

9 N Ridgeview Road

Application For Building Permit

Owner Lessie & Kenneth King Present Address P.O. 1026 Ven Pt. Phone 287-6294

Draftsman Architect L.W. Propper Address Stuart, Fla.

General Contractor DWNEY S Address None Phone None

Where Licensed _____ License No. _____

Plumbing Contractor _____ Where Licensed _____ No. _____

Electrical Contractor _____ Where Licensed _____ No. _____

Property Location Sewall's Point Subdivision Homewood Lot No. 2 BIK D

Lot Dimensions 100' X 152' Lot Area 15200 Sq. Ft. _____

Purpose of Building Residence Type of Construction CBS

Building Area: Sq. Ft. (Exclusive of Garage, Carport, Open Porches)

Outside of Walls 48' 3/4 x 27' 6 1/2 Inside of Walls 1230

Street or Road building will front on Ridge View Rd.

Clearances - Front 39' Back 8' 6 1/2" Side W-15 Side E 36' 3/4 River _____

Well Location N.W Septic Tank Location South

Building elevation (By Ordinance Definition) OK

Contract Price (Include Plumbing, Electrical, Air Conditioning) 10000 (Est.)

PERMIT FEE	New Home	Additions	Others
General (\$3.00 per \$1000 or Fraction)	<u>30.00</u>	_____	_____
Plumbing (Flat Fee)	<u>\$10.00</u>	<u>\$3.00</u>	_____
Electrical (Flat Fee)	<u>\$10.00</u>	<u>\$3.00</u>	_____
Total (To be paid by General Contractor or Owner)	<u>50.00</u>	_____	_____

SIGNED: - ~~General Contractor~~ or Owner Mrs. Kenneth P. King

Building Inspector Comments: _____

Complete

FOR TOWN RECORDS: Date Drawings submitted Incomplete - 9-21-66 9-22-66

Date Permit approved 9-26-66

Date Permit Fee paid 9-26-66

Date First Inspection _____

Date Final Inspection August 1967

Date Occupancy approved _____

CONSTRUCTION PERMIT ONLY

MARTIN County Health Dept. No. 257-66
Owner Mr + Mrs. Kenneth P. King
Address Lot 2 BIK D Homewood
Installed By Contractor
At Sewall Point
Septic Tank Capacity Minimum Rec'd 900 Gallons
Drain Field Data 240 sq ft dk.
STAY AT least 50' from ALL wells

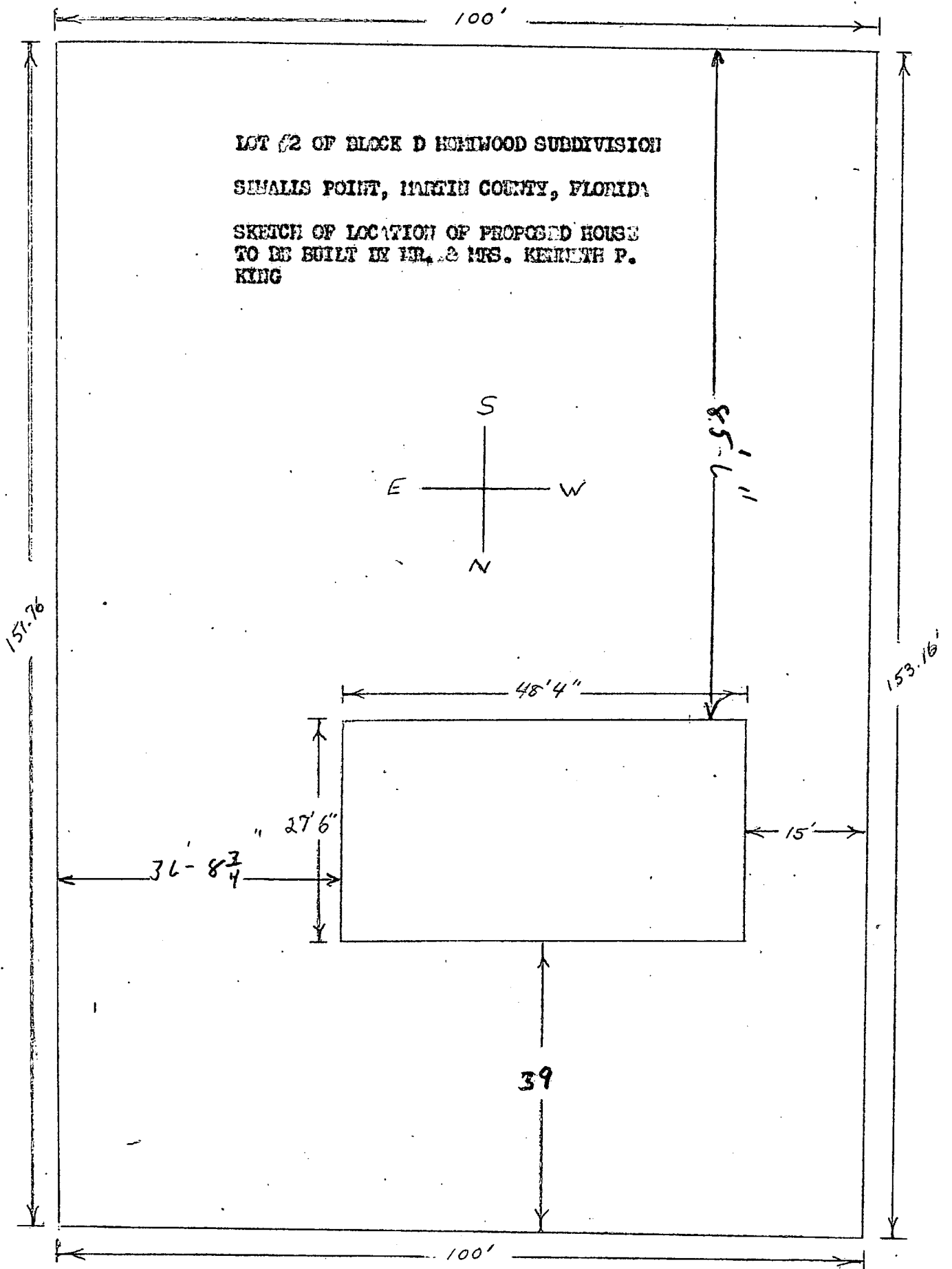
NOTE: Installation must be in accord with requirements of Chapter 170C-4 FAC, Sanitary Code of Florida, and satisfactory final inspection must be made before work is covered. Permit void if not used within one year from date of issue.

