

**6 N Ridgeview Road**



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

**RECEIVED**  
FEB 13 2001  
BY: \_\_\_\_\_

Bldg. Permit Number: \_\_\_\_\_

Owner or Titleholder's Name MIKE & JULIE NOHEJL Phone No. (561) 220-1821

Street: 18 S. VIA LUCINDIA City SEWALLS POINT State: FL Zip 34996

Legal Description of Property: LOT 4 BLOCK B HOMEWOOD

Parcel Number: \_\_\_\_\_

Location of Job Site: 6 NO. RIDGEVIEW

TYPE OF WORK TO BE DONE: NEW SINGLE FAMILY HOME

CONTRACTOR/Company Name: RON RAYMOND CONST. Phone No. (561) 878-1361

Street: 2530 RAINBOW DRIVE City FT. PLENCE State: FL Zip 34981

State Registration: \_\_\_\_\_ State License: 0067176

ARCHITECT: OWNER Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

ENGINEER: JOHN OLSON Phone No. (561) 287-852

Street: 1366 SW JASMINE TRACE City PALM CITY State: FL Zip 34990

**AREA SQUARE FOOTAGE - SEWER - ELECTRIC:**

Living Area: 2615 Garage Area: 557 Carport: — Accessory Bldg: —

Covered Patio: 225 Scr. Porch: 71 Wood Deck: —

Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. 43-55-02783

New Electrical Service Size: 143.87 AMPS

**FLOOD HAZARD INFORMATION**

Flood zone: A10 Minimum Base Flood Elevation (BFE): 8 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: \$ 110,000

If improvement, is cost greater than 50% of Fair Market Value? YES  NO

Method of determining Fair Market Value: \_\_\_\_\_

Form revised: 20 April 2000

Page - 2.

(if required)

Approved by Town Engineer

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

Approved by Building Official:

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

state and federal agencies.

additional permits required from other governmental entities such as water management districts property that may be found in the public records of COUNTY OF MARTIN, and there may be NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this

**TREE REMOVAL (Attach sealed survey)**

Number of trees to be removed: 19 Number of trees to be retained: 35 Number of trees to be planted: 9 (DONE) Number of Specimen trees removed: 0  
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 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) sets of 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 of 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.
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.

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

## SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>Mike &amp; Julie Nohejl</u>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>6 North Ridgeway Rd.</u>		Policy Number	
CITY <u>Sewalls Point</u>	STATE <u>FL</u>	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 4, Block B, Amended Plat of Homewood</u>		ZIP CODE <u>34996</u>	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>Residential</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.#####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type):	<input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>Town of Sewalls Point 120164</u>		B2. COUNTY NAME <u>Martin</u>		B3. STATE <u>FLORIDA</u>	
B4. MAP AND PANEL NUMBER <u>120164 0002</u>	B5. SUFFIX <u>D</u>	B6. FIRM INDEX DATE <u>6-30-99</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>6-16-92</u>	B8. FLOOD ZONE(S) <u>A10</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>8</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe): \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
 Designation Date: N/A

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
 \*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
 Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
 Datum NGVD 29 Conversion/Comments N/A

Elevation reference mark used SIDEWALK Does the elevation reference mark used appear on the FIRM?  Yes  No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>8.0</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>17.5</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>7.3</u> ft.(m)
<input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>(A/C) 6.6</u> ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>6.4</u> ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<u>7.5</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>N/A</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>N/A</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

Christofan  
PSM 5762  
11/3/01

## SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.  
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.  
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME <u>CHRISTIAN FENEX</u>	LICENSE NUMBER <u>5102</u>
TITLE <u>REG. LAND SURVEYOR</u>	COMPANY NAME <u>CHRISTIAN FENEX &amp; ASSOCIATES</u>
ADDRESS <u>1657 S. DIXIE HWY</u>	CITY <u>STUART</u>
SIGNATURE <u>[Signature]</u>	STATE <u>FL</u>
	ZIP CODE <u>34994</u>
	DATE <u>11/2/01</u>
	TELEPHONE <u>(861) 283-2977</u>



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>For Insurance Company Use:</b>	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 6 North Ridgeriew Road			Policy Number	
CITY Sewalls Point	STATE FL	ZIP CODE 34996	Company NAIC Number	

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

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Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_\_\_\_ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_\_\_\_ ft.(m) \_\_\_\_\_ in.(cm) \_\_\_\_\_ above or \_\_\_\_\_ below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_\_\_ ft.(m) \_\_\_\_\_ in.(cm) above the highest adjacent grade.
- E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

COMMENTS

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Check here if attachments

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

LOCAL OFFICIAL'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMMUNITY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS

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Check here if attachments

# STATEMENT OF INSPECTION

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

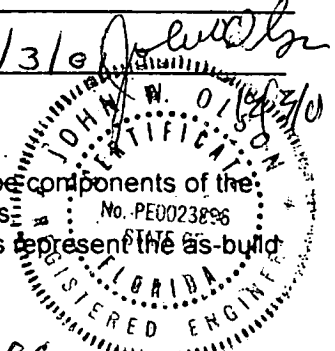
COMPLIANCE WITH SECTION 0307.2 OF THE SOUTH FLORIDA BUILDING CODE

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 NOTHESL Address: 6 NORTH RIDGEVIEW ROAD  
Project Address: 6 N. Ridgeview Legal Description: Lot 4 Blk 13 Subdivision SEWALLS POINT FL  
General Contractor: RON RAYMOND CONSTRUCTION Lic/Cert No. PR0067176  
Address: P.O. Box 12058 Ft. Pierce Tel: 561-878-1361 Fax: 561-878-1361 + 77  
~~Architect or~~ Engineer: STRUCTURAL ENGINEER Lic/Reg No. PE0027896  
JOHN W. OLSON, P.E.  
Address: 1366 S.W. JASMINE TRACE Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
PALM CITY, FL 34890  
Permit No: 5302 Date of Issue: 3/23/01 Date of This Statement: 12/3/01

1. I am the Architect or Engineer who sealed and signed the plans for the subject structure.
2. 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.
3. To the best of my knowledge, belief and professional judgment, the approved permit plans represent the as-built condition of the structural and envelope components of the structure.



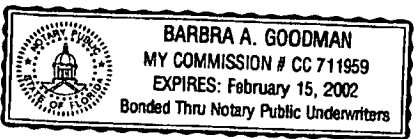
Executed at 1366 SW JASMINE TR PALM CITY, FL this 3rd day of Dec.  
Name: JOHN W. OLSON Signature: [Signature] Lic. No: PE 0023896

STATE OF FLORIDA  
COUNTY OF St. Martin

Sworn to and subscribed before me this 3rd day of Dec, 2001 by John Olson, who is  
Personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

(NOTARY SEAL)

Barbra A Goodman  
Name: [Signature]



I am an Notary Public of the State of Florida and my commission expires: Feb. 15, 2002

12246

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# 5302 Lot/Block/Section 4, 13,  
Builder: Ron Raymond Job Address: 6 North Ridgeway Rd.  
Sewall's Point FL

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: X  
SLAB: X  
OTHER: perimeter - final spray

Approximate area treated was: 191 linear square feet

The chemical used was Prevail F

Percent of solution 0.25%

Total gallons used: 76

Date of Treatment: 11/30/01

BY Mubal Bunde  
Pest Control Contractor

# ENERGY PERFORMANCE LEVEL (EPL) DISPLAY CARD

**ESTIMATED ENERGY PERFORMANCE SCORE\* = 81.9**

**The higher the score, the more efficient the home.**

<p>1. New construction or existing <span style="float: right;">New</span> <input type="checkbox"/></p> <p>2. Single family or multi-family <span style="float: right;">Single family</span> <input type="checkbox"/></p> <p>3. Number of units, if multi-family <span style="float: right;">1</span> <input type="checkbox"/></p> <p>4. Number of Bedrooms <span style="float: right;">4</span> <input type="checkbox"/></p> <p>5. Is this a worst case? <span style="float: right;">No</span> <input type="checkbox"/></p> <p>6. Conditioned floor area (ft<sup>2</sup>) <span style="float: right;">2615 ft<sup>2</sup></span> <input type="checkbox"/></p> <p>7. Glass area &amp; type <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Clear - single pane <span style="float: right;">623.8 ft<sup>2</sup></span> <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Clear - double pane <span style="float: right;">0.0 ft<sup>2</sup></span> <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Tint/other SC/SHGC - single pane <span style="float: right;">0.0 ft<sup>2</sup></span> <input type="checkbox"/></p> <p style="margin-left: 20px;">d. Tint/other SC/SHGC - double pane <span style="float: right;">0.0 ft<sup>2</sup></span> <input type="checkbox"/></p> <p>8. Floor types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Slab-On-Grade Edge Insulation <span style="float: right;">R=0.0, 269.0(p) ft</span> <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Raised Wood, Adjacent <span style="float: right;">R=11.0, 468.0ft<sup>2</sup></span> <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>9. Wall types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Concrete, Int Insul, Exterior <span style="float: right;">R=5.4, 1931.0 ft<sup>2</sup></span> <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Frame, Wood, Exterior <span style="float: right;">R=11.0, 671.0 ft<sup>2</sup></span> <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Frame, Wood, Adjacent <span style="float: right;">R=11.0, 158.0 ft<sup>2</sup></span> <input type="checkbox"/></p> <p style="margin-left: 20px;">d. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">e. N/A <input type="checkbox"/></p> <p>10. Ceiling types <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Under Attic <span style="float: right;">R=19.0, 2615.0 ft<sup>2</sup></span> <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>11. Ducts <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Sup: Unc. Ret: Unc. AH: Interior <span style="float: right;">Sup. R=6.0, 95.0 ft</span> <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Sup: Unc. Ret: Unc. AH: Interior <span style="float: right;">Sup. R=6.0, 90.0 ft</span> <input type="checkbox"/></p>	<p>.....</p>	<p>12. Cooling systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Central Unit <span style="float: right;">Cap: 56.0 kBtu/hr</span> <input type="checkbox"/></p> <p style="margin-left: 40px;"><span style="float: right;">SEER: 10.00</span> <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Central Unit <span style="float: right;">Cap: 24.0 kBtu/hr</span> <input type="checkbox"/></p> <p style="margin-left: 40px;"><span style="float: right;">SEER: 10.00</span> <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>13. Heating systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Strip <span style="float: right;">Cap: 40.0 kBtu/hr</span> <input type="checkbox"/></p> <p style="margin-left: 40px;"><span style="float: right;">COP: 1.00</span> <input type="checkbox"/></p> <p style="margin-left: 20px;">b. Electric Strip <span style="float: right;">Cap: 17.0 kBtu/hr</span> <input type="checkbox"/></p> <p style="margin-left: 40px;"><span style="float: right;">COP: 1.00</span> <input type="checkbox"/></p> <p style="margin-left: 20px;">c. N/A <input type="checkbox"/></p> <p>14. Hot water systems <input type="checkbox"/></p> <p style="margin-left: 20px;">a. Electric Resistance <span style="float: right;">Cap: 40.0 gallons</span> <input type="checkbox"/></p> <p style="margin-left: 40px;"><span style="float: right;">EF: 0.94</span> <input type="checkbox"/></p> <p style="margin-left: 20px;">b. N/A <input type="checkbox"/></p> <p style="margin-left: 20px;">c. Conservation credits <input type="checkbox"/></p> <p style="margin-left: 40px;">(HR-Heat recovery, Solar DHP-Dedicated heat pump)</p> <p>15. HVAC credits <span style="float: right;">MZ-C, MZ-H</span> <input type="checkbox"/></p> <p style="margin-left: 20px;">(CF-Ceiling fan, CV-Cross ventilation, HF-Whole house fan, PT-Programmable Thermostat, RB-Attic radiant barrier, MZ-C-Multizone cooling, MZ-H-Multizone heating)</p>
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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 features.

Builder Signature: *[Signature]*

Date: 11/30/01

Address of New Home: 6 N. Ridgeview RD City/FL Zip: Stunet FLA



*\*NOTE: The home's estimated energy performance score is only available through the FLA/PRES computer program. This is not a Building Energy Rating. If your score is 80 or greater (or 86 for a US EPA/DOE EnergyStar<sup>SM</sup> 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](http://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 550/487-1824.*

# 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:

Mike Nohej

Property Address:

6 N. RIDGEVIEW

SEWALLS POINT, FL

SWORN TO and subscribed before me this 3<sup>rd</sup> day of Dec., 2001, by M. Nohej, who is personally known to me or produced \_\_\_\_\_ as identification.

Joan H. Barrow

Notary Public

My commission expires: \_\_\_\_\_

(Notary Seal)



Joan H. Barrow  
MY COMMISSION # CC763645 EXPIRES  
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 Gravis Williams  
BUILDER R. R. [Signature]  
OWNER M. [Signature]



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

TO: BUILDING DEPARTMENT: MARTIN JUPITER ISL. SEWALLS PT. STUART

FROM: M. Meldrum

DATE: 12/4/01

SUBJECT: FINAL APPROVAL FOR SEPTIC SYSTEMS

HEALTH DEPT. PERMIT

BUILDING DEPT. PERMIT

LOCATION

- 43-SS- 2783 - 5302 Co North Ridge View Rd.
- 43-SS- \_\_\_\_\_
- 43-SS- \_\_\_\_\_
- 43-SS- \_\_\_\_\_
- 43-SS- \_\_\_\_\_
- 43-SS- \_\_\_\_\_
- 43-SS- \_\_\_\_\_
- 43-SS- \_\_\_\_\_

**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 Nohel Address: 18 South Via Lucinda

Project Address: 6 North Ridgerview<sup>RD</sup> Legal: Lot 4 Blk B Subdivision \_\_\_\_\_

General Contractor Ron Raymond Construction Lic/Cert No: 20067176 17202

Address: P.O. Box 12058 Ft. Pierce FL Tel: 878-1361 Fax: 878-1361 #77

Electrical Contractor: F.F. Delutis, Inc. Lic/Cert No: EC 0002718 (Effective 12/00)

Address: 1576 SE Newmeyer Cir. Port St. Lucie Tel: (561) 337-1624 Fax: (561) 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,

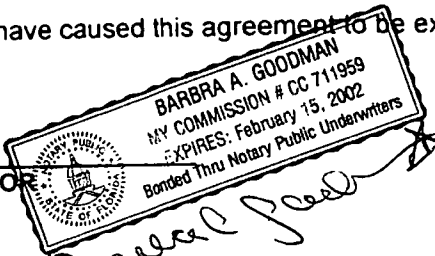
**WHEREAS**, the above named responsible persons, firms or corporations have requested a temporary electrical hook-up of G. N. RIDGEVIEW RD. for the purpose of TESTING OF CIRCUITS At the above designated construction now in progress under a valid building permit; and equipment and completion of building operations as herein above described.

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

1. The parties to this agreement are Gene Simmons, Building Official, Town of Sewall's Point, and the above named responsible persons, firms, corporations.
2. 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.
4. 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 be executed this 8 day of NOV, 2001

\* [Signature]  
SIGNATURE OF GENERAL CONTRACTOR



\* [Signature]  
SIGNATURE OF ELECTRICAL CONTRACTOR

\* [Signature]  
SIGNATURE OF OWNER  
[Signature]

\_\_\_\_\_  
GENE SIMMONS, BUILDING OFFICIAL



ROBERT M. WIENKE  
Mayor

MARC S. TEPLITZ  
Vice Mayor

DAWSON C. GLOVER, III  
Commissioner

THOMAS P. BAUSCH  
Commissioner

E. DANIEL MORRIS  
Commissioner

# TOWN OF SEWALL'S POINT



JOSEPH C. DORSKY  
Town Manager

JOAN H. BARROW  
Town Clerk

LARRY E. McCARTY  
Chief of Police

~~EDWIN B. ARNOLD~~  
GENE SIMMONS  
Building Official

JOSE TORRES, JR.  
Maintenance

## CERTIFICATE OF OCCUPANCY

Single Family Residence       Other \_\_\_\_\_

OWNER: MIKE NOHEJL ; PROPERTY ADDRESS: 6 N. RIDGEVIEW DR

LEGAL DESCRIPTION: LOT 4 BLOCK 13 SUBDIVISION HOMEWOOD SEWALLS POINT

GENERAL CONTRACTOR: RON RAYMOND CONSTRUCTION ; LIC/CERT NO RR-0067176

ADDRESS: P.O. BOX 12058 FT. PIERCE, FL. ; TEL: 878-1361 ; FAX \_\_\_\_\_

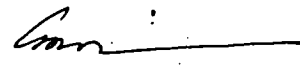
ARCHITECT OR ENGINEER: JOHN OLSDON - STRUCTURAL ENGR ; LIC/REG. NO. PE 0023896

ADDRESS: 1366 S.W. JASMINE TRACE, PALM CITY ; TEL \_\_\_\_\_ ; FAX \_\_\_\_\_

PERMIT NO: 5302 ; DATE OF ISSUE: 3/23/01 ; 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 DEC., 2001.

  
GENE SIMMONS  
Edwin B. Arnold, 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) 220-4785 • 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 30 2009  
BY: \_\_\_\_\_

**SINGLE FAMILY 2300sf & OVER**

FACILITY	NEW FEES FOR 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
COMMUNITY PARKS **	180.91
BEACH FACILITIES	80.40
RESOURCE-BASED PARKS AKA REGIONAL PARKS	348.40
CONSERVATION LAND	321.60
TRANSPORTATION/ROADS	2,223.27
<b>TOTAL IMPACT FEES</b>	<b>3,907.69</b>
ADMINISTRATIVE FEE ****	117.23
<b>TOTAL FEE FOR SINGLE FAMILY HOME 2,300 sf &amp; OVER</b>	<b>4,024.92</b>

NOBEL  
6.0 RIDGEMEN

TOTAL  
A/C SHARE  
2,161.5 SF.

**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.

\*\*\* 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..

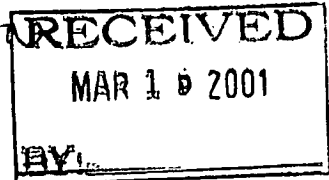
TOWN OF SEWALLS POINT  
IMPACT FEE ALLOCATION

**SINGLE FAMILY HOME - 1101 to 2300sf**

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

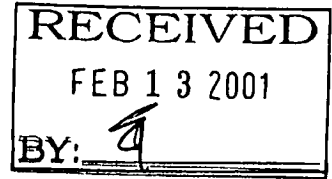
MARCH 15, 01

NOHEJL 6 N. RIDGEVIEW  
PLAN REVISIONS



- Pg 1 LAUNDRY FLOOR 7" ABOVE GARAGE FLOOR  
1 HOUR FIRE WALL BETWEEN LAUNDRY & GARAGE  
LAUNDRY TO GARAGE DOOR 1 3/4 STEEL W/CLOSER  
ONE LESS STEP DOWN, LAUNDRY FROM HOUSE  
LAUNDRY ROOM CEILING 7'5"  
GARAGE - 2 VENTS PER CODE
- Pg 2 LAUNDRY ROOM - 7" STEP ON FOUNDATION PLAN
- Pg 5 FRONT ELEVATION - SHOW HEIGHT:  
1) FINISH FLOOR (8')  
2) TOP OF TIE BEAM  
3) TOP OF ROOF  
4) TOP OF CURB
- Pg 8 ELECTRICAL DISCOUNT BY METER AND AC UNIT  
2<sup>nd</sup> SMOKE DETECTOR - UPSTAIRS HALL
- CONTRACTORS LICENCE (1)  
PROPERTY DEED (1)  
PLUMBING LAYOUT (2)  
AC LAYOUT (2)  
FULL SIZE WINDOW APPROVALS (1)

NOHEJL - PERMIT APPLICATION  
6 N RIDGEVIEW



2/14/01  
REVIEW W/OWNER

- AS NOTED ✓ 2 SETS ENGINEER STAMPED HOUSE PLANS  
✓ 2 SETS STAMPED SITE PLAN - 1 SITE PLAN/SURVEY (2ND COPY REQ.)  
1 W/ H.D. STAMP (TO BE RETAINED W/ SEPTIC PERMIT)

2 OF EACH:

1. ELECTRICAL SERVICE CALCULATION  
J LOAD AND EQUIPMENT SUMMARY
2. FORM 600A - 97 ENERGY CALCULATIONS

} ATTACHED  
TO PLANS

✓ 3. COUNTY SEPTIC PERMIT

4. DADE PRODUCT ACCEPTANCE - DOORS
5. DADE PRODUCT ACCEPTANCE - WINDOWS

} ATTACHED  
TO PLANS

- PROVIDED TIR PERMIT APPLICATION TO OWNER:
  - SUBMIT W/ 2 COPIES OF TREE SURVEY  
& SCHEDULE OF TREES FOR REMOVAL.
- 3.4 WKS REVIEW TIME FOR PERMIT
- OK TO HAND CLEAR BRUSH & LIMBS PRIOR TO TIR PERMIT

RECEIVED  
MAR 15 4 2001  
BY: [Signature]

MARSHA STILLER  
CLERK OF CIRCUIT COURT  
MARTIN CO. FL.

01412384

RECORDED & VERIFIED  
BY

00 JAN 19 PM 4:31

DOC-DEED # 651.00 MARSHA STILLER  
DOC-MTG # \_\_\_\_\_ MARTIN COUNTY  
DOC-ASM # \_\_\_\_\_ CLERK OF CIRCUIT COURT  
INT. TAX # \_\_\_\_\_ BY [Signature] D.C.

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) and 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

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.

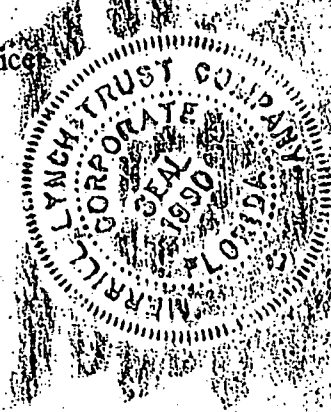
DATED this 22 day of January, 2000.

Executed in the presence of:

MERRILL LYNCH TRUST COMPANY, a Florida corporation, as Successor Co-Trustee of the Jerome F. McCarthy Trust dated December 4, 1990, as amended

Ginger L. Johnson  
Name: Ginger L. Johnson  
Please Print, Type or Stamp  
As to Duncan A. McDonell

Duncan A. McDonell  
DUNCAN A. McDONELL,  
Vice President and Real Estate Officer

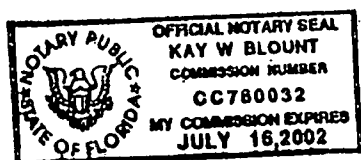


Nancy Lynett  
Name: Nancy Lynett  
Please Print, Type or Stamp  
As to Duncan A. McDonell

STATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 22 day of January, 2000, by DUNCAN A. McDONELL, Vice President and Real Estate Officer, who:  is personally known to me, or  has produced N/A as identification, and who did not take an oath.

(NOTARY SEAL)



Kay W. Blount  
Name: Kay W. Blount  
Typed, printed or stamped  
I am a Notary Public of the  
State of Florida having a  
commission number of \_\_\_\_\_  
and my commission expires: \_\_\_\_\_

RECEIVED  
MAR 21 2001  
BY: *[Signature]*



OFFICIAL RECEIPT  
(FOR MONEY RECEIVED)

No. 536433

DATE 3.20, 2001

Legal Svc. SCHOOL

RECEIVED FROM Michael + Julie Nohej \$ 1006.03  
(NAME OR ORGANIZATION)

FOR Lot 4, Blk B, Home wood - school impact fees

FOR DEPOSIT IN \_\_\_\_\_ FUND(S)

W. Dalls  
PRINCIPAL OR RESPONSIBLE OFFICER



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 #01-38-41-006-002-00040

RECEIVED MAR 23 2001 BY: [Signature]

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 available, 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: a. Michael A. Nohejl and Julie A. Nohejl 18 South Via Lucinda Stuart, FL 34996 b. Interest in property: Fee Simple c. 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
6. Lender name and address: Community Savings, F.A. 660 US Highway One North Palm 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 Lender'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:

FILE

[Signature] Michael A. Nohejl [Signature] Julie A. Nohejl

STATE OF FLORIDA COUNTY OF MARTIN

Subscribed and acknowledged before me on March 22, 2001, by Michael A. Nohejl and Julie A. Nohejl, husband and wife.

(Official Notary Seal or Stamp)

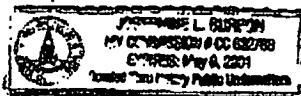
[Signature] (Signature of Notary Public) ROBERT A. BURSON (Print, type or stamp commissioned name of Notary Public)

Personally known or produced identification X Type of identification produced DENVERSHIRE

STATE OF FLORIDA MARTIN COUNTY

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

BY [Signature] DATE 3-23-01



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

**NOTICE OF COMMENCEMENT**

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3. Owner information:
  - a. Michael A. Nohejl and Julie A. Nohejl  
 18 South Via Lucinda  
 Stuart, FL 34996
  - b. Interest in property: Fee Simple
  - c. 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
6. Lender name and address:  
 Community Savings, F.A.  
 660 US Highway One  
 North Palm 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 Lienor'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:

Permit #  
5302

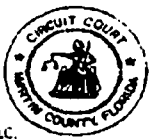
Michael A. Nohejl  
 Michael A. Nohejl  
Julie A. Nohejl  
 Julie A. Nohejl

STATE OF FLORIDA  
 COUNTY OF MARTIN

Subscribed and acknowledged before me on, March 22, 2001, by Michael A. Nohejl and Julie A. Nohejl, husband and wife.

