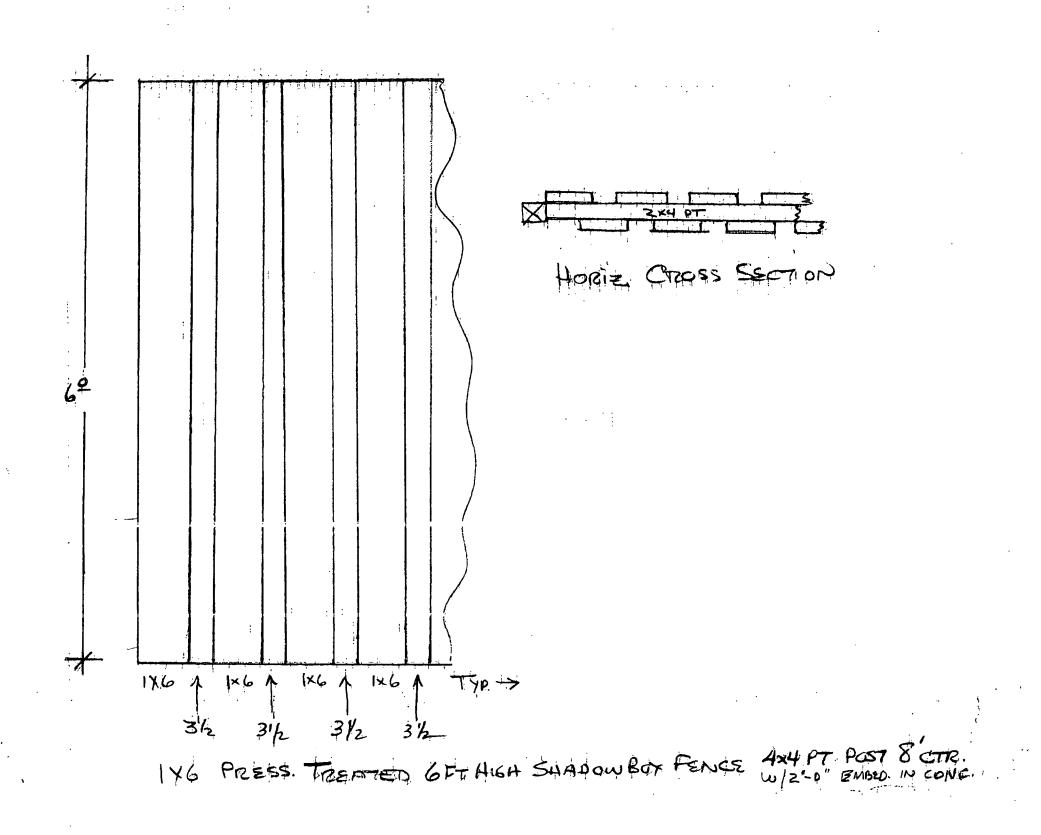
TRUSTEE'S DEED

Ad Valorem Tax Identification #01-38-41-006-002-00040.40000

BY THIS DEED, JOHN D. McCARTHY, EDITH ANNE McCARTHY AND MERRILL LYNCH TRUST COMPANY, a Florida corporation, a/k/a MERRILL LYNCH TRUST COMPANY (FLORIDA), as Successor Co-Trustees, acting under the provisions of that certain trust known as the JEROME F. McCARTHY TRUST, under Agreement dated December 4, 1990, as amended on January 25, 1995, as further amended on August 11, 1995, as further amended on October 1, 1997, and amended and restated in its entirety on May 22, 1998, herein called the "Grantor", in consideration of TEN AND NO/100 DOLLARS (\$10.00) a.d other good and valuable consideration to Grantor in hand paid by MICHAEL A. NOHEJE AND JULIE A. NOHEJE, HUSBAND AND WIFE, whose post office address is 3315 Oleander Avenue, Ft. Pierce, Florida 34982, whose social security numbers are 333-42-5664, and 460-35-5357, respectively, herein called "Grantees", conveys to Grantees the following property in Martin County, Florida:

Lot 4, Block B, AMENDED PLAT OF HOMEWOOD, SEWALLS POINT, according to the Plat thereof, recorded in Plat Book 3, page 35, Martin County, Florida, public records (the "Property").

TOGETHER WITH all appurtenances, privileges, rights, interests, dower, reversions, remainders and easements thereunto appertaining.



	TOWN OI	F SEWALL	'S PC	DINT
	Building De	partment - Ins	pection	Log
Date of	Inspection: 🗆 Mon 🖉 Wed	- Fri July 3	<u> </u>	00,4; Page of ;
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
<u>5731</u>	Fenero	Fleta Finel	Iteral	Geltt 486 6171- Pls call
	3601 SE Crean Blud			
	M. Conley + Gulick			INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS
TREE		1/12	lage oct	Neur Boots !-
	5 Mondalay			
				INSPECTOR
PERMIT	OWNER/ADDRESS/CONTR			NOTES/COMMENTS
5498	NOHEJL, Julie	Final-Pool	Porad	Pls call BY - 220-1821
	6 N Ridge View			
	Horlor Buy Parts		RESULTS	
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	
<u>5574</u>	NOHEJL, JULIE	Final-Neck_	· · · · ·	
	6 N Ridge View	Fouth Dened	Acal	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5872		FINGL-ROOF	Possal	
5000-	5 Palm Rd	I THUR NOT	Howay	\bigcap
	ALUMUTILE		•	
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
5631	HART	ROOF TIN TAG.	Pactice	(soft valley.)
	61 S. RWER ROAD		· · · · ·	
	WINCHIP.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5689	Hendesten	Roof sheatling	facsod (hisial pord outy
	24 Island Rd.		raster	to rescrow
	Duford			INSPECTOR:
OTHÈR:	10 w High Paves	+ Breezeway	(Pool =	
	2×6 T+G 4"00	ratters 14" sc	1000 199	
	De Gama = clean	s t barrie 2	2005 01-	<u> </u>

MASTER PERMIT NO

Electrical Fee

Plumbing Fee

TOWN OF SEWALL'S POINT

Date 32802		PERMIT NO. 5747
Building to be erected for MIKE & JULIE N	OHEJL Type of Per	mit <u>FENCE</u>
Applied for by OB	(Contractor)	Building Fee <u>30.00</u>
Subdivision HOMEWOOD Lot 4	Block <u>_</u>	Radon Fee
Address 6 N. RIDGEVIEW RD.		Impact Fee
Type of structure SER		

Parcel Control Number:

0138410060020004040000 Roofing Fee Amount Paid 30.00 Check # 3/58 Cash Other Fees (______ Total Construction Cost \$ 1,500,00 TOTAL Fees 30.00

Julie Mohi Signed Mene Simmons Inc Signed Applicant Town Building Official

Closeout date 7/3/02

MASTER	PERMIT	NO.
--------	--------	-----

TOWN OF SEWALL'S POINT

-

	IN OF OLWALLS F		
Date 9/12/03		BUILDING PERMIT NO.	5412
	OHETL	_ Type of Permit <u>TIKI</u>	$\overline{\mathcal{U}}$
Applied for by	n /	(Contractor) Building Fee	35.00
Subdivision HOMENOOD	·	B Radon Fee	<u> </u>
Address 6 N. RID	GEVEN ROAD		
Type of structure	Hur	A/C Fee	$\overline{\mathbf{N}}$
			\uparrow
Parcel Control Number:		Electrical Fee	<u> </u>
	20004040000	Plumbing Fee	
•		Roofing Fee	<u></u>
Amount Paid 300 Chec		Other Fees ()	
Total Construction Cost \$ _ 1200	.00	TOTAL Fees	25,00
	1	0, 0	G
Signed Hulle Nohy	Signed &	Jene Summ	ono (7
V Applicant		Town Building Official	
	PERMIT	· .	
E BUILDING		MECHANICA	
E DOCK/BOAT LIFT	ROOFING DEMOLITION		DECK
C TREE REMOVAL	STEMWALL		
	INSPECTIO		
UNDERGROUND PLUMBING		IDERGROUND GAS	
UNDERGROUND MECHANICAL	······································		
STEMWALL FOOTING	FC	DOTING	
SLAB	· · · · · · · · · · · · · · · · · · ·	E BEAM/COLUMNS	
		ALL SHEATHING	<u> </u>
TRUSS ENG/WINDOW/DOOR BUCKS ROOF TIN TAG/METAL		ATH OOF-IN-PROGRESS	
PLUMBING ROUGHIN		LECTRICAL ROUGH-IN	
MECHANICAL ROUGH-IN	<u></u>	GAS ROUGH-IN	
FRAMING		EARLY POWER RELEASE	
FINAL PLUMBING		FINAL ELECTRICAL	
FINAL MECHANICAL			
FINAL ROOF		FINAL GAS	

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

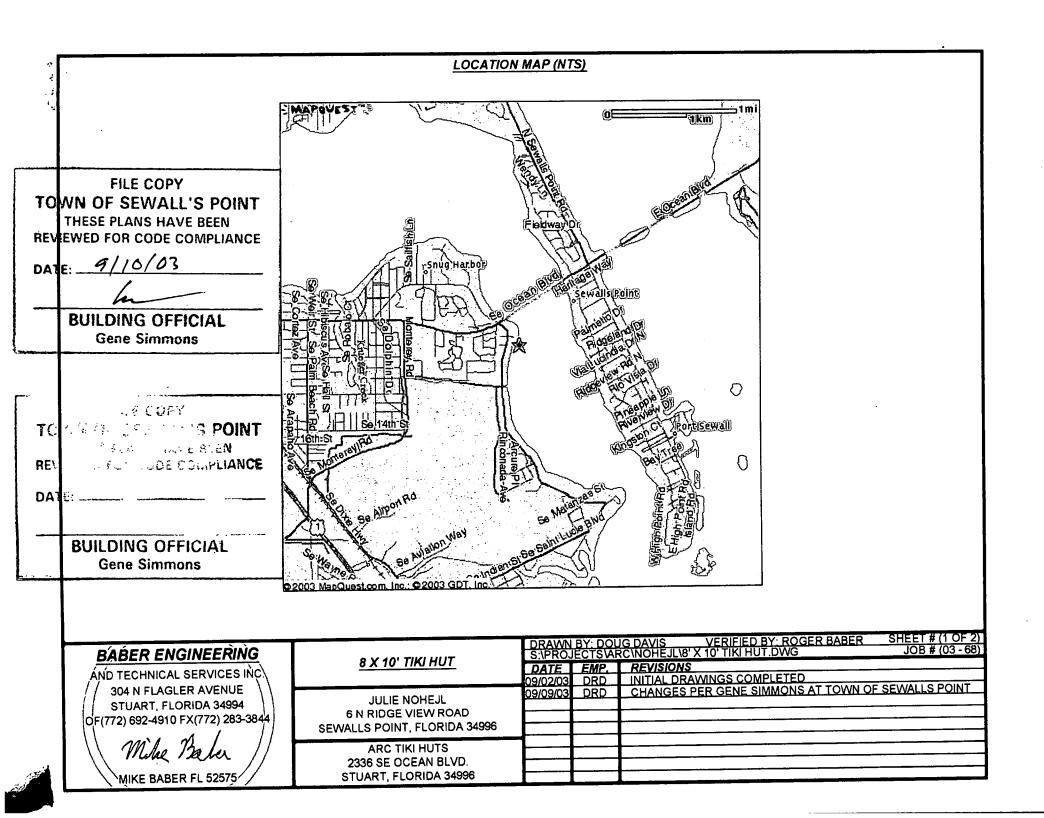
State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even through you do not have a license. You must supervise the construction yourself. 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 Statues 489.103(7).

