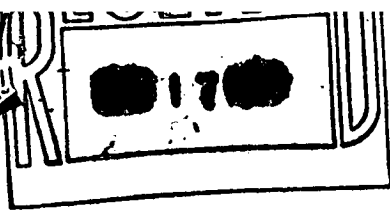


11 N Ridgeview Road



4113
Tax Police No.

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name PAT + NANCY SCULLY

Owner's Address 14839 SW 110TH TERRACE MIAMI, FL 33156

Owner's Telephone 305-382-3815

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

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

City _____ State _____ Zip _____

Contractor's Name ALAN B. MORRIS D.B.A. DRIFTWOOD HOMES

Contractor's Address 2163 PINE RIDGE ST.

City JENSEN BEACH State FL Zip 34957

Contractor's Telephone 334-5827 License Number PR0056789

Job Name SCULLY RESIDENCE

Job Address 11 N. ~~RIVERVIEW~~ RIDGEVIEW ROAD

City Town of Sewall's Point State Florida Zip 34996

Legal Description LOT 3 BLOCK D HOMEWOOD

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name JOSEPH P. McCARTY

Architect/Engineer's Address 900 E. OSCEOLA ST. STUART, FL

Mortgage Lender's Name NATIONS BANK MORTGAGE CORP.

Mortgage Lender's Address 1201 MAIN ST. 11TH FLOOR DALLAS, TX 75202

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

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

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

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

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

Plumbing Contractor SOUTH PARK PLUMBING License No. _____
Electrical Contractor HERITAGE ELECTRIC License No. ME 00094
Roofing Contractor PACIFIC ROOFING License No. CC 56793
A/C Contractor ASSOCIATED AIR License No. CAC 026432
Description of Building or Alterations NEW S.F.R.

Name of Street Designated as Front Building Line and Front Yard

N RIVERVIEW CT.

Subdivision HOMWOOD Lot 3 Block A

Building Area (air conditioned) 4100 sq. ft.

Garage, Porch, Carport Area 640 sq. ft.

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

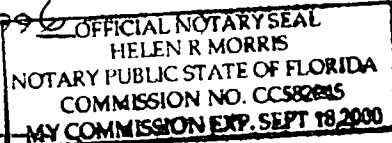
\$ 278,000.00

Patrick H. Scully
(Owner or Authorized Agent)

DATE 12.9.96

Sworn and Subscribed before me this

9th day of December 1996



SEAL)

Helen R. Morris
NOTARY PUBLIC Helen R. Morris
State of Florida at Large
My Commission Expires:

Al D. Muro
(Contractor)

DATE 12/17/96

Sworn and Subscribed before me this

17 day of Dec 1996



Kathy Spencer
NOTARY PUBLIC
State of Florida at Large
My Commission Expires: 12/20/99

Certificate of Competency Holder

Contractor's State Certification or Registration No. PRC 0056789

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Dale Brown Permit Officer

For Official Use Only

Plans approved as submitted Dale Brown Date 12/20/96

Plans approved as marked _____ Date _____

A/C Area 4100 sq. ft. x \$60. = \$ 246,000

Non A/C Area 640 sq. ft. x \$25. = \$ 16,000

\$ 278,000 Total = \$ 4,060

Contract Price \$ ~~278,000~~ (fee will be charged on higher amount)

262,000 M. x \$8.00 = \$ 2224 Building Fee
 25% Owner/Builder Fee \$ NA (if applicable)
 A/C Fee \$ 100.00
 Electrical Fee \$ 100.00
 Plumbing Fee \$ 100.00
 Roofing Fee \$ 100.00
 Radon Fee \$ 47.40
 County Impact Fee \$ 1,008.20
 TOTAL PERMIT FEE \$ 3679.60

1508.20 should be

PAYMENT RECEIVED _____
 Signature Date

- Contractor's License _____
- Sub-Contractors' Licenses _____ ✓
- Workers' Comp. Insurance _____ ✓
- General Liability Insurance _____ ✓
- Three sets of Plans _____ ✓
- Plans sealed by architect or engineer _____ ✓
- Plot Plan _____ ✓
- Boundary survey _____
- Topographic survey certified to the _____
 Town of S.P.
- Recorded warranty deed _____ ○
- Septic tank permit _____ ✓
- Energy Code calculations _____
- Elevation certificate _____
- Recorded notice of commencement _____ ○
- Application for c.o. _____

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34948

FORT PIERCE: (861) 461-7508

VERO BEACH: (861) 567-6167

STUART: (861) 283-7711

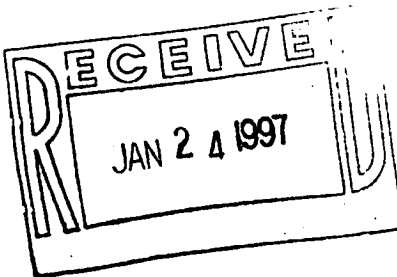
Report of DENSITY OF SOIL IN PLACE ASTM D2922

Client Driftwood Homes

Date January 21, 1997

Contractor Client

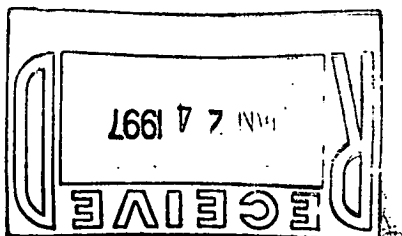
Site 11 N. Ridgeview
Sewalls Point
Foundation Fill



Permit #4113

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
2722	N.W. Corner	0 - 1'	110.5	2722	116.1	95.2
	"	1 - 2'	115.1			99.1
	Center	0 - 1'	112.8			97.2
	"	1 - 2'	113.1			97.4
	S.E. Corner	0 - 1'	111.0			95.6
	"	1 - 2'	110.8			95.4
All elevations below slab grade.						

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



Respectfully submitted,

Paul H. Danford
PAUL H. DANFORD, P.E.

FRASER ENGINEERING AND TESTING, INC.

3604 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (561) 461-7508

VERO BEACH: (561) 567-6167

STUART: (561) 283-7711

Report of MOISTURE DENSITY RELATIONSHIP ASTM 1557-70

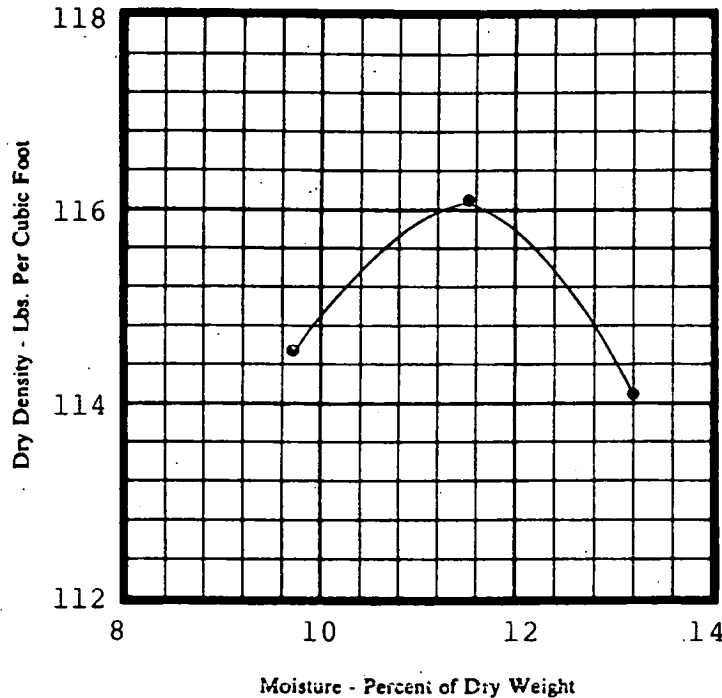
Client Driftwood Homes

Date January 21, 1997

Contractor Client

Site 11 N. Ridgeview
Sewalls Point
Foundation Fill

Permit #4113



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
2722	B	Composite	11.5	116.1	Brown, slightly silty, slightly clayey, fine sand.

Copies

Respectfully submitted,


PAUL R. DANFORTH, P.E.

4113



STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Alan Morris SEPTIC TANK PERMIT NO. HD-96-0351

LEGAL DESCRIPTION: Lot 3 Block D Homewood

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

- 1. Building Permit Number: 4113 (Certification not required for this item).
2. I certify that the elevation of the top of the lowest plumbing stubout is inches (circle one) above / below benchmark elevation as indicated on septic tank permit.
3. I certify that the top of the lowest building plumbing stubout is 1 inches (circle one) above / below crown of road elevation shown on septic tank permit.
4. I certify that the top of the drainfield pipe elevation is
5. I certify that all severely limited soil has been removed from an area of feet by feet a minimum depth. Surveyor must submit 2 plot plans to scale of excavated area.
6. I certify that all moderately and severely limited soils have been removed in an area feet wide or 33% of the area of the drainfield. This area is centered in the drainfield and extends to a depth of feet where slightly limited soils exist. Surveyor must submit 2 plot plans to scale of excavated area.
7. I certify that all severely limited soils have been removed from an area one foot beyond the perimeter of the drainfield rock and the excavation meets all detail requirements as shown in Diagram A, or Diagram B on reverse side. Surveyor must submit 2 plot plans to scale of excavated area.

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

CERTIFIED BY: [Signature] Certified to # 3 only. Date: 1-20-97 Job Number: 1277

As applicant or applicant's representative, I understand the above requirements. [Signature] (Signature)

MARTIN COUNTY HEALTH DEPT. ENVIRONMENTAL HEALTH UNIT USE ONLY. Evelyne J. [Signature] Martin County Health Unit Signature 561-221-4090 1-21-97 (Date)

4113

TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER _____

PERMIT NUMBER 4113

DATE ISSUED 12/26/96

OWNER Mr Pat & Nancy SCULLY

CONTRACTOR OR OWNER/BLDR DRIFTWOOD CONST

ADDRESS _____

ADDRESS 2163 Pinetridge

CITY/ST/ZIP SP

CITY/ST/ZIP Jensen Beach

TELEPHONE _____

TELEPHONE 334-5827

FLOOD ZONE B

TO BE CONSTRUCTED New house

SITE ADDRESS 11 N Ridge View

SUBDIVISION Horseshoe

CONSTRUCTION VALUE 278,000

FEES

REMODELING/NEW CONSTRUCTION _____

PLUMBING 100.00

IMPACT 1508.00

ELECTRICAL 100.00

RADON 4740

MECH./A.C. 100.00

SEPTIC _____

ROOF 100.00

WELL _____

WALL _____

FENCE _____

POOL ENCLOSURE _____

POOL _____

OWNER/BUILDER DRIFTWOOD HOMES

DOCK _____

TOTAL 3679.00

PAID BY CHECK _____

PRIME ALL METAL OR USE BULL

PLUMBING TOP-OUT OK

BUILDING INSPECTION

(FOR OFFICIAL USE ONLY)

(SIGN OFF)

FORM BOARD SURVEY _____ DATE _____

NAILING Am DATE 3/19/97

ROUGH PLUMBING OK DATE 1/21/97

ROOF DRY OK DATE 5/4/97

TERMITE PROTECTION OK DATE 1/21/97

INSULATION as per 2224 DATE 5/2/97

FOOTING OK - 2x DATE 1-7-97

FINAL ELECTRIC _____ DATE _____

LINTEL _____ DATE _____

FINAL PLUMBING _____ DATE _____

ROUGH ELECTRIC OK DATE 5/2/97

SEPTIC FINAL _____ DATE _____

FRAMING m DATE 5/2/97

DRIVEWAY _____ DATE _____

A/C DUCTS m DATE 5/2/97

FINAL C.O. _____ DATE _____

SLAB OK 1022-97 Dale Brown Tie Beam 2/10/97

PERMIT AUTHORIZED BY Dale Brown 12/26/96

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

Department of Community Affairs
 FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SN: 5050