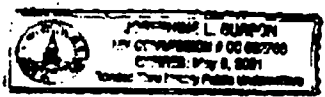
(Official Notary Seal or Stamp)

STATE OF FLORIDA  
 MARTIN COUNTY  
 THIS IS TO CERTIFY THAT THE  
 FOREGOING \_\_\_\_\_ PAGES IS A TRUE  
 AND CORRECT COPY OF THE ORIGINAL  
 \_\_\_\_\_  
 \_\_\_\_\_  
 DATE \_\_\_\_\_ 3-22-01



[Signature]  
 (Signature of Notary Public)  
ROBERT A. BURNON  
 (Print, type or stamp commissioned name of Notary Public)

Personally known \_\_\_\_\_ or produced identification  
 Type of identification produced DENNIS H. CLARKE





STATE OF FLORIDA  
DEPARTMENT OF HEALTH **(3) SEPTIC**  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
CONSTRUCTION PERMIT

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

*rw*

CONSTRUCTION PERMIT FOR:

[  ] 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]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 64E-6, FAC DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC TIME 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 THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE OR LOCAL PERMITTING REQUIRED FOR PROPERTY DEVELOPMENT.

SYSTEM DESIGN AND SPECIFICATIONS

T [ 1050 ] Gallons **SEPTIC TANK** MULTI-CHAMBERED/IN SERIES: [  ]  
A [ 0 ] Gallons MULTI-CHAMBERED/IN SERIES: [    ]  
N [ 0 ] GALLONS GREASE INTERCEPTOR CAPACITY  
K [ 0 ] GALLONS DOSING TANK CAPACITY [ 0 ] GALLONS @ [ 0 ] DOSES PER 24 HRS # PUMPS [ 0 ]

D [ 333 ] SQUARE FEET PRIMARY DRAINFIELD SYSTEM *Trench 9*  
R [ 500 ] SQUARE FEET *Bed* SYSTEM *TR: 2(30') x 55.5'*  
A TYPE SYSTEM: [  ] STANDARD [  ] FILLED [  ] MOUND [  ] *TR: 2(30') x 55.5'*  
I CONFIGURATION: [  ] TRENCH [  ] BED [  ] BED: *9'W x 55.6'L*

F LOCATION TO BENCHMARK: Crown of Road 7.18  
I ELEVATION OF PROPOSED SYSTEM SITE [ 9.0 ] [ INCHES ] [ BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 33.0 ] [ INCHES ] [ BELOW ] BENCHMARK/REFERENCE POINT  
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 prior to final inspection and approval.

SPECIFICATIONS BY: Black, Angela TITLE: E.S. II

APPROVED BY: Cross, Ray TITLE: Env. Supervisor II Martin CHD

DATE ISSUED: 10/4/00 EXPIRATION DATE: 4/4/02



Martin County Health Department

SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: Noheji PERMIT NO.: 43 - SS - 02783

SUBDIVISION: Home wood / Sewalls point

Permit General Conditions

Finished floor foundation elevation is recommended to be equal to or greater than the drainfield filled elevation of 0 inches above grade 6.4. 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 5 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.

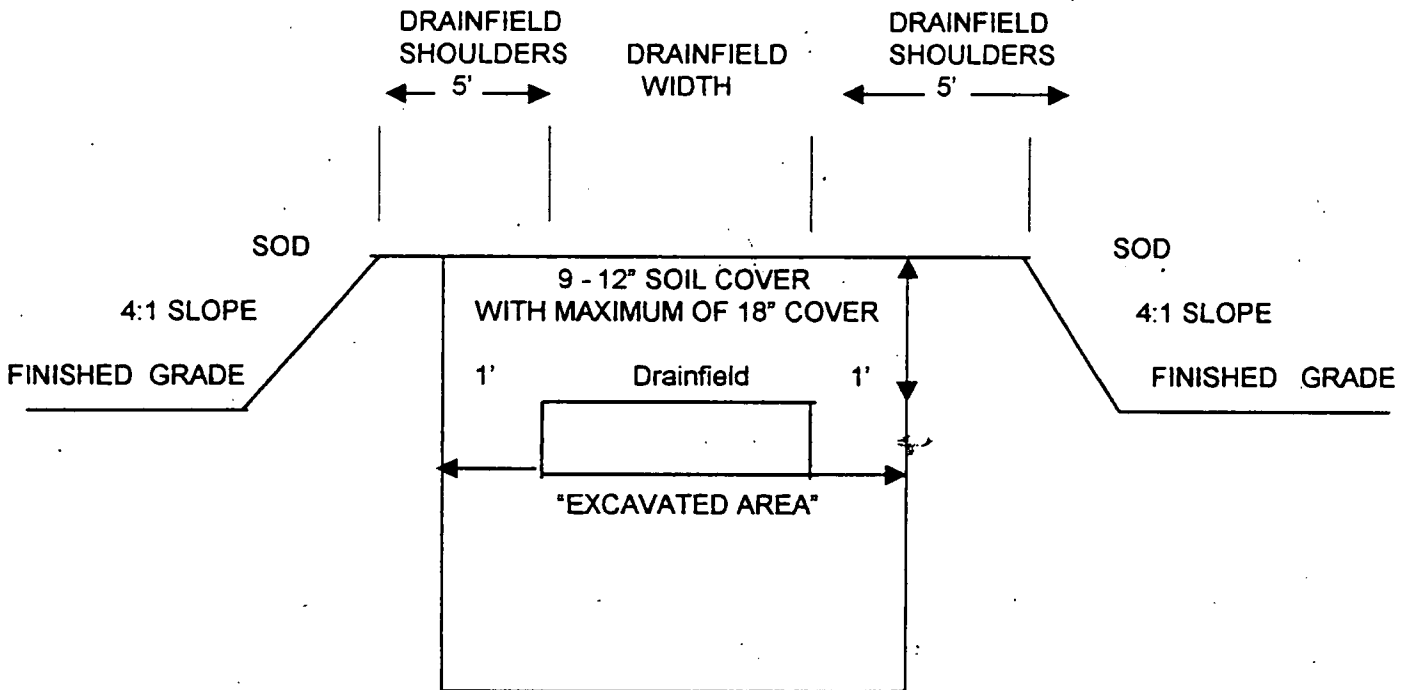
## SPECIAL CONDITION REQUIREMENTS (Page 2 of 3)

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 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.
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.

**SPECIAL 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE - \$25.00 RE-INSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE NOT MET DURING INSPECTION.**

Questions concerning special conditions can be answered by calling Angela Black at (561) 221-4090



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: .56 ACRES  
TOTAL ESTIMATED SEWAGE FLOW: 400 GALLONS PER DAY [64E-6, TABLE 1]  
AUTHORIZED SEWAGE FLOW: 1400 GALLONS PER DAY [1500GPD/ACRE OR 2500GPD/ACRE]  
UNOBSTRUCTED AREA AVAILABLE: 1386 SQFT UNOBSTRUCTED AREA REQUIRED: 1000 (bed) SQFT

BENCHMARK/REFERENCE POINT LOCATION: CR 7.18  
ELEVATION OF PROPOSED SYSTEM SITE IS 9.0 [ Inches ] [ below ] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES:  
SURFACE WATER: N/A FT DITCHES/SWALES: 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: 35 FT

SITE SUBJECT TO FREQUENT FLOODING: [ ] YES [  ] NO 10 YEAR FLOODING? [ ] YES [  ] NO  
10 YEAR FLOOD ELEVATION FOR SITE: N/A FT NGVD SITE ELEVATION: 6.4 FT NGVD

SOIL PROFILE INFORMATION SITE 1		
Munsell #/Color	Texture	Depth
<u>10YR 6/2</u>	<u>S</u>	<u>0 to 12</u>
<u>7/2</u>	<u>S</u>	<u>12 to 36</u>
<u>brown</u>	<u>S</u>	<u>36 to 40</u>
<u>dk yellow</u>	<u>S</u>	<u>40 to 72</u>
		to
		to
		to
		to
		to
USDA SOIL SERIES: <u>Jonathan/Puka Trans</u>		

SOIL PROFILE INFORMATION SITE 2		
Munsell #/Color	Texture	Depth
<u>10YR 6/2</u>	<u>S</u>	<u>0 to 18</u>
<u>7/2</u>	<u>S</u>	<u>18 to 40</u>
<u>brown</u>	<u>S</u>	<u>40 to 44</u>
<u>dk yellow</u>	<u>S</u>	<u>44 to 72</u>
		to
		to
		to
		to
		to
USDA SOIL SERIES: <u>Jonathan/Puka Trans</u>		

OBSERVED WATER TABLE: 66 INCHES [ BELOW ] EXISTING GRADE TYPE: [ APPARENT ]  
ESTIMATED WET SEASON WATER TABLE ELEVATION: 48 INCHES [ below ] EXISTING GRADE  
HIGH WATER TABLE VEGETATION: [ ] YES [  ] NO MOTTLING: [ ] YES [  ] NO DEPTH: N/A INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: (S) 1.2/.8 DEPTH OF EXCAVATION: N/A INCHES  
DRAINFIELD CONFIGURATION: [  ] TRENCH [  ] BED [ ] OTHER (SPECIFY) \_\_\_\_\_  
REMARKS/ADDITIONAL CRITERIA: \_\_\_\_\_

SITE EVALUATED BY: Black DATE: 10/2/00



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

PERMIT NO. \_\_\_\_\_  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary     \_\_\_\_\_

APPLICANT: Mike Nohejl

AGENT: \_\_\_\_\_ TELEPHONE: 220-1821

MAILING ADDRESS: 2 Via Lucinda Sewalls Point

=====

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

=====

PROPERTY INFORMATION

LOT: 4 BLOCK: B SUBDIVISION: Amended Plat of Homewood PLATTED: Jan, 1956

PROPERTY ID #: \_\_\_\_\_ ZONING: \_\_\_\_\_ I/M OR EQUIVALENT:  Y /  N ]

PROPERTY SIZE: 0.56 ACRES WATER SUPPLY:  PRIVATE PUBLIC  <=2000GPD  >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS?  Y /  N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: North Ridgeriew Road

DIRECTIONS TO PROPERTY: From ~~Stewart~~ Stuart, Sewalls Point Rd. South to Ridgeriew Road; Right to site.

BUILDING INFORMATION

RESIDENTIAL     COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>single family</u>	<u>4</u>	<u>2625'</u> <u>(A/C)</u>	
2				
3				
4				

No Floor/Equipment Drains     Other (Specify) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**APPLICATION FOR:** Check type of permit, if "Other" specify type in blank.

**APPLICANT:** Property owner's full name.  
**AGENT:** Property owner's legally authorized representative.  
**TELEPHONE:** Telephone number for applicant or agent.  
**MAILING ADDRESS:** 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:** Check residential or commercial.  
**TYPE ESTABLISHMENT:** 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.

**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'S NAME: Mike Nohejl

LEGAL DESCRIPTION: Lot 4, Blk B Homewood.

### PROPOSED SEPTIC SYSTEM SITE INFORMATION

CIRCLE ONE ANSWER FOR EACH QUESTION (FOR ITEMS 1-17 BELOW).  
N/A MEANS THAT THE QUESTION IS NOT APPLICABLE.

1. Is there a septic system within 75 feet of the proposed private well? ----- Yes  No  N/A
2. Is there a potable private well within 75 feet of the available area for the proposed septic system? ----- Yes  No
3. Is there a non-potable well within 50 feet of the available area for the proposed septic system? ----- Yes  No
4. Is there a proposed well within 25 feet of the building foundation? ----- Yes  No
5. Is there a public well that serves less than 25 people or less than 15 homes or businesses within 100 feet of 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  No
7. Is there a gravity sewer line or lift station within 50 feet of the proposed lot? ----- Yes  No
8. Is there a lake, stream, wetland, or surface water within 75 feet of the available area for the proposed septic system? ----- Yes  No
9. Is there a proposed or existing public drinking water line within 10 feet of the proposed septic system? ----- Yes  No
10. Is there a storm water retention area or drainage easement within 15 feet of the proposed septic system? ----- Yes  No
11. Is the proposed septic system in an area proposed for paving or vehicular traffic? ----- Yes  No
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? ----- Yes  No  N/A
13. Are all public wells within 200 feet of the applicant's lot shown on the site plan? ----- Yes  No  N/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. Does the site plan show the general slope of the property, recorded easements from the recorded plat, filled areas and drainage features and surface waters such as lakes, ponds, streams, canals, or wetlands? ----- Yes  No
16. Are the natural grade elevation in the area of the septic system and the benchmark shown on the site plan? ----- Yes  No
17. Is the public water line location from the water meter to the house shown on the site plan? ----- Yes  No  N/A
18. There is 1966 square feet of available, unobstructed, contiguous land to install the septic system. This area excludes interferences. Shade this available area on the site plan.

### SITE ELEVATIONS

1. Crown of road elevation 7.18 NGVD. Show location on the site plan. If the road is not paved, benchmark elevation \_\_\_\_\_ NGVD. Show location on site plan.
2. Natural grade elevation in the area of the proposed septic system 6.4 NGVD. Show location on site plan.
3. Is the building location in a flood hazard area "A" or "V" as identified on F.E.M.A. maps?  Yes or No  No If yes, what is 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: [Signature]  
FLORIDA PROFESSIONAL NO.: 5102  
DATE: 4/26/00 JOB NO.: 200004

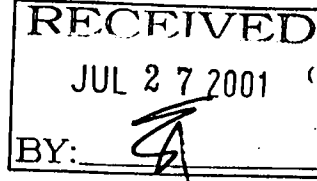


MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

BUILDING CODE COMPLIANCE OFFICE  
METRO-DADE FLAGLER BUILDING  
140 WEST FLAGLER STREET, SUITE 1403  
MIAMI, 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 FAX (305) 375-2558

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

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

Your application for Notice of Acceptance (NOA) of:

5-V Crimp Metal Roofing Panels

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

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

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

ACCEPTANCE NO.: 01-0313.19  
EXPIRES: 06/14/2006

Raul Rodriguez  
Chief Product Control Division

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

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

7/27/01 TOWN OF SEBASTIAN'S POINT  
REVIEW:   
HEAD OFFICIAL

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

APPROVED: 06/14/2001

**FILE** TOWN COPY  
6 N. RIDGEVIEW

**PN 5306**  
**(MPN 5302)**

### Roofing System Approval

Category: Roofing  
Sub-Category: Non-Structural Metal Roofing  
Material: Metal

Approval date: June 14, 2001  
Expiration date: June 14, 2006

Maximum Design Pressure: -57.5 psf.

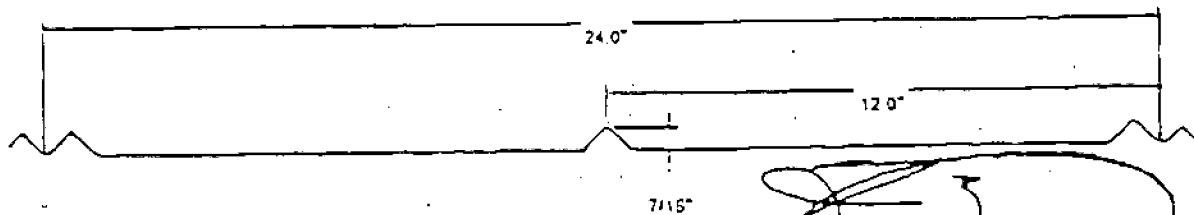
#### TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
SV Crimp Metal Panels	Length: various Height: 7/16" Width: 24" Thickness: 0.0217	PA 125	Corrosion resistant, galvalume, performed, standing seam, coated, pre-finished, metal panels.


#### Evidence Submitted

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Construction Research Laboratory, Inc.	5898A	<u>Direct Deck Test</u> Uplift Pressure Testing ASTM E 330 Wind Driven Rain	Oct. 1993
Construction Research Laboratory, Inc.	5898B	<u>Over Battens Test</u> Uplift 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



Page 2

  
Frank Zuloaga, RRC  
Roofing Product Control Examiner

**APPROVAL ASSEMBLY:**

- System:** "SV-Crimp" Metal Panels
- Deck Type:** Wood, Non-insulated
- Deck Description:**  $1\frac{1}{32}$ " 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 x 1 $\frac{1}{2}$ " screws or annular ring shank nails spaced at 6" o.c. In re-roofing, where deck is less than  $1\frac{1}{32}$ " thick (minimum  $1\frac{1}{32}$ " thick) the above attachment method must be in addition to existing attachment.
- Underlayment:** 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 1 $\frac{1}{4}$ " annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.
- Valleys:** Valley construction shall be in compliance with Roofing Application Standard RAS 133 and with 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  $\frac{1}{2}$ " thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Tritex, RockRoof (with current NOA) or  $\frac{5}{8}$ " water resistant type X gypsum sheathing with treated core and face.
- 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 compliance with Roofing Application Standard RAS 133.

Page 3




Frank Zuloaga, RRC  
Roofing Product Control Examiner

## SYSTEM LIMITATIONS

1. 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 sealed by a Florida Registered Professional Engineer, Registered Architect, or Registered Roof Consultant.
2. Panel shall be roll formed in continuous lengths from eave 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



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Frank Zuloaga, RRC  
Roofing Product Control Examiner

NOTICE OF ACCEPTANCE, STANDARD CONDITIONS

1 Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years.

2 Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.

3 Renewals of Acceptance will not be considered if:  
a) There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes;  
b) The product is no longer the same product (identical) as the one originally approved;  
c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product;

d) The engineer who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession.

4 Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.

5 Any of the following shall also be grounds for removal of this Acceptance:  
a) Unsatisfactory performance of this product or process;  
b) Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes.

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

7 A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all times. The copies need not be rescaled 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 2 through 5.

END OF THIS ACCEPTANCE

Page 5



Frank Zulogza, RRC  
Roofing Product Control Examiner

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- 9 This Acceptance contains pages 1 through 7.

END OF THIS ACCEPTANCE



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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:

Mike Nohej

Property Address:

6 N. RIDGEVIEW

SEWALLS POINT, FL

SWORN TO and subscribed before me this 3<sup>rd</sup> day of Dec., 2001, by M. Nohej, who is personally known to me or produced as identification.

Joan H. Barrow

Notary Public

My commission expires: \_\_\_\_\_

(Notary Seal)



Joan H. Barrow  
MY COMMISSION # CC763645 EXPIRES  
November 30, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

MASTER PERMIT NO. N/A

**TOWN OF SEWALL'S POINT**

Date 3/23/01

BUILDING PERMIT NO. 5302

Building to be erected for MICHAELA & JULIE A. NOHEJL Type of Permit BLDG. - S.F.R.

Applied for by RON RAYMOND CONSTRUCTION (Contractor) Building Fee \$ 1,920.00

Subdivision HOMWOOD (ADVEND) Lot 4 Block B Radon Fee 24.21

Address 6 NORTH RIDGEVIEW Impact Fee 4,024.92

Type of structure S.F.R. A/C Fee 120.00

Parcel Control Number: 01-38-41-006-002-00040-40000 Electrical Fee 120.00

Amount Paid \$ 6,641.13 Check # 2895 Cash \_\_\_\_\_ Other Fees ( PLAN REV. ) 192.00

Total Construction Cost \$ 200,000.00 Roofing Fee 120.00

Signed Julie Nohejl Applicant Signed \_\_\_\_\_ Town Building Inspector CPH/CWH

TOTAL Fees \$ 6,641.13

**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 _____	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 <u>12/3/01</u>

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 THROUGH SATURDAY

New Construction  Remodel  Addition  Demolition

This permit must be visible from the street, accessible to the inspector.  
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,  
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.  
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OPID IP RONRA-1	DATE (MM/DD/YY) 03/12/01
<b>PRODUCER</b> R.V. Johnson Agency, Inc. 2041 SE Ocean Blvd Stuart FL 34996 Phone: 561-287-3366 Fax: 561-287-4439		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.	
COPY		INSURERS AFFORDING COVERAGE	
<b>INSURED</b> Ron Raymond Construction P O Box 12058 Fort Pierce FL 34979-2058 <i>perul FILE</i> <i>li/lin.</i>		INSURER A: Auto-Owners Insurance Co INSURER B: <b>RECEIVED</b> INSURER C: INSURER D: MAR 13 2001 INSURER E: BY: <i>rlc</i>	

**COVERAGES**

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	20584088-00	02/13/01	02/13/02	EACH OCCURRENCE \$ 300000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				FIRE DAMAGE (Any one fire) \$ 50000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 300000 GENERAL AGGREGATE \$ 600000 PRODUCTS - COMP/OP AGG \$ 600000
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	NOT COVERED			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	NOT COVERED			AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$ EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	NOT COVERED			WC STATL TORY LIMITS OTH-EP F1 EACH ACCIDENT \$ E.L DISEASE - EA EMPLOYEE \$ E.L DISEASE - POLICY LIMIT \$
	OTHER				

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

<b>CERTIFICATE HOLDER</b> TOWN024 Town of Sewalls Point 1 S. Sewalls Point Road Stuart FL 34996	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10*</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. <i>Robert C. Johnson</i>
---	--	--



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

Comp#: 17202  
Status: ACTV

DBA: RON RAYMOND CONSTRUCTION

THIS IS TO CERTIFY THAT RONALD RAYMOND has qualified as a certified RESIDENTIAL REGISTERED contractor for period from 10/1/2000 to 9/30/2001 subject to St. Lucie County Code of Ordinances and Compiled Laws

Date: 08/14/00

Contractor Licensing Official

CITY OF PORT ST. LUCIE  
CONTRACTORS

CERTIFICATE OF COMPETENCY  
EXPIRES SEPTEMBER 30, 2001

RAYMOND, RONALD

NAME: RON RAYMOND CONSTRUCTION

FIRM: PO BOX 12058

FT PIERCE

FL 34979

RESIDENTIAL CONTRACTOR

TYPE:

STATE: RR 0067178

CITY: PSL01-3678

STATE OF FLORIDA

AC# 5570063

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

RR - 0067178 06/12/99 78702862

REGISTERED RESIDENTIAL CONTR  
RAYMOND, RONALD  
RON RAYMOND CONSTRUCTION  
(INDIVIDUAL MUST MEET ALL LOCAL  
LICENSING REQUIREMENTS PRIOR TO  
CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch. 489 FS.

Expiration Date: AUG 31, 2001

MARTIN COUNTY, FLORIDA

Construction Industry Lic Bd  
Certificate of Competency

License: SP01638  
Expires September 30, 2001

RAYMOND, RONALD

RON RAYMOND CONSTRUCTION

BOX 12058

FT. PIERCE, FL 34979

CARPENTRY

RECEIVED  
MAR 14 2001  
BY: SA

MASTER PERMIT NO. 5302

### TOWN OF SEWALL'S POINT

Date 8/6/01

BUILDING PERMIT NO. 5303

Building to be erected for MICHAEL/JULIE NOHEJL

Type of Permit A/C - SUB

Applied for by TRACY D. STEELE AK, INC (Contractor)

Building Fee \_\_\_\_\_

Subdivision HOMWOOD (ADJUD) Lot 4 Block B

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

Address 6 NORTH RIDGEVIEW

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

Type of structure S.F.R.

~~A/C Fee~~ SEE PD 5302

QUALIFIER: TRACY STEELE  
LIC/CERT: CA-C 035553

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

Parcel Control Number: \_\_\_\_\_

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

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

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

Total Construction Cost \$ \_\_\_\_\_ TOTAL Fees \_\_\_\_\_

Signed Tracy Steele  
Applicant

Signed [Signature]  
Town Building Inspector OFFICIAL

## 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 _____	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 _____

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 THROUGH SATURDAY

- New Construction
- Remodel
- Addition
- Demolition

This permit must be visible from the street, accessible to the inspector.  
**FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,  
 NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.  
 DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**

**ACORD**

# CERTIFICATE OF LIABILITY INSURANCE

CSR TJ  
STEEET-1

DATE (MM/DD/YY)  
07/27/01

PRODUCER:

Stuart Insurance Co. Inc.  
3070 S W Mapp  
Palm City FL 34990  
Phone: 561-286-4334 Fax: 561-286-9389

**COPY FILE**

**FILE**

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

**INSURERS AFFORDING COVERAGE**

INSURER A: Hartford  
INSURER B: Auto Owners Insurance Co  
INSURER C: AmComp Preferred Insurance Co  
INSURER D:  
INSURER E:

INSURED

Tracy D. Steele Air Conditioning, Inc.  
2750 Edgarce Street  
Port St Lucie FL 34953

**RECEIVED**  
JUL 30 2001

**COVERAGES**

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	21SBAEK0532	12/27/00	12/27/01	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$ 300000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	95-435-141	12/27/00	12/27/01	COMBINED SINGLE LIMIT (Ea accident) \$ 50000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
	<input type="checkbox"/> EXCESS LIABILITY				AGG \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCV4073982	01/01/01	01/01/02	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ 100000				
	E.L. DISEASE - EA EMPLOYEE \$ 100000				
	E.L. DISEASE - POLICY LIMIT \$ 500000				
	OTHER				

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

Air Conditioning Contractor - State of Florida

CERTIFICATE HOLDER

N ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

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

TOWNS-1

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

AUTHORIZED REPRESENTATIVE

Joseph E. Coons, CPCU. CIC.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE BATCH NUMBER LICENSE NBR

12/1/2001 103561/01-1015539  
The CLASS OF AIR CONDITIONING CONTRACTOR  
Under the provisions of Chapter 489, FS  
Expiration date: AUG 31, 2002

**CA-1035553**

ATTN: ED ARNDLD

STEELE, TRACY D  
TRACY D STEELE A/C INC  
2750 EDGARCE ST  
PT ST LUCIE FL 34953

JER BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON  
SECRETARY

**FILE**

UC/MS

RECEIVED  
JUL 27 2001  
BY: [Signature]

**OCCUPATIONAL LICENSE**

This license valid when all state and local regulated trade licenses/competency cards valid for the current fiscal year.