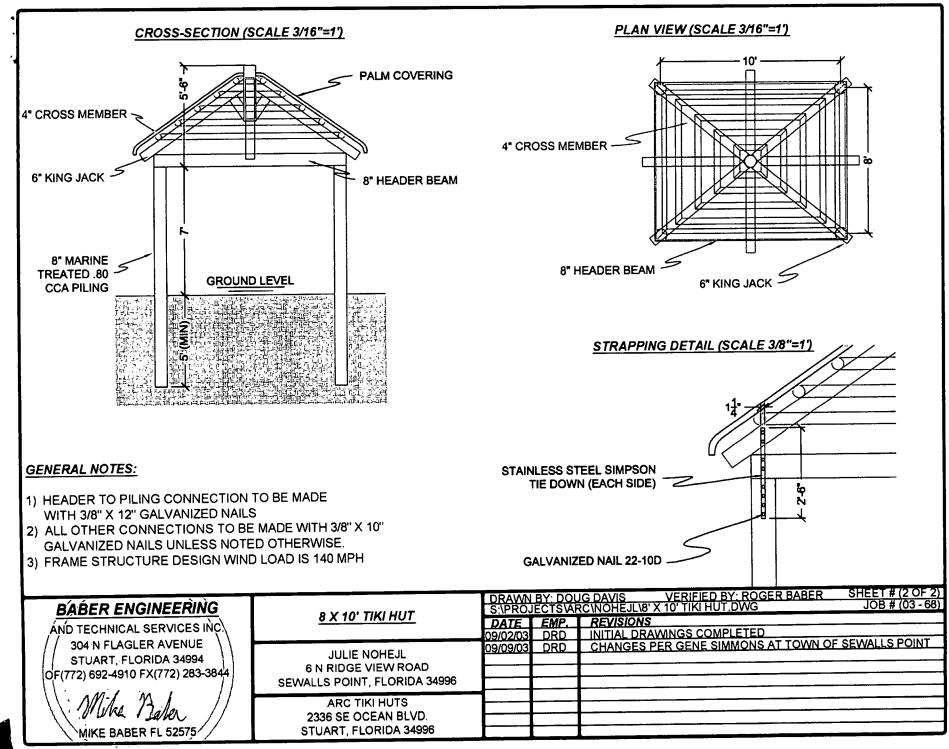
I have read the above and agree to comply with the provisions as stated.

Name: <u>Julie Mohail</u>	Date:9/12/03
Signature: Julie Noheil	
Address: 6 NRidgevieu RO	
City & State: STuart 7L	
Permit No	

This form is for all permits except electrical.

Date: $9-03-03$ Town of Sewa	ll's Point		Number:	
BUILDING PERMIT	APPLICA	TION		
DWNERTITLEHOLDER NAME MIKE & JULIE NOHEJL	Phone (D	ay) 220-182	l (Fax)	
ob Site Address: 6 N. RIDGEUIEN RD.		-		
egal Description of Property: LOT 4 BLKB HomewooD				
Dwner Address (if different):				
Description of Work To Be Done: TIEL ULT				
WILL OWNER BE THE CONTRACTOR?: (Yes) No				ctor sections below)
ARCTIK NUTS CONTRACTOR/Company: TOM Crane	Phone:	215-5890 C 373 - 2336	ell Fax:	8335=cz3001d013
Street:/-80098				
State Registration Number:State Certification Number:				
COST AND VALUES: Estimated Cost of Construction or Improvements: \$				
SUBCONTRACTOR INFORMATION:				
		License		
Plumbing:				
220352200000000000000000000000000000000				
Street:	City:		State:	Zip:
ENGINEER BABER ENGINERING				3. (92 - 4910
		STUALT		7in:34994
AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living:G	arage:	_Covered Patios:	Screen	ed Porch:
Carport: Total Under RoofWood Deck:Wood Deck:				
i understand that a separate permit from the Town may be required for EL FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSO REMOVAL AND RE	ECTRICAL, P RY BUILDING LOCATIONS.	LUMBING, MECHAN 6, SAND OR FILL AL	NICAL, SIGNS, I DDITION OR RE	POOLS, WELLS, MOVAL, AND TREE
	a Building Co ode: 2001	ode (Structural, Mee Fi	chanical, Plumb orida Accessibi	oing, Gas): 2001 Ility Code: 2001
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THI KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES	S APPLICATI	ON IS TRUE AND C	ORRECT TO TH	HE BEST OF MY
OWNER OR AGENT SIGNATURE (required)	CONTRACT	OR SIGNATURE (n	equired)	
State of Florida, County of: MARTIN	On State of	Florida, County of:_		
This the 1276 day of SEPTEMBER 2003		day of		
by JULIE NOHETL who is personally	by			who is personally
known to me or produced FCDL, N2.47.421-614526	known to me	e or produced	-	
as identification.	As identifice	tion		
as identification.			Notary I	Public
as identification.		sion Expires:	Notary I	Public





• • • • •	nspection: Mon Wed	INSPECTION TYPE	., 20023	Page of
	JONES	FRAMING	Pessol	NOTES/COMMENTS:
			1105004	
$\widehat{\mathcal{S}}$	18 EMARITA WAY	Colorador.		
ERMIT	AVIAN CONSTE.			INSPECTOR
				NOTES/COMMENTS
2741	BARON	Rovatt PLUMB	Hessal	
3)	25 FIELDWAY			\sim
\leq	0/B			INSPECTOR
ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
212	NOTEHC	FINAL TIKI HUY	Tisa	d_{∞}
	6 N. RIDGEVIEW			\mathbf{b}
Ŷ,	ARC			INSPECTOR:
ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
,445	HB ASSOC By the	FINAL BLDG	Asial	-> Clolo
0	3774 SE CY FAN			
2	KF BUILDERS			INSPECTOR
ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
937	FOSTER	TEMP POWER	Pacial	Called FPL
	128 S. Stanpuis P.			
(\mathbf{h})	Paul C	241191212435		
ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	INSPECTOR NOTES/COMMENTS:
6291	MUFSON	TEMP POWER	Pessed	CONTRACTOR OF
			1-20	
q	17 S. RIVER RD			h
ERMIT	BUFOED	INSDECTION	DECLINE	INSPECTOR:
	OWNER/ADDRESS/CONTR		BESULTS	NOTES/COMMENTS:
030	a character and a second second second	RYNOOD, BOOF	N45100	Called FPL
\bigcirc	7 SIMARA	NAIUNE		$\square \cap$
رجا.	SUNRISE	(SHEATHING)		INSPECTOR

INSPECTION LOG xls

ate: The ASTOND	Permit Number:	
and the second sec	of Sewall's Point PERMIT APPLICATION	
	Phone (Day) 220-1721 (Fax)	
signatures (a N Ridesview Rd	City: STUCIA State: 76	
So site Address.	Lot 4 B Parcel Number: 138410060	0 2000 404
	City:State:	
Description of Work To Be Done: <u>Tiki Hut</u>		
	No (If no, fill out the Contractor & Subcontractor	or sections below)
CONTRACTOR/Company:	Phone:Fax:	
Street:	City:State:	Zip:
State Registration Number:State Certific	cation Number:Martin County License Number	r
COST AND VALUES: Estimated Cost of Construction or Imp	provements: \$/200. (Notice of Commencement	needed over \$2500)
, , , , , , , , , , , , , , , , , , ,		02220228223328
Electrical:		
Mechanical:		
Plumbing:	State: License Number:	
Roofing:	**************************************	
ARCHITECT	Phone Number:	
Street:	City:State:	Zip:
	Phone Number: City:State:	Zip:
Street:		
	ng:Garage:Covered Patios: Screened	
Carport: Total Under Roof	_Wood Deck:Accessory Building:	
I understand that a separate permit from the Town may be FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WAL	required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, PALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL AND RELOCATIONS.	OOLS, WELLS, MOVAL, AND TREE
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Flo	Florida Building Code (Structural, Mechanical, Plumbi orida Energy Code: 2001 Florida Accessibil	ng, Gas): 2001 ity Code: 2001
LUCOCOVICE THAT THE INCOMATION I HAVE FURN	IISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THI CABLE CODES, LAWS AND ORDINANCES DURING THE BUILD	E BEST OF MY
OWNER OR AGENT SIGNATURE (required)	CONTRACTOR SIGNATURE (required)	
- Hille Moha		
State of [Florida, County of: ///APT///	On State of Florida, County of: U This theday of	200
		who is personally
by who is person:	known to me or produced	
as identification	As identification.	
Notary Public	Notary P	
My Commission Entering Harris LAURAL O'BRIEN MY COMMISSION # DD 205961 EXPIRES: April 28, 2007	My Commission Expires:Sea	
PERMIT APPLOCATIONS VALUE 30 DAYS FROM A	PPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT P	