Date of Application 9-20-66 Issue 9-20-66
Issued By R. H. Reed Sr.

Florida State Board of Health

SEPTIC TANK PERMIT
San-428 Rev. 10/1/62

Rear



Front

1924

REROOF

1924

TOWN OF SEWALL'S POINT, FLORIDA

1924

Permit Number _____

Date 5/8/86

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

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

Owner Kenneth P King Present Address 9 W. Ridgeview rd.

Phone 287-6294

Contractor Stuart Roofing Inc Address Po Box 2556 Stuart

Phone 286-2317

Where licensed Palm Beach, Jupiter, Stuart, PSC, Vero License number 7564 ^{Martin County} City of Stuart

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

Roofing contractor Stuart Roofing License number CC 024411

Air conditioning contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: re-roof, replace 30# dupin, 15# mopped, 225# fiberglass shingle, white rane dip

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

Same

Subdivision home wood Lot number 2 Block number D

Contract price \$ 2915⁰⁰ Cost of permit \$ 15⁰⁰

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Rich Danton

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

Owner Kenneth P King
Jessie E. King

TOWN RECORD

Date submitted _____ Approved _____ Building Inspector _____ Date _____

Approved JC Stubbell 6/24 Final Approval given JS 6/24
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____ Date _____

3741

ADDITION

TAX FOLIO NO. _____

DATE _____

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

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

Owner LAUREN D ROSE Present address 9 N. RIDGEVIEW RD.

Phone 287-0744 SEWALLS' POINT

Contractor DAVID E. MILLER Address 535 S.W. LINDEN ST.

Phone 907-283-1670 STUART, FL. 34997

Where licensed STATE CERT. BLDG. License number CBC 031874

Electrical Contractor MARTIN COUNTY ELECT License number _____

Plumbing Contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: ONE BEDROOM ADDITION TO EXISTING

RESIDENCE AND ONE STORY DETACHED GARAGE

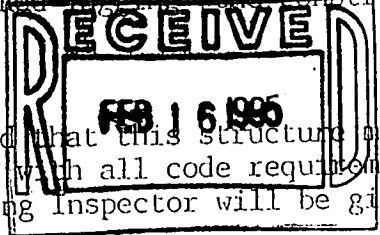
State the street address at which the proposed structure will be built:
9 N. RIDGEVIEW ROAD, SEWALLS POINT

Subdivision HOMWOOD Lot Number 2 Block Number D

Contract price \$ 30,000.00 Cost of permit \$ 457.00

Plans approved as submitted Plans approved as marked _____

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



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

Contractor David E. Miller

Owner Lauren D. Rose

TOWN RECORD

Date submitted 2-16-95

Approved: Dele Brown 2/16/95
Building Inspector Date

Approved: [Signature]
Commissioner Date

Final approval given: _____ Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____ Date

PERMIT NO. _____

AC# 2898312 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONST INDUSTRY LICENSING BOARD

09/19/94 AUDIT CONTROL NO. 2898312
 LICENSE NO. BATCH NO. AMOUNT PAID
 CB C031874 94900832 \$209.00

DATE	LICENSE NO.	BATCH NO.
09/19/94	CB C031874	94900832

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

THE CERTIFIED BUILDING CONTRACTOR
 NAMED BELOW IS CERTIFIED
 UNDER THE PROVISIONS OF CHAPTER 489 F.S., FOR THE YEAR
 EXPIRING AUG 31, 1996