**CITY OF PORT ST. LUCIE**

121 S.W. Port St. Lucie Boulevard  
Port St. Lucie, Florida 34984-5099

TERM: OCTOBER 1, 00

TO SEPTEMBER 30, 20 01

This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that the licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this business.  
**LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS**

BUSINESS ADDRESS: 2750 SW EDGARCE STREET

CLASSIFICATION: CONT CONTRACTOR  
ISSUED TO: TRACY D STEELE AIR CONDITIONING  
2750 SW EDGARCE STREET

PORT ST LUCIE FL 34983

LICENSE NO.: 103561/01-1015539  
Discount 0.00  
105.00

FEE: [Signature]

CITY LICENSE OFFICIAL  
105.00

Fees: 150/088 KA

105.00 Late Fee VALID AT THE ABOVE BUSINESS ADDRESS ONLY  
Total this payment: 105.00

RA



**FILE** TOWN OF SEWALL'S POINT

MASTER PERMIT NO. 5302

Date 7/30/01

BUILDING PERMIT NO. 5304

Building to be erected for MICHAEL/JULIE NOHEIL Type of Permit ELECT. - SUB

Applied for by F.F. DELUTIS, INC. (Contractor) Building Fee \_\_\_\_\_

Subdivision HOMELAND (AMEND) Lot 4 Block B Radon Fee \_\_\_\_\_

Address 6 NORTH RIDGEVIEW Impact Fee \_\_\_\_\_

Type of structure S.F.R. A/C Fee \_\_\_\_\_

QUALIFIER: FREDERICK DELUTIS  
LIC/CERT: EC-0002718

Electrical Fee SEE PN 5302

Parcel Control Number: \_\_\_\_\_

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

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

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

Total Construction Cost \$ \_\_\_\_\_ TOTAL Fees \_\_\_\_\_

Signed F. Delutis  
Applicant

Signed [Signature]  
Town Building Inspector

**BUILDING PERMIT**

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 DATE \_\_\_\_\_  
FRAMING DATE \_\_\_\_\_  
INSULATION DATE \_\_\_\_\_  
ROOF DRY-IN DATE \_\_\_\_\_  
ROOF FINAL DATE \_\_\_\_\_  
METER FINAL DATE \_\_\_\_\_  
AS BUILT SURVEY DATE \_\_\_\_\_  
STORM PANELS DATE \_\_\_\_\_  
LANDCAPE & GRADE DATE \_\_\_\_\_  
FINAL INSPECTION 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 THROUGH SATURDAY**

New Construction  Remodel  Addition  Demolition

This permit must be visible from the street, accessible to the inspector.  
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,  
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.  
**DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**

PRODUCER (561) 776-0660 FAX (561) 776-0670

Insurance Office of America, Inc.  
4500 PGA Blvd., Suite 301  
Palm Beach Gardens, FL 33418

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

INSURERS AFFORDING COVERAGE

INSURED F.F. Delutis Inc.  
Delutis Electric  
1576 S.E. Niemyer Circle  
Port St. Lucie, FL 34952

INSURER A: St. Paul Fire and Marine Insurance

INSURER B: Everest Insurance

INSURER C:  
INSURER D:  
INSURER E:

RECEIVED

JUL 30 2001

FILE

*Delutis*

*Delutis*

COPIES

COVERAGES

FILE

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

LINE LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	BFS00000389068	06/01/2001	06/01/2002	EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HURED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BFA00000354739	06/01/2001	06/01/2002	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	BFS00000389068	06/01/2001	06/01/2002	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC-051301	05/13/2001	05/13/2002	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
Description of Operations: Electrical Contractor

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER:

CANCELLATION

Town of Sewells Point Building Department  
1 Sewells Point road  
Stuart, FL 33496

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 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  
Joanne Kluglein/BONNIE

*Joanne E. Kluglein*

RECEIVED  
JUL 27 2001  
BY: *[Signature]*

FILE

*[Handwritten signature]*

STATE OF FLORIDA AC# 6157748  
DEPARTMENT OF BUSINESS AND PROFESSIONALS REGULATION  
EC -0002718 02/07/2001 00020473  
CERTIFIED ELECTRICAL CONTRACTOR  
DELUTIS, FREDERICK F.  
F. F. DELUTIS, INC.  
IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration Date: AUG 31, 2002

*[Handwritten Signature]*  
SIGNATURE

RECEIVED  
JUL 27 2001  
BY: *[Signature]*

FILE

*[Handwritten signature]*

STATE OF FLORIDA AC 615  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
EC -0002718 02/20/2001 00020473  
CERTIFIED ELECTRICAL CONTRACTOR  
DELUTIS, FREDERICK F.  
F. F. DELUTIS, INC.  
IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration Date: AUG 31, 2002

COPY

FILE

*[Handwritten signature]*

*[Handwritten signature]*  
SIGNATURE

MASTER PERMIT NO. 5302

**TOWN OF SEWALL'S POINT**

Date 5/1/01

BUILDING PERMIT NO. 5305

Building to be erected for MICHAEL/JULIE NOHETL Type of Permit PLMBC - SUB

Applied for by MASTERS PLMBC INC. OF M.C. (Contractor) Building Fee \_\_\_\_\_

Subdivision HOMWOOD (AMEAD) Lot 4 Block B Radon Fee \_\_\_\_\_

Address 6 NORTH RIDGEVIEW Impact Fee \_\_\_\_\_

Type of structure S.F.R. A/C Fee \_\_\_\_\_

QUALIFIER: PETER J. VANETTEN  
LIC/CERT: CF-C-057528

Electrical Fee \_\_\_\_\_  
Plumbing Fee SEE PN 5302

Parcel Control Number: \_\_\_\_\_

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

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

Total Construction Cost \$ \_\_\_\_\_ TOTAL Fees \_\_\_\_\_

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Inspector OFFICIAL

**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 _____	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 _____

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 THROUGH SATURDAY

New Construction    Remodel    Addition    Demolition

**This permit must be visible from the street, accessible to the inspector.  
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,  
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.  
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**

PRODUCER  
Stuart Insurance, Inc.  
3070 S W Mapp  
Palm City FL 34990  
Phone: 561-286-4334 Fax: 561-286-9389

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.

FILE  
*permed*

INSURERS AFFORDING COVERAGE

INSURED  
Masters Plumbing, Inc. of  
Martin County dba  
Master Plumbing  
2551 SE Clayton Street  
Stuart FL 34997-5017

INSURER A: Southern Owners  
INSURER B: Auto Owners Insurance Co  
INSURER C:  
INSURER D:  
INSURER E:

COPY

RECEIVED

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	20100900-01	10/09/00	10/09/01	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	41100100-01	10/09/00	10/09/01	COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ 500,000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$ 500,000
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$ 500,000
<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
B	EXCESS LIABILITY	21100900-01	10/09/00	10/09/01	EACH OCCURRENCE \$ 200,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 200,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000				\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS   OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

Plumbing Contractor - State of Florida

CERTIFICATE HOLDER

N | ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

TOWSP-1  
Town of Sewalls Point  
1 South Sewalls Point Road  
Sewalls Point FL 34996

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

Joseph E. Coons, CPCU, CIC.

# JRD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
3/23/01

Aon Risk Services, Inc.  
1001 Brickell Bay Dr.  
Suite 1100  
Miami, FL 33131-4937  
305-372-9950

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**

COMPANY A	NATIONAL FIRE INS CO OF HTFD
COMPANY B	CONTINENTAL CASUALTY COMPANY
COMPANY C	<b>RECEIVED</b>
COMPANY D	

INSURED  
OASIS OUTSOURCING, INC.  
(FORMERLY PEM)  
Sarasota Center  
1819 Main Street, 8th Floor  
Sarasota, FL 34236

*li/ins*

BY: *nlc*

**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:	194268115 194268129 194268146	4/01/01	4/01/02	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 100000 EL DISEASE - POLICY LIMIT \$ 100000 EL DISEASE - EA EMPLOYEE \$ 100000
B	OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

ONLY THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF:  
MASTER PLUMBING

**CERTIFICATE HOLDER**

TOWN OF SEWALLS POINT  
1 S SEWALLS POINT ROAD  
SEWALLS POINT, FL 34996

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING 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.

AUTHORIZED REPRESENTATIVE *Joseph Pietrangola* 01568743

AC#

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
07/27/2000	00002621	CF -C057529

The PLUMBING CONTRACTOR  
 Named below IS CERTIFIED  
 Under the provisions of Chapter 489 FS.  
 Expiration date: AUG 31, 2002

VAN ETEN, PETER J  
 MASTERS PLUMBING INC OF MARTIN COUNTY  
 2551 SE CLAYTON STREET  
 STUART FL 34997

JEB BUSH  
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON  
 SECRETARY



MASTER PERMIT NO. 5302

TOWN OF SEWALL'S POINT

Date 7/27/01

BUILDING PERMIT NO. 5306

Building to be erected for MICHAEL/JULIE NOHEJL

Type of Permit RFG - SUB

Applied for by PACIFIC ROOFING (Contractor)

Building Fee \_\_\_\_\_

Subdivision HOMWOOD (AMEND.) Lot 4 Block B

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

Address 6 NORTH RIDGEVIEW

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

Type of structure S.F.R.

A/C Fee \_\_\_\_\_

QUALIFIER: RICHARD GOMES  
LIC/CERT: CC-C056793

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

Parcel Control Number: \_\_\_\_\_

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

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )  
Roofing Fee SEE PN 5302

Total Construction Cost \$ \_\_\_\_\_ TOTAL Fees \_\_\_\_\_

Signed [Signature]  
Applicant (LTR. AUTH. ON FILE)

Signed [Signature]  
Town Building Inspector [Signature]

BUILDING PERMIT

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	DATE _____
FRAMING	DATE _____
INSULATION	DATE _____
ROOF DRY-IN	DATE _____
ROOF FINAL	DATE _____
METER FINAL	DATE _____
AS BUILT SURVEY	DATE _____
STORM PANELS	DATE _____
LANDCAPE & GRADE	DATE _____
FINAL INSPECTION	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 THROUGH SATURDAY**

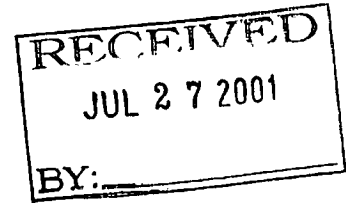
New Construction     Remodel     Addition     Demolition

This permit must be visible from the street, accessible to the inspector.

FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,

NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.

DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!



July 27, 2001

Town of Sewall's Point


Re: Ron Raymond Construction  
Permit #5302  
6 North Ridgeview

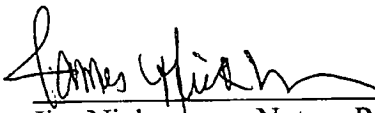
To Whom It May Concern:

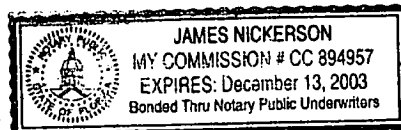
Please accept this letter as authorization for David Danner of Pacific Roofing Corporation to sign on by behalf on the above residence permit.

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

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
01/09/2001

PRODUCER (561)746-4546 FAX (561)746-9599  
 Tequesta Agency, Inc.  
 393 Tequesta Drive  
 Tequesta, FL 33469

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

**INSURERS AFFORDING COVERAGE**

INSURED Pacific Roofing Corp., Inc.  
 PO Box 2697  
 Stuart, FL 34994

INSURER A: Transcontinental Insurance co.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**RECEIVED**

JAN 10 2001

**FILE**  
**COPY**  
**FILE**

**COVERAGES**

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

IS/ TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	C2020206931	10/28/2000	10/28/2001	EACH OCCURRENCE \$ <b>1,000,000</b> FIRE DAMAGE (Any one fire) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	C2020206945	10/28/2000	10/28/2001	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS   OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

<b>CERTIFICATE HOLDER</b>  TOWN OF SEWALLS POINT ATTN: ED ARNOLD 1 SOUTH SEWALLS POINT ROAD STUART, FL 34996	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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. AUTHORIZED REPRESENTATIVE Charles Martyn III/DEBBIE <i>C.P. Martyn III</i>
---	--	---

**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, alter the coverage afforded by the policies listed below.

**Named 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

**RECEIVED**  
JAN 11 2001  
BY: *[Signature]*



**FILE** *lie/rai*

**Coverages:**

**Insurer Affording Coverage**  
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(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies).

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits
Workers' Compensation	1-1-2002	WC 189165165 WC 189165182 WC 247848874 WC 247848888	<b>Employer's Liability</b>
			Bodily Injury By Accident \$1,000,000      Each Accident
			Bodily Injury By Disease \$1,000,000      Policy Limit
			Bodily Injury By Disease \$1,000,000      Each Person

**Other:**

**Employees Leased To:**

16455 Pacific Roofing Corp Inc

**Effective Date:** 1/1/01

The above referenced workers' compensation policy(ies) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(ies), 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*

**Martin Oosterbaan**  
Authorized Representative

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

**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, alter the coverage afforded by the policies listed below.

**FILE**

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

Type of Insurance	Certificate Exp. Date <input type="checkbox"/> Continuous <input type="checkbox"/> Extended <input checked="" type="checkbox"/> Policy Term	Policy Number	Limits	
			Employer's Liability	
Workers' Compensation	1-1-2002	WC 189165165 WC 189165182 WC 247848874 WC 247848888	Bodily Injury By Accident	Each Accident
			\$1,000,000	
			Bodily Injury By Disease	Policy Limit
			\$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(ies) provide(s) statutory benefits only to the employees of the Named Insured(s) on such policy(ies), 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  
1 S Sewalls Point Rd  
Stuart, FL 34996-6736



*Martin Oosterbaan*

**Martin Oosterbaan**  
Authorized Representative

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

BATCH NUMBER



GOVERNOR  
FACE TO  
TO  
SECRETARY

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON  
SECRETARY

CC-C056793

RECEIVED  
SEP 22 2000  
BY: *EA*

FILE  
*before*

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  ~~THURSDAY~~ ~~2001~~, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5302	NO HE JL	<del>10/6 PLUMBING</del>	Passed	(RESCHED. FROM 5/2)
S (2)	<del>5 WARRINGVIEW</del> RON RAYMOND CONST.			INSPECTOR: J 5/4 ✓
✓ 5013	Dennis	Tap Con Window	Passed	
S (3)	16 Ridgeland PL RINOST (Ron)	in progress		INSPECTOR: J 5/4 ✓
✓ 5349	Schultz	SERVICE CHANGE	PASSED	Late as possible
S (10)	64 S. SPR FORWARD ELECT.	(FINAL) "DEBBIE" PRL 337 7057	METER RELEASE	11 <sup>30</sup> in compl.: Reinspect INSPECTOR: J 2:00 PM
✓ 5063	ROBINSON	TIN TAG +	Passed	
S (5)	173 S. RIVER RD. PACIFIC/DRIFTWOOD	METAL		INSPECTOR: J 5/4 ✓
✓ 5336	SACHS	FOOTER ✓ + ALSO	Passed	
N (2)	78 N. SPR MASTEK/PIECE BLKS.	TIE DOWN + ✓ STRAPPING ON ✓ PATIO		INSPECTOR: J 5/4 ✓
✓ 5312	ENRIQUEZ	ROUGH PLUMB.	Passed	
S (7)	1 KINGSTON CT. DRIFTWOOD			INSPECTOR: J 5/4 ✓
✓ 5209	TRANER	FINAL	Passed	→ excl. shutter/paint
S (6)	9 MIDDLE RD. EMMICK	(2 <sup>ND</sup> FL. ADDN)	DOWNHEAD RBB. FOR	discounoed? INSPECTOR: J 5/4 ✓

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Monday  Wednesday  Friday Nov 2, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
V S N ④	Sely 37 NE Lofting Way Harbor Bay Pools	Pool deck	Passed	878 8806 INSPECTOR: J S/2 ✓
V N ⑤	RAO 30 CASTLE HILL WAY A.R. MARTIN (JOHN-260-0574)	INSULATION	Passed	ceiling: blown? ✓ INSPECTOR: J S/2 ✓
V N ⑦	FRIEDLANDER 34 FIELDWAY DR. O/B 286-8464	FIELD VERIF.	Under review	Signat. obtained T.B. Discussed INSPECTOR: J
<del>5302</del>	<del>NOHEJL</del> <del>6 N. RIDGEVIEW</del> MASTER	<del>UNDERGROUND</del> <del>PLUMB.</del>	<del>X</del>	<del>late as possible</del> <del>CALL BY CONTR 5/12/01</del> INSPECTOR:
V S ①	ELDER 4 EMARITA WAY O/B	ROUGH ELECT + PLUMBING	Passed	INSPECTOR: J S/2 ✓
V S ②	NEARING 5 LANTANA COOPER	REROOF - FINAL	Passed	INSPECTOR: J S/2 ✓
V S ③	GUNZEL 19 N. VIA LUCINDIA O/B	FIELD VERIFICATION	Passed	Sign appl. (not home) INSPECTOR: J S/2 ✓

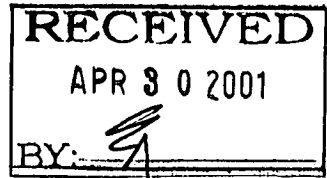
OTHER: CODE ENFORCEMENT COMPLAINT: DECK/TERRACE w/o PERMIT; SETBACK VIOLATION

⑧ 1) 9' x 6' w 2x6 EXT = 66" (EAST) 2) 9' x 8' = 72" (WEST) INSPECTION w/ OWNER  
RRAB 22 SIMARA (APPT. 1:30 P.M.)  
5/2/01 1:30 PM - VERIFIED COMPLAINT. RECD PERMISSION FOR P.D. TO PHOTOGRAPH



# A. M. ENGINEERING AND TESTING, INC.

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



## BUILDING PAD COMPACTION REPORT

Client: Ron Raymond Construction  
Contractor: Client  
Site: *[Redacted]*  
6 N. Ridgeview  
Foundation Fill

Date: 4/25/01

Test No.: 2651

Permit No.: 5302

FILE

### 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 borcholes 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 (feet)	Dry Density (pcf)		Percent Compaction
				Maximum	In Place	
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

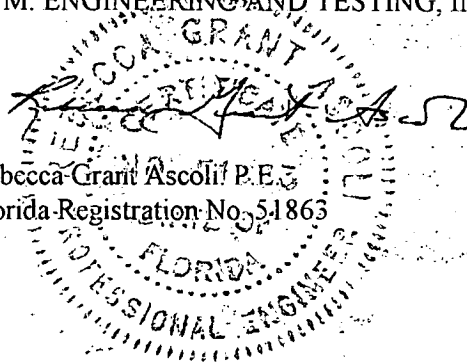
### CONCLUSIONS

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.

*[Signature]*  
Rebecca Grant Ascoli P.E.  
Florida Registration No. 51863

Client - 1  
MC Building Dept. - 1




# A. M. ENGINEERING AND TESTING, INC.

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

## BUILDING PAD COMPACTION REPORT

Client: Ron Raymond Construction  
Contractor: Client  
Site: ~~ON Ridgeview~~  
Foundation Fill

Date: 4/25/01  
Test No.: 2851  
Print No.: 5302

RECEIVED  
MAY - 2 2001  
BY: 

R  
BY

### FIELD TESTING

FILE

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.

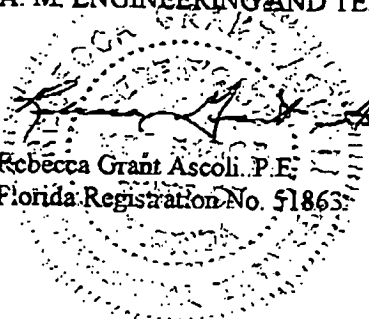
The density tests were performed in general compliance with ASTM D 2922. The HCP test, in conjunction with information about the soil type, is empirically correlated to the relative density of subsurface soils.

Density Test No.	Date Tested	Location	Elevation (feet)	Dry Density (pcf)		Percent Compaction
				Maximum	In Place	
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 Registration No. 51863

Client - 1

~~NO Building Department~~

# A. M. ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33<sup>RD</sup> 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: **6 N Ridgeview**  
Foundation Fill

Date: 4/25/01

Test No.: 2851

Permit No.: 5302

RECEIVED
MAY - 2 2001
BY: 

### 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.

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A. M. ENGINEERING AND TESTING, INC.



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

Client - 1  
MC Building Dept. - 1

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Tue  Wed  Thu  Fri  Sat  Sun, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ T/R	Edna	Iron removal	Passed	18" Pipe
S (7)	67 Henry Sewall Way JMC	REPLACEMENT ON LANDSCAPE PUMP		Inspector: J 6/20
✓ 5358	UDGRAM	D/G PLUMBING	Passed	
N (2)	101 N. SEWALL'S POINT RD. BIDFORD CONST.	(MASTER PLUMBING PN 530)		Inspector: J 6/20
✓ 5302	<del>NO PERMIT</del>	<del>125 S. BAYVIEW</del>	<del>Passed</del>	
S (12)	<del>6 N. RIDGEMOUNT</del> ROD RAYMOND CONST	<del>Wall Op.</del>		Inspector: J 6/20
✓ 5345	BARON	ELECT. RGH. (PTLV)	Passed	IF SCHED. TOO FULL - ROLL OVER
N (3)	25 FIELDWAY DR. O/B (RICARDO BARON 220-1388)	- GARAGE ELG. - E.I. ✓ Straps + anchors	Discarn. Excl. !	(CALL OWNER & ADVISE) Inspector: J 6/20
✓ 5409	HELLER	TIE BM.	Passed	
S (11)	23 N. VIA LUCINDIA TREASURE CONST CARPENTRY	(PORCH FRAMING REV.)		Inspector: J 6/20
✓ 5300	BERCAW	POOL - DECK	Passed	VERIFY COMP. TEST RCVD.?
N (4)	11 RIVERCREST CT HARBOR BAY POOLS	Failed (MPN 5001 - REPAIR)		but C. test not on site or office Inspector: J 6/20
✓ 5143	GIFFORD	FRAMING.	Passed	
N (1)	85 N. SEWALL'S POINT RD SCOTT J. HOLMES			Inspector: J 6/20
OTHER:	Musso	Pool steel	Passed	
(MANS 202)	18 S. River Rd.			J 6/20
5416	SF Pools 286 7633			J 6/20

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri ~~THU~~, 2001; Page 1 of   .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5013	DEWINS 16 RIDGELAND DR. FLORIDA'S FINEST ("RON")	INSULATION	Passed	(in progress)  INSPECTOR: <i>[Signature]</i> 6/11
<del>5302</del>	<del>NOBERTI</del> 6 N. RIDGEVIEW RON RAYMOND CONST.	<del>WIRE 3/4"</del>	<del>Passed</del>	  INSPECTOR: <i>[Signature]</i> 6/11
5345	25 FIELDWAY DR. BARON O/B	SHEATHING	Passed	  INSPECTOR: <i>[Signature]</i> 6/11
5296	Riedy 25 N. River Rd. Crauss + Craus	relocate AC pad	not ready	  INSPECTOR:
5022	Smith 133 S River Rd. Ackery	Temp El. pole	Passed	called FPL 12 <sup>00</sup>  INSPECTOR: <i>[Signature]</i> 6/11
				INSPECTOR:
				INSPECTOR:

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

\_\_\_\_\_

\_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ~~Mon~~  Wed ~~5/14/01~~ ~~5/14/01~~, 2001; Page      of     .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1	Jool Barcaw	Roof	In progr.	Need new spars
6	11 Rivercrest Ct. Rena	(In Progress)		for Entegra tiles INSPECTOR: <i>[Signature]</i> 5/14/01
5202	Nohojl	Slab	Passed	
9	6 Ridgeway Ron Raymond Courts			INSPECTOR: <i>[Signature]</i> 5/14/01
5255	Nohojl (O/B)	Slab (Patio)		late
3	18 SW Via Lucindia Ron Raymond Courts	(PORCH ADD'N)	resched	water 5/16 INSPECTOR: <i>[Signature]</i> ✓
5375	MULCAHY 32 S. SEWALL'S POINT RD	SHEATHING	Passed	
5	J.A. TAYLOR RFG (STEVE)	216-3000		INSPECTOR: <i>[Signature]</i> 5/19/01 ✓
5351	JORDAN 12 CASTLE HILL WAY	POOL SLABS - FORM BOARD	Passed	SURVEY NOT REQUIRED INSPECTOR: <i>[Signature]</i> 5/14/01 ✓
5159	BRENT 6 KNOWLES ROAD	FINAL - BLDG. (INT. AC)	Fail *	819 485976
1	O/B	PLUMB.	resched.	El. incomplete INSPECTOR: <i>[Signature]</i> 5/14/01
T/R	POTTER 4 VERMINKLE CIR.	FIELD Insp.	VERIFIED	PN 0441 5/14/01
7	SHANE'S TREE SERVICE	(AFTER FACT - BRAZ. PEPPER)		"USE FEES" IN LEO OF FILE INSPECTOR: <i>[Signature]</i>

OTHER: # 8<sup>15</sup> has locked ✓

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  ~~THU~~ WED, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5228	FOGLIA	INSULATION	Passed	walls only
S (2)	102 ABBIE CT. FOGLIA			ceils. to be blown INSPECTOR: [Signature]
✓ 5267	GELLER	A/C PAD RELOC.	Passed	
S (5)	10 PALMETTO PORT ST LUCIE HEAT	FINAL		INSPECTOR: [Signature]
✓ 5350	KIPLINGER	CURBS - PRE-POUR	Passed	1st INSP. 8:45 - 9:00 AM
S (1)	143 S. RIVER RD MOSLEY + SON			INSPECTOR: [Signature]
<del>5302</del>	<del>WORTH</del>	<del>SLAB</del>	<del>X</del>	<del>CHUCK BY CONT</del> <del>4:43 PM 5/11</del>
	<del>6 N. PALMETTO</del>			INSPECTOR:
	<del>RON RAYMOND CONST.</del>			
✓ 5348	MIRAGLIA	SLAB - FINAL	Passed	
N (11)	66 N. SEWALL'S POINT RD. WISDOM ASSOC.			INSPECTOR: [Signature]
<del>5228</del>	<del>FOGLIA CONST.</del>	<del>INSULATION</del>	<del>Passed</del>	<del>walls only</del>
S (3)	<del>102 ABBIE CT</del>			<del>ceils. to be blown</del> <del>INSPECTOR: [Signature]</del>
	<del>FOGLIA CONST (CALLED IN BY GARY HENRY)</del>			
✓ 5123	PICEU	TIE BM.	Passed	HAVE G.C. CALL - ELECT/PLG
S (4)	65 S. RIVER RD. SERGATE BLDGS.			SUB PERMITS NOT ISSUED INSPECTOR: [Signature]

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri ~~August 6~~, 2001; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ S 5447	BARLAND 1 VIA LUCINDIA HARBOR BAY POOLS 878 8806	STL./MAIN DRAW	Failed	FORM BOARD(S) SOAKY WHEN WASHED Called contractor INSPECTOR: J 8/6
✓ S 5702	<del>NOHENTLE</del> 6 N. RIDGEVIEW RON RAYMOND CONST.	<del>FRAMING</del> ALL TRADES	Passed	(See enclosure!) (1 Strap + Framing pending) INSPECTOR: J 8/6
✓ S 5426	DENOREST 925. RIVER ROAD COMMERCIAL CONST.	ENTRY ENCL. - SLAB	Passed	INSPECTOR: J 8/6
✓ N 5143	GIFFORD 85 N. SEWALL'S POINT RD SCOTT J. HOLMES, BLDG. INC	LATH	Passed	INSPECTOR: J 8/6
✓ N 5280	ROTHBERG 103 N. SEWALL'S POINT RD CUSTOM BUILT MARINE	RET. WALL/RIP RAP Final → (288-4254)	Passed Passed	INSPECTOR: J 8/6
✓ N 5443	WYKOFF 26 N. RIVER ROAD O/B	WALL FTG.	Passed	See owner INSPECTOR: J 8/6
5486	Matyszewski 3 Miramar A+P Bldg.	Shedding roof	Passed	INSPECTOR: J 8/6

OTHER: VERIFY FLOOD DAMAGES CLEAN-UP: ~~295. RIVER RD (PN 4978)~~  
(REINSPECTION) RIVER-LEAK DEVELOPMENT.