TOWN	OF	SEWA	LL'S	POINT
------	----	-------------	------	-------

MASTER PERMIT NO._____

a consumption

;

Date 2/13/04		
	Martin	BUILDING PERMIT NO. 6604
Building to be erected for	Noter	Type of Permit <u>IKI HV7</u>
Applied for by	UB	(Contractor) Building Fee 35.00
Subdivision Homen 00 0		Radon Fee
Address 6 N. KIT	GEVIEN ROA	MD Impact Fee
Type of structure SFR-		A/C Fee
		Electrical Fee
Parcel Control Number:		Plumbing Fee
	002000404000	
		Other Fees ()
Total Construction Cost \$ 1 2		TOTAL Fees 35.00
Signed Julie nort	Signer	Jane Armons (92
0 Applicant		Town Building Official
	PERMI	I T
 BUILDING PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL 	ELECTRICAL ROOFING DEMOLITION TEMPORARY STRU HURRICANE SHUT STEMWALL	
	INSPECTI	
UNDERGROUND PLUMBING		UNDERGROUND GAS
UNDERGROUND MECHANICAL	<u> </u>	
STEMWALL FOOTING SLAB		
ROOF SHEATHING		TIE BEAM/COLUMNS
TRUSS ENG/WINDOW/DOOR BUCKS		
ROOF TIN TAG/METAL		ROOF-IN-PROGRESS
PLUMBING ROUGH-IN		ELECTRICAL ROUGH-IN
MECHANICAL ROUGHIN		GAS ROUGH-IN
FRAMING		EARLY POWER RELEASE
FINAL PLUMBING		FINAL ELECTRICAL
FINAL MECHANICAL		FINAL GAS

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

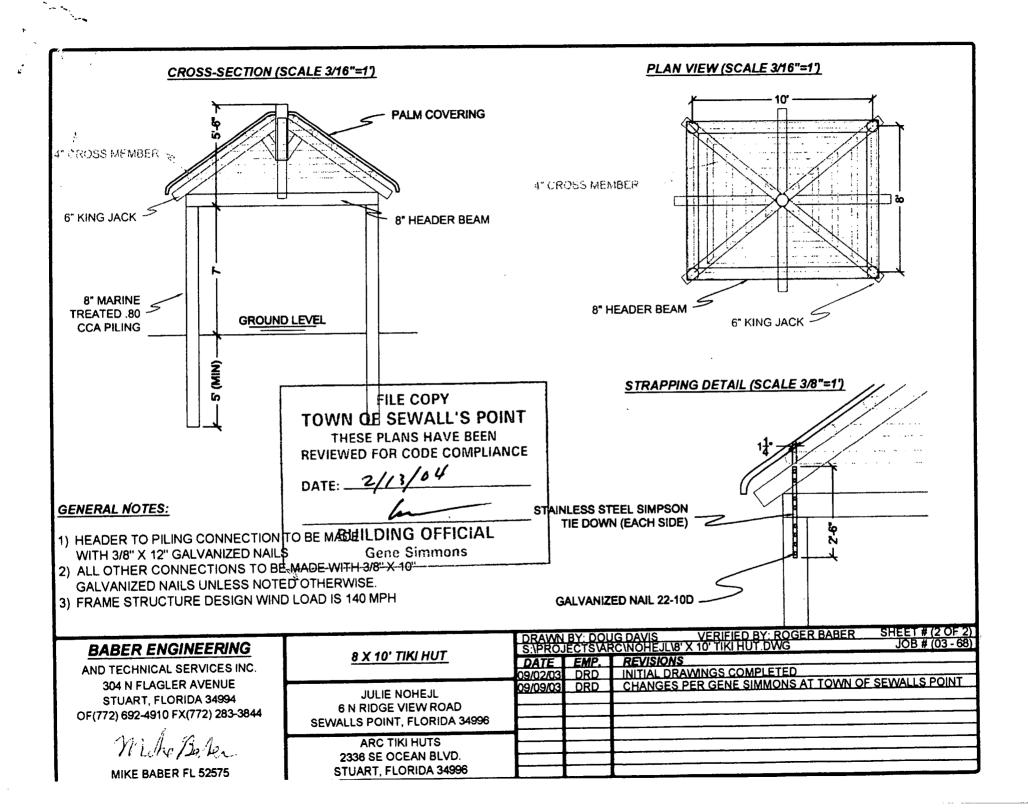
TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT (To be submitted if permit is to be pulled by Owner/Builder)

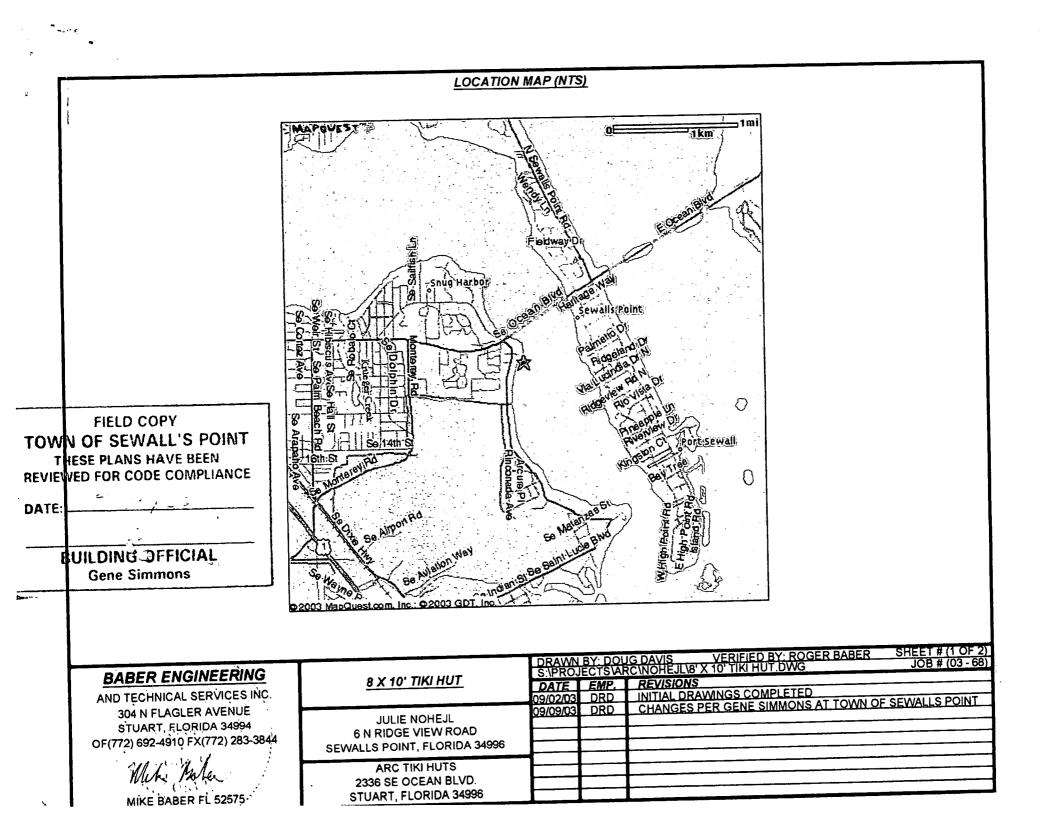
DISCLOSURE STATEMENT

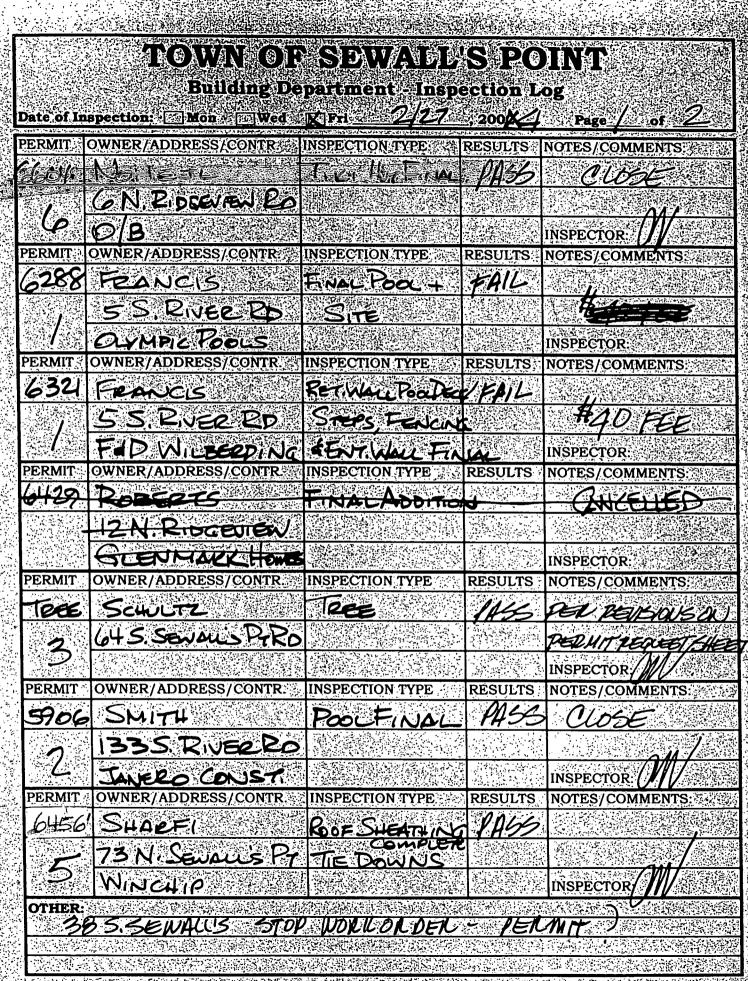
State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even through you do not have a license. You must supervise the construction yourself. 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 Statues 489.103(7).

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

Name: Aulie Moheil	_ Date:	1-13-04	
Signature: Julie MOhl	_		
Address: 6 n Ridgeview Rd	_		
City & State: STuget 7L 34996	-		
Permit No			
This form is for all permits except electrical.	··••		







INSPECTION LOG xis

6713 DRIVE EXTENSION

.