FORM 600A-93 Residential Whole Building Performance Method A SOUTH
 PROJECT NAME: LOT 3 ; BUILDER: DRIFTWOOD HOMES
 AND ADDRESS: N. RIDGEVIEW ; PERMITTING ; CLIMATE
 SEWALLS POINT ; OFFICE: SEWALLS POINT ; ZONE: 71_1 81_1 91_1
 OWNER: SCULLY ; PERMIT NO. ; JURISDICTION NO. 531300

1. New construction or addition 2. Single family detached or Multifamily attached 3. If Multifamily-No. of units 4. If Multifamily, is this a worst case (yes/no) 5. Conditioned floor area (sq.ft.) 6. Predominant eave overhang (ft.) 7. Porch overhang length (ft.) 8. Glass area and type: a. Clear Glass b. Tint, film or solar screen 9. Floor type and insulation: a. Slab on grade (R-value, perimeter) b. Wood, raised (R-value, area) 10. Net Wall type area and insulation: a. Exterior: 1. Concrete (Insulation R-value) b. Adjacent: 2. Wood frame (Insulation R-value) 11. Ceiling type area and insulation: a. Under attic (Insulation R-value) 12. Air distribution systems a. Ducts (Insulation + Location) 13. Cooling system 13. Cooling system 14. Heating System: 14. Heating System: 15. Hot water system: 16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump) 17. Infiltration practice: 1, 2 or 3 18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone) 19. EPI (must not exceed 100 points) a. Total As-Built points b. Total Base points	1. New Construction 2. Single-Family 3. 0 4. 5. 4100.00 6. 1.00 7. 50.00 Single Pane Double Pane 8a. 0.0sqft 0.00sqft 8b. 610.5sqft 32.00sqft 9a. R= 0.00 , 253.00 ft 9b. R=19.00 , 610.00 sqft 10a-1 R= 5.40, 2737.00sqft 10b-2 R=11.00, 200.00sqft 11a. R=19.00 , 4320.00sqft 12a. R= 6.00 , uncond 13. Type: Central A/C SEER: 11.00 13. Type: Central A/C SEER: 11.00 14. Type: Strip Heat COP: 1.00 14. Type: Strip Heat COP: 1.00 15. Type: Electric EF: 0.94 16. 17. 2 18. MZ 19. 97.78 19a. 66188.86 19b. 67693.15
--	---

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

PREPARED BY: *R. Salgado*
 DATE: *11/26/96*

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

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

DATE: _____ | DATE: _____

Department of Community Affairs
FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

SN: 5050

FORM 600A-93 Residential Whole Building Performance Method A SOUTH
PROJECT NAME: LOT 3 | BUILDER: DRIFTWOOD HOMES
AND ADDRESS: N. RIDGEVIEW | PERMITTING | CLIMATE
SEWALLS POINT | OFFICE: SEWALLS POIN | ZONE: 7 | 8 | 9 |
OWNER: SCULLY | PERMIT NO. | JURISDICTION NO. 531300

1. New construction or addition	1. New Construction	_____
2. Single family detached or Multifamily attached	2. Single-Family	_____
3. If Multifamily-No. of units	3. 0	_____
4. If Multifamily, is this a worst case (yes/no)	4.	_____
5. Conditioned floor area (sq.ft.)	5. 4100.00	_____
6. Predominant eave overhang (ft.)	6. 1.00	_____
7. Porch overhang length (ft.)	7. 50.00	_____
8. Glass area and type:	Single Pane Double Pane	
a. Clear Glass	8a. 0.0sqft 0.00sqft	_____
b. Tint, film or solar screen	8b. 610.5sqft 32.00sqft	_____
9. Floor type and insulation:		
a. Slab on grade (R-value, perimeter)	9a. R= 0.00 , 253.00 ft	_____
b. Wood, raised (R-value, area)	9b. R=19.00 , 610.00 sqft	_____
10. Net Wall type area and insulation:		
a. Exterior: 1. Concrete (Insulation R-value)	10a-1 R= 5.40, 2737.00sqft	_____
b. Adjacent: 2. Wood frame (Insulation R-value)	10b-2 R=11.00, 200.00sqft	_____
11. Ceiling type area and insulation:		
a. Under attic (Insulation R-value)	11a. R=19.00 , 4320.00sqft	_____
12. Air distribution systems		
a. Ducts (Insulation + Location)	12a. R= 6.00 , uncond	_____
13. Cooling system	13. Type: Central A/C	_____
	SEER: 11.00	_____
13. Cooling system	13. Type: Central A/C	_____
	SEER: 11.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
14. Heating System:	14. Type: Strip Heat	_____
	COP: 1.00	_____
15. Hot water system:	15. Type: Electric	_____
	EF: 0.94	_____
16. Hot Water Credits: (HR-Heat Recovery, DHP-Dedicated Heat Pump)	16.	_____
17. Infiltration practice: 1, 2 or 3	17. 2	_____
18. HVAC Credits (CF-Ceiling Fan, CV-Cross vent, HF-Whole house fan, RB-Attic radiant barrier, MZ-Multizone)	18. MZ	_____
19. EPI (must not exceed 100 points)	19. 97.78	_____
a. Total As-Built points	19a. 66188.86	_____
b. Total Base points	19b. 67693.15	_____

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

PREPARED BY: *R. Dalrymple*
DATE: *11/22/96*

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

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

DATE: _____ | DATE: _____

SUMMER CALCULATIONS

=== BASE === | === AS-BUILT ===

=====

GLASS----- |

ORIEN	AREA	× BSPM	= POINTS	TYPE	SC	ORIEN	AREA	× SPM	× SOF	= POINTS
NE	170.00	109.7	18649.0	SGL TINT		NE	20.0	94.5	.44	831.6
				SGL TINT		NE	40.0	94.5	.95	3581.6
				SGL TINT		NE	20.0	94.5	.89	1685.6
				SGL TINT		NE	30.0	94.5	.96	2732.3
				SGL TINT		NE	14.0	94.5	.97	1285.0
				SGL TINT		NE	14.0	94.5	.98	1294.7
				SGL TINT		NE	8.0	94.5	.96	728.6
				SGL TINT		NE	24.0	94.5	.97	2198.0
E	15.00	109.7	1645.5	SGL TINT		E	15.0	133.9	.70	1413.8
SE	94.00	109.7	10311.8	SGL TINT		SE	15.0	143.0	.95	2041.8
				SGL TINT		SE	15.0	143.0	.84	1797.0
				SGL TINT		SE	34.0	143.0	.32	1575.1
				SGL TINT		SE	30.0	143.0	.84	3594.1
S	32.00	109.7	3510.4	SGL TINT		S	20.0	132.5	.33	863.1
				SGL TINT		S	12.0	132.5	.97	1537.0
SW	166.00	109.7	18210.2	SGL TINT		SW	30.0	143.0	.28	1201.2
				SGL TINT		SW	6.0	143.0	.84	718.8
				SGL TINT		SW	42.0	143.0	.97	5818.4
				SGL TINT		SW	28.0	143.0	.94	3783.0
				SGL TINT		SW	14.0	143.0	.94	1891.5
				SGL TINT		SW	14.0	143.0	.94	1891.5
				SGL TINT		SW	16.0	143.0	.91	2091.4
				SGL TINT		SW	16.0	143.0	.91	2091.4
W	12.00	109.7	1316.4	SGL TINT		W	12.0	133.9	.97	1562.2
NW	121.50	109.7	13328.5	SGL TINT		NW	6.0	94.5	.54	308.5
				SGL TINT		NW	36.0	94.5	.87	2971.1
				SGL TINT		NW	36.0	94.5	.87	2971.1
				SGL TINT		NW	7.5	94.5	.89	632.1
				SGL TINT		NW	36.0	94.5	.97	3305.3
HZ	32.00	109.7	3510.4	DBL TINT		HZ	32.0	278.9	1.00	8924.8

.15 × COND. FLOOR / TOTAL GLASS = ADJ. × GLASS = ADJ GLASS | GLASS

AREA AREA FACTOR POINTS POINTS | POINTS

=====

.15 4,100.00 642.50 .957 70,482.24 67,465.49 | 67,321.52

=====

NON GLASS----- |

AREA	× BSPM	= POINTS	TYPE	R-VALUE	AREA	× SPM	= POINTS
WALLS-----							
Ext	2737.0	1.6	4379.2	Ext NormWtBlock In	5.4	2737.0	1.92 5255.0
Adj	200.0	1.0	200.0	Adj Wood Frame	11.0	200.0	1.00 200.0
DOORS-----							
Ext	168.0	6.4	1075.2	Ext Insulated		168.0	6.40 1075.2
Adj	18.0	2.6	46.8	Adj Wood		18.0	3.80 68.4
CEILINGS-----							
UA	4100.0	.8	3280.0	Under Attic	19.0	4320.0	1.50 6480.0
FLOORS-----							
Slb	253.0	-20.0	-5060.0	Slab-on-Grade	.0	253.0	-20.00 -5060.0
Rsd	610.0	-2.2	-1317.6	Rsd Wood Adjacent	19.0	610.0	.60 366.0

THEY TREATON

4100.0 14.7 60270.0 | Practice #2

4100.0 14.70 60270.0

=====

TOTAL SUMMER POINTS |

130,339.09 |

135,976.16

=====

TOTAL × SYSTEM = COOLING | TOTAL × CAP × DUCT × SYSTEM × CREDIT = COOLING
SUM PTS MULT POINTS | COMPON RATIO MULT MULT MULT POINTS

130,339.09 .37 48,225.46 | 135,976.16 1.00 1.100 .310 .950 44,049.48

=====

WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----				-----						
ORIEN	AREA	× BWPM =	POINTS	TYPE	SC	ORIEN	AREA	× WPM	× WOF	= POINTS
NE	170.00	-.4	-68.0	SGL TINT		NE	20.0	2.9	1.51	87.6
				SGL TINT		NE	40.0	2.9	1.05	122.1
				SGL TINT		NE	20.0	2.9	1.10	64.0
				SGL TINT		NE	30.0	2.9	1.04	90.2
				SGL TINT		NE	14.0	2.9	1.03	41.8
				SGL TINT		NE	14.0	2.9	1.02	41.5
				SGL TINT		NE	8.0	2.9	1.04	24.0
				SGL TINT		NE	24.0	2.9	1.03	71.7
E	15.00	-.4	-6.0	SGL TINT		E	15.0	.2	7.81	23.4
SE	94.00	-.4	-37.6	SGL TINT		SE	15.0	-2.0	.91	-27.4
				SGL TINT		SE	15.0	-2.0	.74	-22.2
				SGL TINT		SE	34.0	-2.0	-1.06	71.9
				SGL TINT		SE	30.0	-2.0	.74	-44.3
S	32.00	-.4	-12.8	SGL TINT		S	20.0	-1.8	-1.71	61.7
				SGL TINT		S	12.0	-1.8	.97	-20.9
SW	166.00	-.4	-66.4	SGL TINT		SW	30.0	-2.0	-1.46	87.6
				SGL TINT		SW	6.0	-2.0	.74	-8.9
				SGL TINT		SW	42.0	-2.0	.94	-79.3
				SGL TINT		SW	28.0	-2.0	.90	-50.6
				SGL TINT		SW	14.0	-2.0	.90	-25.3
				SGL TINT		SW	14.0	-2.0	.90	-25.3
				SGL TINT		SW	16.0	-2.0	.86	-27.5
				SGL TINT		SW	16.0	-2.0	.86	-27.5
W	12.00	-.4	-4.8	SGL TINT		W	12.0	.2	1.58	3.8
NW	121.50	-.4	-48.6	SGL TINT		NW	6.0	2.9	1.39	24.2
				SGL TINT		NW	36.0	2.9	1.12	116.8
				SGL TINT		NW	36.0	2.9	1.12	116.8
				SGL TINT		NW	7.5	2.9	1.10	24.0
				SGL TINT		NW	36.0	2.9	1.03	107.4
HZ	32.00	-.4	-12.8	DBL TINT		HZ	32.0	-5.7	1.00	-182.4