Cleanup in progress

J 8/6



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  ~~Thu~~ ~~July 27~~, 2001; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ T/R	ATEN	FIELD VERIF.	Passed	INCIDENT TO CONSTR.
S (1)	103 ABBIE CT GRIBBEN CONST.			BPN 5455 (7/26/01) INSPECTOR: D 7/27
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5286	SCHULTZ	REVIEW-PROPOSED	APPROVED	SPEC. APPT. 2:30 - EBA
S (7)	64 S. SEWALL'S POINT RD ADVANTAGE POOL BLURS	POOL SAFETY ACT COMPLIANCE.	(BOOK READ)	(RODDY BROWN 781-3053) INSPECTOR: S
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5318	KOENKE	REVIEW-PROPOSED	APPROVED	SPEC. APPT. 2:45 - EBA
S (8)	66 S. SEWALL'S POINT RD. ADVANTAGE POOL PLURS	POOL SAFETY ACT COMPLIANCE.	(BOOK READ)	INSPECTOR: S
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5302	<del>WOODSTOCK</del>	<del>T/R PERMIT</del>	Passed	1115
S (9)	<del>6700 RIDGEVIEW</del> RON RAYMOND CONST.	Will submit Wind/Door/Roof		specs. (see 845 7/27) INSPECTOR: D 7/27
S (10)	Will obtain all sub. permits			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5387	INGRAM	POOL STL/MAN DR.	Passed	(MPD STS8 - BUFORD CONST.)
N (11)	101 N. SEWALL'S POINT RD OLYMPIC POOLS (FRANK: 286-6070)			FORM BOARD SURVEY RCVD. INSPECTOR: S 7/27
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5442	GELLER	REEROOF - FINAL	Passed	
S (12)	10 PALMETTO DR. PACIFIC PFG.			INSPECTOR: D 7/27
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5358	INGRAM	TIE RM & COL.	not ready, will call	
N (13)	101 N. SEWALL'S POINT RD BUFORD CONST.			INSPECTOR:

OTHER: 1 KINGSTON CT (DRIFTWOOD) T/R PN 0426; return field copy to office for dupl.

7/27

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Thu  Fri  Sat  Sun SEPTEMBER 12, 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5508	GLOVER	FRAMING	Passed	
S (1)	16 RIVERVIEW RD.	(Partial)		
	SWAT			INSPECTOR: J 9/12
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5439	BRENNAN	POOL -	Passed	
S (3)	111 Henry Sewall Way	FINAL		
	FLAMINGO POOLS			INSPECTOR: J 9/12
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5302	<del>NOHETL</del>	<del>DIY WORK</del>	<del>Passed</del>	
S (2)	<del>16 W. RIDGEVIEW</del>			
	RON RAYMOND CONST.	(216-1188)		INSPECTOR: J 9/12
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5455	ATEN	TRAMP. ELEC.	Failed	On neighbors lot
(4)	103 ABBIE CT.	(SHORELINE - 221-3923)		at handhold
	GRIFFEN CONST (ROW 260-7059)			INSPECTOR: J 9/12
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5358	INGRAM	TRUSS RAFT'G.	Passed	
(6)	101 W. SEWALLS VP. RD.	- RK. SHEATHING	Passed	
	BURD CONST. (AWY. 211-9153)	Tie Down	Failed	INSPECTOR: J 9/12
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
T/R	ESCUE	FIELD VERIF.	Passed	
(7)	2 BAUYAN RD			
	O/B			INSPECTOR: J 9/12
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:

OTHER: POSSIBLE CODE INF.: 8 PALM COURT - SUBIN; SHORELINE CONST. & TREE REMOVAL? (COMPLAINT BY MRS. BERGALIS 287-4852) (2)

→ extensive land + pool/scaping, no tree removal

Police: 103 Abbie Ct. sign not BAW 9/2 (no buffer zone, no shoreline infringement.) modification

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri ~~SEPTEMBER 10, 2001~~ 2001; Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
T/R	COMBS	FIBER VERIF.	Passed	
②	MANDALAY ISLAND MONTE'S TREE SERV.			INSPECTOR: [Signature] 9/10
<del>5302</del>	<del>NOHE TA</del>	<del>DRYWALL SERV</del>	<del>Cancelled by contractor</del>	
②	<del>600 RIDGEVIEW</del> RON RAYMOND			INSPECTOR: [Signature] 9/10
5489	STRACUZZI	- TEMP. ELECT.	Passed	FORWARDED SURVEY &
②	12 RD VISTA DR RUCCOLO	- SLABS (DUMSTER, PORTO, ...)	Passed	COMP. TEST ROAD. INSPECTOR: [Signature] 9/10
5457	Pickelvey	Reroof Final	Passed	
②	21 E High Pt. Pacific Roofg.			INSPECTOR: [Signature] 9/10
5319	McCortney	Pool Steel/Band	Passed	
④	45 E High Pt. Advantage Pools			INSPECTOR: [Signature] 9/10
				INSPECTOR:
				INSPECTOR:

OTHER: Check Debris 21 E High Pt Pacific Rfg. Dave 263 0177  
Check Pool steel 45 W High Pt. Advant. Pools 5319 PN.

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ~~Mon~~ Wed ~~Fr~~ ~~August 27~~ 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5443	WYCKOFF	TIE BEAM +	Pass	
N (8)	26 N. RIVER RD. O/B	COLUMN		INSPECTOR: [Signature] 8/27
✓ 5185	ROYCE JONES	STL - PAD FTGS	not ready	→ Wednesday
S (2)	14 HERONS NEST O/B (781-4780)			INSPECTOR: [Signature] 8/27
✓ 5427	FOGLIA	U/G PLUMB	Passed	PLUMB SUBVN 8930
S (3)	105 ABBIE CT. FOGLIA CONTRACTING			LATE AM IF POSSIBLE INSPECTOR: [Signature] 8/27
✓ 5483	VITALE	SLAB / BUILT BOND	Passed	FORWARDED SURVEY & COMP. TEST RCVD.
N (7)	15 KNOWLES ROAD DECOR BATH & KITCHEN			INSPECTOR: [Signature] 8/27
✓ 5302	<del>NOHE TL</del>	<del>INSULATION</del>	<del>Passed</del>	
S (1)	<del>6 N. KINGSBURY</del> RON RAYMOND			INSPECTOR: [Signature] 8/27
✓ 5234	Mc CARTNEY	SLAB	Passed	FB Survey will be delivered today
S (5)	45 W. HIGHTPOINT WILSON BLDS (NANCY: 288-2000)			INSPECTOR: [Signature] 8/27
✓ 5192	RAO	STORM SHUTTER -	Passed	Layout for CO
N (6)	30 CASTLE HILL WAY AR MARTIN (JOHN: 260-0574)	FINAL		INSPECTOR: [Signature] 8/27

OTHER: 102 ABBIE CT. (PN 5228) - VERIFY SHUTTER PLACEMENT  
(4) [Signature] 8/27

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  ~~THU~~ ~~FRI~~ ~~SAT~~ ~~SUN~~ 2001; Page 1 of   .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5068	WINER (285-4600)	T/I + METAL	Passed	
S (2)	19 RIDGELAND DR. LEAR DEV.	WINDOW BUCKS	Passed	INSPECTOR: J 8/24
✓ 5410	WITTMAN	T/I + METAL	Passed	
S (1)	13 RIVERVIEW DR. A+W ROOFING (APRIL 283-0222)			INSPECTOR: J 8/24
✓ 5473	LIPPISCH	DEPTH OF DITCH		DORK: PN 5279
S (7)	22 S. SPR HOSS ELECT.	(DOCK ELECT. SEKV.)		INSPECTOR:
✓ 5488	JUSTICE	STEEL	Passed	FORM BOARD SUKBY RCD
S (6)	18 MIDDLE RD. TWIN POOLS	Coverage to be improved		- FIELD CORR TO SIDE INSPECTOR: J 8/24
✓ 5294	LEHMAN	INSULATION	Passed	
S (3)	6 RIDGELAND GRIBBEN			INSPECTOR: J 8/24
✓ 5302	<del>MOHETL</del>	<del>TIE BM</del>	<del>Passed</del>	
S (4)	<del>6 N. RIDGELAND</del> POD RAYMOND (216-1188)	<del>(RAVIER WING)</del>		INSPECTOR: J 8/24
✓ 5426	DEMAREST	FRAMING/INSUL	Passed	
S (5)	92 S. RIVER RD. COMM. CONST. (TIM: 260-2060)	(ENTRY ENCL.) EL. ✓		INSPECTOR: J 8/24

OTHER: 101 N. SPR (PN 5358) DELIVER PRODUCT CONTROL NOTICE OF ACCEPT. TO JTB  
~~102 ABILE CT. (PN 5228) - VERIFY SHUTTER PLACEMENT~~

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri ~~August 22, 2001~~, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
✓ 5507	POTSDAM	STORM SHUTTERS	Passed	
⑥	50 RIO VISTA DR ROCLA DEN (VACIC-DNA: 263-0177)	FINAL		INSPECTOR: J 8/22
✓ 5302	<del>INDHVAL</del>	<del>T/TE-MTC</del>	<del>Passed</del>	<del>INT. Insp. 7/27 ✓</del>
①	6 W. RIDGEVIEW RON RAYMOND			INSPECTOR: J 8/22
✓ 5460	STANTON	PLUMB V/G.	Passed	14x18D: reverse?
②	6 SABAL CT (Ridgeland) O/B (SOUTH PARK PLUMB; 287-2548)			INSPECTOR: J 8/22
✓ 5228	FOGLIA	SHUTTERS-	Passed	
⑦	102 ABBIE CT. FOGLIA	FINAL		INSPECTOR: J 8/22
✓ 5234	MCCARTNEY	ROUGH PLUMBING	Passed	a) house b) aux. bldg.
⑨	45 W. HIGHPOINT WILSON BLDGS.	U-Ground		INSPECTOR: J 8/22
✓ 5455	ATEN	UNDERGROUND	Passed	
⑧	103 ABBIE CT. GRIBBEN	PLUMBING		INSPECTOR: J 8/22
✓ TIR	SARTAIN	FIELD VERIF.	Passed	
③	71 S. SPR TIMBER TREE	(ADDITIONAL TREE)		INSPECTOR: J 8/22

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri  Sat  Sun, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5312	ENRIQUEZ	T/T & MTL.	Passed	
S (1)	1 KINGSTON CT. DRIFTWOOD HOMES			INSPECTOR: [Signature] 8/15
✓ <del>5302</del>	<del>ASPHALT</del>	<del>STEEL WALKWAY</del>	<del>Passed</del>	<del>LATE AS POSSIBLE</del>
S (7)	<del>6 RINGBROOK ROAD</del> RON RAYMOND (216-1188)			(lift steel floor O.K.) INSPECTOR: [Signature] 8/15
✓ 5234	MCCARTNEY	T/T & MTL.	Passed	(no metal, partial)
S (8)	45 W. HIGHPOINT WILSON BUILDS (NADEX: 288-2000)			INSPECTOR: [Signature] 8/15
✓ 5435	POTTER	DRIVEWAY REPL. - FINAL	Passed	
N (5)	4 PERRIWINKLE CIRCLE TRIPLE M BRICK Pavers	(MIKE: 561-239-1726)		INSPECTOR: [Signature] 8/15
✓ 5068	WINKER (285-4600)	PTL. SHEATHING (LAST-LOW ROOF @ 12' R)	Passed	
S (3)	19 RIDGELAND DR. LEAR DEVELOP. CORP.	TRUSS	Passed	INSPECTOR: [Signature] 8/15
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri August 8, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5304	<del>INDIRECT</del>	<del>WIRE-CATH</del>	Passed	
S (7)	6 PINELAND RIDGE VIEW RON RAYMOND (216-1188)			INSPECTOR: <i>[Signature]</i> 8/8
✓ 5230	DENDISON 49 W. HIGHPOINT O/B	INT. ALI. - FINAL * drain fr. neighbor? * dock work	Passed	INSPECTOR: <i>[Signature]</i> 8/8
S (9)				
T/R	BYROM 34 E. HIGH POINT O/B	FIELD VERIF.	Passed	INSPECTOR: <i>[Signature]</i> 8/8
S (10)				
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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





**TOWN OF SEWALL'S POINT**

One South Sewall's Point Road  
Sewall's Point, Florida 34996  
(561) 287-2455

**CORRECTION NOTICE**

ADDRESS: G. N. BIVERTON CT.  
RIDGEVIEW

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.

- POOL DECK - HANDRAIL BRACKET MISSING
- WITH BONDING.
- 8"x8" FOOTING W - 2 #5s
- NOT DONE
- #5s 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

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri OCTOBER 13, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5501	ALLMAN.	SLAB.	FAILED	<i>ln</i>
7	3 <del>SUMNER LN.</del> O/B.			INSPECTOR:
5578		FINAL.	PASSED	<i>ln</i>
3	23 S. SEWALLS PT FOLDING SHUTTERS			INSPECTOR:
5302	<del>NOHEIL</del>	<del>DECK</del>	FAILED	<i>ln</i>
1	6 N. RIDGEVIEW RD. HARBOR BAY POOLS.			INSPECTOR:
5541	<del>FALLORD</del>	<del>TEMPORARY</del>	PASSED	<i>ln</i>
2	744 ALN. SPR <del>O/B</del>	POLE		INSPECTOR:
5123	PICEU	POOL DECK	FAILED	<i>ln</i>
4	65 S. RIVER RD. SEAGATE	(GROUNDING)		INSPECTOR:
5566	NUNLEY	TIN TAG.	FAILED	<i>ln</i>
6	32 W NUBH POINT			INSPECTOR:
5461	MUSSO.	PROPERTY LINE	PASSED	
5	18 S. RIVER ROAD. III HENRY SEWALLS WAY HARRY BLUE.	WALK-FINAL		INSPECTOR:

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri NOV 2, 2001, 2001; Page 1 of   .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5143	GIFFORD.	POOL DECK.	PASSED	<i>in</i>
4	85 N. SEWALLS PT RD. Scott Holmes			INSPECTOR:
5391	PITTINGOS.	TEMP. ELEC.		CANCELLED
2	117 HENRY SEWALL WY. JMC CONTRACTING	CHECK POLE		<i>in</i> INSPECTOR:
<del>5302</del>	<del>MOHEJL</del>	<del>DECK</del>		<del>REINSPECTION</del> <del>CANCELLED</del> <del>cont.</del>
	6 N. RIDGEVIEW RD HARBOR BAY POOLS			INSPECTOR: <i>[Signature]</i>
5501	AULMAN	SLAB	FAILED	<i>in</i>
3	3 SUMMER CT. OIB			INSPECTOR:
5358.	INGRAM	ALL TRADES + FRAMING.	FAILED	<i>in</i>
5	101 N. SEWALLS PT RD. BUFFORD.			INSPECTOR:
5501	PITTINGOS	POOL STEEL.	PASSED	<i>in</i>
2	117 HENRY SEWALLS WAY POOLS BY GREG	(CRYSTAL) 337-9713		INSPECTOR:
5506	NUNNELBE	SHEATHING/TINTAB	PASSED	<i>in</i>
1	32 W. HARBOR POINT PARIFK.	9:00.		INSPECTOR:

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri Nov 7, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	NOHEJL	POOL DECK	Passed	
3	6 N. RIDGEVIEW RD. HARBOR BAY POOLS			INSPECTOR: <u>h</u>
5254	INGRAM 101 N. SPR BUFORD	TIN TAG		CANCELLED
5448	VORASSO	FRAMING + ELECT.	FAIL	
2	21 8 PERRIWINKLE CRES. RLM CONST.		PASSED	INSPECTOR: <u>h</u>
5352	CLEMENTS 11 W. HIGHPOINT MOLTER	SHEATHING	PASSED	INSPECTOR: <u>h</u>
5213	ENRIQUEZ 1 <sup>ST</sup> KINGSTON CT. DRIFTWOOD BLDG'S	DRIVEWAY	FAILED	INSPECTOR: <u>h</u>
5352	<del>CLEMENTS</del> 11 W. HIGHPOINT MOLTER	<del>STRAP + ANCHOR</del> CANCEL		FOR FRIDAY
5572	DOSS 85 S. RIVER RD. CARDINAL	SHEATHING	PASSED	INSPECTOR: <u>h</u>
5		11:00 - 12:00		

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



**TOWN OF SEWALL'S POINT**

One South Sewall's Point Road

Sewall's Point, Florida 34996

(561) 287-2455

**CORRECTION NOTICE**

ADDRESS: 4 RIDGEVIEW DR

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.

Temp ELEC. ALL ELECTRICAL APPLIANCES  
(I.E) A/C, WATER HEATERS ETC)  
MUST BE INSTALLED

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

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: 2/19/01 GENE  
INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri NOV 9, 2001; Page 1 of   .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	NOHEJL	TEMP. POWER	FAILED	
3	6 RIDGE VIEW PR. RAYMOND CONST.			INSPECTOR: <u>                    </u>
5254	W6 KAM	PLUMBING	PASSED	
1	101 N. SEWALLS PT RD. BULLFORD	FRAMING	PASSED	INSPECTOR: <u>                    </u>
5352	CLEMENTS	STRAP + ANCHOR	RE-SCHEMED	
4	11 W. HIGHPOINT MOLTER		CANCELLED	INSPECTOR: <u>                    </u>
5588	GOODE	SHEATHING		
2	9 EMARITA WAY JIM'S ROOFING	TIN TAG		INSPECTOR: <u>                    </u>
5213	ENRIQUEZ	DRIVE	PASSED	
3	1 KINGSTON CT. DRIEWOOD BLDG'S	TEMP. ELEC	PASSED	INSPECTOR: <u>                    </u>
5515	WALKER	SLAB	PASSED	
	6 CRANES NEST. IANIERO.			INSPECTOR: <u>                    </u>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <u>                    </u>

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

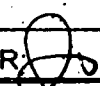
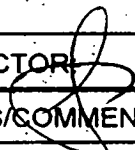
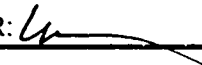
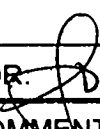
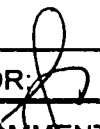

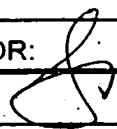
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# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri NOVEMBER 28, 2001; Page 2 of   .

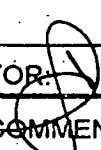
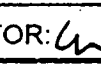



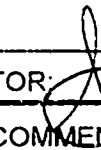
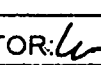
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>5302</del>	<del>NOHEJL</del>	<del>DRIVEWAY</del>	<del>Passed</del>	
①	6 RIDGEVIEW DR. RON RAYMOND	PRE POUR		INSPECTOR: 
5022	SMITH 133 S. RIVER RD. MACARI	COLUMN + TIE BEAM	Failed	INSPECTOR: 
5068	WINER 19 RIDGELAND LEAR	LATH RE INSPECTION	Pass	INSPECTOR: 
5138	RIBALINO 18 ISLAND RD. Wilson	C.O.	Passal	INSPECTOR: 
5566	32 W Highpoint Pacific	Roof Final	Passal	INSPECTOR: 
5570	4 Mandelav Hert. Plumbing / Buford	Plumb rough	Passal	INSPECTOR: 
5213	1 Kingston Ct Driftwood	CO 215 0074	Failed	Late INSPECTOR: 

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri November 26<sup>th</sup>, 2001; Page 1 of   .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5013	Dennis	CO	Fail	
(4)	16 Ridgeland FL Finest			INSPECTOR: 
5427	Foglia	Sheathing	Passed	
(6)	155 Abbie Ct. Foglia			INSPECTOR: 
5068	Winer	1st fl	Fail/PCI	
(3)	19 Ridgeland Lea Dev.			INSPECTOR: 
<del>5302</del>	<del>Wojcik</del>	<del>Drainage Repair</del>	<del>Failed</del>	<del>late</del>
(9)	6 Ridgely Rd. Ro-Raymond			INSPECTOR: 
5294	LEHMAN	C.O. FINAL.	Failed	
(5)	6 RIDGELAND DR. CORLEMAN			INSPECTOR: 
5501	ALLMAN.	Tie Beam	n.r. ready Failed	
(2)	3 SUMMER CT. ALLMAN. O/B			INSPECTOR: 
5573	FLAUGH	REINFORCED SLAB	Passed	
(1)	6 INDIALUCIE LN. HUFNAGEL			INSPECTOR: 



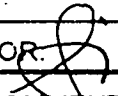


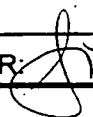
OTHER: \_\_\_\_\_



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

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

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5318	KOENKE	Pool final	Failed	
(9)	66 S. Sewalls Pt. Rd. Advantage Pool	Sod ?		INSPECTOR: 
5582	Gray	Fence final	Failed	
(6)	10 Riverview Dr. Quality Fence			INSPECTOR: 
5452	VITALE	DEMOLITION -	Passed	
(3)	18 KNOWLES	FINAL		INSPECTOR: 
<del>5022</del>	<del>SMITH</del> <del>133 S. RIVER RD.</del> <del>MACARI</del>	<del>TEMP. ELECT.</del> <del>POLE</del>		INSPECTOR:
5580	WYCOFF	WALKWAY	Passed	
(2)	26 N. RIVER O/B	PAVERS - FINAL		INSPECTOR: 
5294	LEHMAN	TEMP. ELECT.	Failed	
(4)	6 RIDGELAND DR. GRIBBEN			INSPECTOR: 
5302	<del>NOBEL</del>	<del>PAVERS</del>	<del>Failed</del>	
(5)	6 RIDGEVIEW RD. RAYMOND CONST.	"ALREADY HAVE FORM"		INSPECTOR: 

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



**TOWN OF SEWALL'S POINT**

One South Sewall's Point Road  
Sewall's Point, Florida 34996  
(561) 287-2455

**CORRECTION NOTICE**

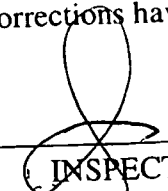
ADDRESS: \_\_\_\_\_

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.