-

MASTER PERMIT NO			
ΤΟΝ	/N OF SEWALL'S F	ΡΟΙΝΤ	
Date 4/22/04		BUILDING PERMIT NO. 6713	
Building to be erected for	OHETL	_ Type of Permit Drive Errension	
Applied for by	5/B	(Contractor) Building Fee 35.00	
Subdivision HOMEWOOD	Lot <u>4</u> Block	B Radon Fee	
Address 6N. RIDG	EVIEW ROAD	Impact Fee	
Type of structure	ETENSION	A/C Fee	
,,		Electrical Fee	
Parcel Control Number:		Plumbing Fee	
	00 2000 404	DOOD Roofing Fee	
		Other Fees ()	
Total Construction Cost \$ 1400.			
		ς.	
Signed Julie Nohy	Signed	Sine Summons (808)	
Applicant		Town Building Official	
, pprodite	PERMIT	C C	
BUILDING PLUMBING	ELECTRICAL ROOFING	 MECHANICAL POOL/SPA/DECK 	
DOCK/BOAT LIFT			
	TEMPORARY STRUCT HURRICANE SHUTTER		
 FILL TREE REMOVAL 	STEMWALL		
	INSPECTION		
	UNDE	RGROUND GAS	
UNDERGROUND MECHANICAL	UNDE	RGROUND ELECTRICAL	
STEMWALL FOOTING	FOOT	ING	
SLAB .	TIE B	EAM/COLUMNS	
	WALL	SHEATHING	
TRUSS ENG/WINDOW/DOOR BUCKS	LATH		
ROOF TIN TAG/METAL	ROOF	-IN-PROGRESS	
PLUMBING ROUGH-IN	ELEC		
MECHANICAL ROUGH-IN		ROUGH-IN	
FRAMING		Y POWER RELEASE	
FINAL PLUMBING		LELECTRICAL	
FINAL MECHANICAL			
I IIIAE IIIEONANIOAE		L GAS	

APR 2 2 2004 Town of Sev BUILDING PERMI	T APPLICATIO	Permit Number:	-
OWNERATILEHOLDER NAME MIKE & JULIE NOH	EJL Phone (Day)	220-1821 (Fax)	3
		State:Zip	
Legal Description of Property: HOMEWOOD LOT 4 BLK	Barral Number	State: / C Zip	776
Owner Address (if different):	Parcel Number	U1307100 600 2	<u>000 4040</u> 00
	City:	State:Zip	»:
Description of Work To Be Done: NDD1710NAL PARKING	SPACE ~ Ca	DUCRETE DRUGUA	K1
	o (If no, fill out	the Contractor & Subcontractor	sections below)
CONTRACTOR/Company:	Phone:	Fav.	
	City:	State:	Zip:
	ber:	_Martin County License Number:	
COST AND VALUES: Estimated Cost of Construction or Improvements	s_1400-	(Notice of Commencement nee	eded over \$2500)
SUBCONTRACTOR INFORMATION:		822222228822228222222222	
Floatingh	0 1		
Machaniant	State:	License Number:	
		License Number	
	State:	License Number: License Number:	
ARCHITECT		hone Number:	
		State:	
		Otale	
	p	none Number	
Street:		State:	
	*****************	=======================================	
AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living:	Garage:Co	vered Patios:ScreenedPo	orch:
Carport: Total Under Roof Wood Dec	:	Accessory Building:	
I understand that a separate permit from the Town may be required for FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCES REMOVAL AND	ELECTRICAL, PLUMB SORY BUILDING, SAN RELOCATIONS		LS, WELLS, /AL, AND TREE
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Flo National Electrical Code: 2002 Florida Energy	rida Building Code (S V Code: 2001	ructural, Mechanical, Plumbing, Florida Accessibility (Gas): 2001 Code: 2001
KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE COD			
OWNER OR AGENT SIGNATURE (required)		GNATURE (required)	
State of borida, County of: <u>MACTIN</u>	On State of Florida	a, County of:	
Inis the day of here and a solution	This the	day of	200
by JULIE NO HETL who is personally	by	w	ho is personally
thown to me or produced '	known to me or pr	oduced	
as identification.	As identification.		
My Commission Expression EXPIRES April 28, 2007		Notary Public	c
Bonded Thru Netary Public Underwriters	, commonite	Seal	
PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL N			

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 through 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 Statues 489.103(7).

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

Name: Julie Noheil	Date:	4-22-04	
Signature: Julie Nohil			
Address: 6 m Ridgeview Rd			
City & State: STuart 7134996			
Permit No			

	TOWN OF SEWALL'S POINT					
	Building Department - Inspection Log					
Date of In	spection: Mon XWed	DFH JULY 7	_, 200 ± 4	Page 2 of 2		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:		
6892	MERKATZ/LAPIAN	VG PLUMBING	PKS			
	10 E HIGH POINT					
	Emmick	· · ·		INSPECTOR:		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:		
TREE	SLATER	TREE	PASS			
$\overline{\mathbf{a}}$	31 NE LOFTING					
				INSPECTOR:		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMĚNTS:		
Tett	HEALENBERG	TREE	DASS	/		
· R	5 NE LOFTING					
\mathcal{O}				INSPECTOR:		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:		
6713-	Noter	DEIVENAY FINAL	PASS	- OBE		
-	6N. RIDGEVIEW					
5	015			INSPECTOR:		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:		
0731	HECKENBERG	RELIEF CULTER	PAS	CUSE		
	5 LAGOON LSCAND	FINAL				
	OB			INSPECTOR		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	INSPECTOR: NOTES/COMMENTS:		
	OWNER/ADDRESS/CONTR.					
				INSPECTOR:		
OTHER:	l	<u> </u>				
			<u></u>			

	TOWN OF SEWALL'S POINT						
	Building De	partment - Insp	ection L	Øg			
Date of In	Date of Inspection: Mon Wed KFri JULY 2, 2004 4 Page 2 of						
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:			
6817	MISEE	FENCEFINAL	PAS	CLOSE			
N	21 ISLAND			<u>A</u>			
\square	ALLINOIAN RIVERFOR	Œ		INSPECTOR:			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:			
6677	GOUEL	INSULATION	PASS				
in	5 RIVERVIEW			A			
	OB	After 11 pr cxl p	lease	INSPECTOR			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:			
6773	NOHETE	FOEMBOARD	PAS				
	6 N. RIDGEVIEW	Deive ext					
5	OB		•	INSPECTOR:			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:			
	·			INSPECTOR:			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:			
	· · · · · ·						
				INSPECTOR:			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:			
		· ·		INSPECTOR:			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:			
		-		INSPECTOR:			
OTHER:							
		· · · · · · · · · · · · · · · · · · ·					
		·					

(

INSPECTION LOG.xls



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 NUMBEL	R:	8727		DATE ISSUED:	OCTOBER 5, 200	7
SCOPE OF WORK	<:	ALARM (NE	W KEY PAD, NEW	/ PANEL, NEW OUTD	PANEL, NEW OUTDOOR SIREN)	
CONDITIONS :						
CONTRACTOR:		BRINKS				
PARCEL CONTRO	OLI	NUMBER:	1384100600200)0404	SUBDIVISION	HOMEWOOD, LOT4-BLB
CONSTRUCTION	AD	DRESS:	6 N RIDGEVIEW	,	L	1
OWNER NAME:	PE!	REZ	1			
QUALIFIER:	DO	UG BASSETT		CONTACT PHO	NE NUMBER:	561-625-3229
						AY RESULT IN YOUR IN FINANCING, CONSULT
WITH YOUR LENDE	ER C	OR AN ATTOP	RNEY BEFORE R	RECORDING YOUR	NOTICE OF COMM	
DEPARTMENT PRIC					MUSI BE SUBINI	TED TO THE BUILDING
NOTICE: IN ADDITIC					MAV BE ADDITION	AT RESTRICTIONS
APPLICABLE TO THI	IS PR	ROPERTY THA	AT MAY BE FOUND	D IN PUBLIC RECORD	DS OF THIS COUNT	Y, AND THERE MAY BE
ADDITIONAL PERMI	ITS R	REQUIRED FR	ROM OTHER GOVE	ERNMENTAL ENTIT	IES SUCH AS WATER	R MANAGEMENT
DISTRICTS, STATE AC						•
						BE AVAILABLE ON SITE
CALL 287-2455 - 8	3:00	AM TO 4:00	INSPECTI	IONS 8:30AM TO 12:0	10PM - MONDAY, WI	EDNESDAY & FRIDAY
			REQUIF	RED INSPECTIONS		
UNDERGROUND PLUMB	. –			UNDERGROU		
UNDERGROUND MECHA	NICA	۰L			UND ELECTRICAL	
STEM-WALL FOOTING				FOOTING		
SLAB				TIE BEAM/C		
ROOF SHEATHING				WALL SHEAT		
TIE DOWN /TRUSS ENG WINDOW/DOOR BUCKS				INSULATION	J	
ROOF DRY-IN/METAL						
PLUMBING ROUGH-IN		·		ELECTRICAL	N-PROGRESS	
MECHANICAL ROUGH-IN	J			GAS ROUGH		
FRAMING		···· · = •·		METER FINA		
FINAL PLUMBING				FINAL ELECT		
FINAL MECHANICAL				FINAL GAS		
FINAL ROOF			,	BUILDING FI	NAL	
ALL RE-INSPECTION				ON REQUESTS WILI	BE CHARGED TO	THE PERMIT HOLDER.

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.

PAGE 02/02 .

.