.15 × COND. FLOOR /	TOTAL GLASS =	ADJ. ×	GLASS	=	ADJ GLASS	GLASS
AREA	AREA	FACTOR	POINTS		POINTS	POINTS
.15	4,100.00		642.50	.957	-257.00	-246.00
						638.90

NON GLASS-----				-----				
AREA	× BWPM =	POINTS	TYPE	R-VALUE	AREA	× WPM =	POINTS	
WALLS-----								
Ext	2737.0	.3	821.1	Ext NormWtBlock In	5.4	2737.0	.86	2353.8
Adj	200.0	.5	100.0	Adj Wood Frame	11.0	200.0	.50	100.0
DOORS-----								
Ext	168.0	1.8	302.4	Ext Insulated		168.0	1.80	302.4
Adj	18.0	1.3	23.4	Adj Wood		18.0	1.90	34.2
CEILINGS-----								
UA	4100.0	.1	410.0	Under Attic	19.0	4320.0	.30	1296.0
FLOORS-----								
Slb	253.0	-2.1	-531.3	Slab-on-Grade	.0	253.0	-2.10	-531.3
Rsd	610.0	-.3	-170.8	Rsd Wood Adjacent	19.0	610.0	.30	183.0

4100.0 1.2 4920.0 | Practice #2

4100.0 1.20 4920.0

=====

TOTAL WINTER POINTS |

5,628.80 |

9,297.02

=====

TOTAL × SYSTEM = HEATING | TOTAL × CAP × DUCT × SYSTEM × CREDIT = HEATING
WIN PTS MULT POINTS | COMPON RATIO MULT MULT MULT POINTS

5,628.80 1.10 6,191.68 | 9,297.02 1.00 1.100 1.000 .950 9,715.38

=====

 WATER HEATING

=== BASE ===

=== AS-BUILT ===

NUM OF BEDRMS	×	MULT	=	TOTAL	;	TANK VOLUME	EF	TANK RATIO	×	MULT	×	CREDIT MULT	=	TOTAL
4		3319.0		13,276.00	;	40	.94	1.000		3106.0		1.00		12,424.00

 SUMMARY

=== BASE ===

=== AS-BUILT ===

COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS	;	COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
48225.5		6191.7		13276.0		67,693.15	;	44049.5		9715.4		12424.0		66,188.86

 * EPI = 97.78 *

ENERGY GUIDE

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

EPI= 97.8



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

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency	
		SINGL CLR		DBL TINT	
WINDOWS.....	Single Tint	-----X-----			
INSULATION.....					
Ceiling R-Value.....	19.0	R-10		R-30	
Wall R-Value.....	5.4	R-0		R-7	
Floor R-Value.....	19.0	R-0		R-19	
AIR CONDITIONER.....					
SEER.....	11.0	10.0	SEER	17.0	
HEATING SYSTEM.....					
Electric COP.....	1.0	2.50	COP	4.19	
WATER HEATER.....					
Electric EF.....	0.94	0.88		0.96	
Gas EF.....	0.00	0.54		0.90	
Solar EF.....		0.40		0.80	
OTHER FEATURES.....					

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

Address: _____ Builder Signature: _____ Date: _____

City/Zip _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/17/96**PRODUCER**Rick Carroll Insurance
2160 N.E. Dixie Highway
P.O. Box 877
Jensen Beach FL 34958-0877

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 COVERAGECOMPANY
A Maryland CasualtyCOMPANY
B PCA Property & Casualty ICOMPANY
CCOMPANY
D**INSURED**Alan B Morris DBA Driftwood Homes & Improve
2163 Pine Ridge Street
Jensen Beach FL 34957**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	RGM19308718	06/12/96	06/12/97	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000
	OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 10,000
	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					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	\$
						\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
B	WORKERS COMPENSATION EMPLOYERS' LIABILITY	09039721096	03/01/96	03/01/97	WC STATU- TORY LIMITS	OTH- ER
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$ 100,000
					EL DISEASE - POLICY LIMIT	\$ 500,000
					EL DISEASE - EA EMPLOYEE	\$ 100,000
OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
cgl 96-97 certificate of insurance

certificate as proof of insurance

CERTIFICATE HOLDERTOWN OF SEWALLS POINT
FAX 200-4765

STUART FL 34995

CANCELLATIONSHOULD 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
r keith carroll

DRIFTWOOD HOMES
A SOLE PROPRIETORSHIP
ATTN ALAN B. MORRIS
2163 PINERIDGE ST
JENSEN BEACH, FL 34957-5730

1676

5-2/110

PAY
TO THE
ORDER OF

SEWALLS PT

8/1 1997

\$ 120.00

one hundred twenty & $\frac{27}{100}$

DOLLARS

 **Edward D. Jones & Co.**
STATE STREET BANK
225 Franklin St., Boston, MA 02101

5160159017

[Signature]

FOR

⑆011000028⑆1676 221110050⑆131

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO.

Date 8/1 19 97

Building erected for PATRICK & NANCY SCULLY

Subdivision HOMWOOD Lot 3 Block D

Address 11 NORTH RIDGEVIEW

An interim proprietary and general services fee to defray costs to Town on newly improved property prior to imposition of ad valorem taxes on such property. From 8/1/97 To 12/31/97.

TOTAL \$ 120⁰⁰ PAID - Check # 1676 , Cash _____

Signed *[Signature]*
Applicant

Signed *[Signature]*
Town Building Inspector



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ON-SITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS & REGS. W 600-6, FAC

NOV 22 1996

APPLICATION FOR:

New System Existing System Abandonment

HRS-Martin County
[] Building Bank
[] Other (Specify)

Temporary/Experimental

APPLICANT: ALAN B. MORRIS

TELEPHONE: 334-5827

AGENT:

MAILING ADDRESS: 2163 Pine Ridge St. Jensen Beach 34957

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE. PROPERTY INFORMATION (IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED)

LOT: 3 BLOCK: D SUBDIVISION: HOMELWOOD #B3 P25 DATE OF SUBDIVISION: 1-11-56
PROPERTY ID #: _____ (Section/Township/Range/Parcel No.) ZONING: _____

PROPERTY SIZE: 15173.88 ACRES (89ft/43560) PROPERTY WATER SUPPLY: PRIVATE PUBLIC

PROPERTY STREET ADDRESS: Riverview Cir - SEWAS PT.

DIRECTIONS TO PROPERTY: FROM EAST OCEAN BLVD & SEWELLS POINT Rd. GO SOUTH TO RIDGEVIEW ROAD GO WEST TO SITE

BUILDING INFORMATION		<input checked="" type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL		
Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity
1	SINGLE FAMILY	4	4100 A/C		FOR COMMERCIAL ONLY
2					
3					
4					

Garbage Grinders/Disposals Spa/Hot Tubs Floor/Equipment Drain
 Ultra-low Volume Flush Toilets Other (Specify)

APPLICANT'S SIGNATURE: Alan B. Morris DATE: 11/20/96

APPLICANT'S NAME: ALAN B. MARRS

LEGAL DESCRIPTION: LOT 3 BLOCK D OF HOMEWOOD SUB. SEWALIS PT

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 1250 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 1074 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 109 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 If yes, what is the minimum required flood hazard floor elevation of the building? NO 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.: 4134
DATE: 11-20-96 JOB NO.: 1277



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: ALAN Morris SEPTIC TANK PERMIT NO. HD-96-1351

LEGAL DESCRIPTION: Lot 3 Block D Homewood

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

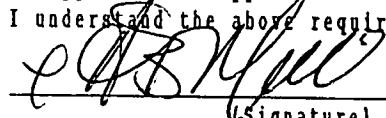
- 1. Building Permit Number: _____ (Certification not required for this item).
- 2. I certify that the elevation of the top of the lowest plumbing stubout is _____ inches (circle one) above / below benchmark elevation as indicated on septic tank permit.
- 3. I certify that the top of the lowest building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

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

CERTIFIED BY: _____

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

Date: _____ Job Number: _____



(Signature)

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

Martin County Health Unit Approval Signature

(Date)

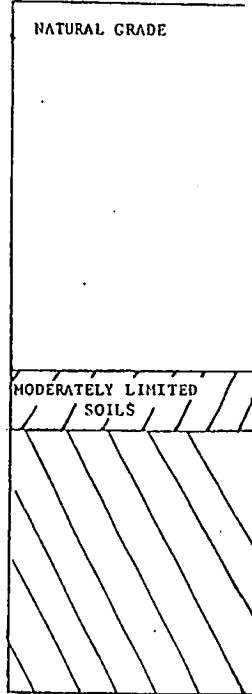
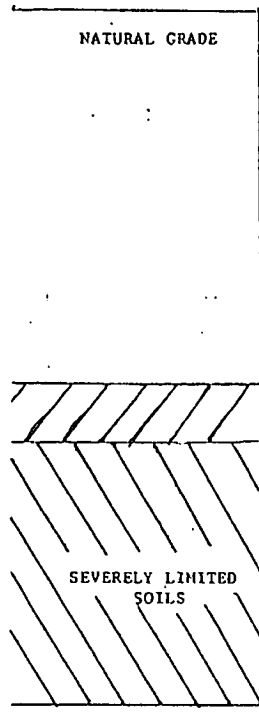
MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH
SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994

Revised 3/28/92

STUBOUT PIPE
STUBOUT PIPE

"DIAGRAM A"

9 - 12" SOIL COVER

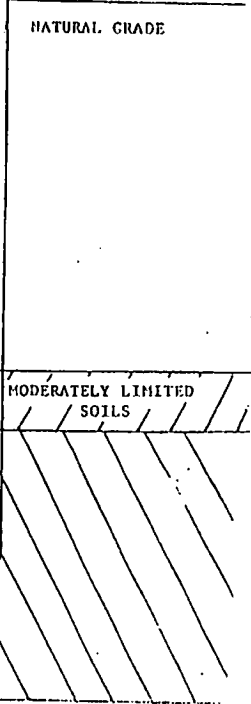
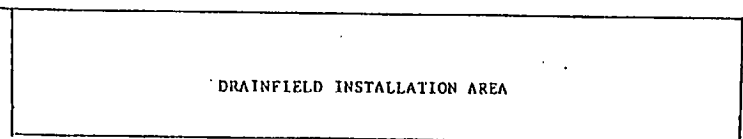
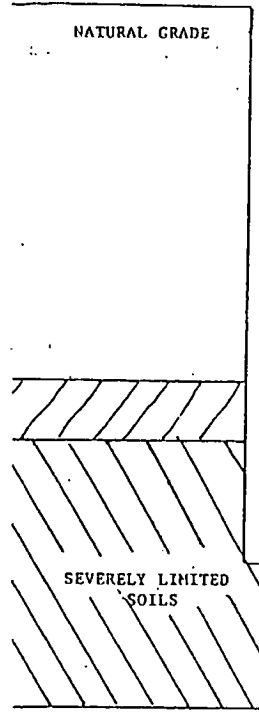


4/92

STUBOUT PIPE

"DIAGRAM B"

9 - 12" SOIL COVER



SLIGHTLY LIMITED SOILS

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 96-0351-
DATE PAID 11/22/96
FEE PAID \$ 95.00
RECEIPT # 18938
NO WELL

CONSTRUCTION PERMIT FOR:

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

APPLICANT: ALAN MORRIS AGENT: _____

PROPERTY STREET ADDRESS: RIVERVIEW CT SEWALLS PT

LOT: 3 BLOCK: D SUBDIVISION: HOMWOOD

PROPERTY ID #: _____ [SECTION/TOWNSHIP/RANGE/PARCEL NO.]
[OR TAX ID NUMBER]

=====

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC
REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS
EXPIRE 18 MONTHS FROM THE DATE OF ISSUE. HRS APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY
PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A
BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH
MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID.