- Gas Door replace coverd bolts
- Create berm RT side of lot
- weldstrip garage side door
- AC unit ISA → GSA breaker
- AC unit GSA max + min → 30 A br.
- Seal phone wall MRB
- ATT need secondary overflow prot.
- Overcurrent Protection to be as labeled.
- Paperwork

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

DATE: 11/30/01

  
\_\_\_\_\_  
INSPECTOR

**DO NOT REMOVE THIS TAG**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri Nov 20, 2001; Page      of     .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
S363	JOHNSON.	<del>Final Roof</del>	Passed	
(2)	2 OAK HILL WAY. DRIFTWOOD PACIFIC.	TT + A/C		INSPECTOR: <i>[Signature]</i>
<del>S302</del>	<del>NON PERMIT</del>	<del>0/0</del>	<del>Passed</del>	<del>(Sua officio?)</del>
(5)	6 RIDGEVIEW RD. RAYMOND CONST.	<del>Final</del>	<del>FAILED</del>	INSPECTOR: <i>[Signature]</i>
S352	CLEMENTS	TRUSS + BUCK	Failed	(was ready) Cancelled by Contr.
(7)	11. W. HIGHPOWER RD. MOULTON			INSPECTOR: <i>[Signature]</i>
S213	ENRIQUEZ	C.O. FINAL	Passed	
(6)	1 KIMGSTON CT MORLES.			INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>

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


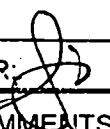
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# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri DEC 31, 2001; Page \_\_\_ of \_\_\_.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5302	<del>WOODRUFF</del>	C.O.		
	6 RIDGEVIEW RD. RAYMOND CONST.			INSPECTOR:
5583	KRAPIL	ROOF FINAL	Failed	
	<del>3</del> 4 RIO VISTA POULOS			INSPECTOR: 
5598	POPE	FINAL POWER	Passed	
	124 S. SEWALLS POINT RD. M/C ELEC.	FOL DOCK		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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5342**  
**FENCE**

MASTER PERMIT NO. N/A

### TOWN OF SEWALL'S POINT

Date 4/24/01  
Building to be erected for MIKE NOHEJL  
Applied for by O/B  
Subdivision HOMEBWOOD (AMERAP) Lot 4 Block B  
Address 6 N. RIDGEVIEW  
Type of structure S.F.R. (UNDER CONST.)

BUILDING PERMIT NO. 5342  
Type of Permit FENCE - WOOD  
Building Fee \$ 37.50  
Radon Fee \_\_\_\_\_  
Impact Fee \_\_\_\_\_  
A/C Fee \_\_\_\_\_  
Electrical Fee \_\_\_\_\_  
Plumbing Fee \_\_\_\_\_  
Roofing Fee \_\_\_\_\_  
TOTAL Fees \$ 37.50

O/B PERMIT

Parcel Control Number:  
1-38-41-006-002-00040-40000

Amount Paid \$ 37.50 Check # 2937 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )  
Total Construction Cost \$ 800.00

Signed Julie Nohejl  
Applicant

Signed [Signature]  
Town Building Inspector OFFICIAL

# FENCE PERMIT

INSPECTIONS			
SETBACKS	DATE _____	HEIGHT	DATE _____
FOOTINGS	DATE _____	FINAL	DATE <u>5/11/01</u>
<b>24 HOURS NOTICE REQUIRED FOR INSPECTIONS.</b>		<b>CALL 287-2455</b>	
<b>WORK HOURS - 8:00 AM UNTIL 5:00 PM</b>			
<b>MONDAY THROUGH SATURDAY</b>			

- New Construction     Remodel     Addition     Demolition

**This permit must be visible from the street, accessible to the inspector.  
FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,  
NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.  
DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  ~~THURSDAY~~ ~~MAY 11 2001~~, 2001; Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5336	SACHS 78 N. SEWALLS PT. RD. MASTERPIECE BLDRS.	FRAMING - ALL TRADES	Passed	+ SIDING + WINDOW ANCA INSPECTOR: [Signature]
✓ 5328	DAILEY 20 PERKINS WINKLE LN CAPPS & HUFF	REROOF - FINAL	Passed	INSPECTOR: [Signature]
5341	NOHEJL 18 S. VIA LUCINDIA O/B	FENCE - FINAL	Passed	INSPECTOR: [Signature]
✓ 5342	NOHEJL <del>6 N. RIDGEVIEW</del> O/B	<del>FENCE - FINAL</del>	<del>Passed</del>	INSPECTOR: [Signature]
✓ 5343	BARDELL 4 N. RIDGEVIEW O/B	FENCE - FINAL	Passed	INSPECTOR: [Signature]
✓ 5371	VOLPE 15 MIRAMAR O/B (781-0266)	SHEATHING (REROOF)	Passed	LATE AS POSSIBLE INSPECTOR: [Signature]
✓ 5327	Geller 10 S. Palmetto Goodman Sciro	Screen encl. reinspection - FINAL	Passed	see page 2 INSPECTOR: [Signature]
OTHER:	T/R SHEETS 101 S. RIVER RD C. ANDREW BENTLEY	FIELD VERIF	Passed	REMOVAL PER FOX CONST. PK 5372 ISSUED 5/10/01 [Signature]



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

**RECEIVED**  
Bldg. Permit Number  
APR 17 2001

**5342**

Owner or Titleholder's Name MIKE NOWE BY: \_\_\_\_\_ Phone No. (561) 220-1821  
 Street: 6 N. RIDGEVIEW City SEWALLS POINT State: FL Zip 34996  
 Legal Description of Property: LOT 4 BLOCK B HOMEWOOD (AMEND)  
 Parcel Number: 01-38-41-006-002-00040

Location of Job Site: 6 N. RIDGEVIEW 40000

TYPE OF WORK TO BE DONE: PRIVACY FENCE - REAR PROPERTY LINE

CONTRACTOR/Company Name: OWNER Phone No. (561) 220-1821

Street: 18 S. VIA LUCINDIA City SEWALLS POINT State: FL Zip 34996

State Registration: \_\_\_\_\_ State License: \_\_\_\_\_

ARCHITECT: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

ENGINEER: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**AREA SQUARE FOOTAGE - SEWER - ELECTRIC:**

Living Area: \_\_\_\_\_ Garage Area: \_\_\_\_\_ Carport: \_\_\_\_\_ Accessory Bldg: \_\_\_\_\_

Covered Patio: \_\_\_\_\_ Scr. Porch: \_\_\_\_\_ Wood Deck: \_\_\_\_\_

Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_

New Electrical Service Size: \_\_\_\_\_ AMPS

**FLOOD HAZARD INFORMATION**

Flood zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD

Proposed first habitable floor finished elevation: \_\_\_\_\_ NGVD (minimum 1 foot above BFE)

**COSTS AND VALUES**

Estimated cost of construction or improvement: \$ 8000

Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_

If improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_\_\_ NO \_\_\_\_\_

Method of determining Fair Market Value: \_\_\_\_\_

Form revised: 20 April 2000

Page - 2

Approved by Building Official: \_\_\_\_\_  
 Approved by Town Engineer (if required): \_\_\_\_\_  
 Date: 4/22/01

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of COUNTY OF MARTIN, and there may be additional permits required from other governmental entities such as water management districts and federal agencies.



TREE R OVAL (Attach sealed survey)

Number of trees to be removed: \_\_\_\_\_ Number of trees to be retained: \_\_\_\_\_ Number of trees planted: \_\_\_\_\_ Number of Specimen 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 building 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) 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 of 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 Sheet.
- 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.



**EDWIN B. ARNOLD, AIA, CBO**  
Building Official

IA

**TOWN OF SEWALL'S POINT**

D.

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

Phone (561) 287-2455  
Fax (561) 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 Nohejl Date 4/24/01  
Signed Julie Nohejl  
Address 640 Ridgeview  
City & State Stuart Florida 34996  
Permit No. 5342

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

**5498**  
**POOL**



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

**RECEIVED** Bldg/Permit Number 5498  
AUG - 6 2001  
Phone No. (561) 220-1821

Owner or Titleholder's Name JULIE NOHEJL Street: 189 VIA LUCINDIA City: STUART State: FL Zip 34996

Legal Description of Property: LOT 4, BLOCK B, AMENDED PLAT OF HOMEWOOD Parcel Number: 01-38-41-006-002-

Location of Job Site: 6 N. RIDGEVIEW ROAD 00040-4-0000

TYPE OF WORK TO BE DONE: SWIMMING POOL

CONTRACTOR/Company Name: HARBOR BAY POOLS Phone No. (561) 878-8806  
Street: 694 SW BAYSHORE BLVD City: PORT ST LUCIE State: FL Zip 34983

State Registration: RPO067256 State License: RPO067256

ARCHITECT: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Street: N/A City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

ENGINEER: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Street: N/A City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**AREA SQUARE FOOTAGE - SEWER - ELECTRIC:**

Living Area: \_\_\_\_\_ Garage Area: \_\_\_\_\_ Carport: \_\_\_\_\_ Accessory Bldg: \_\_\_\_\_

Covered Patio: \_\_\_\_\_ Scr. Porch: \_\_\_\_\_ Wood Deck: \_\_\_\_\_

Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_

New Electrical Service Size: \_\_\_\_\_ AMPS POOL - 518 SQ. FT.

**FLOOD HAZARD INFORMATION**

Flood zone: A10 Minimum Base Flood Elevation (BFE): 8' NGVD

Proposed first habitable floor finished elevation: 8.2' MIN NGVD (minimum 1 foot above BFE)

**COSTS AND VALUES**

Estimated cost of construction or Improvement: \$ 21,000

Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_

If Improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_\_\_ NO \_\_\_\_\_

Method of determining Fair Market Value: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)**

Electrical: EAGLE State: FL License # ER0013624

Mechanical: N/A State: \_\_\_\_\_ License # \_\_\_\_\_

Plumbing: HARBOR BAY POOLS State: FL License # RPO067256

Roofing: N/A State: \_\_\_\_\_ License # \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standard of all laws regulating construction in this jurisdiction. I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL.

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, INCLUDING FLORIDA MODEL ENERGY CODES.

**OWNER or AGENT SIGNATURE (Required)**  
X Julie Nohejl  
Owner  
State of Florida, County of: ST. LUCIE On this the 25 day of JULY, 2000, by JULIE NOHEJL who is personally known to me or produced IN PERSON as identification.

**CONTRACTOR SIGNATURE (Required)**  
Wade M. Clarke  
Contractor  
State of Florida, County of: ST. LUCIE On this the 25 day of JULY, 2000, by WADE M. CLARKE who is personally known to me or produced IN PERSON as identification.

Karen L. Swinson Notary Public  
Karen L. Swinson Notary Public

My Commission Expires: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

(Seal)  
Page - 1. (Seal)

**TREE REMOVAL (Attach sealed survey)**

Number of trees to be removed: \_\_\_\_\_ Number of trees to be retained: \_\_\_\_\_ Number of trees to be planted: \_\_\_\_\_ Number of Specimen 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) sets of 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 of 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.
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.
8. Replat required upon completion of slab or footing inspection And Prior to any further inspections.

**NOTICE:** In, addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of COUNTY OF MARTIN, and there may be additional permits required' from other governmental entities such as water management districts, state and federal agencies.

Approved by Building Official: \_\_\_\_\_

Date: 8/8/07

Approved by Town Engineer \_\_\_\_\_  
(If required)

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri July 3, 2009; Page      of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5731	Fenaro	Final Fence	Passed	Call # 486-6171 - P/s call by going
	3601 SE. Ocean Blvd McCuey + Gulick			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	Nancy (see note)	T/R	Passed	Near Roots! -
	5 Mandalay			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5448	<del>NOHE JL, Julie</del>	Final - Pool	Passed	P/s call 84-220-1821
	6 N Ridge View Harbor Bay Pools			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5579	NOHE JL, Julie	Final - Deck		↓
	6 N Ridge View Harbor Bay Pools	fence	Passed	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5872	Davis	Final - ROOF	Passed	
	5 Palm Rd Aluma Tile			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5631	HART	ROOF TINTAL.	Passed	(soft valley!)
	61 S. RIVER ROAD WINCHIP.			INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5689	Henderson	Roof sheathing	Passed	Partial porch only
	24 Island Rd. Belford		reter	to rescrew INSPECTOR: <i>[Signature]</i>

OTHER: 10 w High Pavers + Breezeway (Pool = O.K.) ① ✓  
 2x6 T+G 4" oc rafters 14" screw ?? ② ?  
 De Garms = clean up + barrier 220 2505 ③  
 JMC el pole to Sewalls way ④ ✓

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri ~~THU~~ ~~19~~ 19, 2001; Page 1 of   .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5068	<del>WINER</del> <del>W RIGELAND</del> <del>LEAK</del>	<del>INSULATION</del>		<i>change Monday to</i>
				INSPECTOR: <i>[Signature]</i>
5612	DEGARMO 24 W. HIGH POINT PINE ORCHARD	FRAMING	<i>Failed</i>	
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
	PITINOS. 117 Henry Swalls	SWALE	<i>Failed</i>	
	JMC	11:00 AM		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5690	King 30 Rio Vista OB	Garage Roof	<i>Passed</i>	
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>5302</del>	<del>NOBLE L.</del>	<del>POOL FINAL</del>	<del>Failed</del>	<i>W/ Plans: Fence?</i>
5498	6 N. RIDGEVIEW HAROLD BAY			<i>Window screen?</i>
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5681	<del>DRUCKER</del> 18 HIGH POINT RD PACIFIC.	SHEATHING	<i>Failed</i>	
		263 0116		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5688	Whalen 9 Knowled Rd. Twin Pools	Pool Steel/Bond	<i>Passed</i>	
(1)				INSPECTOR: <i>[Signature]</i>

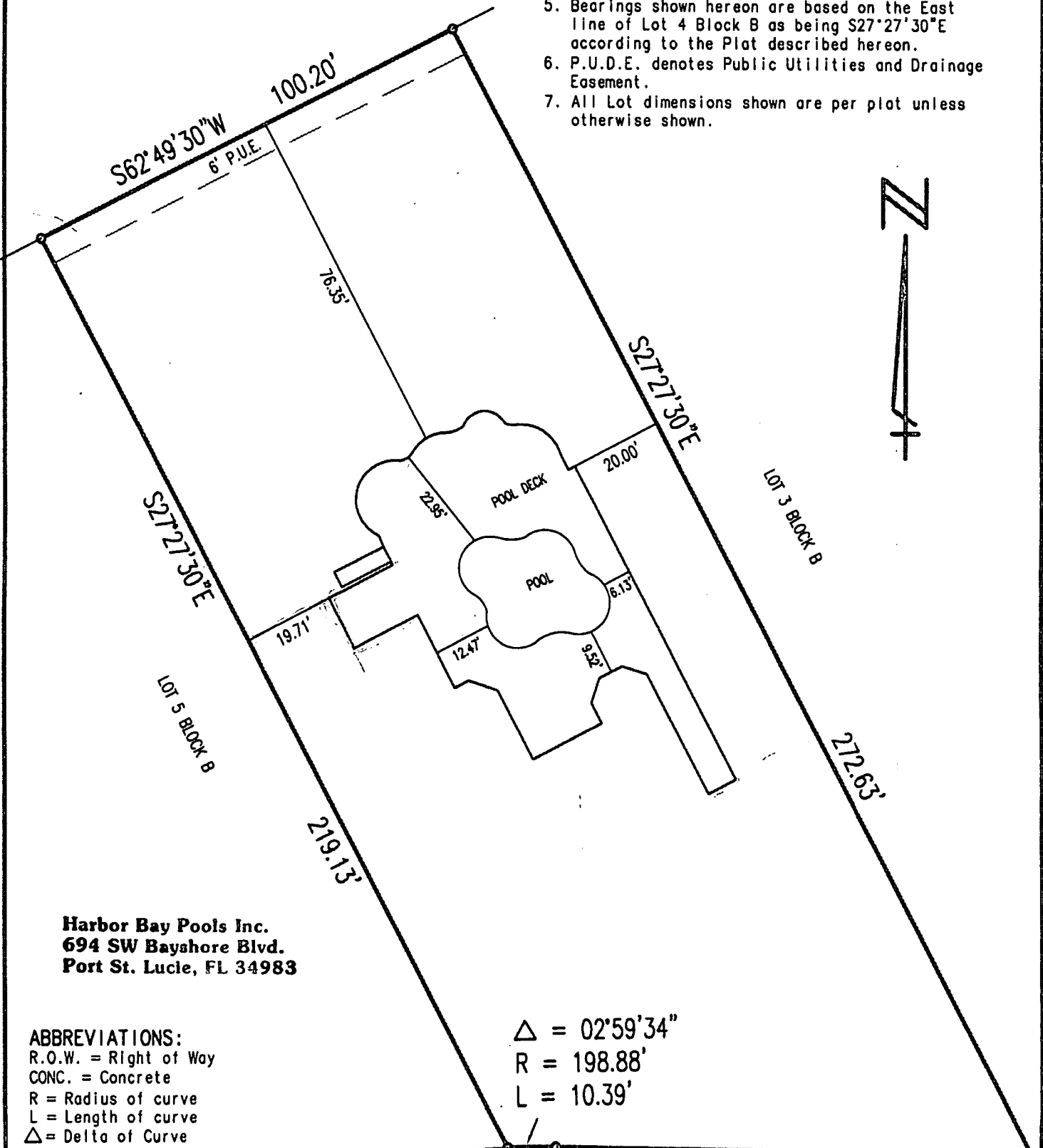
OTHER: House #2 (Hest.) 15 S. River Rd.

**LEGAL DESCRIPTION:**

Lot 4 in Block B of  
**HOMEWOOD**  
**SEWELLS POINT**  
 according to the plat thereof  
 as recorded in Plat Book 3  
 page 36 of the  
 Public Records of Martin  
 County, Florida.

**SURVEYORS NOTES:**

1. Unless otherwise noted only platted easements are shown hereon.
2. No underground utilities or improvements were located unless otherwise shown.
3. This site lies within Flood Insurance Rate Map Zone X.
4. Flood Zone shown hereon is an interpretation by the surveyor and is provided as a courtesy. The flood zone should be verified by a determination agency.
5. Bearings shown hereon are based on the East line of Lot 4 Block B as being S27°27'30"E according to the Plat described hereon.
6. P.U.D.E. denotes Public Utilities and Drainage Easement.
7. All Lot dimensions shown are per plat unless otherwise shown.



**Harbor Bay Pools Inc.**  
**694 SW Bayshore Blvd.**  
**Port St. Lucie, FL 34983**

**ABBREVIATIONS:**

- R.O.W. = Right of Way
- CONC. = Concrete
- R = Radius of curve
- L = Length of curve
- Δ = Delta of Curve
- MEAS. = Measured
- SET = Set 5/8" iron rebar with yellow cap marked "PSM 5543"
- C.L.F. = Chain Link Fence
- S.F.=Square Foot
- F.F.E.=Finished Floor Elevation
- (\*)=Not verified by field measurement
- FD=Found 5/8" Iron Rebar

Δ = 02°59'34"  
 R = 198.88'  
 L = 10.39'

S88°57'30"E 103.44'

50' R.O.W.

**6 NORTH RIDGEVIEW ROAD**

LAST FIELD DATE: 2/1/2002

**6 NORTH RIDGEWOOD ROAD**

SCALE: 1"=30'

DATE: 2/4/02

DRAWN: ALH

2002-133

DATE:

REVISIONS

**Atlantic Land Designs**  
 of the Treasure Coast

10664 South U.S. 1  
 Port St. Lucie, Fl.  
 (561) 398-4290

**BOUNDARY SURVEY**

Certified to: Nohejl  
 Harbor Bay Pools 5498

Permit # 5302

I hereby certify that the survey shown hereon is true and correct and is based on actual measurements taken in the field. This survey meets the Minimum Technical Standards of Chapter 61G17 Florida administrative code.

NOT VALID WITHOUT THE  
 SIGNATURE AND ORIGINAL  
 RAISED SEAL OF A FLORIDA  
 LICENSED SURVEYOR AND MAPPER

*James A. Cesiro Jr.*  
 James A. Cesiro Jr., P.S.M.  
 Professional Surveyor & Mapper No. 5543  
 State of Florida



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri SEPTEMBER 7, 2001; Page 2 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5498	<del>NO. HE. TC.</del>	<del>FOAM/STL</del>	Passed	(MPN 5302)
S (3)	<del>660 BRIDGEVIEW</del> HARBOR BAY POOLS (KAREN: 878-8806)		→ wash out to be protected	INSPECTOR: <u>9/7</u>
✓ 5381	<del>H.B. ASSOC. OF T.C. (HARBOR BAY) 3740-82 SE OCEAN BAY ROOFMAN, INC.</del>	<del>PTL. RE-ROOF - FINAL</del>	<del>CANCEL BY CONTR.</del>	<del>561-844-0892 ROOF ACCESS? ARLENE/PETER INSPECTOR:</del>
✓ 5161	BRENNAN 111 HENRY SEWALL WAY GLEN HUTCHINS	C.O. - FINAL INSP.	Passed → Reudg. →	FPL called 1145 Healthy/Irrigat. letter INSPECTOR: <u>9/7</u>
✓ 5451	BRENNAN 111 HENRY SEWALL WAY ANCHOR SCREENS.	POOL ENCL. - FINAL	Passed	INSPECTOR: <u>9/7</u>
✓ 5531	BRENNAN 111 HENRY SEWALL WAY OSTRANDER SPRINKLER	IRRIG. - FINAL	Passed	INSPECTOR: <u>9/7</u>
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri ~~September 5, 2001~~ 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>520</del>	<del>Noble</del>	<del>Pool</del>	<del>Fail</del>	<del>not ready</del>
<del>5298</del>	<del>G. N. Judgemental</del>			<del>8/8/06</del>
S (1)	Harbor Bay			INSPECTOR: J 9/5
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
V 5309	RAO	POOL -	Passed	
U (3)	30 CASTLE HILLWAY A+G	FINAL incl. fence		INSPECTOR: J 9/5
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
V 5509	MILORD (436-9785 call)	FTG./SLAB	Passed	FORMBOARD SURVEY WAIVED
N (2)	4 FIELDWAY DR. MILORD DEVEL. CORP			INSPECTOR: J 9/5
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
V 5187	JORDAN	INSULATION	Passed	LATE IF POSSIBLE
N (4)	110 N. SEWALL'S POINT RD W.D.C. CONST. (WAYNE: 201-1565)	Upstairs only!		INSPECTOR: J 9/5
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
V 5122	Picieu	Curt. fire stoppas	✓	
(6)	65 S. River Rd.			INSPECTOR: J 9/5
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
V 4981	Rimer	Plumbg. rough	Passed	
(5)	29 S. River Rd. Leas Dev.			INSPECTOR: J 9/5
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5187	Jordan	Ftg./slab	Passed	Liber conc.
	110 N. Sewall Pt Rd.	Garage	Fail:	will fix comp. for vent
	WDC Courts.	recd.	Passed	INSPECTOR: J 9/5

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

MASTER PERMIT NO. 5302

TOWN OF SEWALL'S POINT

Date 8/20/01

BUILDING PERMIT NO. 5498

Building to be erected for MICHAEL & JULIE NOHEIL Type of Permit POOL

Applied for by HARBOR BAY POOLS (Contractor) Building Fee \$ 240.00

Subdivision HOMELWOOD Lot 4 Block B Radon Fee \_\_\_\_\_

Address 6 N. RIDGEVIEW Impact Fee \_\_\_\_\_

Type of structure S.F.R. (UNDER CONST.) A/C Fee \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_ Electrical Fee \_\_\_\_\_

01-38-41-006-002-00040-40000 Plumbing Fee \_\_\_\_\_

Amount Paid \$ 240.00 Check # 4993 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 21,000.00 TOTAL Fees \$ 240.00

Signed Marguerite Bouland  
Applicant

Signed [Signature]  
Town Building Inspector OFFICIAL

# POOL / SPA PERMIT

### INSPECTIONS

SETBACKS DATE \_\_\_\_\_  
 COMPACTION TESTS DATE \_\_\_\_\_  
 GROUND ROUGH DATE \_\_\_\_\_  
 STEEL & BOND DATE \_\_\_\_\_  
 LIGHT NITCHE DATE \_\_\_\_\_

DECK DATE \_\_\_\_\_  
 ENCLOSURE & LATCH DATE \_\_\_\_\_  
 DOOR ALARM(S) DATE \_\_\_\_\_  
 FINAL DATE \_\_\_\_\_

DATE \_\_\_\_\_  
 DATE \_\_\_\_\_  
 DATE \_\_\_\_\_  
 DATE \_\_\_\_\_

**24 HOURS NOTICE REQUIRED FOR INSPECTIONS.**

**CALL 287-2455**

**WORK HOURS - 8:00 AM UNTIL 5:00 PM**

**MONDAY THROUGH SATURDAY**

New Construction  Remodel  Addition  Demolition

**This permit must be visible from the street, accessible to the inspector.**  
**FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,**  
**NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.**  
**DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**

**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
<b>Density - Pool Deck Backfill</b>					
<b>Below Slab</b>					
<b>Grade</b>					
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		2-3'	103.1		97.9%
10	West Side	0-1'	102.6		97.4%
11		1-2'	102.9		97.7%
12		2-3'	102.3		97.2%

Frank W. Farley  
P.E. 40111

9-27-01

**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

# AJF ENGINEERING & TESTING INC.

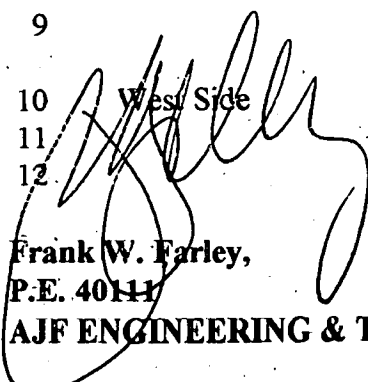
P.O. BOX 12059  
LAKE PARK, FL 33403

**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 Density	% Compacted
Density - Pool Deck Backfill Below Slab 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		2-3'	103.1		97.9%
10	West Side	0-1'	102.6		97.4%
11		1-2'	102.9		97.7%
12		2-3'	102.3		97.2%

  
Frank W. Farley,  
P.E. 40111

9-27-01  
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 0000

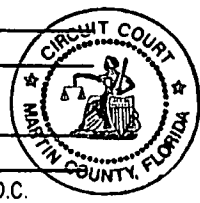
THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and accordance with Chapter 713, Florida Statutes, the following information is provided in accordance with Chapter 713, Florida Statutes, the following information is provided in the Notice of Commencement.