>

. -

•

BRINKS WPB

		AND THE HELEY CANADA AND AND AND AND AND AND AND AND AN]
audynas SOLO	O O NOISSIMA STATE A CONTRACT AND A COMPLEX OF A CONTRACT AND A CO		
G · · · · · · · · · · · · · · · · · · ·		WA COMMERTIAL EXEMPTIAL IN A COMMINICATION & DD 202234	
Sharen -	Andrew Public An	Tollaomhnear air an an an an an an an an an an an an an	2
1.3	pronport to the property of th	NOW DIMOL DIRONOUS OLVINERS LICENTES	
	ATTENDER OF OTHER HASSING SOLON M		
	Coor State Anna 2 and at Min Brach	Fors	à.
			21 .
ļ		EDIUDIURIA I DI MARIA VIANA VIANA I CNA BOOM AVON	Я
			N I
			ומ
	SO 2YAO DATA TATA TATA AND A STATE		
			.
		NOTICE TO CANCER AND CONTRACTOR OF A STATE O	
			1
			46
worrd		States of the st	
reppond			` }
mon			(perina)
mont		And the second	R 7584
1 mzu		CALLAR BILLION DISCHOLING AND AND AND AND AND AND AND AND AND AND	**SHI-6 V
top pud		N1800	
mar		TOTSULT TO AN AN AN AN AN AN AN AN AN AN AN AN AN	1
- 54	PILLISIX3 OF THE	(maranib ti) economy	
	bornel with the second se	1 1181 + +97 por M 2001 (NDOIEUD TODIS) AUADOL 3620	
P-0400	5 -200-000-16-88-10 -000-005-00	anivin in a	1
	016602 13 - 13 - 101 - 175	EXTITLEHOLDER NAME EAILY HOCK	Data:
	PPLICATION Pampi Number		
OOA	iniod e	liewes to nwot	
_\00\$	·	/) TREE 9199 9E:28 / 288Z /28/	nat.
• (BAINKS MER 82/03		
÷	Za WESS: 20 2002 20 100 7281	TITY OF CENTRE STATES TO THE TAX NO. STATES	_
	Í.q	SECENCED	, -
		UINIG	

Site Provided by... qovernmax.com T1.13



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

Summary

002-00040-4

Parcel ID

01-38-41-006- 6 N RIDGEVIEW

Unit Address

Parcel Info Summary Land Residential Improvement Commercial Image

Taxes 🔿

Search By Parcel ID Owner Address

Account #

Use Code

Sales

Map 🔿

Parcel Map 🔿 Full Legal 🔿

2200 Sewall's Point 17651 Neighborhood 120400 0.562 Acres

Legal Description **Property Information** HOMEWOOD, LOT 4 BLK B

Owner Information Owner Information PEREZ, EDILIA

Assessment Info Front Ft. 0.00

Site Functions

Legal Description Neighborhood

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

Recent Sale

Sale Amount \$830,000

Owner 10 of 60

SerialIndex **Commercial Residential** Order ID 17651Owner 0 1

Mail Information **6 N RIDGEVIEW RD STUART FL 34996**

Market Land Value \$319,000 Market Impr Value \$333,750 Market Total Value \$652,750

Sale Date 10/24/2006 Book/Page 2191 1447

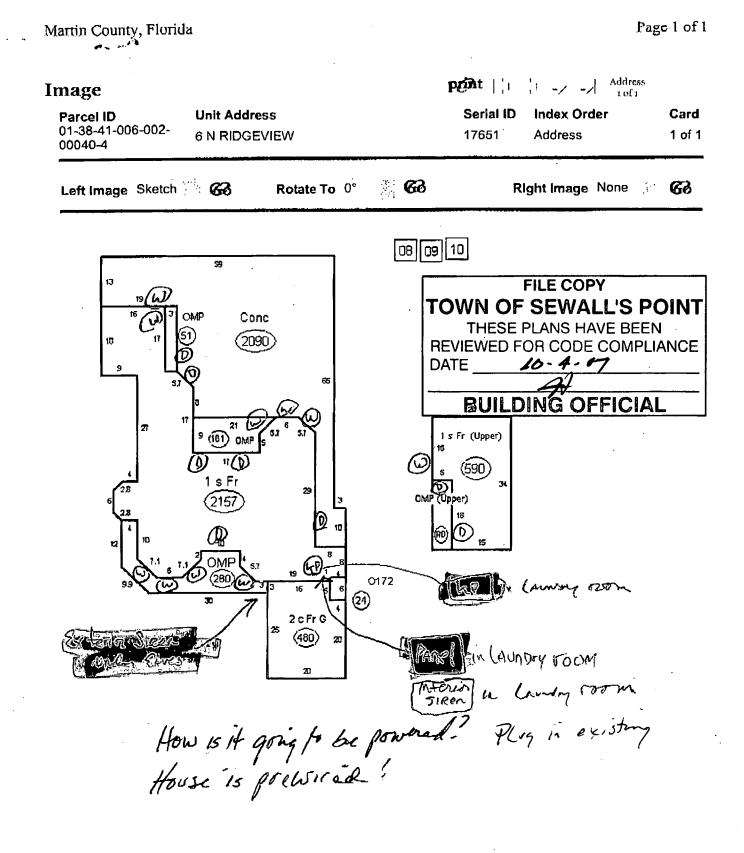
Print | Back to List | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 10/01/2007



Summary Property Location 6 N RIDGEVIEW Tax District Account # Sales & Transfers Land Use 101 0100 Single Family Assessments 🔿



BHS-4000A Installation and Programming Instructions

1 BHS-4000A Regulatory Notices

1.1 FCC Notice

1.1.1 FCC Rules Part 15

This equipment has been tested and found to comply with the limits for a Class B digital device, pursuant to Part 15 of the FCC Rules. These limits are designed to provide reasonable protection against harmful interference in a residential installation. This equipment generates, uses and can radiate radio frequency energy and, if not installed and used in accordance with the instructions, may cause harmful interference to radio communications. However, there is no guarantee that interference will not occur in a particular installation. If interference generated by this unit is suspected, call Brink's Customer Service at 1-800-445-0872.

If this equipment does cause harmful interference to radio or television reception, which can be determined by turning the equipment off and on, the user is encouraged to try to correct the interference by one or more of the following measures:

- Re-orient the radio/television antenna;
- Move the television or receiver away from the unit.
- Plug the unit and the TV/radio receiver into different outlets, i.e. not on the same circuit breaker.
- Contact Brinks Home Security or an experienced TV/Radio technician for additional suggestions.

1.1.2 FCC Rules Part 68

This equipment complies with FCC Rules, Part 68.

On the outside of this equipment is a label that contains, among other information, the FCC Registration Number and Ringer Equivalence Number (REN) for this equipment. If requested, provide this information to your telephone company.

This equipment is equipped with a USOC RJ31X connector. This equipment is designated to be connected to the telephone network or premises wiring using a compatible modular jack (RJ31X) which is part 68 compliant.

The REN is useful to determine the quantity of devices you may connect to your telephone line and still have all of those devices ring when your number is called. In most, but not all areas, the sum of the REN's of all devices should not exceed five (5.0). To be certain of the number of devices you may connect to your line, as determined by the REN, you should call your local telephone company to determine the maximum REN for your calling area.

Should you experience trouble with the telephone lines, disconnect the equipment from the line to determine the source of the trouble. If it is determined that the equipment is malfunctioning, discontinue its use until the malfunction has been corrected. Any repairs or alterations made by the user to this equipment, or equipment malfunctions, may give the telephone company cause to request the user to disconnect the equipment. If you experience trouble with this equipment, please contact Brink's Home Security Customer Service at 1-800-445-0872 for information on obtaining service or repairs. Should this equipment cause harm to the telephone network, the telephone company may temporarily discontinue your service. If possible, they will provide you with advance notice. Otherwise they will notify you as soon as possible. The telephone company will also advise you of changes in its facilities, equipment, operations or procedures which could affect the operation of your equipment, allowing you the opportunity to maintain uninterrupted service. You will also be advised of your right to file a complaint with the FCC.

This equipment must not be used on party lines or coin-operated phone lines.

The FCC Registration # is C2D MUL-35516-AL-E

Ringer Equivalence: 0.5B

1.2 Industry Canada

NOTICE: The Industry Canada label identifies certified equipment. This certification means that the equipment meets certain telecommunications network protective, operational and safety requirements as prescribed in the appropriate Terminal Equipment Technical Requirements documents. The Department does not guarantee the equipment will operate to the user's satisfaction.

Before installing this equipment, users should ensure that it is permissible to be connected to the facilities of the local telecommunications company. The equipment must be installed using an acceptable method of connection. The customer should be aware that compliance with the above

conditions may not prevent the degradation of service in some situations.

Repairs to certified equipment should be coordinated by a representative designated by the supplier. Any repairs or alterations made by the user to this equipment, or equipment malfunctions may give the telecommunications company cause to request the user to disconnect the equipment.

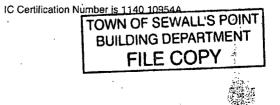
Users should ensure for their own protection that the electrical ground connections of the power utility, telephone lines and internal metallic water pipe system, if present, are connected together. This precaution may be particularly important in rural areas.

Caution: Users should not attempt to make such connections themselves, but should contact the appropriate electric inspection authority, or electrician, as appropriate.

NOTICE: The Ringer Equivalence Number (REN) assigned to each terminal device provides an indication of the maximum number of terminals allowed to be connected to a telephone interface. The termination on an interface may consist of any combination of devices subject only to the requirement that the sum of the Ringer Equivalence Numbers of all the devices does not exceed 5.

This Class B digital apparatus Complies with Canadian ICES-003. Cet appareil numérique de la classe B est conforme à la norme NMB-003 du Canada.

Contact Brink's Customer Service at 1-800-445-0872 for information on obtaining service or repairs.