=====

SYSTEM DESIGN AND SPECIFICATIONS

T [1350] [GALLONS] SEPTIC TANK MULTI-CHAMBERED/IN SERIES: [W]
A [0] [GALLONS / GPD] _____ CAPACITY MULTI-CHAMBERED/IN SERIES: [N]
N [0] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [0] GALLONS PER DOSE DOSE RATE [0] PER 24 HRS NO. OF PUMPS: [0]

D [500] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [0] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND [] _____

I CONFIGURATION: [X] TRENCH [] BED [X] 5 TRENCHES 33.3'
N

F LOCATION OF BENCHMARK: CROWN OF ROAD NGVD 10.74'

I ELEVATION OF PROPOSED SYSTEM SITE IS [2.0] INCHES ABOVE BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [22.0] INCHES BELOW BENCHMARK/REFERENCE POINT
L

D FILL REQUIRED: [0.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES

O TOPOF BUILDING STUBOUTS REQUIRED TO BE A MINIMUM ELV. OF 2" BELOW CR 10.74' INSPECTION.
T TOP OF DRAINFIELD PIPE IS REQUIRED TO BE A MINIMUM ELV. OF 12" BELOW CR 10.74'
H TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELV. OF 2" ABOVE CR 10.74'
E SEPTIC TANK IS TO BE AT FINISH SOIL GRADE, DO NOT EXCEED 18" COVER ON D.F.
R " SEE SPECIAL CONDITIONS LIST " - OUTLET FILTER DEVICES MUST BE INSTALLED
IN SEPTIC TANK

SPECIFICATIONS BY: MARK TAMBLYN TITLE: ENV. SPL. I

APPROVED BY: RAY CROSS TITLE: ENV. SUPV. II MARTIN CPHU

DATE ISSUED: 12/04/96 EXPIRATION DATE: 06/04/98



SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: ALLAN Morris PERMIT NO. (HD) 96-035
SUBDIVISION: HOMEWOOD Lot 3 Block D

- N O T E** Special Condition(s) marked "X" are in effect.
1. Drainfield must be maintained under grass; ___ and protected from vehicular traffic (i.e., traffic barriers).
 2. Operational test of dosing pump(s) and high water alarm (audible and visual) required prior to final construction approval.
 3. Driveway / sidewalk elevation must be 9" higher than drainfield pipe elevation if they are within ___ feet of each-other.
 4. Septic system must be ___' from surface water / wetlands / mean high water line.
 5. Excavate one / three feet beyond drainfield area to a depth of _____.
 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. If well abandonment is required, the well(s) in question must be properly abandoned by a certified well driller. The attached well abandonment form(s) must be completed by the well driller and submitted to this office prior to initial building construction or system installation.
 8. Septic tank abandonment notices from the Septic Tank Contractor must be received by this office prior to final construction approval.
 9. The mound area must be sodded within prior to the request for final grade inspection.
 10. Any future ponds or surface water created onsite must be greater than 75' from septic system(s).
 11. The available area for septic installation must to be evenly filled and leveled.
 12. \$ ~~500~~ reinspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection.
- SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS. Page 1 of 3

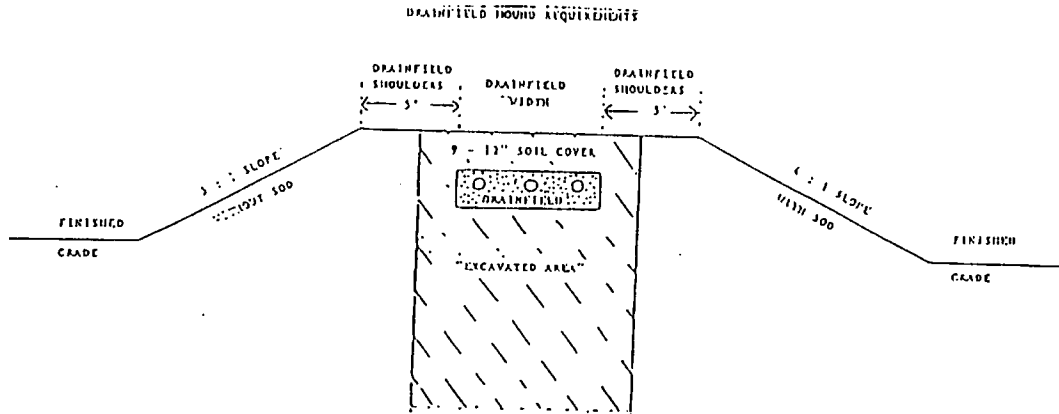
MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH
620 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994
(561) 221-4090 • SUNCOM 269-4090 • FAX (561) 221-4967

SPECIAL CONDITION REQUIREMENTS (Page 2 of 3) Revised 07/24/96

13. 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.
14. Occupational approval will not be given until all requirements for public water system/ foodservice/ institutional/ septic system are met. _____
15. Septic tank/ dosing chamber/ grease trap must have (traffic lids with) _____ manhole cover(s) per tank extending to the surface.
16. _____ gallon outside grease trap(s) is required. The grease trap should be connected with the outlet tee extending to within 8" of the bottom of the tank. The following must be connected to the grease trap.
- a) handwash sink(s).
 - b) three compartment sink(s).
 - c) floor drains.
 - d) can wash, janitor's sink(s).
 - e) dishwasher if present.
- All other greaseless flow should be connected directly to the septic tank.
17. _____ to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible and visual signals is required. If two drainfields are used, each field must be connected to an individual pump and alternately dose.
18. Two pumps are required to alternately dose into two separate fields. Separate drainfields must be a minimum of 10 feet apart.
19. If rainwater from the building roof drains onto the drainfield available area, gutters are required in the area of drainfield. Down-spouts must be diverted from the drainfield area.
20. No sprinkler heads are allowed on top of drainfield. Irrigation lines must be separated from the drainfield by ten feet unless an approved backflow prevention device is properly installed.
21. 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.
22. All wells installed onsite must be 25' from the building foundation and meet all other setback-installation requirements.
23. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.
24. If the building stubout is placed more than 20ft. from septic tank or drainfield, the stubout elevation must be higher than the permitted elevation to achieve gravity flow. This must have prior approval from the health unit.

SPECIAL CONDITION REQUIREMENTS (Page 3 of 3) Revised 07/24/96

- ___25. If fill is required, contact Martin County Building Division for requirements.
- X26. Inspection results will be posted on the building permit. A copy of the construction approval is available upon request.
- ___27. A septic tank outlet filter is required on all septic tanks.
- X28. If any information on this permit changes, an amended application is required to be filed immediately.
- X29. Any alteration of the information or conditions of this permit found to be in non-compliance with 10D-6 Florida Administrative Code, will be sufficient cause for revocation of this permit.
- X30. The engineer of record must certify that the installed system complies with the approved design and installation requirements.
- ___31. 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(s)).
- ___32. 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).



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

33. Other: _____

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

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
M. T. Ambly at (561) 221-4090.

W12

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

PERMIT # 96-0351-
NO WELL

APPLICANT: ALAN MONRIS AGENT: _____

LOT: 3 BLOCK: D SUBDIVISION: HOMWOOD

PROPERTY ID #: _____ [SECTION/TOWNSHIP/RANGE/PARCEL NO. OR TAX ID NUMBER]

TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEE OR OTHER QUALIFIED PERSON. ENGINEER'S MUST PROVIDE REGISTRATION NO. AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: [] YES [] NO NET USABLE AREA AVAILABLE: .34 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 600 GALLONS PER DAY [RESIDENCES-TABLE-1 / OTHER-TABLE-2]
AUTHORIZED SEWAGE FLOW: 850 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1250 SQFT UNOBSTRUCTED AREA REQUIRED: 1000 SQFT

BENCHMARK/REFERENCE POINT LOCATION: CR RD 10.74 NWD
ELEVATION OF PROPOSED SYSTEM SITE IS 2.0 INCHES [ABOVE / BELOW] BENCHMARK/REFERENCE POINT.

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURE:
SURFACE WATER: N/A FT 15 FT 15 FT 15 FT 15 FT 15 FT 15 FT
WELLS: PUBLIC: N/A FT LIMITED USE: N/A FT PRIVATE: N/A FT NON-POTABLE: 52 FT
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 8 FT POTABLE WATER LINES: 34 FT

SITE SUBJECT TO FREQUENT FLOODING: [] YES [] NO 10 YEAR FLOODING? [] YES [] NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: 10.7 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE ① SOIL PROFILE INFORMATION SITE ②

Munsell #/Color	Texture	Depth"	Munsell #/Color	Texture	Depth"
		to			to
<u>10YR 6/1</u>	<u>GRAY SAND</u>	<u>0 to 10</u>	<u>10YR 6/1</u>	<u>GRAY SAND</u>	<u>0 to 17</u>
<u>10YR 8/2</u>	<u>WHITE SAND</u>	<u>10 to 37</u>	<u>10YR 8/2</u>	<u>WHITE SAND</u>	<u>17 to 37</u>
<u>10YR 8/3</u>	<u>W. ANGLE GR. S.</u>	<u>37 to 37</u>	<u>10YR 8/3</u>	<u>W. ANGLE GR. SAND</u>	<u>37 to 35</u>
<u>10YR 7/1</u>	<u>YELLOW SAND</u>	<u>37 to 72</u>	<u>10YR 7/6</u>	<u>YELLOW SAND</u>	<u>35 to 72</u>
		to			to
		to			to
		to			to
		to			to

USDA SOIL SERIES: (#) AROLA SAND (0-8% SLT) USDA SOIL SERIES: (#) AROLA SAND (0-8% SLT)

OBSERVED WATER TABLE: 37 INCHES [ABOVE / BELOW] EXISTING GRADE TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 48 INCHES [ABOVE / BELOW] EXISTING GRADE.
HIGH WATER TABLE VEGETATION: [] YES [] NO MOTTLING: [] YES [] NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 1.20 DEPTH OF EXCAVATION: _____ INCHES
DRAINFIELD CONFIGURATION: [] TRENCH [] BED [OTHER (SPECIFY) 5 TRENCHES @ 33.3 FT.
REMARKS/ADDITIONAL CRITERIA: * SLIGHT INCREASE DUE TO OVERNIGHT RAINS.

SITE EVALUATED BY: William J. P. [Signature] DATE: 11-25-96

ymd

Date: 8/1/97

This is to request a Certificate of Approval for Occupancy to be issued to:
PAT & NANCY SCULLY for Permit No: 4113
issued to construct SINGLE FAMILY RES. upon Property described as
follows: Lot 3, Block D, Sect. _____, Sub HOMELWOOD,
known as: 11 NORTH RIDGEVIEW,
when completed in conformance with the approved plans, and approval of
the following required inspections.

Patricia H. Scully
Owner

Certificate of Occupancy

Town of Sewall's Point, Florida

Lot Stakes/Setbacks	Approved: <u>1/19/97</u>	Termite Protection	Approved: <u>1/24/97</u>
Footings/ Slab	Approved: <u>1/9/97</u>	Rough Plumbing	Approved: <u>1/24/97</u>
Rough Electric	Approved: <u>5/2/97</u>	Lintel/Tie-beam	Approved: <u>2/10/97</u>
Roofing	Approved: <u>5/9/97</u>	Framing/Furring	Approved: <u>5/2/97</u>
Insulation	Approved: <u>5/9/97</u>	HVAC Rough	Approved: <u>5/2/97</u>
Final Electric	Approved: <u>7/31/97</u>	Final Plumbing	Approved: <u>7/31/97</u>
Final HVAC	Approved: <u>7/31/97</u>	Storm Shutters	Approved: <u>7/24/97</u>
Tie-in Survey	Approved: <u>8/1/97</u>	Landscape	Approved: <u>7/31/97</u>

Issued this First day of August, 1997

[Signature]
Building Inspector

V. A. Vovras
Building Commissioner

Joan Pomar
Town Clerk

Record this document or store in a safe place.