MILLER, DAVID E
 INDIVIDUAL
 535 SW LINDEN STREET
 STUART FL 34997

LICENSEE SIGNATURE
 [WALLETT CARD FOLD HERE]
 STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONST INDUSTRY LICENSING BOARD
 CERTIFIED BUILDING CONTRACTOR
 MILLER, DAVID E
 INDIVIDUAL

HAS PAID THE FEE REQUIRED BY CHAPTER 489 F.S.
 FOR THE YEAR EXPIRING AUG 31, 1996

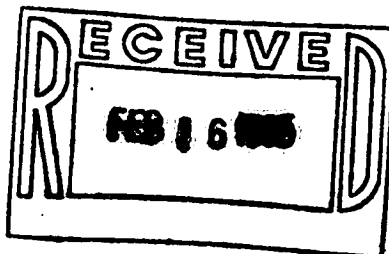
Lawton Chiles
 LAWTON CHILES
 GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

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

Lawton Chiles
 LAWTON CHILES
 GOVERNOR

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



PRODUCER

DEAKINS-CARROLL INS AGCY
P. O. BOX 1597
PT. SALERNO FL 34992

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A MARYLAND CASUALTY CO
COMPANY LETTER	B
COMPANY LETTER	C
COMPANY LETTER	D
COMPANY LETTER	E

INSURED

DAVID E. MILLER,
STATE CERTIFIED BUILDER
535 SW LINDEN STREET
STUART, FL 34997

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
A	GENERAL LIABILITY	BINDER1933	02/15/95	02/15/96	GENERAL AGGREGATE \$ 300,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 300,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 300,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED.EXP. (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

TOWN OF SEWALL'S POINT
BUILDING INSPECTION
1 S. SEWALL'S POINT RD.
STUART FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE 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

David Deakins

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

JUNE 16, 1994

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law.

EFFECTIVE DATE OF EXEMPTION 06/24/94

EXEMPTED INDIVIDUAL NAME MILLER DAVID E S.S. 266-84-0611

BUSINESS NAME MILLER DAVID E STATE CERTIFIED B FEIN 592552458

BUSINESS ADDRESS 639 LINDEN ST
STUART, FL 34997

NOTE: Pursuant to Chapter 440.10(1),(g),2 F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

Russell A. Morris

AUTHORIZED SIGNATURE

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW



EFFECTIVE DATE OF EXEMPTION 06/24/94

EXEMPTED INDIVIDUAL NAME MILLER DAVID E

SOCIAL SECURITY NUMBER 266-84-0611

BUSINESS NAME MILLER DAVID E STATE CERTIFIED B

FEDERAL IDENTIFICATION NUMBER 592552458

BUSINESS ADDRESS 639 LINDEN ST
STUART, FL 34997

F
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D

H
E
R
E

NOTE: Pursuant to chapter 440.10(1),(g),2. F.S., a sole proprietor, partner, or officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

Russell A. Morris

AUTHORIZED SIGNATURE

C U T H E R E

* Carry bottom portion on the job, keep upper portion for your records.

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

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

DESCRIPTION OF PROPERTY:

General description of improvements: ONE BEDROOM ADDITION AND A DETACHED GARAGE

Owner: LAUREN D. ROSE
Address: 9 N. RIDGEVIEW RD. STUART, FLA. 34996

Owner's interest in site of the improvement: RESIDENCE

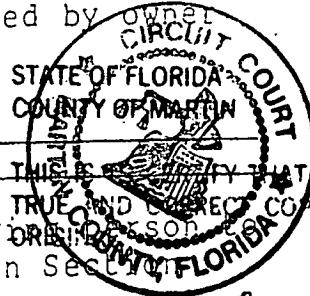
Contractor: DAVID E. MILLER CBC031874
Address: 535 S.W. LINDEN ST. STUART FL 34997

Surety (if any): NONE
Address: _____
Amount of Bond: _____

Lender: NONE
Address: _____

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

Name: MARIE E. ROSE
Address: 9 N. RIDGEVIEW RD. STUART FL. 34996



THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL AS FILED IN THE OFFICE OF THE CLERK OF THE CIRCUIT COURT, COUNTY OF MARTIN, STATE OF FLORIDA.

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

Name: NONE
Address: _____

MARSHA STILLER, CLERK
BY [Signature] P.C.
DATE 2/15/95

[Signature: Lauren D. Rose]

Sworn to and subscribed before me this 15th day of February, 1995.