2

6 Compliance Information

6.1 UL/CUL Compliance

6.1.1 Residential Listings (US and Canada)

When installed following the guidelines presented below, the BHS-4000A system is compliant with these agency listings:

- UL 985 Household Fire Warning System Units
- UL 1023 Household Burglar Alarm System Units
- UL 1635 Digital Alarm Communicator system Units
- UL 1637 Home Health Care Signaling Equipment
- The system also complies with the following Canadian listings: • CAN/CUL-S545-M89 – Standard for Residential Fire
- Warning System Control Units
- UL 1023 Household Burglar Alarm System Units

6.1.2 Hardware Guidelines

- Use only UL listed devices.
- Use recognized limited energy cables.
- Do not plug the transformer into a receptacle that is controlled by a switch. Use an approved transformer from the list below (according to location of installation):

Note: Part Numbers in italics = w/Ground Terminal

	US	Canada
	(UL Listed)	(UL/CSA Listed)
Basler		
16.5V 25VA	BE116225CAA0002	BE116225AAA0024
16.5V 25VA	BE116225CAA0001	
16.5V 40VA	BE156240CAA0007	
UltraTech		
16.5V 40VA	IM-16V 40VA	IM-16V 40VA
16.5V 40VA	E-HWA T16V40	E-HWA T16V40
ELK		
16.5V 40VA	TRG1640	
Universal		
16.5VAC 40VA	UB1640W	
16.5VAC 25VA	UB1625B/US2 .	
16.5VAC 25VA	UB1625B/US3	UB1625B/CA3
Revere		
16.5VAC 40VA	RT-1640	

Use one of the 12 VDC batteries listed below:

PT1245
PS1250
PS1270
UB1270
UB1245
NP4-12
NP7-12

- Battery backup requirement: Residential Fire (US & Canada), Home Health Care = 24 hour w/ 4 minute alarm time.
- Battery backup requirement: Residential Burglary (US & Canada) Commercial Burglary and DACT = 4 hour w/ 5-15 minute alarm time.
- Use Premier or Universal PTS-15 BHSW Range 4–16 Ohm speaker across the SIREN and Common terminals for Residential Fire and Burglary applications. For Canadian
- Residential Fire, use the Amseco MSB Series 12VDC bell. In a Multi Area system, these devices must be placed so that it can be heard in all areas as they are the primary sounding devices. The sounder on the 2112ATL smoke detector is a supplementary sounding device.
- Fire zones must use System Sensor Model 2112ATL smoke detector, ADEMCO 5808LST wireless smoke detector or other UL Listed 4-wire Smoke Detector with EOL Relay.
- Use the IntelliSense/Honeywell 9.X 4.7 K EOL resistors for all hardwired fire zones.
- Use 4.7K Ohm end-of-line resistors on all burglary zones.

- Do not exceed the maximum combined auxiliary, fire and keypad current (1.0A for a 25VA or 1.2A with a 40VA transformer, including alarm outputs).
- Do not exceed the maximum current draw for the Bell output (1 A). The primary sounding output device should be a siren for residential systems or a bell for commercial systems.
- Install the keypads within the protected area. If mounted outside of protected areas, keypads must be set up for tamper protection.
- Use SIA format with Silent Knight 9800 Receiver.

Note: The Keyfob, Keyfob Receiver, BHS-3420, and Virtual Keypad have not been investigated by Underwriters Laboratories, Inc.

6.1.3 Programming Guidelines

To ensure that the BHS-4000A system is compliant with the Listings in Section 6.1.1, program the system as follows:

- The MOS Suspend mode is not to be used in UL Certified installations.
- Program each keypad's exit delay to be 120 seconds or less. (Standard Menu | Set Exit Delay)
- Program each entry delay for 45 seconds or less. (Advanced Menu | Account | Area | Zone | Vw/Edt Zone | Entry Delay Time) Program each Entry/Exit Zone individually.
- User Codes must be at least 3 digits long (Advanced Menu | Account | Vw/Edt Acnt | User Code Length).
- Siren Supervision must be enabled when using the siren output.
- Program all burglary sounding devices to operate for at least 4 minutes. (Advanced Menu | Device | Vw/Edt Device 0 | Alarm outputs | Burglary Cutoff) Set Medical Cutoff. Time to a minimum of 5 minutes for Home Health Care applications.
- Burglary zones must be programmed as EOL and the Alarm output cadence must be steady.
- Fire zones (both hardwire and soft zones) must be programmed as supervised, with Temp Code 3 (USA or CAN) alarm cadence.
- Medical zones must be programmed for silent or a pulsing cadence.
- No zone may be programmed for silent alarm.
- Do not program the panel to dial a police station.
- Do not program the panel to dial an emergency, police station, or fire alarm number.
- Program the fire alarm time-out for manual shutdown.
 (Advanced Menu | Device | Vw/Edt Device.0.] Alarm outputs | Fire Cutoff; program 0.)
- Program the dialing attempts for Comms 1 and 2 to be at least 5, and no more than 10. (Advanced Menu | Comm | Vw/Edt Comm | Dial Attempts)
- Program the test message interval to once every 24 hours. (Advanced Menu | Account | Vw/Edt Acnt | Test Interval Hrs) In a multiple area system, it is only necessary to send the test interval on one of the area accounts since they share the same dialer.
- Program the panel to report all fire trouble conditions to the central station. (Advanced Menu | Comm | Vw/Edt Comm | Fire Trouble; program "yes" for Communicator 1.).
- Enable AC and Battery trouble reporting. (Advanced Menu | Comm | Vw/Ed Content A Seally and Solution Menu | Comm | Vw/Edt Comm | Low Battery Free both as "yes" for Communication PING DEPAR HUE Not both as
- Pager reporting can on the the description of the page of the pag



Protective Insurance Company 1099 North Meridian Street Indianapolis, Indiana 46204 (317) 636-9800 Ext. 254 Date Issued: 12/06/06 Page: 1 SEQ# 00007876 00010992-003

. . .

CERTIFICATE OF INSURANCE

This Certificate issued to:

SEWELL'S POINT 1 S. SEWELL'S POINT ROAD SEWELL'S POINT, FL 34996

Certifies placement of insurance coverage for the account of

BRINK'S HOME SECURITY, INC. 8880 ESTERS BLVD. IRVING, TX 75063

With the following insurers, individually and not jointly, providing insurance as listed:

Protective Insurance Company Policies: X 001573

For the following coverages:

Automobile Liability General Liability including Personal Injury and Property Damage

For limits of \$2,000,000 CSL per occurrence/\$4,000,000 General Liability Aggregate

Effective: January 1, 2007 Expiration: January 1, 2008

In the event of policy cancellation or material change, every reasonable effort will be made to advise the certificate holder named hereon, at the address indicated, of such cancellation or material change within 30 (Thirty) days thereof.

Signed at Indianapolis, Indiana this 6th day of December, 2006

THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER COVERAGE AFFORDED BY THE POLICY LISTED HEREIN.

BY John E. Mithell

Γ.	De tratico legurando Company	Date issued: 12/06/06
	Protective Insurance Company	SEQ# 00007876
1	1099 North Meridian Street	00010992-003
	Indianapolis, Indiana 46204 (317) 636-9800 Ext. 254	
	CERTIFICATE OF INSURANCE	
ŀ	This certificate issued to:	
	SEWELL'S POINT	
ł	1 S. SEWELL'S POINT ROAD	
	SEWELL'S POINT, FL 34996	
	Certifies placement of insurance coverage for the account of	
I	BRINK'S HOME SECURITY, INC.	
	8880 ESTERS BLVD.	
	IRVING, TX 75063	
	With the following insurers, individually and not jointly, providing ins	urance as listed:
	Protective Insurance Company Policies: X001573	
	For the following coverages:	
	Automobile Liability General Liability including Personal Injury and Property Dar	nage
	For Limits of \$2,000,000 CSL per occurrence/\$4,000,000 General Liabili	ty Angregate
1		
	Effective: January 01, 2007	
	Expiration: January 01, 2008 In the event of policy cancellation or material change, every reasonated of our	able effort will be made to advise
	the certificate holder named hereon, at the address indicated, of suc	ch cancellation or material
	change within 30 (Thirty) days thereof.	
	Signed at Indianapolis, Indiana this 6th day of December, 2006	
	THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER COVER	AGE AFFORDED BY THE
	POLICY LISTED HEREIN.	
		$C \Delta 10 10$
	BY: (John	E. Mithell
	· · · · · · · · · · · · · · · · · · ·	

٠

÷

<u>This</u> is to Certify that BRINK'S HOME SECU		NAME	AND SS	iberty Autual.
8880 ESTERS BOULE IRVING	T	OF INS	V / -	· -
is, at the issue date of this certificate, Conditions and is not altered by any i	insured by the Company u requirement, term or condit	nder the policy(ies) listed below. The inst ion of any contract or other document with	trance afforded by the listed policy(ies) is subject a respect to which this certificate may be issued.	to all their terms, exclusions and
TYPE OF POLICY	EXP DATE	POLICY NUMBER	LIMIT OF L	JABILITY
WORKERS COMPENSATION	1/1/2008	WA7-61D-004177-297 WC7-611-004177-017	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES: AL,AZ,AR,CA,CO,CT,DE,DC, FL,GA,IL,IN,IA,ID,KS,KY, LA,ME,MD,MA,MI,MN,MS,MO, NV,NJ,NM,NY,NC,OK,OR,PA, RI,SC,TN,TX,UT,VA,VT,WI	EMPLOYERS LIABILITY Bodily Injury by Accident 1000000 Each Accid Bodily Injury By Disease 1000000 Policy L Bodily Injury By Disease 1000000 Each Pol
·			General Aggregate-Other than Products /	Completed Operations
GENERAL LIABILITY			Products / Completed Operations Aggrega	le
			Bodily Injury and Property Damage Liabil	ity Per Occurre
	RETRO DATE		Personal Injury	Per Person / Organiza
			Other	Other
AUTOMOBILE				Each Accident—Single Limit B.I. And P.D. Combined
				Each Person
NON-OWNED				Each Accident or Occurrence
HIRED				Each Accident or Occurrence
OTHER				
		its wholly owned subsidiar		
SPECIAL NOTICE ONIO: ANY PERS AN APPLICATION OR FILES A CLAIM IMPORTANT NOTICE TO FLORIDA THIS CERTIFICATE FOR ANY REASO RIGHT HAND CORNER OF THIS CE	ICONTAINING A FALSE OR POLICYHOLDERS AND C N. PLEASE CONTACT YOUI RTIFICATE. THE APPROPR (NOT APPLICABLE UNI ATION DATE THE CON ER THE ABOVE POLICII	DECEPTIVE STATEMENT IS GUILTY OF IN ERTIFICATE HOLDERS: IN THE EVENT Y	DU HAVE ANY QUESTIONS OR NEED INFORMATIC E AND TELEPHONE NUMBER APPEARS IN TH IRESS MAY ALSO BE OBTAINED BY CALLING TH	N ABOUT
			$\langle \rangle$, $\langle \rangle$	
SEWELL'S PC	ΟΙΝΤ		Denne Tenn	Denise Fenn

••

•

. •••*

.....