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

General description of improvements SWIMMING POOL & DECK

Owner MICHAEL & JULIE NOHEJL  
Address 6 N. ~~HOMEWOOD~~ RIDGEVIEW RD  
Owner's interest in site of improvement  
PRIMARY RESIDENCE

STATE OF FLORIDA  
MARTIN COUNTY  
THIS IS TO CERTIFY THAT THE  
FOREGOING 1 PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL.  
MARSHA EWING, CLERK  
BY [Signature] D.C.  
DATE 8-6-01



Fee simple title holder if other than owner  
Address N/A

Contractor HARBOR BAY POOLS Phone # 561 878-8806  
Address 694 SW BAYSHORE BLVD PSL Fax # 878-8859

Surety \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Phone# \_\_\_\_\_  
Amount of Bond \$ N/A

Lender \_\_\_\_\_ Phone# \_\_\_\_\_  
Address N/A Fax# \_\_\_\_\_

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

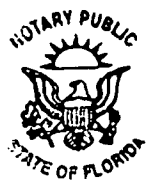
Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address N/A Fax # \_\_\_\_\_

In addition to himself, owner designates \_\_\_\_\_ of \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax# to receive s copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration date of notice of commencement is one year from the date of recording unless a different date is specified. \_\_\_\_\_

[Signature]  
OWNERS SIGNATURE

STATE OF FLORIDA, COUNTY OF ST. LUCIE  
Sworn to and subscribed before me this 24, day of JULY, 2001, by JULIE NOHEJL  
Is personally known to me or who has produced IN PERSON as identification.



Karen L. Swinson  
My Commission # CC991758  
Expires Jan 3, 2005

[Signature]  
Signature of Notary  
KAREN L. SWINSON  
Type or Print Name of Notary  
Notary Public Title Commission Number



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

CERTIFICATE OF INSURANCE

**COPY**

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

**FILE**

INSURED:

**HARBOR BAY POOLS INC**  
694 SW BAYSHORE BLVD  
PORT ST LUCIE, FL 34983

**RECEIVED**  
JAN - 4 2001  
BY:

**FILE** *print*

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
<input checked="" type="checkbox"/> LIABILITY	<del>77-PR-703391-3001</del>	12-21-00	12-21-01	
<input checked="" type="checkbox"/> Liability and Medical Expense	NATIONWIDE MUTUAL INSURANCE CO.			Any One Occurrence..... \$ 1,000,000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org ..... \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON ..... \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 50,000
				General Aggregate* ..... \$ 2,000,000
				Prod/Comp Ops Aggregate* . \$ 2,000,000
<input type="checkbox"/> Other Liability				
<b>AUTOMOBILE LIABILITY</b>				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) ..... \$
<input type="checkbox"/> Owned				(Each Accident) ..... \$
<input type="checkbox"/> Hired				Property Damage (Each Accident) ..... \$
<input type="checkbox"/> Non-Owned				Combined Single Limit .... \$
<b>EXCESS LIABILITY</b>				
<input type="checkbox"/> Umbrella Form				Each Occurrence ..... \$
				Prod/Comp Ops/Disease Aggregate* ..... \$
<b>STATUTORY LIMITS</b>				
<input type="checkbox"/> Workers' Compensation and				BODILY INJURY/ACCIDENT ... \$
<input type="checkbox"/> Employers' Liability				Bodily Injury by Disease EACH EMPLOYEE ..... \$
				Bodily Injury by Disease 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: O. R. POST AGENCY  
Countersigned at: 146 NW CENTRAL PARK PLZ  
SUITE 102

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.

PRODUCER

MARSH USA, INC.  
600 RENAISSANCE CENTER, SUITE 2100  
DETROIT, MI 48243

FILE  
UC/INS

COMPANIES AFFORDING COVERAGE

- COMPANY A
- COMPANY B
- COMPANY C
- COMPANY D

AMERICAN INTERNATIONAL GROUP

RECEIVED  
JUL 23 2001  
BY: EA

INSURED SUNSHINE COMPANIES, INC.  
5825 US 27 NORTH  
SEBRING, FL 33870  
PH: 800-477-5606

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE(Any one fire) \$ MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b> <input checked="" type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL	RMWGC5276938	06/01/2001	09/01/2001	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE-POLICY LIMIT \$ 1,000,000 EL DISEASE-EA EMPLOYEE \$ 1,000,000
	<b>OTHER LOCATION COVERAGE</b>		06/01/2001	09/01/2001	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ONLY THOSE EMPLOYEES LEASED TO, IN FLORIDA, BUT NOT SUBCONTRACTORS OF:

5155 HARBOR BAY POOLING, INC. 694 S.W. BAYSHORE BLVD., PORT ST. LUCIE, FL 34983

CERTIFICATE HOLDER

TOWN OF SEWALL'S POINT  
1 SOUTH SEWALL'S POINT RD.  
STUART, FL 34996-  
ATTN: ED ARNOLD  
FAX: 561 220-4765

CANCELLATION

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 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.

AUTHORIZED REPRESENTATIVE

Roy D. Cannon





STATE OF FLORIDA  
 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 24 2000  
 BY: \_\_\_\_\_

STATE OF FLORIDA AC# 5774132  
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
 RP - 0067256 - 02/07/2000 99020276  
 REG RESIDENTIAL POOL/SPA CONTR  
 CLARKE, WADE MALCOLM  
 HARBOR BAY POOLS INC  
 (INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)  
 HAS REGISTERED under the provisions of Ch. 489 FS.  
 Expiration Date: AUG 31, 2001

DETACH HERE

AC# 5779132

STATE OF FLORIDA  
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
 CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
02/07/2000	99020276	RP - 0067256

The RESIDENTIAL POOL/SPA CONTRACTOR  
 Named below HAS REGISTERED  
 Under the provisions of Chapter 489 FS.  
 Expiration date: AUG 31, 2001  
 (INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS  
 PRIOR TO CONTRACTING IN ANY AREA)


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

ATTN: ED ARNOLD

 **MARTIN COUNTY, FLORIDA**  
**Construction Industry Lic Bd**  
**Certificate of Competency**  
License: SP02391  
Expires September 30, 2001  
CLARKE, WADE M  
HARBOR BAY POOLS, INC  
694 SW BAYSHORE BLVD  
PSL, FL 34983  
COMMERCIAL POOL/SPA

**FILE**  
UC/MS

RECEIVED  
JUL 16 2001  
BY: 

**5579**

**POOL DECK**

MASTER PERMIT NO. N/A

### TOWN OF SEWALL'S POINT

Date 10/30/01

BUILDING PERMIT NO. 5579

Building to be erected for JULIE NOHEJL

Type of Permit POOL DECK

Applied for by HARBOR BAY POOLS

(Contractor) Building Fee 38<sup>40</sup>~~24~~

Subdivision HOMEWOOD Lot 4 Block B

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

Address ~~18 S WILKINSON~~ 6 N RIDGEVIEW DR

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

Type of structure SFR

A/C Fee \_\_\_\_\_

Parcel Control Number:

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

013841006002004040000

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

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

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

Total Construction Cost \$ 4000<sup>00</sup>

TOTAL Fees 38<sup>40</sup>~~24~~

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Inspector

## 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 _____	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 _____

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 THROUGH SATURDAY**

- New Construction     Remodel     Addition     Demolition

**This permit must be visible from the street, accessible to the inspector.**  
**FURTHER CONDITIONS ARE SET FORTH IN THE APPLICATION FOR PERMIT,**  
**NOTATIONS ON THE APPROVED SUBMITTALS, AND ATTACHMENTS IN THE PERMIT FILE.**  
**DO NOT FASTEN THIS OR ANY OTHER SIGN TO A TREE!**



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

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.

**RECEIVED**  
JAN - 4 2001  
BY: \_\_\_\_\_

CERTIFICATE HOLDER:

TOWN OF SEWELLS POINT  
ATTN ED ARNOLD  
1 SOUTH SEWELLS POINT ROAD  
SEWELLS POINT, FL 34996

**FILE**

INSURED:

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

TYPE OF INSURANCE	POLICY NUMBER & ISSUING CO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS OF LIABILITY (*LIMITS AT INCEPTION)
LIABILITY	77-PR-708391-3001	12-21-00	12-21-01	
<input checked="" type="checkbox"/> Liability and Medical Expense	NATIONWIDE MUTUAL INSURANCE CO.			Any One Occurrence..... \$ 1,000,000
<input checked="" type="checkbox"/> Personal and Advertising Injury				Any One Person/Org ..... \$ 1,000,000
<input checked="" type="checkbox"/> Medical Expenses				ANY ONE PERSON ..... \$ 5,000
<input checked="" type="checkbox"/> Fire Legal Liability				Any One Fire or Explosion \$ 50,000
				General Aggregate* ..... \$ 2,000,000
				Prod/Comp Ops Aggregate* . \$ 2,000,000
<input type="checkbox"/> Other Liability				
<b>AUTOMOBILE LIABILITY</b>				
<input type="checkbox"/> BUSINESS AUTO				Bodily Injury (Each Person) ..... \$
<input type="checkbox"/> Owned				(Each Accident) ..... \$
<input type="checkbox"/> Hired				Property Damage (Each Accident) ..... \$
<input type="checkbox"/> Non-Owned				Combined Single Limit .... \$
<b>EXCESS LIABILITY</b>				
<input type="checkbox"/> Umbrella Form				Each Occurrence ..... \$
				Prod/Comp Ops/Disease Aggregate* ..... \$
<b>STATUTORY LIMITS</b>				
<input type="checkbox"/> Workers' Compensation and Employers' Liability				BODILY INJURY/ACCIDENT ... \$
				Bodily Injury by Disease EACH EMPLOYEE ..... \$
				Bodily Injury by Disease 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: O. R. POST AGENCY  
Countersigned at: 146 NW CENTRAL PARK PLZ  
SUITE 102

# CERTIFICATE OF LIABILITY INSURANCE

08/24/2001

**TRANSFER SOLUTIONS, INC.**  
**LANDMARK CENTER ONE**  
**315 EAST ROBINSON STREET, STE 580**  
**ORLANDO, FL 32801**

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

COMPANY A	FIRST COMMERCIAL MUTUAL
COMPANY B	<b>RECEIVED</b>
COMPANY C	AUG 30 2001
COMPANY D	BY: <i>mlc</i>

**INSURED SUNSHINE COMPANIES, INC.**  
 5825 US 27 NORTH  
 SEBRING, FL 33870  
 PH: 800-477-5606

FILE

*listings*

### COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
<b>A</b>	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	15227-00	08/06/2001	08/06/2002	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE-POLICY LIMIT \$ 1,000,000 EL DISEASE-EA EMPLOYEE \$ 1,000,000
	<b>OTHER LOCATION COVERAGE</b>		08/06/2001	08/06/2002	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 ONLY THOSE EMPLOYEES LEASED TO, IN FLORIDA, BUT NOT SUBCONTRACTORS OF:  
**5155 HARBOR BAY POOL, INC. 694 S.W. BAYSHORE BLVD., PORT ST. LUCIE, FL 34983**

### CERTIFICATE HOLDER

**FAX: 561 220-4765**

**TOWN OF SEWALL'S POINT**

**1 SOUTH SEWALL'S POINT RD.**  
**STUART, FL 34996-**  
**ATTN: ED ARNOLD**

### CANCELLATION

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 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.

**AUTHORIZED REPRESENTATIVE**  
 Paul R. Hughes



STATE OF FLORIDA

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 24 2001  
BY: \_\_\_\_\_

STATE OF FLORIDA AC# 5779132  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
RP -0067256-02/07/2000 99020276  
REG RESIDENTIAL POOL/SPA CONTR  
CLARKE, WADE MALCOLM  
HARBOR BAY POOLS INC  
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)  
HAS REGISTERED under the provisions of Ch. 489 FS.  
Expiration Date: AUG 31, 2001

878 8806

DETACH HERE

AC# 5779132

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
02/07/2000	99020276	RP -0067256

The RESIDENTIAL POOL/SPA CONTRACTOR  
Named below HAS REGISTERED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2001  
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS  
PRIOR TO CONTRACTING IN ANY AREA)

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



**MARTIN COUNTY, FLORIDA**  
**Construction Industry Lic Bd**  
**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**



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri July 3, 2007; Page      of     .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5731	Fenaro 3601 SE. Ocean Blvd McCawley + Gulick	Alata Fence	Passed	Call 486-6171 - Pks call BY going INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	Nancy (see note) 5 Mandalay	T/R	Passed	New Roots! - INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5498	NOHE JL, Julie 6 N Ridge View Harbor Bay Pools	Final - Pool	Passed	Pks call 84-220-1821 INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>5579</del>	<del>NOHE JL, Julie</del> 6 N Ridge View Harbor Bay Pools	<del>Final - Deck</del> fence	<del>    </del> Passed	<del>    </del> INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5872	Davis 5 Palm Rd Aluma Tile	Final - ROOF	Passed	INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5631	HART 61 S. RIVER ROAD WINCHIP.	ROOF TINING	Partial	(soft valley!) INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5689	Henderson 24 Island Rd. Biford	Roof sheathing	Passed	Partial porch only rater to rescrew INSPECTOR: <i>[Signature]</i>

OTHER: 15 w High Pavers + Breezeway (Pool = O.K.)      ① ✓  
 2x6 T+G 4" oc rafters 14" screw ??      ② ?  
 De Garna = clean up + barrier 220 2505      ③  
 JMC el pole + Sewalls way      ④ ✓

**5747**  
**FENCE**

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Building Permit Number: \_\_\_\_\_

Owner or Titleholder Name: MIKE & JULIE NOWETL City: SEWALLS POINT State: FL Zip: 34996

Legal Description of Property: LOT 4, BLK B AMENDED HOMELAND Parcel Number: 01-38-41-006-002-0000-40000

Location of Job Site: 6 N. RIDGEVIEW RD Type of Work To Be Done: FENCE

CONTRACTOR/Company Name: OWNER Phone Number: 220-1821

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: \_\_\_\_\_

ARCHITECT: N/A Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER: N/A Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ ScreenedPorch: \_\_\_\_\_

Carpport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

Type Sewage: \_\_\_\_\_ Septic Tank Permit Number From Health Depart. \_\_\_\_\_ Well Permit Number: \_\_\_\_\_

FLOOD HAZARD INFORMATION Flood Zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD

Proposed First Floor Habitable Floor Finished Elevation: \_\_\_\_\_ NGVD (Minimum 1 Foot Above BFE)

COST AND VALUES Estimated Cost of Construction or Improvements: 1500 Estimated Fair Market Value (FMV) Prior

To Improvements: 625,000 If Improvement, Is Cost Greater Than 50% Of Fair Market Value YES \_\_\_\_\_ NO

SUBCONTRACTOR INFORMATION

Electrical: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION

Florida Building Code (Structural, Mechanical, Plumbing, Gas) \_\_\_\_\_ South Florida Building Code (Structural, Mechanical, Plumbing, Gas) \_\_\_\_\_

National 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) Mike Nowetl

State of Florida, County of: St. Lucie

This the 25th day of March, 2002

by Mike Nowetl who is personally

known to me or produced \_\_\_\_\_ as identification.

CONTRACTOR SIGNATURE (Required) Mike Nowetl

On State of Florida, County of: St. Lucie

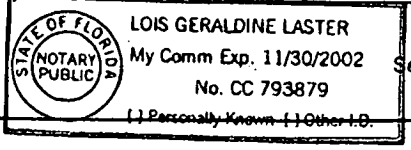
This the 25 day of March, 2002

by Mike Nowetl who is personally

known to me or produced \_\_\_\_\_ as identification.

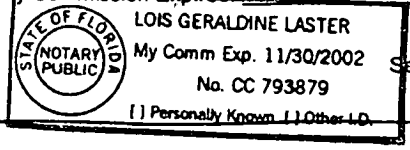
Notary Public Lois G. Laster

My Commission Expires: \_\_\_\_\_



Notary Public Lois G. Laster

My Commission Expires: \_\_\_\_\_



# PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR A FENCE

**IMPORTANT NOTICE:** All items listed below must accompany your permit application.  
No 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. ~~N/A~~ Name all sub-contractors (properly licensed)
5. ~~N/A~~ Architects or Engineers name, address, & phone number.
6. ✓ Estimated cost of construction.
7. Original signature of owner and notarized
8. ~~N/A~~ 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 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. ~~N/A~~ 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. ~~N/A~~ A certified copy of the Notice of Commencement for any work over \$2500.00
7. ~~N/A~~ Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
8. ~~N/A~~ Copy of Workmen's Compensation
9. ~~N/A~~ Copy of Liability Insurance

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

  
  
\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

DATE SUBMITTED: March 25 2002

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

N/A

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 NOTICE OF COMMENCEMENT.

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

\_\_\_\_\_

**GENERAL DESCRIPTION OF IMPROVEMENT:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_

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

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

**FAX #:** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_

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

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

**FAX #:** \_\_\_\_\_

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

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

**PHONE #** \_\_\_\_\_

**FAX #:** \_\_\_\_\_

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

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

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

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

**FAX #:** \_\_\_\_\_

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

**NAME:** \_\_\_\_\_

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

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

**FAX #:** \_\_\_\_\_

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

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

**FAX #:** \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
19\_\_\_\_ BY \_\_\_\_\_

OR PERSONALLY KNOWN \_\_\_\_\_  
PRODUCED ID \_\_\_\_\_  
TYPE OF ID \_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE

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

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

**DISCLOSURE STATEMENT**

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

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

Name: Mike Nohel Julie Nohel Date: March 25 2002

Signature: Mike Nohel

Address: 6 N Ridgeway Dr

City & State: SEWALLS POINT, FL

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

This form is for all permits except electrical.

N/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 \_\_\_\_\_

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

Number of trees to be removed (list kinds of trees) \_\_\_\_\_

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

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

Permit Fee \$ \_\_\_\_\_

\$15.00

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

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

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

Signature of applicant \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

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

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

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGER 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

N/A

## PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR TREE REMOVAL AND RELOCATION

**IMPORTANT NOTICE:** All items listed below must accompany your permit application.  
**No** 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  
\_\_\_\_\_



**TOWN OF SEWALL'S POINT**

Date 3/28/02

BUILDING PERMIT NO. 5747

Building to be erected for MIKE + JULIE NOHEJL Type of Permit FENCE

Applied for by O/B (Contractor) Building Fee 30.00

Subdivision HOMEWOOD Lot 4 Block B Radon Fee /

Address 6 N. RIDGEVIEW RD. Impact Fee \_\_\_\_\_

Type of structure SFR A/C Fee \_\_\_\_\_

Parcel Control Number:  
0138410060020004040000 Electrical Fee \_\_\_\_\_  
Plumbing Fee \_\_\_\_\_  
Roofing Fee \_\_\_\_\_

Amount Paid 30.00 Check # 3158 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 1,500.00 TOTAL Fees 30.00

Signed Julie Nohejl Applicant Signed Mene Simmons Inc Town Building Official

**PERMIT**

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

**INSPECTIONS**

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

MARSHA STILLER  
CLERK OF CIRCUIT COURT  
MARTIN CO. FL.

RECORDED & VERIFIED  
BY

00 JAN 19 PM 4:31

01412384

DOC-DEED # 6081.00 MARSHA STILLER  
DOC-MTG # \_\_\_\_\_ MARTIN COUNTY  
DOC-ASM # \_\_\_\_\_ CLERK OF CIRCUIT COURT  
INT. TAX # \_\_\_\_\_ BY [Signature] D.C.

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

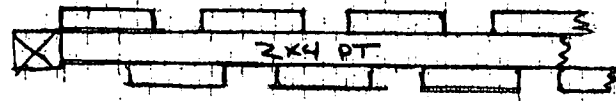
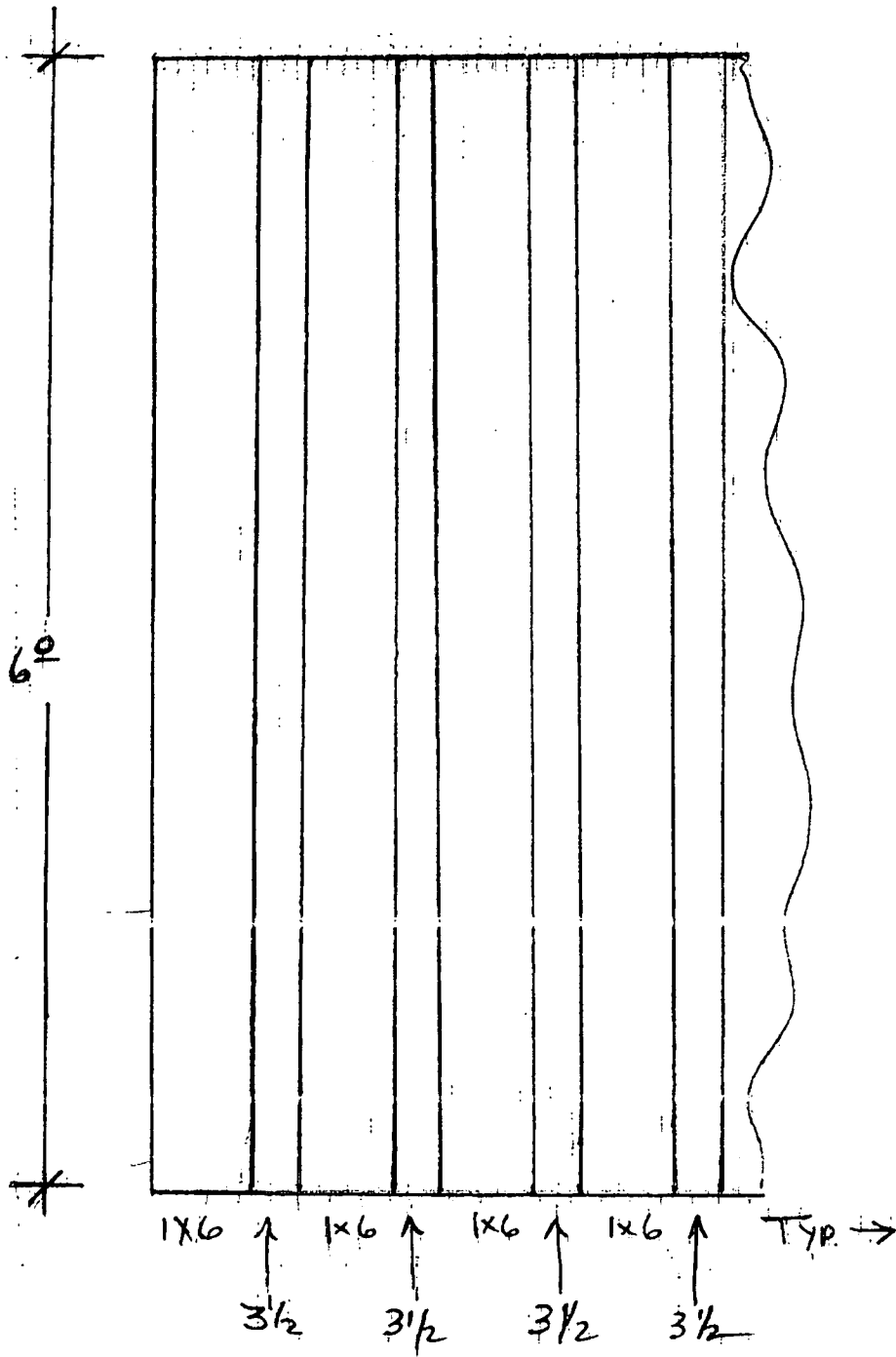
TRUSTEE'S DEED

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) and 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.~~



HORIZ. CROSS SECTION

1x6 PRESS. TREATED 6 FT HIGH SHADOW BOX FENCE 4x4 PT. POST 8' CTR. w/2'-0" EMBED. IN CONE.

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri July 3, 2009; Page      of     .