[Signature: Joan H. Barrow]

(NOTARY SEAL)

I am a Notary Public of the STATE OF Florida AT LARGE, and My Commission Expires: 11-30-98

OFFICIAL NOTARY SEAL
JOAN H BARROW
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC423705
MY COMMISSION EXP. NOV. 30, 1998

RECEIVED
JAN 25 1995

HRS-Martin County
Public Health Unit



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPROVED

MISCELLANEOUS PLAN REVIEW

Date Received: 1-25-95

Paid \$ 10.00

Submitted by: LAUREN ROSE

Receipt # 14058

Phone Number: 287-0744

HD # _____ Building Permit # _____

Legal Description LOT 2 BLK D

Or Property Address AMENDED PLAT of Homewood
SEWALLS POINT.

Please describe revisions and/or nature of plan submitted.

ADDING ONE BEDROOM TO EAST SIDE OF HOUSE.

Thank you.

Plans are usually reviewed within 48 hours of receipt. We will call you when they are ready to be picked up, or we can bring them to the Building Department for you upon your request.

This Document Prepared By:
GREGORY G. KEANE, ESQUIRE
KEANE MURPHY & HOUGH
900 EAST OCEAN BOULEVARD SUITE 244
STUART, FL 34994

MARSHA STILLER
CLERK OF CIRCUIT COURT
MARTIN CO., FL

RECORDED & VERIFIED
BY 20 D.C.

01073205

94 JUL 18 PM 3:19

DOC-DEED \$ 247.00 MARSHA STILLER
DOC-MTG \$ _____ MARTIN COUNTY
DOC-ASM \$ _____ CLERK OF CIRCUIT COURT
TAX \$ _____ BY WJ D.C.

Parcel ID Number: 1-38-41-006-004-00020-4
Grantee #1 TIN: 389-49-0129
Grantee #2 TIN: 261-76-4698

[Space Above This Line For Recording Data]

Warranty Deed

This Indenture, Made this 7th day of July, 1994 AD., Between KENNETH P. KING, JR. and JOHN C. KING,

LAUREN D. ROSE and MARIE E. ROSE, his wife, , grantors, and

whose address is: 716 E. PARKWAY, STUART, Florida 34996

, grantees.

Witnesseth that the GRANTORS, for and in consideration of the sum of - - - - - TEN & NO/100 (\$10.00) - - - - - DOLLARS, and other good and valuable consideration to GRANTORS in hand paid by GRANTEEES, the receipt whereof is hereby acknowledged, have granted, bargained and sold to the said GRANTEEES and GRANTEEES' heirs and assigns forever, the following described land, situate, lying and being in the county of MARTIN State of Florida to wit:

Lot Two (2), Block D, of the Amended Plat of HOMEWOOD, according to the plat thereof as recorded in Plat Book 3, Page 35, of the Public Records of Martin County, Florida.

Subject to restrictions, reservations and easements of record, if any, and taxes subsequent to 1993.

and the grantors do hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.

In Witness Whereof, the grantors have hereunto set his hands and seals the day and year first above written. Signed, sealed and delivered in our presence:

George B. Hough Jr.
Printed Name: George B. Hough Jr.
Witness as to Kenneth P. King, Jr. K.P.K.

Kenneth P. King Jr. (Seal)
KENNETH P. KING, JR. K.P.K.

Dana A. Fiascola
Printed Name: Dana A. Fiascola
Witness as to Kenneth P. King, Jr. K.P.K.