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 Soullly, Pat & Nancy Present Address 11 Northridge View
Phone 382-3815

Contractor Pods By Andrews Address 1450 N.W. FEDERAL Hwy
Phone 692-0624

Where licensed _____ License number CPC029646

Electrical contractor Fred Fairchild License number ME-00151

Plumbing contractor Pods By Andrews License number CPC029646

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

State the street address at which the proposed structure will be built: 11 Northridge View Sewall's Point

Subdivision Homewood Lot number 3 Block number D

Contract price \$ 23,528.00 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 [Signature]
Edward Andrews

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 refer to contract attached
PATRICK & SULLY

Date submitted 5/16/97 Approved: [Signature] 5/16/97
Building Inspector Date

Approved: [Signature] Date Final Approval given: _____ Date
Commissioner

Certificate of Occupancy issued (if applicable) _____ Date

SP1282

Permit No. 41841

Approval of these plans in no way relieves the contractor or builder of complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (561) 461-7508

VERO BEACH: (561) 567-6167

STUART: (561) 283-7711

Report of DENSITY OF SOIL IN PLACE ASTM D2922

Client Pools by Andrews

Date June 3, 1997

Contractor Client

Site 11 N. Ridgeview
Pool Deck Backfill

Permit #4184

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
3281	N.E. Corner btwn. House and Pool	0 - 1'	104.8	3281	108.2	96.9
	" " " "	1 - 2'	105.1			97.1
	" " " "	2 - 3'	103.7			95.8
	" " " "	3 - 4'	102.5			94.7
	" " " "	4 - 5'	102.0			94.3
	S.E. Corner	0 - 1'	103.7			95.8
	S.W. Corner	0 - 1'	104.5			96.6
	N.W. Corner	0 - 1'	104.1			96.2
	N. Side	0 - 1'	103.2			95.4
	All elevations below slab grade.					

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

Respectfully submitted,

FRASER ENGINEERING & TESTING, INC.



PAUL H. DANFORTH, P.E., FL Reg. No. 44653

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (561) 461-7508

VERO BEACH: (561) 567-6167

STUART: (561) 283-7711

Report of MOISTURE DENSITY RELATIONSHIP ASTM 1557-70

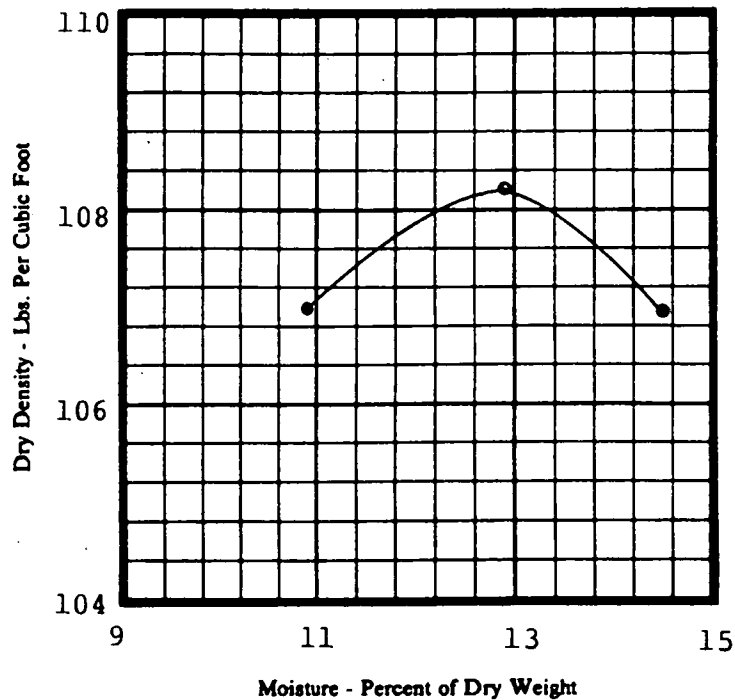
Client Pools by Andrews

Date June 3, 1997

Contractor Client

Site 11 N. Ridgeview
Pool Deck Backfill

Permit #4184



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
3281	B	Composite	12.9	108.2	Gray, fine sand.

Copies

Respectfully submitted,

PAUL H. DANFORTH, P.E.

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # 4184 TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida COUNTY OF Martin

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

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

Lot 3 Blk. D. Park of Homehood [11 North Ridge View]
Seawall Point

GENERAL DESCRIPTION OF IMPROVEMENT: pool

OWNER: Pat & Nancy Scully

ADDRESS: 11 North Ridge View Rd. South

PHONE #: 382-3815 FAX #: _____

CONTRACTOR: POOLS BY ANDREWS

ADDRESS: 1490 N.W. FEDERAL HIGHWAY - STUART, FL 34994

PHONE #: (561) 692-7946 FAX #: (561) 692-1705

SURETY COMPANY (IF ANY) NA

ADDRESS: _____

PHONE # _____

BOND AMOUNT: NA

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: NA

ADDRESS: NA

PHONE #: _____ FAX #: _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES NA

OF NA 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.

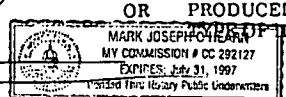
Patrick H Scully
SIGNATURE OF OWNER

FIA LIC # S-400 668 52 269 0

SWORN TO AND SUBSCRIBED BEFORE ME THIS 15TH DAY OF July

1997 BY Patrick H Scully

NOTARY SIGNATURE _____



/data/bzd/bldg_forms/Noc.aw

PREPARED BY AND RETURN TO: POOLS BY ANDREWS, 1490 N.W. FEDERAL HIGHWAY, STUART, FL 34994

Pool Add 4113

GUARDIAN & SAFETY SQUARE AMERICAN BA

Pool By Andrews
MARK O'HEARN
JON E. DURANKO
PERMIT ACCOUNT
1490 N.W. FEDERAL HIGHWAY
STUART, FL 34994

2273


5-16 1997

83-643/670
00566


PAY TO THE ORDER OF

Town of Sewall's Point

One Hundred Dollars & no/100¢ \$ 100.00

DOLLARS  Security features are visible on back

FIRST UNION
First Union National Bank
of Florida
North Palm Beach, Florida
24 Hour Information Service
1-800-735-1012



FOR Scully 297-134

⑈002273⑈ ⑆067006432⑆ 2656609621410⑈

13-84-1006-004.0003-0-2-0000 MASTER PERMIT 4113

TOWN OF SEWALL'S POINT

BUILDING PERMIT NO. 4184

Date 5/19 1997

Building to be erected for PAT & NANCY SCULLY

Applied for by POOLS BY ANDREWS (Contractor)

Subdivision HOMEWOOD Lot 3 Block _____

Address 11 RIDGEVIEW

Type of structure SW. POOL

Building Fee 100, A/C Fee \$100.00, Electrical Fee \$100.00, Plumbing Fee \$100.00, Roofing Fee \$100.00,

Radon Fee _____ Impact Fee (If applicable) _____

TOTAL Fees 100 PAID - Check # _____, Cash _____

Total Construction Cost \$ 23,530

Signed Barbara Munnay
Applicant

Signed Phi
Town Building Inspector

SWIMMING POOL CONSTRUCTION AGREEMENT

Florida License CPC029646

THE GENERAL TERMS AND CONDITIONS ON THE REVERSE SIDE ARE PART OF THIS AGREEMENT.

This AGREEMENT made as of the date of written acceptance of POOLS BY ANDREWS, INC. herein termed "Contractor" and Pat & Nancy Scully (Owner/Prime Contractor) herein termed "Owner",

JOB ADDRESS 11 Northridge View CITY Newalls Point ZIP _____

MAIL ADDRESS 14839 SW 110th Terrace CITY Miami, FL ZIP 33196

HOME PHONE (305) 382-3815 BUSINESS PHONE (FAX) (305) 385-4786 Contractor agrees to

construct for Owner, in substantial conformance with the specifications set forth hereinafter, the following described swimming pool, herein called "the work".

POOL SIZE 14' X 28' DEPTH 3' to 6' SURFACE AREA (SQ. FT.) 332 PERIMETER 76

GENERAL SERVICES

- Standard structural engineering plans and specifications.
- Swimming pool construction permits as required by municipality codes.
- Contractor to hand form and shape pool.
- Excavate and remove soil on day of excavation.
- Install steel reinforcing throughout structure.
- Gunitc-concrete shell to meet or exceed city or county codes.
- One set of shallow end steps.
- Complete hook-up of all water lines from filter to pool.
- Pressure test all plumbing.
- Non-corrosive PVC plumbing throughout.
- Main drain receptacle with grate.
- Skimmer with self adjusting weir.
- Concrete pad for pool equipment.
- Vacuum head and hose, tele-pole, brush, leaf skimmer and test kit.
- Initial start-up service, instructions and maintenance manual.
- Clean-up pool construction debris after completion of plaster.
- State sales and federal taxes.
- Public liability and workmen's compensation insurance.
- Property damage negligence insurance to pool during construction.
- Up to 6 yards of rock included. Any additional rock to be charged at 30% per yard.

OWNER RESPONSIBILITIES

- Approve pool elevation and verify location of property lines.
- Pay for rerouting the overhead or underground utilities when required.
- Pay for any additional costs incurred due to underground obstacles, rock or water.
- Pay any additional costs incurred due to soil with inadequate bearing capacity.
- Pay for electrical panel change or addition of sub panel if required by local code or if existing service is inadequate.
- WATER CURE GUNITC-CONCRETE SHELL 7 DAYS MINIMUM.
- FILL POOL WITH WATER IMMEDIATELY AFTER PLASTER AND BRUSH PLASTER AS INSTRUCTED.
- Provide fencing to meet municipality codes.
- Provide pool maintenance after completion.

GENERAL CONSTRUCTION SPECIFICATIONS

- Access walls or fence to be:
 - Removed by none Owner Pools by Andrews
 - Replaced by none Owner Pools by Andrews
- Normal excavation with standard equipment Yes No
Normal excavation with limited access equipment Yes No
- Remove from pool site on day of excavation only:
 - Stumps Yes No Removed by Owner Pools by Andrews
 - Concrete Yes No Removed by Owner Pools by Andrews
 - Other debris none Owner Pools by Andrews
- Gunitc-concrete loveseat _____ Ft. Yes No
- Deep end Bench Ladder Swimout
- Hand rail Yes No
- Standard waterline tile: Selection _____ Pools by Andrews
 - 8" Raised Bond Beam 8 Ft. Yes No
 - 12" Raised Bond Beam 10 Ft. Yes No
 - 16" Raised Bond Beam _____ Ft. Yes No
 - _____ Raised Bond Beam _____ Ft. Yes No
- Other tile butt nose brick Yes No
- Border Type: butt nose brick Selection _____ Pools by Andrews
- Andrews Advantage under water light 75 watt 12 volt Yes No
- Pool Interior finish: Plaster Pebble Tec Other
Color Selection White Pearl Pools by Andrews
- Other _____

ADDITIONAL SPECIFICATIONS

EQUIPMENT/PLUMBING/ELECTRICAL

- Andrews Advantage filter model DE size 36 Pools by Andrews
- Andrews Advantage Pump and motor: size 1 1/2 Pools by Andrews
- Provide 3 return lines (filtered water) Yes No
- In-Floor system Floor Benches Steps Yes No
heads Yes No
- Portable pool cleaner: Type _____ Yes No
- Provide backwash water disposal to:
 - Landscape Drywell Other _____ Yes No
- Andrews Advantage Heater: Pool Spa Yes No
Type AND ADVANTAGE size 120,000 BTU
Applicable Gas Lines, Piping, Hook-Up, Tank Installation and Permits.
By Owner 8800 / 1520 credit
- Electrical hook-up including permit, time clock, junction box, transformer, bonding and switches for motor and light (located at pool equipment) Yes No
- Other Remote light switch
- DUAL THERMOSTATS

DECKING SPECIFICATIONS

- Install 919 Sq. Ft. Decking Yes No
Type stone Color _____
- Carthver deck on bond beam Yes No
- Footers 72 Ft. Yes No
- Control/expansion joints _____ Pools by Andrews
- Deck-O-Drain 73 Yes No
- Top existing patio 324 Sq. Ft. Yes No
- Risers 24 Ft. Yes No
Type formed concrete
- Other _____

SPA SPECIFICATIONS

- Size 6 round Dam wall length _____ Ft. Yes No
- Spa connected to pool and plumbing equipment Yes No
- Install 4 hydro therapy jets Yes No
- Install air blower 1 HP Yes No
- Install light under bench 75 watt 12 volt Yes No
- Raised 2 inches Yes No
- Other 1 return line
- 4 function air switch

SCREEN SPECIFICATIONS

- Screen enclosure Yes No
- Size _____ Wall Height _____ Ft. _____
- Roof type Mansard Dome Gable Other _____
- Aluminum frame color White Bronze
- Screen door (s) Dog Door Size Medium Large
- Aluminum Roof Non-Insulated Insulated Size _____
- Gutter and Downspout(s) Yes No _____ Ft.
- Other _____

NOTICE

Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained with the proceeds hereof. Recovery hereunder by the debtor shall not exceed amounts paid by the debtor hereunder. 18 C.F.R. §433.2(b)

Owner acknowledges receipt of "Notice of Consumer Rights."