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5731	Fenaro 3601 SE Ocean Blvd M <sup>c</sup> Conley + Gulick	Final Final	Passed	Call 486-6171 - PLS call by going INSPECTOR: <i>[Signature]</i>
TREE	Nancy (see note) 5 Mandalay	T/R	Passed	Near Roots! - INSPECTOR: <i>[Signature]</i>
5498	NOHE JL, Julie 6 N Ridge View Harbor Bay Pools	Final - Pool	Passed	PLS call BY-220-1821 INSPECTOR: <i>[Signature]</i>
5579	NOHE JL, Julie 6 N Ridge View Harbor Bay Pools	Final - Deck 5579 Fence	Passed	↓ INSPECTOR: <i>[Signature]</i>
5822	Davis 5 Palm Rd Aluma Tile	Final - ROOF	Passed	INSPECTOR: <i>[Signature]</i>
5631	HART 61 S. RIVER ROAD WINCHIP	ROOF TINING	Partial	(soft valley!) INSPECTOR: <i>[Signature]</i>
5689	Henderson 24 Island Rd. Belford	Roof sheathing	Passed	Partial porch only to rescrew INSPECTOR: <i>[Signature]</i>

OTHER: 10 w High Pavers + Breezeway (Pool = O.K.) (1) ✓  
 2x6 T+G 4" oc rafters 14" screw ?? (2) ?  
 De Garms = clean up + barrier 220 8505 (3)  
 JMC el pole + Sewalls way (4) ✓

TOWN OF SEWALL'S POINT

Date 3/28/02

BUILDING PERMIT NO. 5747

Building to be erected for MIKE & JULIE NOHEJL Type of Permit FENCE

Applied for by O/B (Contractor) Building Fee 30.00

Subdivision HOMEWOOD Lot 4 Block B Radon Fee /

Address 6 N. RIDGEVIEW RD. Impact Fee /

Type of structure SFR A/C Fee /

Parcel Control Number: Electrical Fee /

0138410060020004040000 Plumbing Fee /

Amount Paid 30.00 Check # 3158 Cash Other Fees ( ) /

Total Construction Cost \$ 1,500.00 Roofing Fee /

TOTAL Fees 30.00

Signed Julie Nohejl  
Applicant

Signed Mene Simmons Inc  
Town Building Official

Closeout date  
7/3/02

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

### TOWN OF SEWALL'S POINT

Date 9/12/03

BUILDING PERMIT NO. 6412

Building to be erected for NOHOTEL

Type of Permit TIKI HUT

Applied for by O/B

(Contractor) Building Fee 35.00

Subdivision HOMWOOD Lot 4 Block B

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

Address 6 N. RIDGEVIEW ROAD

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

Type of structure TIKI HUT

A/C Fee \_\_\_\_\_

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

Parcel Control Number:

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

138410060020004040000

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

Amount Paid 35.00 Check # 3611 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )

Total Construction Cost \$ 1200.00

TOTAL Fees 35.00

Signed Julie Noyl  
Applicant

Signed Gene Summers  
Town Building Official

## PERMIT

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

## INSPECTIONS

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

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

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

**DISCLOSURE STATEMENT**

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

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

Name: Julie Nohejl Date: 9/12/03

Signature: Julie Nohejl

Address: 6 N Ridgeway Rd

City & State: Stuart FL

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

**This form is for all permits except electrical.**

Date: 9-03-03

Permit Number: \_\_\_\_\_

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

OWNER/TITLEHOLDER NAME: MIKE & JULIE NOHEIL Phone (Day) 220-1821 (Fax) \_\_\_\_\_

Job Site Address: 6 N. RIDGEVIEW RD. City: SEWALLS POINT State: FL Zip: 34996

Legal Description of Property: LOT 4 BLKB HOMEWOOD Parcel Number: 1-38-41-006-002-0040-4000

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

Description of Work To Be Done: TICKET HUT

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

CONTRACTOR/Company: ARC Tick Nuts 215-5890 cell  
TOM CRANE Phone: 373-2336 Fax: \_\_\_\_\_

Street: 1-800-229-9802 City: STUART State: FL Zip: 34996

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: \_\_\_\_\_

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 12,000 (Notice of Commencement needed over \$2500)

#### SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER BARBER ENGINEERING Phone Number: ~~788~~ 692-4910

Street: 304 N. FLAHER AVE City: STUART State: FL Zip: 34994

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

Carpport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: 80

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

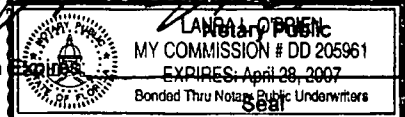
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001  
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required)

Julie Noheil  
State of Florida, County of: MARTIN  
This the 17th day of SEPTEMBER 2003  
by JULIE NOHEIL who is personally  
known to me or produced FLDL No 9421-619500  
as identification. Dennis J. Brown

My Commission Expires: \_\_\_\_\_



CONTRACTOR SIGNATURE (required)

On State of Florida, County of: \_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_  
by \_\_\_\_\_ who is personally  
known to me or produced \_\_\_\_\_  
as identification. \_\_\_\_\_

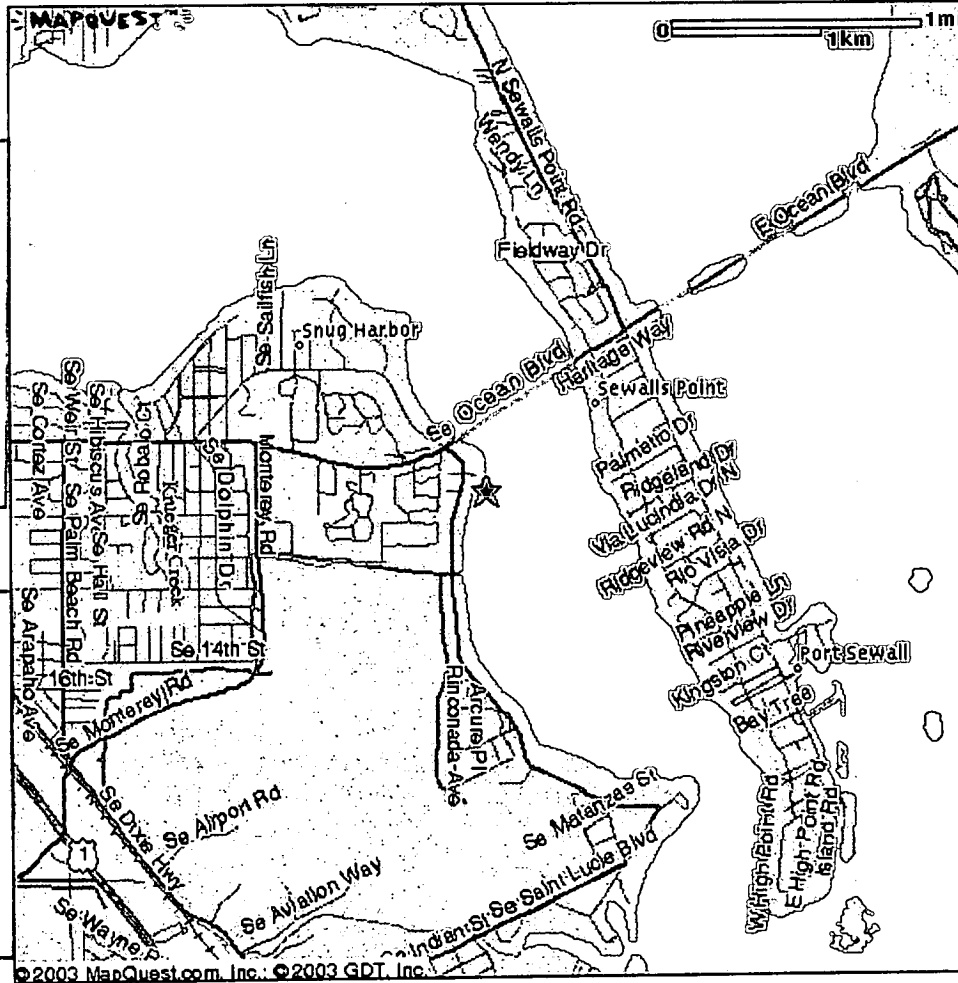
My Commission Expires: \_\_\_\_\_

Notary Public

Seal



**LOCATION MAP (NTS)**



FILE COPY  
**TOWN OF SEWALL'S POINT**  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE

DATE: 9/10/03

*Gene Simmons*  
**BUILDING OFFICIAL**  
 Gene Simmons

FILE COPY  
**TOWN OF SEWALL'S POINT**  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE

DATE: \_\_\_\_\_

*Gene Simmons*  
**BUILDING OFFICIAL**  
 Gene Simmons

©2003 MapQuest.com, Inc. ©2003 GDT, Inc.

**BABER ENGINEERING**

AND TECHNICAL SERVICES INC.  
 304 N FLAGLER AVENUE  
 STUART, FLORIDA 34994  
 OF (772) 692-4910 FX (772) 283-3844

*Mike Baber*

MIKE BABER FL 52575

**8 X 10' TIKI HUT**

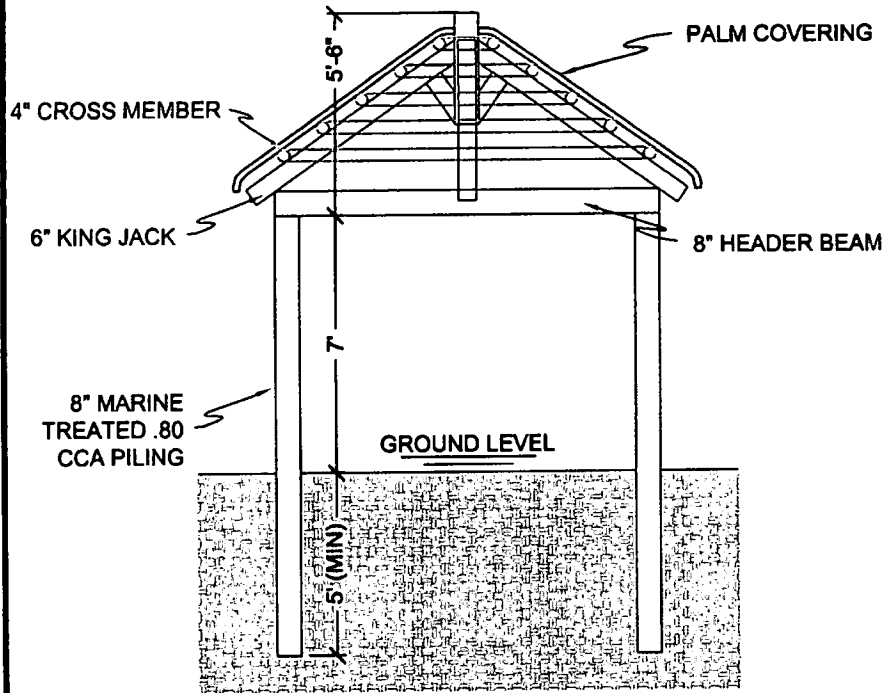
JULIE NOHEJL  
 6 N RIDGE VIEW ROAD  
 SEWALLS POINT, FLORIDA 34996

ARC TIKI HUTS  
 2336 SE OCEAN BLVD.  
 STUART, FLORIDA 34996

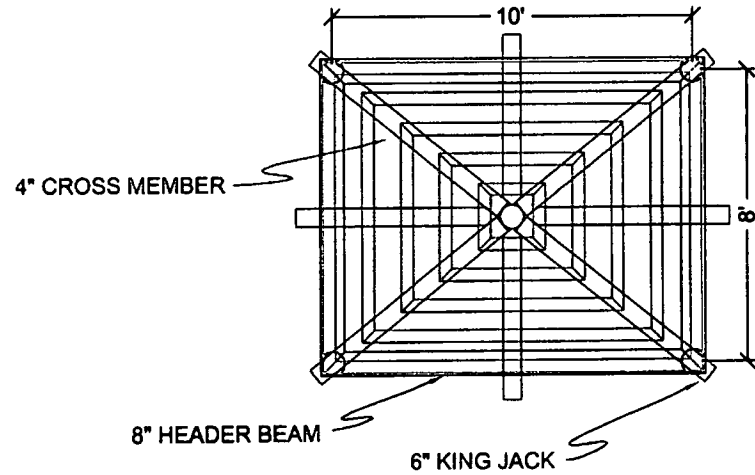
DRAWN BY: DOUG DAVIS VERIFIED BY: ROGER BABER SHEET # (1 OF 2)  
 S:\PROJECTS\ARC\NOHEJL\8' X 10' TIKI HUT.DWG JOB # (03 - 68)

DATE	EMP.	REVISIONS
09/02/03	DRD	INITIAL DRAWINGS COMPLETED
09/09/03	DRD	CHANGES PER GENE SIMMONS AT TOWN OF SEWALLS POINT

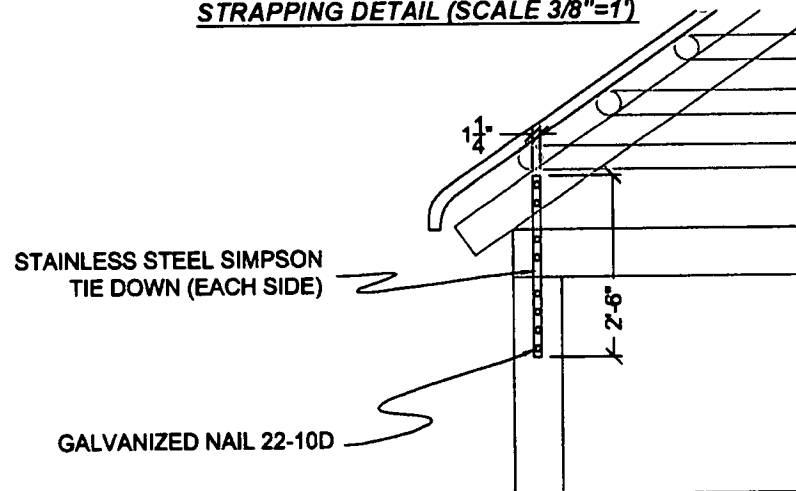
**CROSS-SECTION (SCALE 3/16"=1')**



**PLAN VIEW (SCALE 3/16"=1')**



**STRAPPING DETAIL (SCALE 3/8"=1')**



**GENERAL NOTES:**

- 1) HEADER TO PILING CONNECTION TO BE MADE WITH 3/8" X 12" GALVANIZED NAILS
- 2) ALL OTHER CONNECTIONS TO BE MADE WITH 3/8" X 10" GALVANIZED NAILS UNLESS NOTED OTHERWISE.
- 3) FRAME STRUCTURE DESIGN WIND LOAD IS 140 MPH

**BABER ENGINEERING**

AND TECHNICAL SERVICES INC.  
304 N FLAGLER AVENUE  
STUART, FLORIDA 34994  
OF (772) 692-4910 FX (772) 283-3844

*Mike Baber*

MIKE BABER FL 52575

**8 X 10' TIKI HUT**

JULIE NOHEJL  
6 N RIDGE VIEW ROAD  
SEWALLS POINT, FLORIDA 34996

ARC TIKI HUTS  
2336 SE OCEAN BLVD.  
STUART, FLORIDA 34996




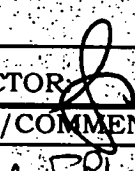

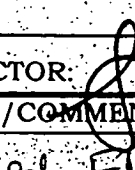
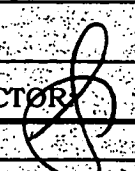
DRAWN BY: DOUG DAVIS      VERIFIED BY: ROGER BABER      SHEET # (2 OF 2)  
S:\PROJECTS\ARC\NOHEJL\8' X 10' TIKI HUT.DWG      JOB # (03 - 68)

DATE	EMP.	REVISIONS
09/02/03	DRD	INITIAL DRAWINGS COMPLETED
09/09/03	DRD	CHANGES PER GENE SIMMONS AT TOWN OF SEWALLS POINT

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 10/8, 2003 Page 1 of   

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6426	JONES	FRAMING	Passed	
(8)	18 EMARITA WAY AVIAN CONSTR.	Prewindo.		INSPECTOR: 
6441	BARON	Rough PLUMB	Passed	
(3)	25 FIELDWAY O/B			INSPECTOR: 
6442	NOJEHL	FINAL TIKI HUT	Passed	9:00
(1)	6 N. RIDGE VIEW ARC			INSPECTOR: 
6445	HB ASSOC <sup>HAROLD BAY FURN</sup>	FINAL BLDG	Passed	→ close
(2)	3774 SE OCEAN KF BUILDERS			INSPECTOR: 
5937	FOSTER	TEMP POWER	Passed	Called FPL
(11)	128 S. Sewall's Pt PARKS	early release		INSPECTOR: 
6396	MUFSON	TEMP POWER	Passed	
(9)	17 S. RIVER RD BUFORD			INSPECTOR: 
6226	SMITH	PLYWOOD, ROOF	Passed	Called FPL
(6)	7 SIMARA SUNRISE	NAILING (SHEATHING)		INSPECTOR: 
OTHER: _____				

Date: ~~2/10/2004~~  
**FEB 10 2004**

Permit Number: \_\_\_\_\_

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

OWNER/TITLEHOLDER NAME: NOHEJL Phone (Day) 220-7821 (Fax) \_\_\_\_\_

Job Site Address: 6 N Ridgeview Rd City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Homewood Lot 4 B<sup>Block</sup> Parcel Number: 138410060020004040000

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

Description of Work To Be Done: Tiki Hut

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

CONTRACTOR/Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: \_\_\_\_\_

COST AND VALUES: Estimated Cost of Construction or Improvements: \$1200. (Notice of Commencement needed over \$2500)

#### SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

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

OWNER OR AGENT SIGNATURE (required)  
Julie Nohel  
State of Florida, County of: MARTIN  
This the 13TH day of FEBRUARY, 2004  
by \_\_\_\_\_ who is personally

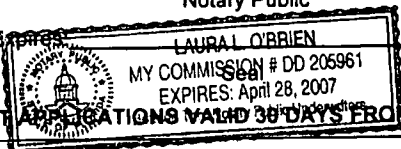
known to me or produced as identification. [Signature]  
Notary Public

My Commission Expires: \_\_\_\_\_

CONTRACTOR SIGNATURE (required)  
\_\_\_\_\_  
On State of Florida, County of: \_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_, 2004  
by \_\_\_\_\_ who is personally

known to me or produced as identification. \_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



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

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

### TOWN OF SEWALL'S POINT

Date 2/13/04

BUILDING PERMIT NO. 6604

Building to be erected for NOHEJL Type of Permit TIKI HUT

Applied for by O/B (Contractor) Building Fee 35.00

Subdivision HOMENWOOD Lot 4 Block B Radon Fee \_\_\_\_\_

Address 6 N. RIDGEVIEW ROAD Impact Fee \_\_\_\_\_

Type of structure SFR- A/C Fee \_\_\_\_\_

Parcel Control Number: 138410060020004040000 Electrical Fee \_\_\_\_\_  
Plumbing Fee \_\_\_\_\_  
Roofing Fee \_\_\_\_\_

Amount Paid 35.00 Check # \_\_\_\_\_ Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 1200.00 TOTAL Fees 35.00

Signed Julie Noyl  
Applicant

Signed Gene Simmons  
Town Building Official

## PERMIT

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

## INSPECTIONS

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

**TOWN OF SEWALL'S POINT**  
**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**

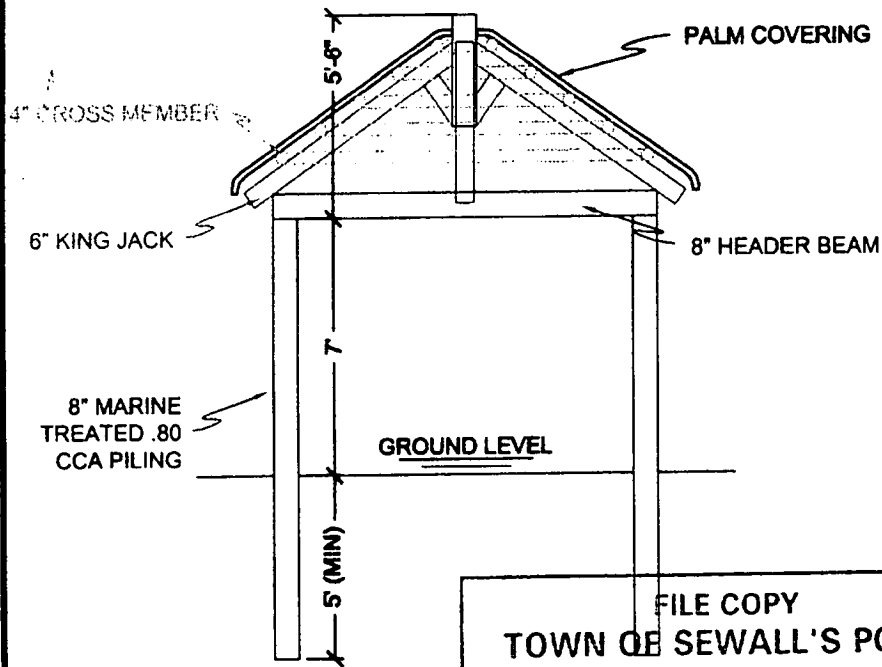
State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even through you do not have a license. You must supervise the construction yourself.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

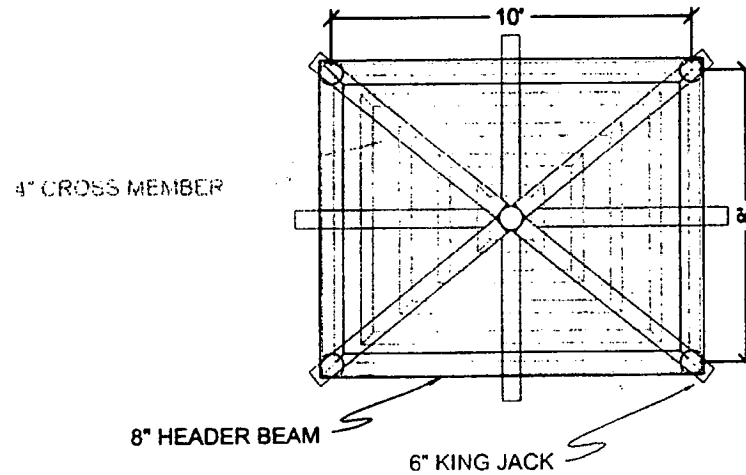
Name: Julie Donejl Date: 1-13-04  
Signature: Julie Donejl  
Address: 6th Ridgeview Rd  
City & State: Stuart FL 34996  
Permit No. \_\_\_\_\_

**This form is for all permits except electrical.**

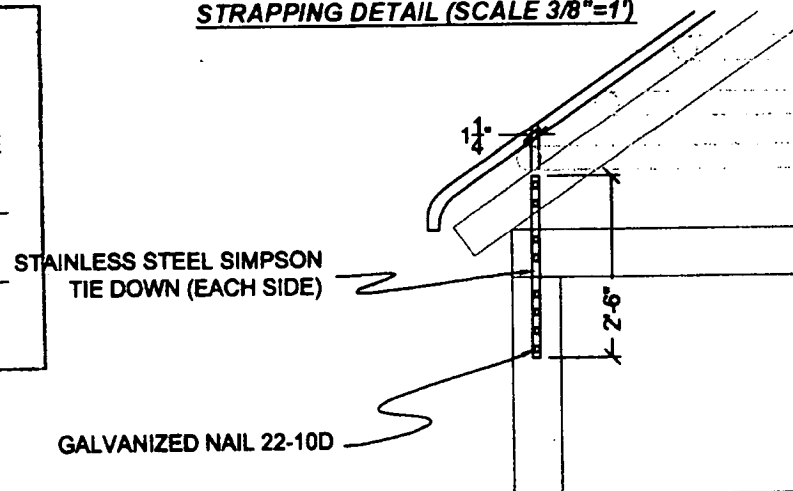
**CROSS-SECTION (SCALE 3/16"=1')**

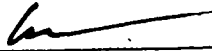


**PLAN VIEW (SCALE 3/16"=1')**



**STRAPPING DETAIL (SCALE 3/8"=1')**



FILE COPY  
**TOWN OF SEWALL'S POINT**  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE: 2/13/04  
  
**BUILDING OFFICIAL**  
 Gene Simmons

**GENERAL NOTES:**

- 1) HEADER TO PILING CONNECTION TO BE MADE WITH 3/8" X 12" GALVANIZED NAILS
- 2) ALL OTHER CONNECTIONS TO BE MADE WITH 3/8" X 10" GALVANIZED NAILS UNLESS NOTED OTHERWISE.
- 3) FRAME STRUCTURE DESIGN WIND LOAD IS 140 MPH

**BABER ENGINEERING**

AND TECHNICAL SERVICES INC.  
 304 N FLAGLER AVENUE  
 STUART, FLORIDA 34994  
 OF(772) 692-4910 FX(772) 283-3844

  
 MIKE BABER FL 52575

**8 X 10' TIKI HUT**

JULIE NOHEJL  
 6 N RIDGE VIEW ROAD  
 SEWALLS POINT, FLORIDA 34996

ARC TIKI HUTS  
 2336 SE OCEAN BLVD.  
 STUART, FLORIDA 34996

DRAWN BY: DOUG DAVIS		VERIFIED BY: ROGER BABER	SHEET # (2 OF 2)
S:\PROJECTS\ARC\NOHEJL\8' X 10' TIKI HUT.DWG		JOB # (03 - 68)	
DATE	EMP.	REVISIONS	
09/02/03	DRD	INITIAL DRAWINGS COMPLETED	
09/09/03	DRD	CHANGES PER GENE SIMMONS AT TOWN OF SEWALLS POINT	





# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 2/27, 2004 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6604	Moyle	Final	PASS	CLOSE
6	6 N. RIDGENTEN RD			INSPECTOR: <i>[Signature]</i>
	O/B			
6288	FRANCIS	Final Pool +	FAIL	
1	5 S. RIVER RD	SITE		<del>#40 FEE</del>
	OLYMPIC POOLS			INSPECTOR:
6321	FRANCIS	Ret. Wall Pooled	FAIL	
1	5 S. RIVER RD	Steps, Fencing		#40 FEE
	F.D. WILBERDING	Ret. Wall Final		INSPECTOR:
6429	ROBERTS	Final Addition		<del>CANCELLED</del>
	12 N. RIDGENTEN			
	GLENMARK HOMES			INSPECTOR:
TRIEE	SCHULTZ	TREE	PASS	PER REVISIONS ON
3	64 S. SEWALLS PT RD			PERMIT REQUEST SHEET
				INSPECTOR: <i>[Signature]</i>
5906	SMITH	POOL FINAL	PASS	CLOSE
2	133 S. RIVER RD			
	JANERO CONST.			INSPECTOR: <i>[Signature]</i>
6456	SHARFI	ROOF SHEATHING	PASS	
5	73 N. SEWALLS PT	COMPLEX TIE DOWNS		
	WINCHIP			INSPECTOR: <i>[Signature]</i>
OTHER:				
38 S. SEWALLS STOP WORK ORDER - PERMIT				

**6713**

**DRIVE EXTENSION**

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

### TOWN OF SEWALL'S POINT

Date 4/22/04

BUILDING PERMIT NO. 6713

Building to be erected for NOHEJL

Type of Permit DRIVE EXTENSION

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision HOMWOOD Lot 4 Block B

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

Address 6 N. RIDGEVIEW ROAD

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

Type of structure DRIVE EXTENSION

A/C Fee \_\_\_\_\_

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

Parcel Control Number:

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

1384100600 20004040000

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

Amount Paid 35.00 Check # 3543 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )

Total Construction Cost \$ 1400.00

TOTAL Fees 35.00

Signed Julie Nohejl  
Applicant

Signed Jane Simmons (P.O.S)  
Town Building Official

## PERMIT

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

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

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

## INSPECTIONS

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

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

RECEIVED

APR 22 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION Cell 530-7325

Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: MIKE & JULIE NOHEJL Phone (Day) 220-1821 (Fax) \_\_\_\_\_

Job Site Address: 6 N. RIDGEVIEW RD City: SP State: FL Zip: 34996

Legal Description of Property: HOMETOWN LOT 4 BLK B Parcel Number: 01384100 600 2000 4040000

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

Description of Work To Be Done: ADDITIONAL PARKING SPACE - CONCRETE DRIVEWAY

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

CONTRACTOR/Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: \_\_\_\_\_

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 1400- (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: N/A State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT: N/A Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER: N/A Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ ScreenedPorch: \_\_\_\_\_

Carport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required) Julie Nohejl

State of Florida, County of: MARTIN

This the 22ND day of APRIL, 2004

by JULIE NOHEJL who is personally

known to me or produced as identification.