John C. King (Seal)
JOHN C. KING

Maura A. Hough
Printed Name:
Witness as to John C. King

Shawn M. Hough
Printed Name:
Witness as to John C. King

STATE OF Florida
COUNTY OF MARTIN

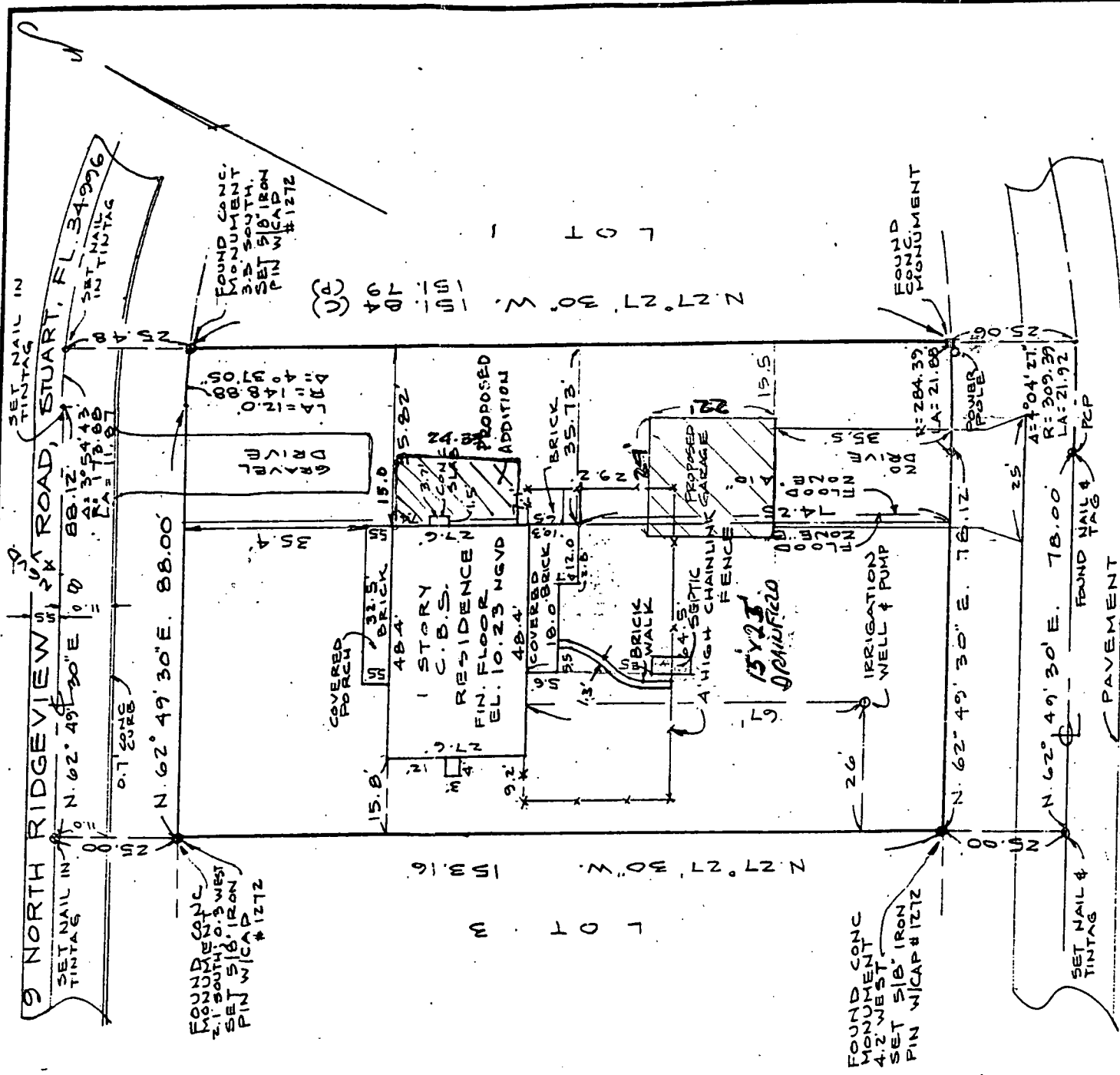
The foregoing instrument was acknowledged before me this 7th day of July, 1994 by KENNETH P. KING, JR. K.P.K.

who is personally known to me or who has produced his North Carolina Drivers License as identification and who did take an oath.



GEORGE B HOUGH JR
My Commission CC379852
Expires Aug. 23, 1998
Bonded by HAI
800-422-1555

George B. Hough Jr.
Printed Name: George B. Hough Jr.
NOTARY PUBLIC
My Commission Expires:



- NOTES
1. LOCATED IN FLOOD ZONES B & A10' E L 8
 2. E = CENTERLINE
 3. PCP = PERMANENT CONTROL POINT
 4. CONC = CONCRETE
 5. BEARINGS REFER TO SAID PLAT
 6. (P) PLAT (C) CALCULATED
 7. A = DELTA; R = RADIUS; LA = LENGTH OF ARC

A BOUNDARY SURVEY OF LOT 2, BLOCK "D"