The Lifetime Warranty, general terms and conditions on the reverse side are part of this agreement.

Owner agrees to pay the sum of \$ 23,528.00 Dollars

Down payment \$ 0 the receipt of which is hereby acknowledged.

Balance less deposit: 40% day of excavation, 40% day of gunitc-concrete installation, 15% day of deck form if decking is not included in contract 15% payment is due day of coping and tile). 5% balance due prior to plaster/pebble/interior finish.

Payment is to be from: Owners funds (cash) Bank financing

Accepted this 29 day of April 1997

Any amounts indicated on other contracts with this company are in addition to this contract amount.

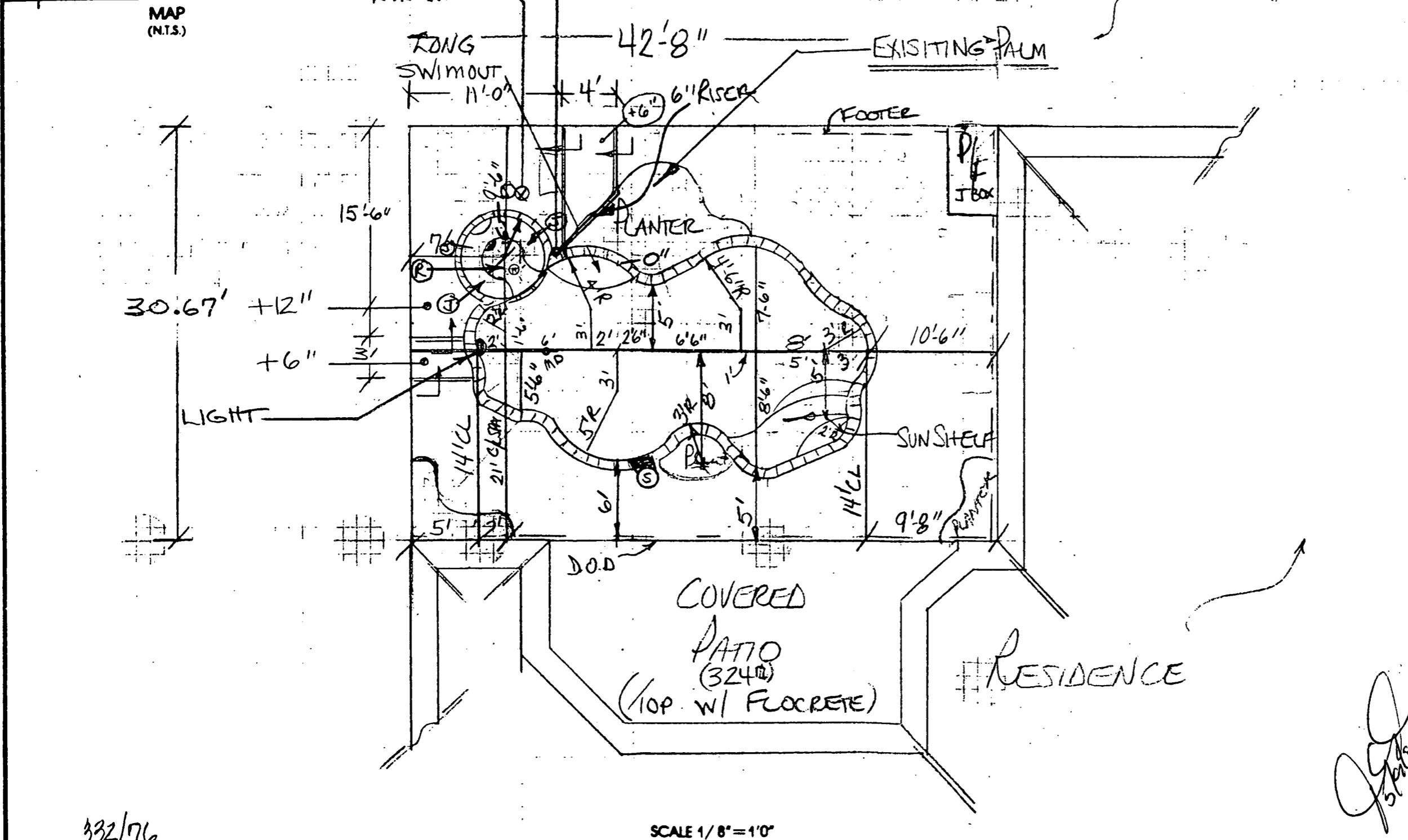
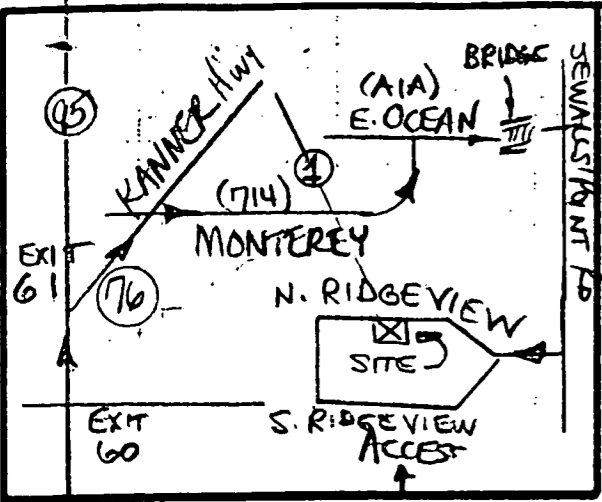
X Patrick H. Scully 5/5/97
Owner/Prime Contractor

By K. Wolfe
Contractor Representative

X _____
Owner/Prime Contractor

BUYER'S RIGHT TO CANCEL

This is a home solicitation sale, and if you do not want the goods or services, you may cancel this agreement by providing written notice to the seller in person, by telegram, or by mail. This notice must indicate that you do not want the goods or services and must be delivered or postmarked before midnight of the third business day after you sign this agreement. If you cancel this agreement, the seller may not keep all or part of any cash downpayment.

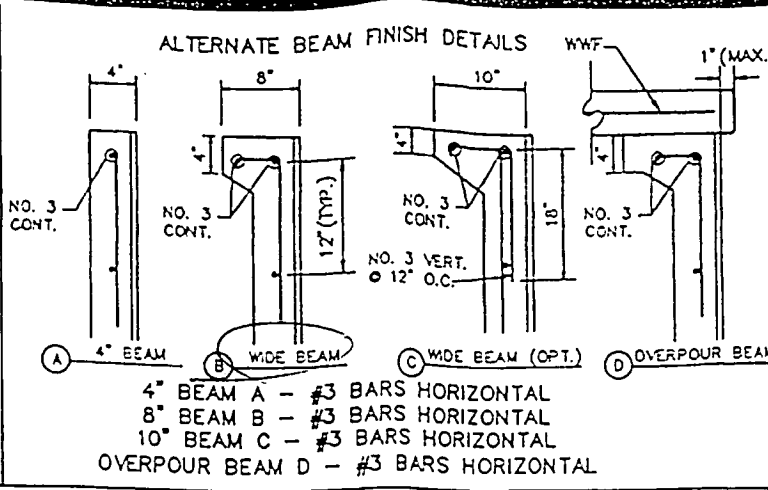
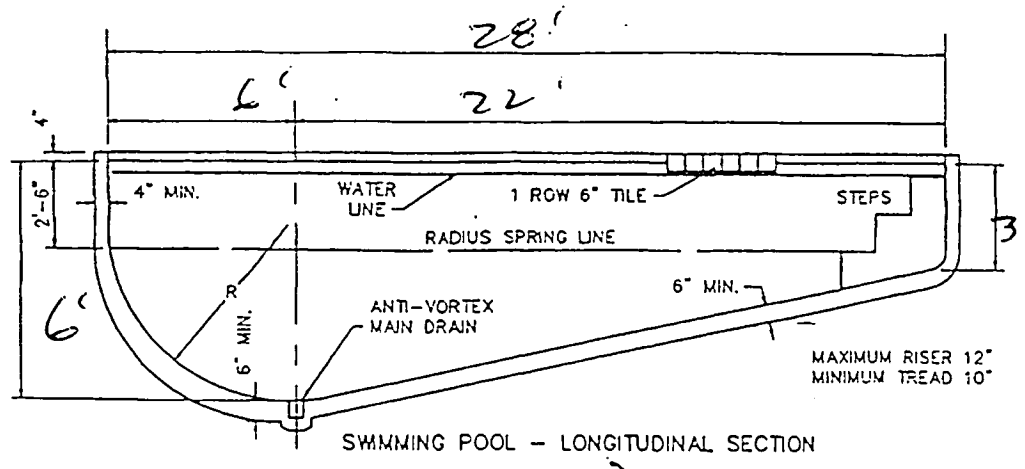


GENERAL SPECIFICATIONS	
JOB NO.	297-134.5 SHAPE CUSTOM
SIZE	14' x 28' DEPTH 3' TO 6'
SF	332 PER. 76 TEMP NO. -
POOL CAPACITY	11,205 GALS
FILTER	DE SQ. FT. 3.6 PUMP H.P. 1 1/2
TILE	6" DEC BRICK BULLWOGS
DECKING	FLOCRETE SQ. FT. 919
FOOTERS	721 D.O.D. 731
LIGHT	1 POOL, 1 SPA/12 VOLT WATTS 75
SWIMOUT	DEEP END BENCH
LADDER	NO HANDRAIL NO
SKIMMER	YES @ 1 1/2" MAIN DRAIN 8"
RETURN LINES	QTY. 3 TYPE: WALL/1 1/2" PRESS
ELECTRICAL HOOKUP	BY PRA
UNDERWATER VACUUM W/HOSE	YES
MUNICIPALITY/TOWN OF	SEWALLS POINT
SET BACKS: SIDE	15'
REAR	25'
HOUSE	5'
NOTES:	6" x 6" RAISED BEAM, 10' of 12" RAISED BEAM. WHITE PEARL PEARLE TEC. ANDREWS ADVANTAGE HEAT PUMP (120,000 BTU'S). 6' ROUND SPA, RAISED 12", 4 SETS, 1 HP BLOWER, 1 RETURN, LIGHT, 4 FUNCTION AIR SWITCH ENTRY STEP. PLANTERS. DIG & DROP. TOP EXISTING WITH "FLO-CRETE" (324#). "SUN SHELF" per plan
DESIGNER	KEN LEAKE DATE 5/6/97
SWIMMING POOL	
Name:	PAT & NANCY SCULLY
Address:	11 NORTH RIDGEVIEW
CITY:	SEWALLS POINT PHONE (305) 382-3815
LOT:	3 BLK D SUB
BOOK:	5 PAGE 46 LOCATION MARTIN CO. FL