My Commission Expires: [Notary Seal]

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_

by \_\_\_\_\_ who is personally

known to me or produced

As identification. \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public

Seal

**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 Statutes 489.103(7).

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

Name: Julie Nohajl Date: 4-22-04

Signature: Julie Nohajl

Address: 641 Ridgview Rd

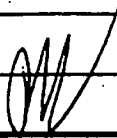
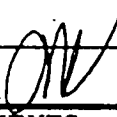
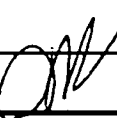


City & State: Stuart FL 34996

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri JULY 7, 2004 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6882	MERKATZ/KAPLAN	JG PLUMBING	PASS	
1	10 E HIGH POINT EMMICK			INSPECTOR: 
TREE	SLATER	TREE	PASS	
7	31 NE LOFTING			INSPECTOR: 
TREE	HECKENBERG	TREE	PASS	
8	5 NE LOFTING			INSPECTOR: 
6713	<del>NOHEJL</del>	DRIVEWAY FINAL	PASS	CLOSE
5	6 N. RIDGEVIEW O/B			INSPECTOR: 
6731	HECKENBERG	RELIEF CULVERTS	PASS	CLOSE
	5 LAGOON ISLAND O/B	FINAL		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri JULY 2, 2004 Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6817	MISER	FENCE FINAL	PASS	CLOSE
3	21 ISLAND			INSPECTOR:
	ALL INDIAN RIVER FACE			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6677	GOVEL	INSULATION	PASS	
10	5 RIVERVIEW			INSPECTOR:
	O/B	After 11 or ckl please		
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>6713</del>	<del>NOHEJL</del>	<del>FORMBOARD</del>	<del>PASS</del>	
5	6 N. RIDGEVIEW	DRIVE EXT		INSPECTOR:
	O/B			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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



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

## BUILDING PERMIT CARD

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

PERMIT NUMBER:	8727	DATE ISSUED:	OCTOBER 5, 2007
SCOPE OF WORK:	ALARM (NEW KEY PAD, NEW PANEL, NEW OUTDOOR SIREN)		
CONDITIONS:			
CONTRACTOR:	BRINKS		
PARCEL CONTROL NUMBER:	13841006002000404	SUBDIVISION	HOMEWOOD, LOT4-BLB
CONSTRUCTION ADDRESS:	6 N RIDGEVIEW		
OWNER NAME:	PEREZ		
QUALIFIER:	DOUG BASSETT	CONTACT PHONE NUMBER:	561-625-3229

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

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

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

### REQUIRED INSPECTIONS

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

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



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

Date: 10/3/07

OWNER/TITLEHOLDER NAME: Edna Price

Job Site Address: 6 N Ridgeview

Legal Desc. Property (Subd./Easement): Howwood, 6th, 13th B

Owner Address (if different): \_\_\_\_\_

Scope of work: Install above

WILL OWNER BE THE CONTRACTOR?  YES  NO

Has a zoning violation?  YES  NO

Cost and Value: 209.00

Permit Number: \_\_\_\_\_

Phone (Day): 772-463-4172 (Fax)

City: Stuart State: FL Zip: 34990

Parcel Number: 01-38-41-000-002-0000-4

Owner Address (if different): \_\_\_\_\_

Contractor Name: BRINKS HOME SECURITY

Contractor License No.: 5616250177

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Permit Fee: 209.00

Notes to Owners and Contractors:  
 1. OWNER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM ALL AGENCIES.  
 2. THE PERMITTEE SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM ALL AGENCIES.  
 3. BUILDING PERMITS ARE VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE.  
 4. THE PERMITTEE SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM ALL AGENCIES.

NOTES TO OWNERS AND CONTRACTORS:  
 1. OWNER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM ALL AGENCIES.  
 2. THE PERMITTEE SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM ALL AGENCIES.  
 3. BUILDING PERMITS ARE VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE.  
 4. THE PERMITTEE SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM ALL AGENCIES.

THIS PERMIT IS VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE. ANY WORK DONE UNDER THIS PERMIT MUST BE COMPLETED WITHIN THE PERMITTED TIME FRAME. ANY WORK DONE AFTER THE PERMITTED TIME FRAME WILL BE SUBJECT TO A RENEWAL FEE AND A FURTHER PERMIT APPLICATION.

KNOWN TO ME AND I AGREE TO THE INFORMATION, PLANS AND ORDINANCES OF THE BUILDING DEPARTMENT AND I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS PERMIT.

State of Florida, County of St. Johns, City of St. Johns  
 This is the 3 day of October, 2007.  
 who is personally Edna Price  
 known to me and produces owner's license  
 as identification.

My Commission Expires: 11/01/2008

JEANFER WEISS  
 MY COMMISSION # DD 505594

JEANFER WEISS  
 MY COMMISSION # DD 505594

30 DAYS OF APPROVAL NOTIFICATION. YOUR PERMIT WILL BE REVOKED IF YOU DO NOT PICK UP YOUR PERMIT WITHIN 30 DAYS OF APPROVAL NOTIFICATION. (FBC 108.27) - PLEASE PICK UP YOUR PERMIT WITHIN 30 DAYS OF APPROVAL NOTIFICATION.

*new  
 keep up  
 new  
 town  
 new  
 gutter  
 down*

*Steve*

*\$80-*



Image

print | | | | | Address 1 of 1

Parcel ID  
01-38-41-006-002-00040-4

Unit Address  
6 N RIDGEVIEW

Serial ID  
17651

Index Order  
Address

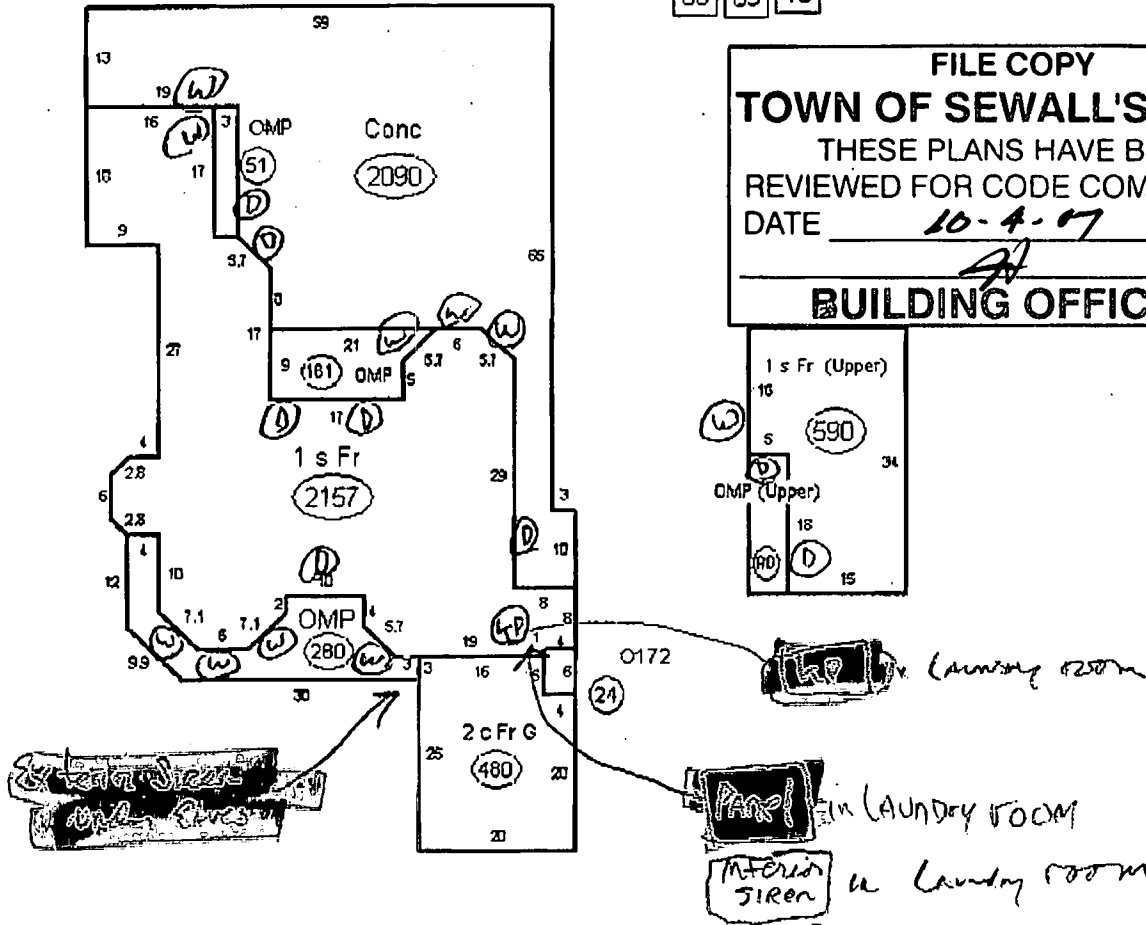
Card  
1 of 1

Left Image Sketch

Rotate To 0°

Right Image None

08 09 10



FILE COPY  
**TOWN OF SEWALL'S POINT**  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE 10-4-07  
**BUILDING OFFICIAL**

How is it going to be powered? Plug in existing  
 House is prewired!

## 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.

IC Certification Number is 1140 10954A

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

## 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 (UL Listed)	Canada (UL/CSA Listed)
Basler		
16.5V 25VA	<i>BE116225CAA0002</i>	BE116225AAA0024
16.5V 25VA	BE116225CAA0001	
16.5V 40VA	BE156240CAA0007	
UltraTech		
16.5V 40VA	<i>IM-16V 40VA</i>	<i>IM-16V 40VA</i>
16.5V 40VA	<i>E-HWA T16V40</i>	<i>E-HWA T16V40</i>
ELK		
16.5V 40VA	<i>TRG1640</i>	
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:

Premier 12VDC 4Ah	PT1245
Power Sonic 12VDC 5Ah	PS1250
Power Sonic 12VDC 7Ah	PS1270
Universal Battery 12VDC 7Ah	UB1270
Universal Battery 12VDC 4.5Ah	UB1245
Yuasa 12VDC 4Ah	NP4-12
Yuasa 12VDC 7Ah	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/Edt Comm | AC and Battery Menu | Vw/Edt Comm | Low Battery; program both as "yes" for Communicator 1.)
- Pager reporting can only be used as supplementary method, primary reporting must be to a central station.



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. Mitchell



Protective Insurance Company  
1099 North Meridian Street  
Indianapolis, Indiana 46204  
(317) 636-9800 Ext. 254

Date issued: 12/06/06  
SEQ# 00007876  
00010992-003

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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. Mitchell

**Certificate of Insurance**

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

This is to Certify that

BRINK'S HOME SECURITY, INC.

8880 ESTERS BOULEVARD  
IRVING

TX 75063

NAME AND  
ADDRESS  
OF INSURED



**Liberty  
Mutual**

is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and Conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP DATE <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM	POLICY NUMBER	LIMIT OF LIABILITY	
				EMPLOYERS LIABILITY
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	Bodily Injury by Accident <b>1000000</b> Each Accident
				Bodily Injury By Disease <b>1000000</b> Policy Limit
				Bodily Injury By Disease <b>1000000</b> Each Person
GENERAL LIABILITY  <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE			General Aggregate—Other than Products / Completed Operations	
			Products / Completed Operations Aggregate	
			Bodily Injury and Property Damage Liability Per Occurrence	
			Personal Injury Per Person / Organization	
			Other	Other
AUTOMOBILE LIABILITY  <input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED			Each Accident—Single Limit B.I. And P.D. Combined	
			Each Person	
			Each Accident or Occurrence	
			Each Accident or Occurrence	
OTHER				
ADDITIONAL COMMENTS All operations of the insured and all of its wholly owned subsidiaries				

\* 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. SPECIAL NOTICE-OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

IMPORTANT NOTICE TO FLORIDA POLICYHOLDERS AND CERTIFICATE HOLDERS: IN THE EVENT YOU HAVE ANY QUESTIONS OR NEED INFORMATION ABOUT THIS CERTIFICATE FOR ANY REASON, PLEASE CONTACT YOUR LOCAL SALES PRODUCER WHOSE NAME AND TELEPHONE NUMBER APPEARS IN THE LOWER RIGHT HAND CORNER OF THIS CERTIFICATE. THE APPROPRIATE LOCAL SALES OFFICE MAILING ADDRESS MAY ALSO BE OBTAINED BY CALLING THIS NUMBER.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST 30 DAYS NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

Liberty Mutual  
Insurance Group

SEWELL'S POINT

2 S. SEWELL'S POINT ROAD  
SEWELL'S POINT FL 34996

*Denise Fenn*

Denise Fenn

Weston / 0102  
Riverside Office Park, 9 Riverside Road  
Weston MA 02493-2298 781-891-8900 12/15/2006  
OFFICE PHONE DATE ISSUED

Certificate  
Holder

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

NM 772



AC# 2672665

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L06072101201

DATE	BATCH NUMBER	LICENSE NBR
07/21/2006	060058700	EF0000921

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

BASSETT, DOUGLAS POPE  
BRINK'S HOME SECURITY, INC. DBA;  
BRINK'S HOME TECHNOLOGIES  
478 S.W. 12TH AVENUE  
DEERFIELD BEACH FL 33442

JEB BUSH  
GOVERNOR

SIMONE MARSTILLER  
SECRETARY

DISPLAY AS REQUIRED BY LAW

003-03895

PALM BEACH COUNTY  
LOCAL BUSINESS TAX RECEIPT

CLASSIFICATION

**EXPIRES: SEPTEMBER - 30 - 2008**

BRINK'S HOME TECHNOLOGIES	** LOCATED AT	CWIDE	\$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 of September to engage in the business, profession or occupation of:

ALARM CONTRACTOR I

EF 0000921

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR  
\$1.00 DUP 325 0003345 10-01-2007

ANNE M. GANNON  
TAX COLLECTOR, PALM BEACH COUNTY

THIS DOCUMENT IS VALID ONLY WHEN  
RECEIPTED BY TAX COLLECTOR

2003-03900

STATE OF FLORIDA  
PALM BEACH COUNTY  
LOCAL BUSINESS TAX RECEIPT

OC-032  
CLASSIFICATION

**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 of September to engage in the business, profession or occupation of:

ALARM CONTRACTOR I

EF0000921

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR  
\$1.00 DUP 325 0003330 10-01-2007

ANNE M. GANNON  
TAX COLLECTOR, PALM BEACH COUNTY

THIS DOCUMENT IS VALID ONLY WHEN  
RECEIPTED BY TAX COLLECTOR

2003-03891

STATE OF FLORIDA  
PALM BEACH COUNTY  
LOCAL BUSINESS TAX RECEIPT

OR-014  
CLASSIFICATION

**EXPIRES: SEPTEMBER - 30 - 2008**

BRINKS HOME SECURITY	** LOCATED AT	CNTY	\$1.00
BASSETT DOUGLAS P-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 of September to engage in the business, profession or occupation of:

ALARM SYSTEM STORE

THIS IS NOT A BILL - DO NOT PAY

PAID. PBC TAX COLLECTOR  
\$1.00 DUP 325 0003335 10-01-2007

ANNE M. GANNON  
TAX COLLECTOR, PALM BEACH COUNTY

THIS DOCUMENT IS VALID ONLY WHEN  
RECEIPTED BY TAX COLLECTOR

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3-3, 2008

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8801	BARNFATHER	ROOF DRY-IN	PASS	
8	49. S.S.P.R.	INSULATION	PASS	
	EVERBLADES			INSPECTOR: <i>AM</i>
8816	MERKIN	PARTIAL	PASS	
10	95 NSPRD	2ND DRY		
	ALL AMERICAN	W.B. SIGHTING		INSPECTOR: <i>AM</i>
8812	HEPWORTH	BEAM	PASS	
1ST	3 RIMVIEW DR			
	SAND CASTLE			INSPECTOR: <i>AM</i>
8727	<del>PEREZ</del>	FINAL	PASS	<del>CLOSE</del>
7	6 N. RIDGEVIEW			
	BRINKS ALARM			INSPECTOR: <i>AM</i>
8831	Marsad	Final	PASS	CLOSE
3	17 E High Pt			
	Jupiter Alum.			INSPECTOR: <i>AM</i>
8737		FENCE	PASS	CLOSE
4	3 DELAND	PERMIT BY CARPORT		
		DOOR		INSPECTOR: <i>AM</i>
8708	Martinez	Final	PASS	CLOSE
5	5 Mandalay			
	Schiller Pools			INSPECTOR: <i>AM</i>
OTHER:				

# TREE REMOVAL/REPLACEMENT 6 NORTH RIDGEVIEW ROAD

TREES SHOWN ON SITE SURVEY AS 1-8 ARE EITHER TOO CLOSE TO HOUSE/POOL/DECK OR ARE TOO CLOSE TO OTHER TREES PROHIBITING THE PREFERRED SPECIES FROM NATURAL GROWTH PATTERN. (SIZE AND SHAPE).

TREES WILL BE REPLACED ALONG BOTH PROPERTY LINES WHERE FLORIDA HOLLY TREES FROM ADJOINING PROPERTIES (NOW REMOVED OR CUT BACK) PREVENTED OTHER VEGETATION GROWTH.

ALL OAK TREES IN FRONT OF THE LOT ARE BEING SAVED, AS WELL AS HAMMOCK ON S.E. SIDE OF PROPERTY, ADDITIONALLY, THE BACK 25' OF THE LOT IS BEING KEPT NATURAL AS A BUFFER BETWEEN THE HOUSE TO THE REAR.

NINE FIG TREES AND A KAPOK TREE HAVE ALREADY BEEN PLANTED ON THE PROPERTY.

63 TREES WILL REMAIN UNTOUCHED AFTER CLEARING. MANY OF THE TREES TO BE REMOVED ARE MISSHAPEN DUE TO OVERGROWTH AND OFTEN TOO CLOSE TOGETHER, OVER POWERING MORE DESIRABLE SPECIES IN CLOSE PROXIMITY.

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3/26/01, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5203	McKiege	re-bow	Passed	
S (4)	31 High Pt. BK MARINE	sea wall cap (PTL-IN PROG.)		INSPECTOR: 3/26
✓ 5078	Vasquez	Roof tile in progr.	Need to reinspect with company rep.	
S (2)	82 S. Sewall's Pt Rd. Grosa	Exposure 14', 15" ?		INSPECTOR: 3/26
✓ 5284	St. Lucie Bldg. Condo	Tdg + Noine	Passed	
(6)	2601 E Ocean WTH roofs.			INSPECTOR: 3/26
✓ 5001	BERCAW	FRAMING	→ roll over to wdm.	
N (7)	11 RIVERCREST CT. REWAR DEVEL.			INSPECTOR:
✓ 5123	PICED	TIE BM.	Passed	
S (3)	65 S. RIVER RD. SEAGATE BLDGS.	2 <sup>nd</sup> fl. + Deck		INSPECTOR: 3/26
✓ 4895	SEELY	FINAL - WALK THRU	→ not ready, reschedule.	
N (8)	37 N.E. LOFTING WAY GRIBBEN COURT.			INSPECTOR:
✓ T/R	NOHEIL	FIELD VERIFY	OK	NEW CONST - PN 5302
S (1)	6 N. RIDGEVIEW RON RAYMOND	(VACANT LOT)	Permit.	INSPECTOR: 3/23/01 3/26

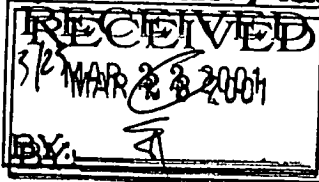
OTHER: \_\_\_\_\_

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

OVER 60 TREES TO REMAIN ON SITE AFTER CLEARING 3/26/01

WSP SCHEDULED



Permit # 0427 Date Issued 3/26/01

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

Owner MIKE NOHEJL Address 6 N. RIDGEVIEW Phone 220-1821

Contractor RON RAYMOND Address 2530 RAINBOW DR. Phone 878-1361

Number of trees to be removed (list kinds of trees) 21 LISTED ON SITE PLAN

NONE - SOIL TOO SANDY - WILL NOT CLING TO ROOTS

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

8 LISTED ON SITE PLAN

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

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

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

Plans approved as submitted [checked] Plans approved as marked

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

Signature of applicant Mike Nohejl Date submitted 3/15/01

Approved by Building Inspector [signature] Date 3/26/01

Approved by Building Commissioner Date

Completed Date Checked by

FEE

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

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

TOWN OF SEWALL'S POINT, FLORIDA

Date 8/12 ~~18~~ 2003 TREE REMOVAL PERMIT No 2066

APPLIED FOR BY NOHEIL (Contractor or Owner)

Owner G.N. RIDGEVIEW ROAD

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

Kind of Trees dead Cabbage Palm

No. Of Trees: REMOVE 1

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

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

REMARKS \_\_\_\_\_

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

Signed, \_\_\_\_\_ Applicant Signed, Gene Simmons Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Blank lined area for notes or drawings.

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

Blank lined area for project description.

REMARKS \_\_\_\_\_

Blank lined area for remarks.

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

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

**No permit required for:**

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

**Permit Fee:**

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

**No removal permits will be issued for native species trees:** Black Ironwood, Black Mangrove, Bolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, 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 Nohejl **Address** 6W Ridgeway Rd **Phone** 220-1821

**Contractor** self **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**No. of Trees: REMOVE** 1 **Type:** dead cabbage palm

**No. of Trees: RELOCATE** \_\_\_\_\_ **WITHIN 30 DAYS** **Type:** \_\_\_\_\_

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

**Written statement giving reasons:** dead

**Signature of Applicant** Julie Nohejl **Date** 8-8-03

**Approved by Building Inspector:** [Signature] **Date** 8/11/03 **Fee:** 7

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



# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 8/11, 20013 Page      of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6335	TWOHEY	SLAB	Passed	
(1)	119 HILLCREST SEAGATE			INSPECTOR:
5022	SMITH	DRIVEWAY	Passed	
	133 S. RIVER RD MACARI	PRE POUR		INSPECTOR:
6131	<del>PFEIFFER</del>	<del>DRYIN +</del>	→ WED	
	104 HENRY SEWALL HEATON ROOFING	TIN TAG		INSPECTOR:
6330	BUSSEY	SLAB	Failed	late as possible
(2)	1 PALMETTO DR WORRELL	→ 35' Setback right		off on the yard. INSPECTOR:
<del>6330</del>	<del>NOVETL</del>	<del>TREE</del>	Passed	
	6 N RIDGEVIEW RD			INSPECTOR:
9131	Pfeiffer	Truss eng.	Passed	
	104 H. Sewall W. Buford	Tie down		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
				INSPECTOR:

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

Date 12/18/01 19   TREE REMOVAL PERMIT No 0531

APPLIED FOR BY NOHEJL (Contractor or Owner)

Owner 6 N. RIDGEVIEW RD.

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

Kind of Trees 1 HICKORY

No. Of Trees: REMOVE 1

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

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

REMARKS DEAD

FEE \$ 0

Signed, on file Applicant

Signed, Mene Simmons/rlc Town Clerk

### PERMIT

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

### INSPECTIONS

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

24 HOUR NOTICE REQUIRED FOR INSPECTIONS – HAVE ALL REQUIRED PAPERWORK ON SITE  
 CALL 287-2455      WORKING HOURS 8:00AM – 4:00PM      MONDAY THROUGH FRIDAY  
 INSPECTIONS      8:30AM -12:00PM      MONDAY, WEDNESDAY & FRIDAY