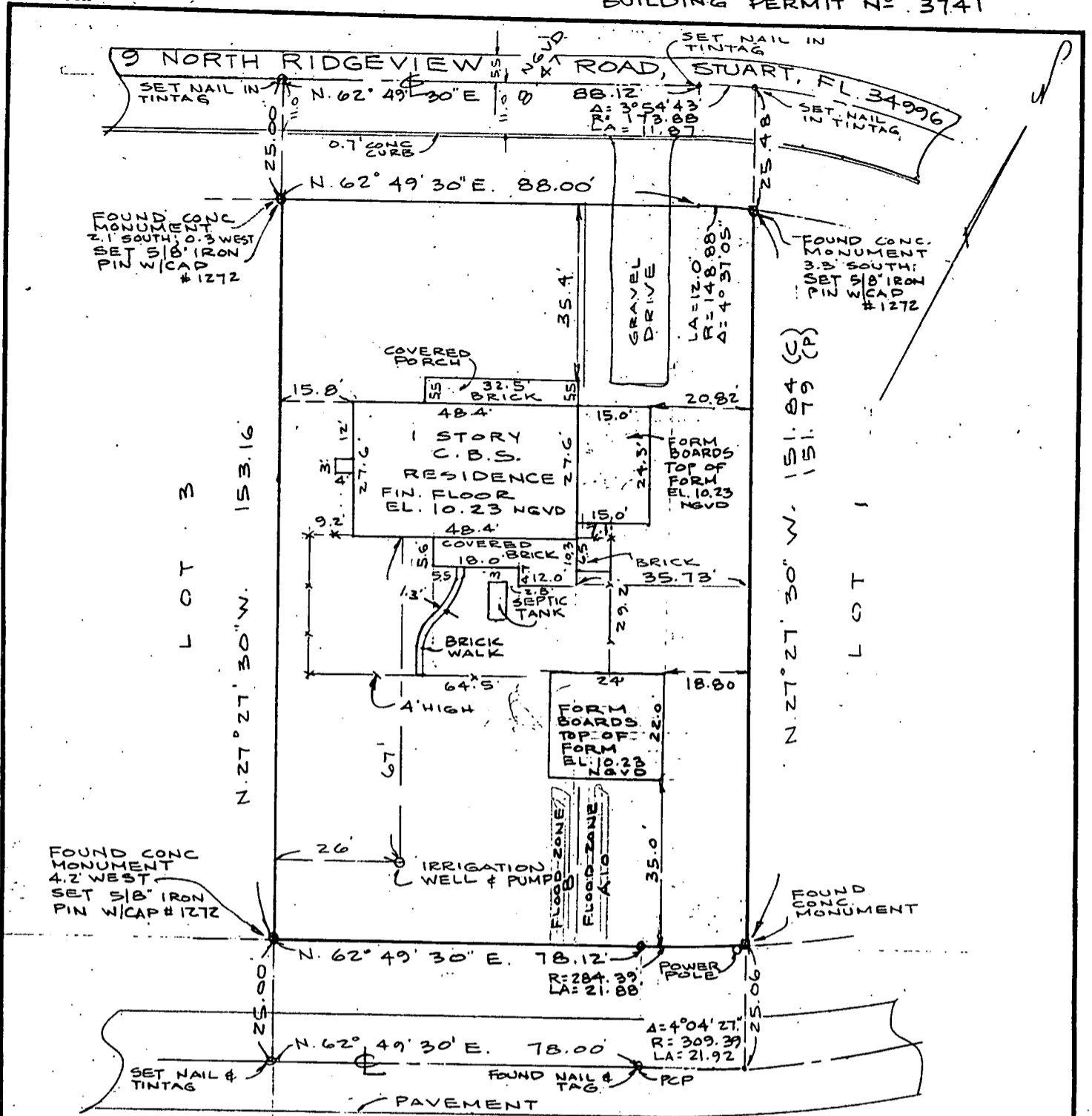
AMENDED PLAT OF HOMEWOOD
ACCORDING TO THE PLAT THEREOF AS RECORDED
IN PLAT BOOK 3, PAGE 35; PUBLIC RECORDS OF
MARTIN COUNTY, FLORIDA

FOR
L. D. ROSE

This survey meets the minimum technical standards for Land Surveying in Florida, as prescribed in Chapter 21HH-8, F.A.C. I Hereby Certify that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief. There are no encroachments unless otherwise shown. No search of the public records made for errors or omissions of said description. Easements of record not shown unless furnished.

DON WILLIAMS & ASSOCIATES, INC.
LAND SURVEYORS
P.O. BOX 2342 STUART, FL. 34995
PHONE: 283-2977
FAX: 283-2979

W.L. Williams
W.L. WILLIAMS
R.L.S. FLA. REG. No. 1272



- NOTES
1. LOCATED IN FLOOD ZONES B & "A10" ELS
 2. \pm = CENTERLINE
 3. PCP = PERMANENT CONTROL POINT
 4. CONC = CONCRETE
 5. BEARINGS REFER TO SAID PLAT
 6. (P) PLAT (C) CALCULATED
 7. Δ = DELTA; R = RADIUS; LA = LENGTH OF ARC

A BOUNDARY SURVEY OF
 LOT 2, BLOCK "D"
 AMENDED PLAT OF HOMEWOOD
 ACCORDING TO THE PLAT THEREOF AS RECORDED
 IN PLAT BOOK 3, PAGE 35; PUBLIC RECORDS OF
 MARTIN COUNTY, FLORIDA
 FOR

LAWRENCE D. ROSE & MARIE E. ROSE

ADDED FORMBOARDS 2-24-95
 REVISED: 7-1-94
 CERTIF

This survey meets the minimum technical standards for Land Surveying in Florida, as prescribed in Chapter 21HH-6, 61G17 F.A.C.I. I hereby Certify to Keane, Murphy & Hough, P.A.; Attorneys' Title Insurance Fund, Inc.; Plaza Home Mortgage Bank, F.S.B.; Lawrence D. Rose & Marie E. Rose that the sketch shown hereon is a correct representation of a survey done under my direction and is true and correct to the best of my knowledge and belief. There are no encroachments unless otherwise shown. No search of the public records made for errors or omissions of said description. Easements of record not shown unless furnished.