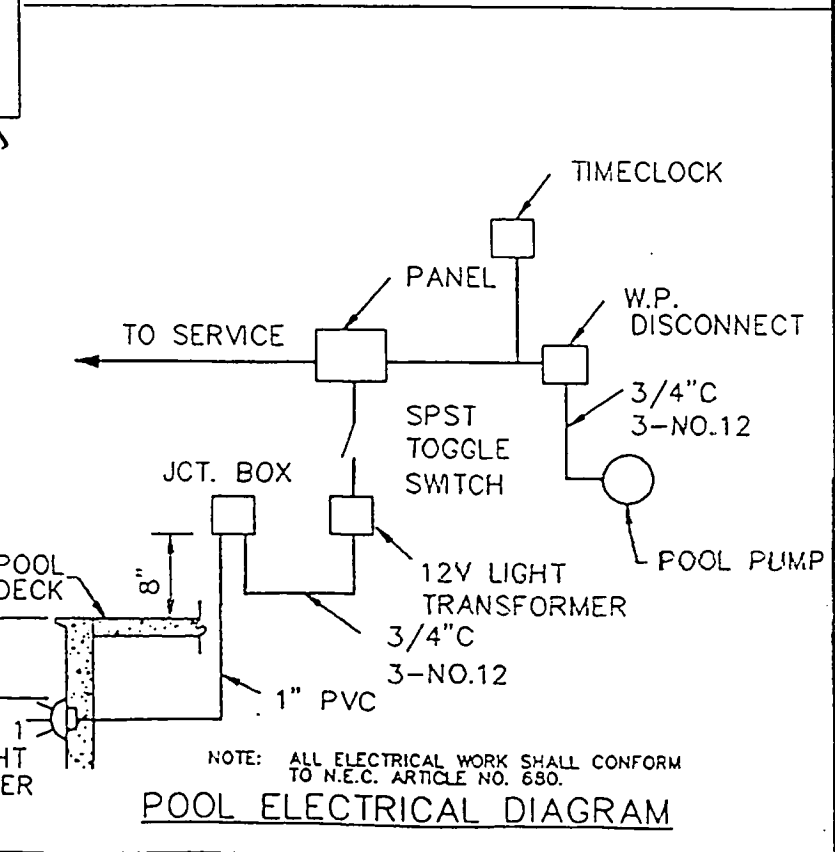
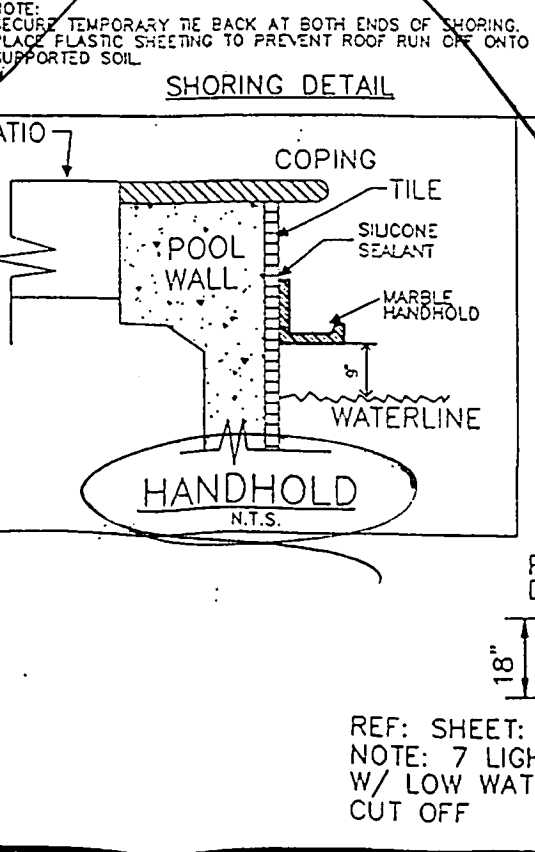
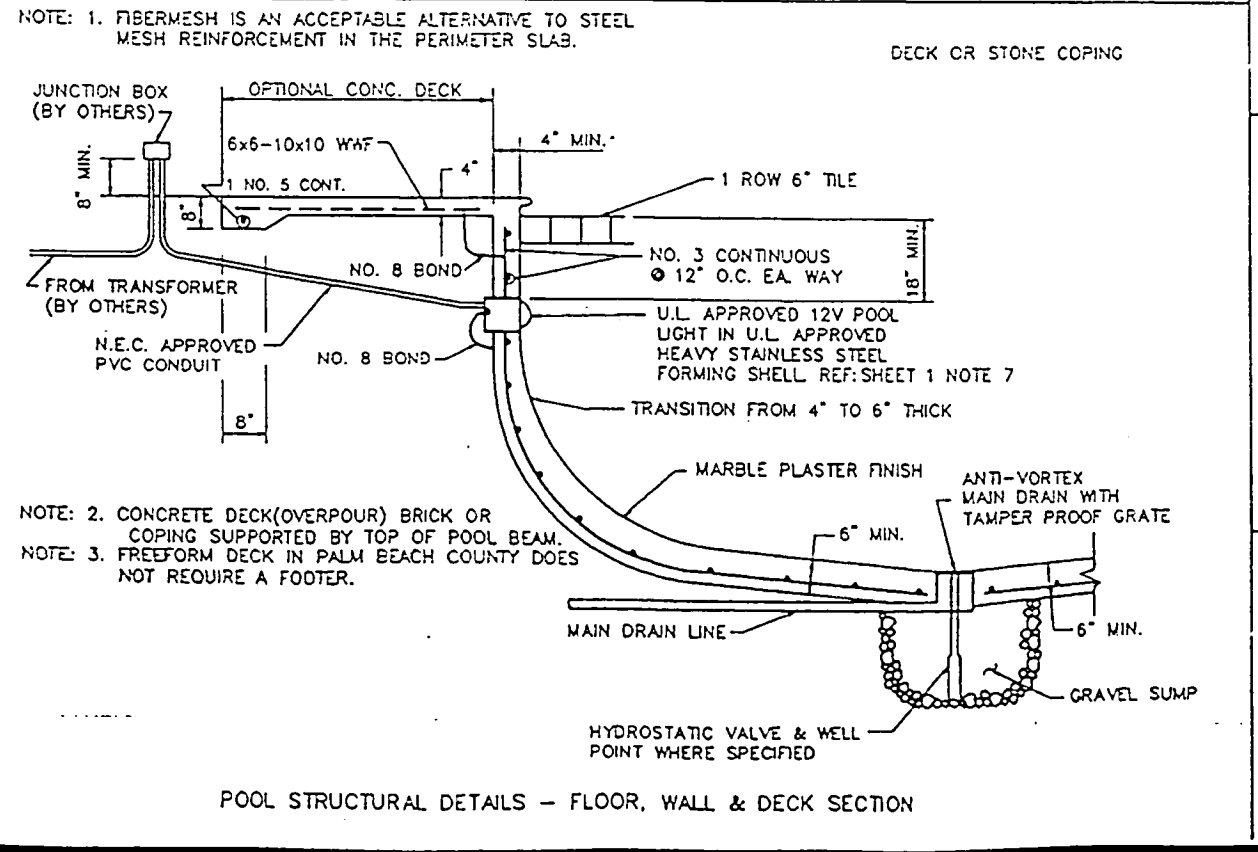
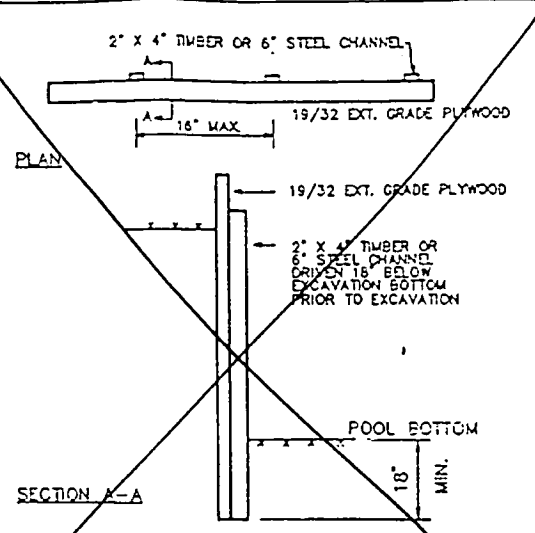
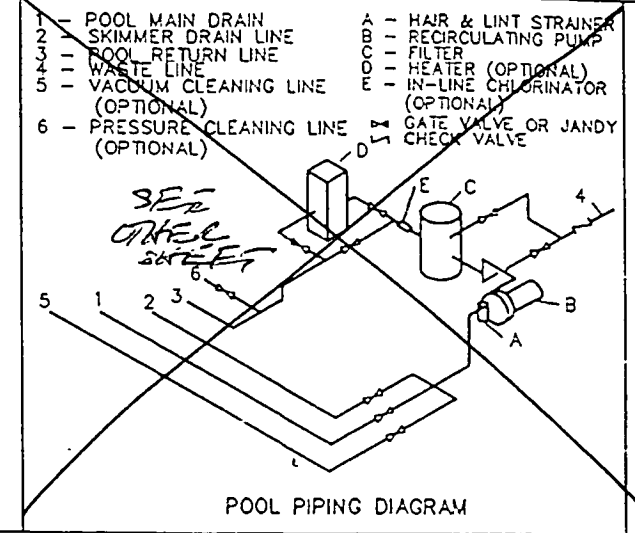
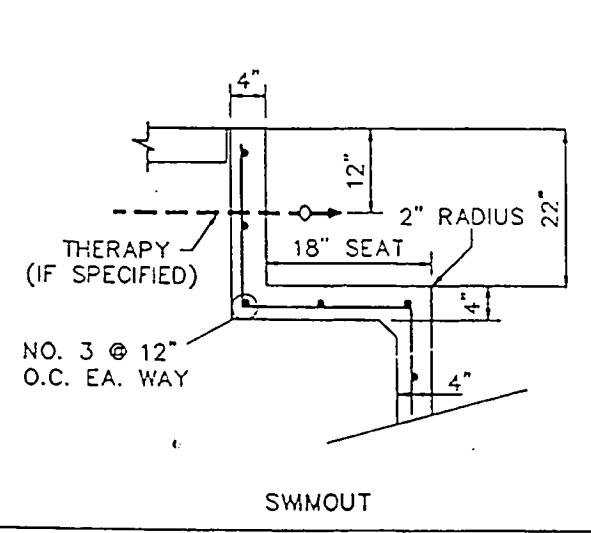
332/76

SCALE 1/8" = 1'0"

[Handwritten Signature]