This certificate is executed by LIBERTY MUTUAL INSURANCE GROUP as respects such insurance as is afforded by those Companies NM 772

TACH 2672665
AC# 2672665 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION SEO# 106072101201 ELECTRICAL CONTRACTORS LICENSING BOARD SEO# 106072101201
DEPARTMENT OF BUSINERACIORS DICENSING BOARD
BATCH NUMBER LICENSE NBR
1101 F
07/21/2006 060058700 EP0000921
The ALARM SYSTEM CONTRACTOR I Named below IS CERTIFIED
Namod below IS CERTIFIED
Named below IS CERTIFIED Under the provisions of Chapter 489, FS. 3 (1) Expiration date: AUG 31, 2008
Expiration date: AUG 31, 2008
BASSETT, DOUGLAS POPE, INC. DBA:
BRINK'S HOME SECURITY, INC. DBA'' BRINK'S HOME TECHNOLOGIES
A78 S.W. 12TH AVENUE: FL 334A2
JEB BUSH SECRETARY
GOVERNOR DISPLAY AS REQUIRED BY LAW

•

. . .

·

• .

003-03895	Ĺ
003-03895	Ĺ

PALM BEACH COUNTY LOCAL BUSINESS TAX RECEIPT

CLASSIFICA'TION

EXPIRES:	SEP	TEMBËR -	30-2008

BRINK'S HOME TECHNOLOGIES " LOCATED AT C/WIDE \$1.00 **BASSETT DOUGLAS - QUALIFIER** BRINKS HOME SECURITY INC 9000 BURMA ROAD #109 PALM BEACH GARDENS FL 33403 TOTAL \$1.00 This receipt is hereby valid for the above address for the period beginning on the first day of October and ending on the thirtieth day THIS IS NOT A BILL - DO NOT PAY of September to engage in the business, profession or occupation of: ALARM CONTRACTOR I PAID. PBC TAX COLLECTOR EF 0000921 \$1.00 DUP 325 0003345 10-01-2007 ANNE M. GANNON THIS DOCUMENT IS VALID ONLY WHEN TAX COLLECTOR, PALM BEACH COUNTY **RECEIPTED BY TAX COLLECTOR** 2003-03900 STATE OF FLORIDA OC-032 PALM BEACH COUNTY CLASSIFICATION LOCAL BUSINESS TAX RECEIPT EXPIRES: SEPTEMBER - 30- 2008 BRINK'S HOME TECHNOLOGIES ** LOCATED AT CNTY \$1.00 **BASSETT DOUGLAS - QUALIFIER** BRINKS HOME SECURITY INC 9000 BURMA ROAD #109 PALM BEACH GARDENS FL 33403 TOTAL \$1.00 This receipt is hereby valid for the above address for the period beginning on the first day of October and ending on the thirtieth day THIS IS NOT A BILL - DO NOT PAY of September to engage in the business, profession or occupation of: ALARM CONTRACTOR I PAID. PBC TAX COLLECTOR EF0000921 \$1.00 DUP 325 0003330 10-01-2007 ANNE M. GANNON THIS DOCUMENT IS VALID ONLY WHEN TAX COLLECTOR, PALM BEACH COUNTY **RECEIPTED BY TAX COLLECTOR** en bann (alf eine eile Billing alf an teoring) in t 2003-03891 STATE OF FLORIDA **OR-014** PALM BEACH COUNTY **CLASSIFICATION** LOCAL BUSINESS TAX RECEIPT EXPIRES: SEPTEMBER - 30- 2008 CNTY \$1.00 ** LOCATED AT BRINKS HOME SECURITY **BASSETT DOUGLAS P-QUALIFIER** BRINKS HOME SECURITY INC 9000 BURMA ROAD #109 PALM BEACH GARDENS FL 33403 \$1.00 TOTAL This receipt is hereby valid for the above address for the period THIS IS NOT A BILL - DO NOT PAY beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of: ALARM SYSTEM STORE PAID. PBC TAX COLLECTOR \$1.00 DUP 325 0003335 10-01-2007 THIS DOCUMENT IS VALID ONLY WHEN ANNE M. GANNON RECEIPTED BY TAX COLLECTOR TAX COLLECTOR, PALM BEACH COUNTY

• .		F SEWALL		
late of t	aspection: Mon Wed	epartment - Insp		l nog
	OWNER/ADDRESS/CONTR.	Fri <u>2-2</u>	_, 200 8	Page of
880		INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
000	BARNFA THER	WOF DIM-IN	PHS	/-
8	49. 5.5. P.R.	IN SUCATION	PH95	
PERMIT	EVERGLADES			INSPECTOR
	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8816		YARTI M	1495	·
10	95 NSPRI	ZNDAM		
PERMIT	ALL AMONICAN	W.B. SIJEATHING		INSPECTOR:
	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8812	1-12PWORTH	Ream .	1455	
155	3 RMANIEW DR			
*/	SAND CASPLE			INSPECTOR.
ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
91-04		FINAL	1455	·COSES
7	6N. RIPGEVIEW	2		
ERMIT	BRINKS ALARM.			INSPECTOR:
3831	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1001	Marsaa	tinal	1005	CLOSE /
ろ	12 High Wt			
ERMIT	hipiteralum.			INSPECTOR
B727	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
וכוס		FENCE	1495	CLOSE /
Δ	3 DELAND	PERMIT BY CARPON	1	
				INSPECTOR:
ERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
100	Mastupiece .	thral	4445	CLOSE
F	5 Mandalay			
2	Schiller Hools			INSPECTOR:
THER:		······		

6 NORTH RIDGEVIEW ROAD TREES SHOWN ON SITE SURVEY AS 1-8 PRE ELTHER TO CLOSE TO HOUSE/POOL/DEEK OR ARE TOO CLOSE TO OTHER TREES PROHIBITING THE PREFERED SPECICES FROM NATURUAL GROWTH PATTORN (SIZE OND SHADE). TREES WILL BE PEPEDEED SLOVE BUTH PROPERTY LINES WHERE FLORIDA HEXUL TREES FROM ADJOINING PROPERTIES (NOW REMOVED OK OUT BACK) PREVENTION OTHER VEGITATION GROWTH. ALL OAK TREES IN FRONT OR THE LOT ARE BEING SPUED, AS WELL AS AAMMORK ON SIE SIDE OF PROPERTY, ADDITIONALLY, THE BACK 25' OF THE LOT IS BEING KEPT NATURAL AS A SUFFER BETWEEN THE HOUSE TO THE REAR, NINE FIG TREES AND A KARUP TREE HAVE ACREADY BEEN PLANTED ON THE PEPERTY, 63 TREES WILL REMAIN UN TOUCHER AFTER CLEARING. MANY OF THE TREES TO BE REMOUED ARE MISSHAPPEN DUE TO OVERGROWTH AND GFTEN TOO CLOSE TOGETHER, OUER POWERING MORE DISIRABLE SPECIES IN CLOSE PROXIMITY,

Date of		PF SEWALL epartment - Insp ed - Fri	pection	Log
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7203	Mckiege	re-bar	Respo	
	31 High Pt BKMAKIDE	(PTL-IN PKOG.)		INSPECTOR: 27/26
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5075	Vasquez	Rooffile Mprogr.	need to	reinspoce with
3	825. Sewall's PT Rd		compa	my rep.
2	Groza	(exposure 14",	12" ?)	INSPECTOR 3/26
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5284	St. Lucie Bldg. Condo	Totas + Aroimp	Pessed	
(L)	ZGOI E Ocean			
	WHW Roofs.			INSPECTOR 7/20
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5001	BERCAW	FRAMING	(91	over to Wody.
(\mathbf{z})	I RIVERCREST CT.			
	REWAR DEVEL.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5123	PICEU	TIE BM.	Passod	
5)	655. RIVER RD.	20081 + Dock	·	
	SEAGATE BLOKS.			INSPECTOR 3/26
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
4895	SRELY	FINAL - WALK THEN	hot	roady reschedule
(8)	37 N.E. LOFTINGWAY		· · ·	
	GRIBBED COUTT.			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.		RESULTS	NOTES/COMMENTS:
TEASE		FIELD MELLE	<u>Oledans</u>	NEW CONST - PN 5302
$\mathbf{\hat{H}}$	6 N. RADGE VABOD	P (VACANT LOT)	Permit.	3/23/01
	RON RAYMOND			INSPECTOR: 63/26

. .

.

•

TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT
OVER 60 TREES TO REMAIN ON SITE AFTER CLEARING 1/26/01 WKP. SCHED RECEIVED SCHED RECEIVED SCHED RECEIVED SCHED RECEIVED SCHED Date Issued 3/26/01 Date Issued 3/26/01
his application shall include a written statement giving reasons for removal, relocation r replacement and a site plan which shall include the dimensional location on a survey, cale drawing, or aerial photograph, superimposed with lot lines to scale, of all xisting or proposed structures, improvements and site uses, location of affected trees dentified with an estimated size and number, etc.
MARE NOHETL Address 6 N. RIDGEVIEW Phone 220-1821
Contractor Row RAYMOND Address 2530 RAINBOW DR. Phone 878-1361
lumber of trees to be removed (list kinds of trees) 21 LISTED ON SITE PLAN
NONE - SOIL TOO SANDY - WILL NOT CLING TO ROOTS
lumber of trees to be relocated within 30 days(no fee)(list kinds of trees):
<u>B LISTED ON SITE PLAN</u> Sumber of trees to be replaced (list kinds of trees):
Permit Fee S S. (3.7.00 first tree plus \$10.00 - each additional tree - not to exceed \$200.06.\$ (5.00 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 The Moheyl Date submitted 3/15/01
Approved by Building Inspector Date 7/26/01
Approved by Building Commissioner Date
Completed
Date Checked by FEE. THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ODEMANDOR DEPART. 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?