DON WILLIAMS & ASSOCIATES, INC.
 LAND SURVEYORS
 P.O. BOX 2342 STUART, FL. 34995
 PHONE: 283-2977
 FAX: 283-2979

W.L. Williams
 W.L. WILLIAMS
 R.L.S. FLA. REG. No. 1272

TAX FOLIO NO. _____

DATE 8/14/94

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

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

Owner L. D. Rose Present address 716 E parkway Stuart Fl

Phone 287-0744

Contractor MARTIN CO Electric Address 5354 SE Thomas Dr Stuart Fl

Phone 288-1013

Where licensed Martin county License number ME00086

Electrical Contractor _____ License number _____

Plumbing Contractor _____ License number _____

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: move 1. 200 Amp service to side of house and change to under ground.

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

9 N RigDevine RD

Subdivision Home wood / Sewall point Lot Number 2 Block Number D

Contract price \$ _____ Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor George Mullina

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

Owner _____

TOWN RECORD

Date submitted _____

Approved: Dele Bron 8/30/94
Building Inspector Date

Approved: [Signature]
Commissioner Date

Final approval given: _____
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

MARTIN COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY

GEORGE DON MULLINAX
MARTIN COUNTY ELECTRIC
5354 SE Celestial Cir
Stuart FL 34997

EXPIRES SEPTEMBER 30, 19 94

AUDIT
CONTROL
NUMBER

18650

CERTIFICATE NUMBER

ME00086

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 Improvements:

Owner: Michael Nestico

Address: 64 Ridge Rd Sparta NJ 02871

Owner's interest in property: Residence

Fee Simple Title Holder (if other than owner):

Address:

Contractor: Robert Sandy Construction, Inc.

Address: 3452 NE Indian Drive, Jensen Beach, FL 34957

Surety Co. (if any)

Address: Amt. of Bond \$

Lender's Name: None

Address:

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

Name: Michael A. Nestico

Address: 711 Coquina Way Boca Raton Fla 33432

In addition to himself, Owner designates Michael A Nestico of Boca Raton to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified)

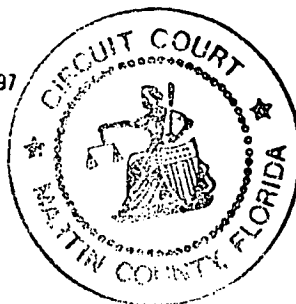
[Signature]
Signature of Owner

New Jersey
STATE OF FLORIDA
COUNTY OF MARTIN Passaic

The foregoing instrument was acknowledged before me this 13 day of June, 1994, by Michael Nestico, who is personally known to me or who has produced Florida License
HN 938-558-65-186-0

[Signature]

AVALON BEEK
Notary Public of New Jersey
My Commission Expires May 29, 1997



STATE OF FLORIDA
COUNTY OF MARTIN

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

MARSHA STILLER, CLERK
BY [Signature] P.C.
DATE 9.15.94



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

Semred

OK

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner L. D. ROSE Address ~~2113 ...~~ Phone 288-4595

Contractor MONTY Address PALM CITY GROVE ST Phone 283-8828

No. of Trees: REMOVE 3 Species: HICKORY

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE 3 Species: OAK

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

Reason for tree removal/relocation (See notice above) HAZARD TO STREET + ROOF OF HOUSE
By High Winds

Signature of Property Owner *L. D. ROSE* Date 4-20-09

Approved by Building Inspector: _____ Date 4-20 Fee: -

NOTES: NO PERMIT WILL BE ISSUED FOR REMOVAL - ADVISED
OWNER TO TRIM TREES AS NEEDED.

SKETCH:

R. W. STEVENSON'S

POLE

WATER

WATER

WATER

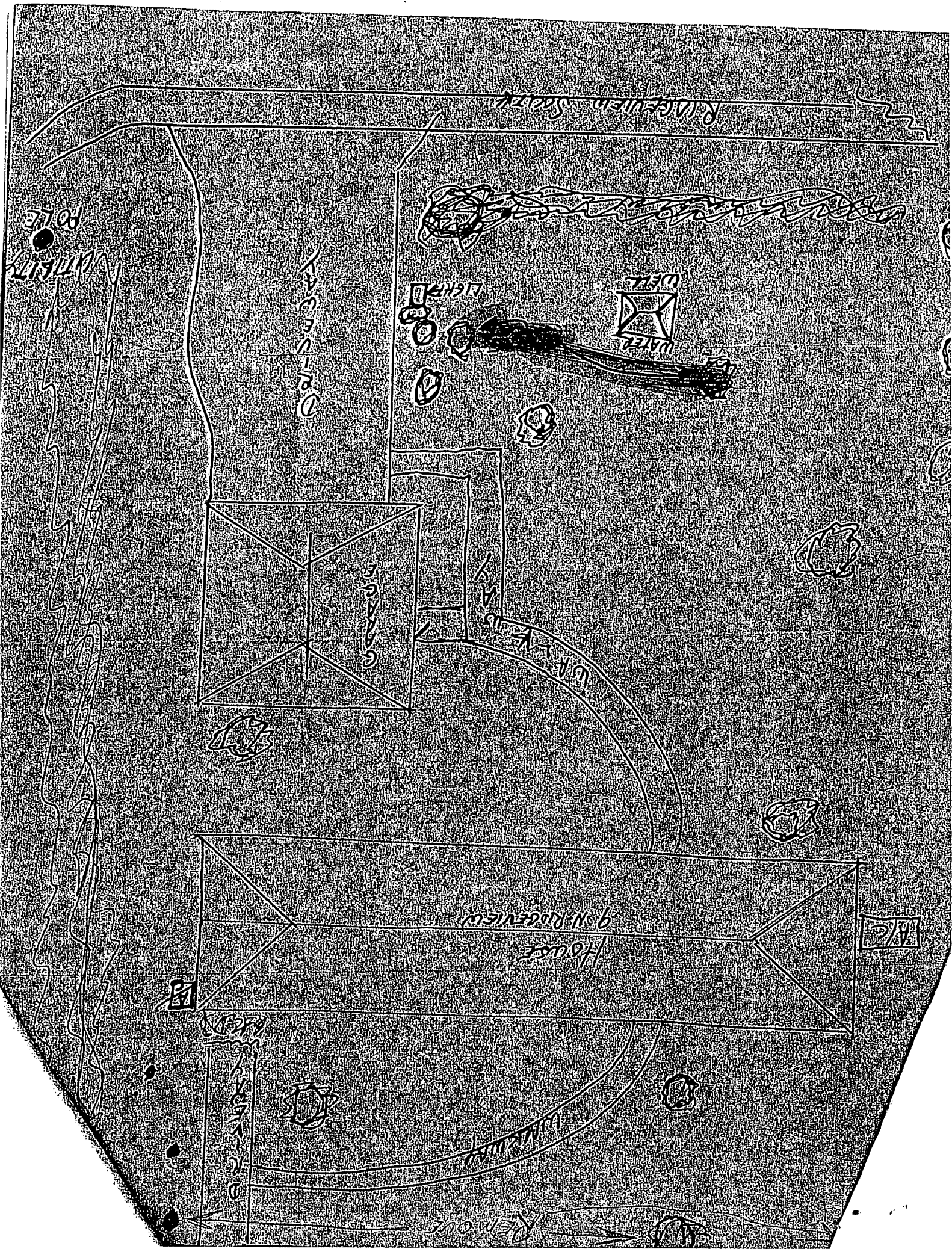
WATER

WATER

HOUSE

WATER

WATER



TOWN OF SEWALL'S POINT, FLORIDA

Date MARCH 10, 2006
~~JANUARY 26, 2004~~ TREE REMOVAL PERMIT No 2189

APPLIED FOR BY ROSE (Contractor or Owner)

Owner 9 N. RIDGEVIEW RD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 2 ???

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____
FEE \$ 0

Signed, _____ Applicant

Signed Gene Summers (CAB)
Town Clerk
Building Official

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

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

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

No permit required for:

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

Permit Fee:

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

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

Application procedures:

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

Owner L. D. ROSE Address 9 RIDGEVIEW NORTH Phone 772-285-1726 ²⁸⁸⁻⁴⁵⁹⁵*

Contractor MARK CANNLEY Address _____ Phone ~~772-260-0327~~

No. of Trees: REMOVE 2 Type: ???

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

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

Written statement giving reasons: TREES ARE BENT OVER AND MAY FALL INTO THE STREET DURING HIGH WIND OR DAMAGE THE EXISTING WELL

Signature of Applicant L. D. ROSE Date 01-22-04

Approved by Building Inspector: [Signature] Date 1/26/04 Fee: -0-

Plans approved as submitted _____ Plans approved as revised/marked: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 1/26 2024 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6550	JOYNER	DOOR+WINDOW BUCK	FAIL	
2	85 S. SEWALL			
	MASTERPCE	(early please)		INSPECTOR: <i>M</i>
6574	ESCUE	SHEATHING ROOF		
7	2 BANYAN DR			
	COOPER ROOFING			INSPECTOR:
6564	LANCASTER	DRY IN ROOF	FAIL	NO DEALMIT NOTED
1	5 S. VIALUCINDIA			
	STUART ROOFING	(first please)		INSPECTOR: <i>M</i>
6579	COOL	IN PROGRESS		
8	22 RIDGEVIEW	ROOF		
	STUART ROOFING	(last please)		INSPECTOR:
6456	SHARFI	FOOTER CARPORT	PASS	
6	73 N. SEWALLS PT			
	O/B-WINCHIP			INSPECTOR: <i>M</i>
TREE	ROSE	TREE	PASS	
3	9 N. RIDGEVIEW	REINSPECT		
				INSPECTOR: <i>M</i>
* TREE	SMITH	TREE	PASS	
5	133 S. RIVER RD	REINSPECT		
				INSPECTOR: <i>M</i>
OTHER:				