•

TOWN OF SEWALL'S POINT, FLORIDA

Sub-division, Lot, Block	Owner	(e N.	RIDGEVA	EW ROM		
No. Of Trees: REMOVE	Sub-division		dead Oak	bage f	, Block	
No. Of Trees: RELOCATE WITHIN 30 DAYS (NO FEE) No. Of Trees: REPLACE WITHIN 30 DAYS REMARKS				0		
FEE \$ Signed,Applicant Signed,Town Clerk Town Clerk Call 287-2455 - 8:00 A.M12:00 Noon for WORK HOURS 8:00 A.M 3:00 P.MNO SUNDA TREE REMOVAL PERMIT			WITHIN 30 D	AYS (NO FEE)		
Signed,Applicant Signed,Town Clerk Town Clerk						•
Signed,	REMARKS					
DWN OF SEWALL'S POINT TREE REMOVAL PERMIT KE: ORDINANCE 103				<u> </u>	FEE \$ 🎉	2 No.
TREE REMOVAL 103 WORK HOURS 8:00 A.M 5:00 P.M NO SUNDA TREE REMOVAL PERMIT	Signed,	Applicant	Sigr	ned, Jane	Town Clerk	man (B)
TREE REMOVAL 103 WORK HOURS 8:00 A.M 5:00 P.M NO SUNDA TREE REMOVAL PERMIT					•.	
TREE REMOVAL 103 WORK HOURS 8:00 A.M 5:00 P.M NO SUNDA TREE REMOVAL PERMIT				Call 287-24	455 - 8:00 A.M	12:00 Noon fo
	DWN OF S	SEWALL'S	POINT	WORK HO)URS 8:00 A.M 5:	
	DWN OF S	SEWALL'S	POINT Man	WORK H		
	DWN OF STREET	E RE	MOV		PERI	NIT
	DWN OF S	SEWALL'S	MOV	AL I	PER	TIN
	DWN OF S TRE	SEWALL'S	MOV	AL I	PER	TIN
	DWN OF S TRE	SEWALL'S	MOV	AL I	PER	TIN
	DWN OF S	SEWALL'S E RE	MOV	AL I	PER	TIN

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner Mike Julie Nohe'L	Address_6W	Ridger'en Rd Phone 220-1821
Contractor self	Address	Phone
No. of Trees: REMOVE		Type: dead cabbage palm
No. of Trees: RELOCATE	WITHIN 30 DAYS	Туре:
No. of Trees: REPLACE	WITHIN 30 DAYS	Туре:
Written statement giving reasons:	dead	
Signature of Applicant	ie noyl	Date 8-8-03
Approved by Building Inspector:	entoee	Date
Plans approved as submitted		proved as revised/marked:/

	TOWN OF	SEWALL	'S PC	DINT
Date of In	Building De spection: Mon Wed	partment - Insp		Og Page of
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE		NOTES/COMMENTS:
6335	TWOHEN	SLAB	Pessol	
$\widehat{(\lambda)}$	19 HILCEEST			6
PERMIT	SEAGATE			INSPECTOR
		INSPECTION TYPE		NOTES/COMMENTS
5022		DRIVEWAY	tessal	
	133 S. RIVEERD	PRE POUR		ĥ
	MACARI			INSPECTOR
PERMIT		INSPECTION TYPE		NOTES/COMMENTS:
6131	PRETERE	DEYINT	> WE	\mathcal{D}
	104 HENRY SEWAL	TIN TAG		
	HEATON ROOFING			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6330	BUSSEY	SLAS	Failed	loste as possible
(2)	1 PALMETTO DE	> 35' Sett	act rig	lit on the papile.
	WORREL			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
THEE	NOWEDC	- REC	Hissod-	
	6 N RIDGEVIENRO			
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
9131	Pfeiffer	Truis eng.	(tessoul	
	WQ H. Sewalls W.	Tie dowy		
	Ruford			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
OTHER:				
	<u>는 것 같은 것은 것 같은 것 같은 것 같은 것 같은 것 같은 것</u> 같은 것 같은 것 같은 것 같은 것 같은 것 같은 것 같은 것 같은 것		<u>na kana kana kana</u> Si Ni Kana kana	under Star ihr Michael Bill Parka. Schwarz (Star 1995) and Star Star Star Star

INSPECTION LOG xls

APPLIED FOR BY NOHET	L		(Contractor or W
_			
Owner			
Sub-division	, Lot _		, DIOCK
Kind of Trees I I-1 (CKORY		
No. Of Trees: REMOVE			
No. Of Trees: RELOCATE	WITHIN 30 DA	YS (NO FEE)	
No. Of Trees: REPLACE			
REMARKS DEAD			A
			FEE \$
Signed,Outil	Signe	d, <u>Men</u>	<u>E Summons/R</u> Town Clerk
Signed,U Applica	nt		Town Clerk
	PERMIT		
		,	
BUILDING			
PLUMBING			
PLUMBING DOCK/BOAT LIFT		RUCTURE	
PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL	 ROOFING DEMOLITION TEMPORARY STR HURRICANE SHU 		 POOL/SPA/DECK FENCE GAS RENOVATION
PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE	 ROOFING DEMOLITION TEMPORARY STR 		 POOL/SPA/DECK FENCE GAS
PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL		DITTERS	 POOL/SPA/DECK FENCE GAS RENOVATION ADDITION
PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL	ROOFING DEMOLITION TEMPORARY STF HURRICANE SHU STEMWALL INSPECTIC	NS UNDERGROUM	 POOL/SPA/DECK FENCE GAS RENOVATION ADDITION
PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL	ROOFING DEMOLITION TEMPORARY STF HURRICANE SHU STEMWALL INSPECTIC	NS UNDERGROUM	 POOL/SPA/DECK FENCE GAS RENOVATION ADDITION
PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL IDERGROUND PLUMBING IDERGROUND MECHANICAL	ROOFING DEMOLITION TEMPORARY STF HURRICANE SHU STEMWALL INSPECTIC	UNDERGROUN	POOL/SPA/DECK FENCE GAS RENOVATION ADDITION ID GAS ID ELECTRICAL
PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL DERGROUND PLUMBING IDERGROUND MECHANICAL EMWALL FOOTING	ROOFING DEMOLITION TEMPORARY STF HURRICANE SHU STEMWALL INSPECTIC	DITTERS	POOL/SPA/DECK FENCE GAS RENOVATION ADDITION ID GAS ND ELECTRICAL
PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL IDERGROUND PLUMBING IDERGROUND MECHANICAL EMWALL FOOTING AB	ROOFING DEMOLITION TEMPORARY STF HURRICANE SHU STEMWALL	DITTERS	POOL/SPA/DECK FENCE GAS RENOVATION ADDITION ID GAS ND ELECTRICAL
PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL DERGROUND PLUMBING IDERGROUND MECHANICAL EMWALL FOOTING AB DOF SHEATHING	ROOFING DEMOLITION TEMPORARY STF HURRICANE SHU STEMWALL INSPECTIC	DITTERS DNS UNDERGROUM UNDERGROUM FOOTING TIE BEAM/COL WALL SHEATH	POOL/SPA/DECK FENCE GAS RENOVATION ADDITION ID GAS ID ELECTRICALUMNS ING
PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL IDERGROUND PLUMBING IDERGROUND MECHANICAL EMWALL FOOTING AB DOF SHEATHING RUSS ENG/WINDOW/DOOR BUCKS	ROOFING DEMOLITION TEMPORARY STF HURRICANE SHU STEMWALL INSPECTIC	DITTERS	POOL/SPA/DECK FENCE GAS RENOVATION ADDITION ID GAS ID ELECTRICAL LUMNS HING GRESS
PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL DERGROUND PLUMBING DERGROUND MECHANICAL EMWALL FOOTING AB DOF SHEATHING RUSS ENG/WINDOW/DOOR BUCKS DOF TIN TAG/METAL	ROOFING DEMOLITION TEMPORARY STF HURRICANE SHU STEMWALL INSPECTIC	DNS UNDERGROUN UNDERGROUN FOOTING TIE BEAM/COL WALL SHEATH LATH ROOF-IN-PRO	POOL/SPA/DECK FENCE GAS RENOVATION ADDITION ID GAS ID ELECTRICAL LUMNS ING GRESS ROUGH-IN
PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL IDERGROUND PLUMBING IDERGROUND MECHANICAL EMWALL FOOTING AB DOF SHEATHING RUSS ENG/WINDOW/DOOR BUCKS DOF TIN TAG/METAL LUMBING ROUGH-IN	ROOFING DEMOLITION TEMPORARY STF HURRICANE SHU STEMWALL INSPECTIC	DITTERS UNDERGROUN UNDERGROUN FOOTING TIE BEAM/COL WALL SHEATH LATH ROOF-IN-PRO ELECTRICAL I	POOL/SPA/DECK FENCE GAS RENOVATION ADDITION ID GAS ID ELECTRICAL UMNS HING GRESS ROUGH-IN N
PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL DERGROUND PLUMBING IDERGROUND MECHANICAL EMWALL FOOTING AB DOF SHEATHING SUSS ENG/WINDOW/DOOR BUCKS DOF TIN TAG/METAL JUMBING ROUGH-IN ECHANICAL ROUGH-IN	ROOFING DEMOLITION TEMPORARY STF HURRICANE SHU STEMWALL INSPECTIC	DNS UNDERGROUN UNDERGROUN FOOTING TIE BEAM/COL WALL SHEATH LATH ROOF-IN-PRO ELECTRICAL I GAS ROUGH-I	POOL/SPA/DECK FENCE GAS RENOVATION ADDITION ID GAS ID ELECTRICAL UMNS ING GRESS ROUGH-IN N R RELEASE
PLUMBING DOCK/BOAT LIFT SCREEN ENCLOSURE FILL TREE REMOVAL IDERGROUND PLUMBING IDERGROUND MECHANICAL EMWALL FOOTING AB DOF SHEATHING RUSS ENG/WINDOW/DOOR BUCKS DOF TIN TAG/METAL LUMBING ROUGH-IN ECHANICAL ROUGH-IN RAMING	ROOFING DEMOLITION TEMPORARY STF HURRICANE SHU STEMWALL INSPECTIC	DITTERS UNDERGROUN UNDERGROUN FOOTING TIE BEAM/COL WALL SHEATH LATH ROOF-IN-PRO ELECTRICAL I GAS ROUGH-I EARLY POWE	POOL/SPA/DECK FENCE GAS RENOVATION ADDITION ID GAS ID ELECTRICAL UMNS ING GRESS ROUGH-IN N R RELEASE

IUWN OF SETTA