- ### GENERAL NOTES
- ALL POOL CONSTRUCTION SHALL CONFORM TO CHAPTER 50 OF THE SOUTH FLORIDA BUILDING CODE SECT. 5001 THRU 5005.3, OR PALM BEACH CO. POOL CODE.
 - POOL AND PATIO SHALL BEAR ON ROCK OR CLEAN SAND WHICH SHALL BE COMPACTED TO PROVIDE A STRUCTURALLY SAFE BEARING CAPACITY. ALL UNSUITABLE MATERIAL ENCOUNTERED IN EXCAVATION SHALL BE REMOVED IN ITS ENTIRETY AND THE AREA SHALL BE BACKFILLED WITH ACCEPTABLE MATERIAL AND PROPERLY COMPACTED. WHERE UNSUITABLE MATERIALS CANNOT BE REMOVED, THE POOL MUST BE REDESIGNED. SOIL BEARING CAPACITY ASSUMED TO BE 2,000 PSF.
 - CONCRETE MAY BE PNEUMATICALLY APPLIED IN POOL FLOOR, WALL, AND STEPS. THE CONCRETE SHALL DEVELOP A STRENGTH OF 3,000 PSI IN 28 DAYS. IN OPTIONAL POOL DECK, 2,500 PSI MIN. STRENGTH OF CONC. IS 2,500 PSI.
 - ALL REINFORCING STEEL SHALL CONFORM TO ASTM 615, GRADE 60. REINFORCING SHALL BE NO. 3 BARS AT 12 INCH O.C. EACH WAY. POOL DEPTH GREATER THAN 6 FEET WILL REQUIRE A DOUBLE MAT BELOW 5 FEET.
 - ALL METALLIC POOL FITTINGS WITHIN 5 FEET OF THE INSIDE WALL AND THE DECK REINFORCING STEEL SHALL BE BONDED TO THE POOL REINFORCING STEEL WITH A NO. 8 AWG COPPER WIRE. THE POOL REINFORCING STEEL SHALL BE BONDED TO THE POOL LIGHT NICHE WITH A NO. 8 AWG COPPER WIRE. TWO NO. 8 AWG COPPER WIRES SHALL BE RUN WITH THE N.E.C. APPROVED CONDUIT, ONE INTERNALLY, FROM THE LIGHT NICHE TO THE JUNCTION BOX. COMPLETION OF THE POOL GROUNDING SYSTEM TO THE PANEL BOARD BY ELECTRICIAN.
 - ALL PIPING SHALL BE N.S.F. APPROVED AND SHALL BE SCHEDULE 40 PVC, EXCEPT WHERE OTHERWISE NOTED. SHORT 90° ENDS ARE NOT PERMITTED IN SUCTION LINES.
 - PUMP AND FILTER MAY BE RELOCATED IN FIELD WITH A SIMILAR LENGTH OF SUCTION LINE.
 - THE CONTRACTOR SHALL DETERMINE THE LOCATION OF ALL UTILITIES IN RELATION TO THE POOL AND ITS EQUIPMENT AND SHALL INSURE MINIMUM CLEARANCE REQUIREMENTS IN ACCORDANCE WITH ALL LOCAL REGULATIONS.
 - THE CONTRACTOR SHALL PROTECT ALL EXISTING STRUCTURES FROM DAMAGE AND/OR FAILURE BY ACCEPTABLE METHODS, AS MAY BE REQUIRED. THE DESIGN ENGINEER ACCEPTS NO RESPONSIBILITY FOR THE SAFETY OR ADEQUACY OF THE EXISTING STRUCTURES.
 - THE DESIGN ENGINEER ASSUMES NO RESPONSIBILITY FOR POOL CONSTRUCTION IN EASEMENT OR REQUIRED SETBACK AREAS. THE POOL CONTRACTOR AND/OR OWNER SHALL VERIFY THE POOL LAYOUT AND ALL DIMENSIONS PRIOR TO CONSTRUCTION.
 - WARNING: DRAINING THE POOL FOR ANY REASON, WITHOUT ELIMINATING THE HYDROSTATIC UPLIFT PRESSURE MAY RESULT IN SERIOUS DAMAGE. THE OWNER IS ADVISED TO CONSULT AN EXPERIENCED POOL CONTRACTOR PRIOR TO COMMENCING DRAINING THE POOL.
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JOHN M. CARROLL
P.E. No. 41610

XXI
Twenty First Century
ENGINEERING
020 N.E. 20th Avenue (954) 522-0440
Fort Lauderdale, Florida 33304 Fax: (954) 624-0555

STRUCTURAL SPEC SHEET
Name: SCULLY
Address:
Location:

REVISIONS:
1/15/97-MDS

DESK	CHK
MDS	AC
P.O. NO.	DWG. NO.
BOARDS	SPACES
SCALE	N.T.S.
DATE	
SHEET 2 of	

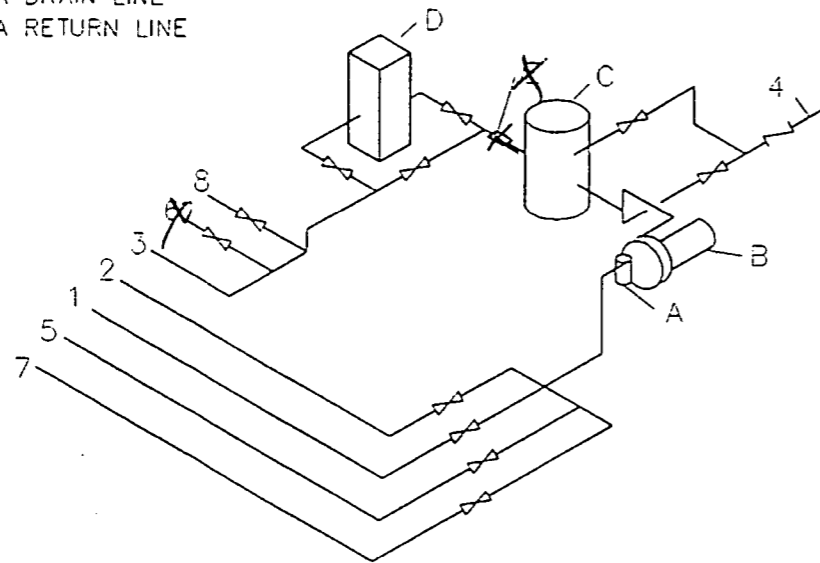
PLUMBING ANALYSIS

- PIPE FROM DRAINS AND SKIMMER TO PUMP TO BE 2" PVC SCHEDULE 40. ALL OTHER RETURN LINES WILL BE 1-1/2" PVC SCHEDULE 40.
- ALL PIPING PVC SCHEDULE 40 WITH NO GREATER THAN 45 DEGREE BENDS ON SUCTION LINES.

POOL TURNOVER RATE: *26 hours*
 S/A TURNOVER RATE: *41 hour*
 PUMP HEIGHT: *1' above c/c*
 FILTER: *DE 36*
 PUMP: *1.5 HP*
 NUMBER OF SKIMMERS: *1*
 SQUARE FOOT OF S/A: *207*
 SUCTION LINE: *.*
 RETURN LINE: *1 1/2"*
 NUMBER OF RETURNS: *3*
 MAIN DRAIN: *2"*

- 1 - POOL MAIN DRAIN
- 2 - SKIMMER DRAIN LINE
- 3 - POOL RETURN LINE
- 4 - WASTE LINE
- 5 - VACUUM CLEANING LINE (OPTIONAL)
- ~~6 - PRESSURE CLEANING LINE (OPTIONAL)~~
- 7 - S/A DRAIN LINE
- 8 - S/A RETURN LINE

- A - HAIR & LINT STRAINER
- B - RECIRCULATING PUMP
- C - FILTER
- D - HEATER (OPTIONAL)
- ~~E - IN-LINE CHLORINATOR (OPTIONAL)~~
- ⊗ GATE VALVE OR JANDY CHECK VALVE



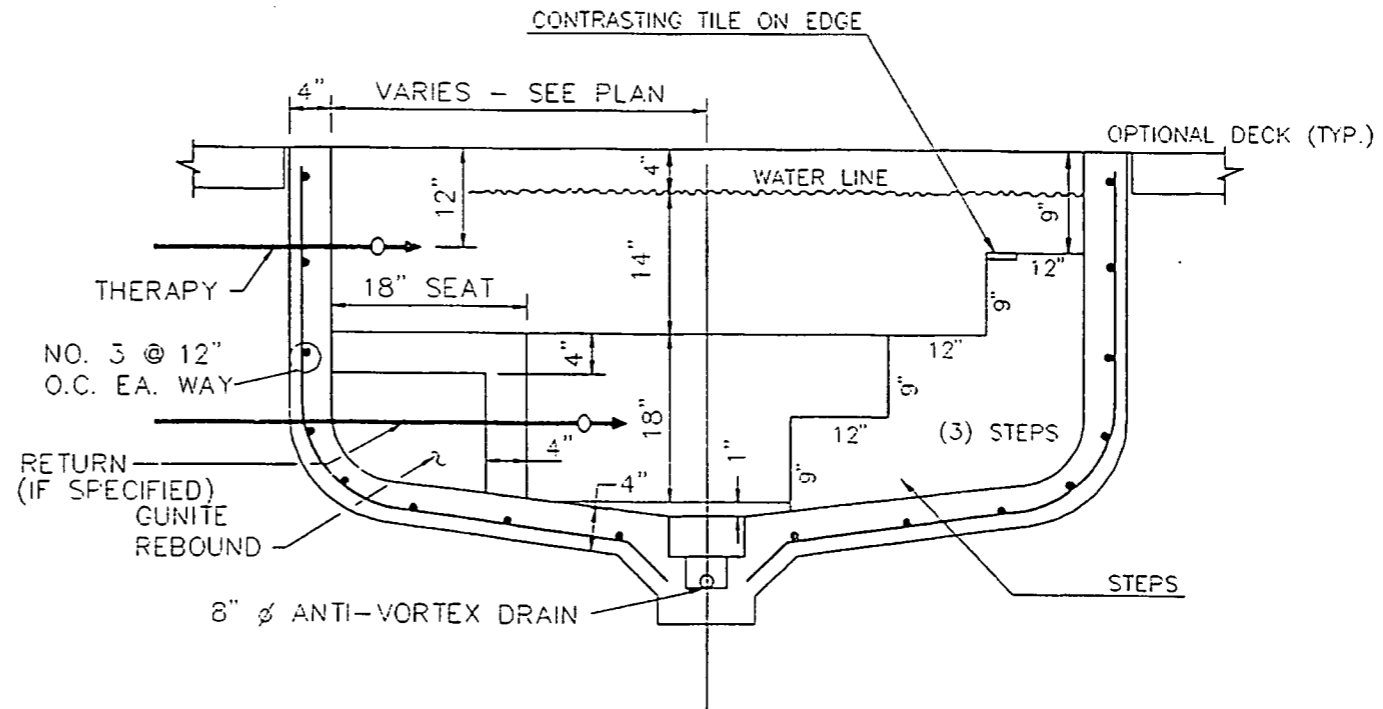
POOL PIPING DIAGRAM

STANDARD PUMP CURVE
PUMP PERFORMANCE WITH TOTAL HEAD OF 50 FT

PUMP SIZE (HP)	GALLONS/MINUTES
1/2	32
3/4	45
<u>1-1/2</u>	60
2	75
	88

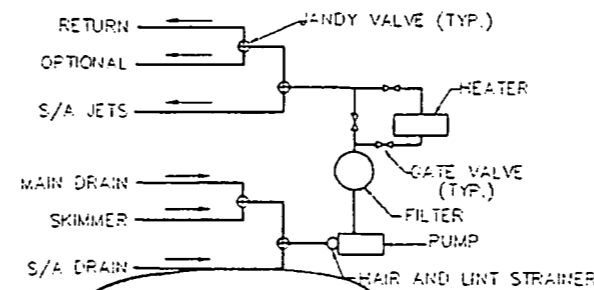
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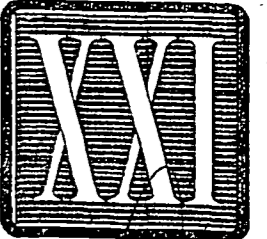


S/A SECTION (N.T.S)

NOTE: JANDY VALVE ON RETURN LINE TO BE LEFT PARTIALLY OPEN DURING FILTRATION.



S/A PIPING DIAGRAMS



JOHN M. CARROLL
John M. Carroll
 P.E. No. 41810

Twenty First Century
 ENGINEERING
 826 N.E. 20th Avenue
 Fort Lauderdale, Florida 33304
 (954) 522-6448
 (954) 524-0555
 Fax:

SPA PLUMBING SPEC SHEET
 Name: *Stacy*
 Address:
 Location:

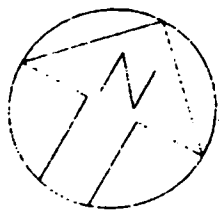
REVISIONS:

DRWN. MDS	CHK. JC
P.O. NO.	DWG. NO.
BSHEETS	SPADET
SCALE:	N.T.S.
DATE:	
SHEET 3 OF	

RIDGE VIEW ROAD NORTH

CENTERLINE OF 50' RIGHT OF WAY

150.00'



SET 5/8" IRON ROD & CAP LB6018 FOUND 4" X 4" CONCRETE MONUMENT DISTURBED 0.72 SOUTH

FOUND 4" X 4" CONCRETE MONUMENT NO. 1 D. FOUND IRON ROD & CAP 1.84 NORTH & 0.44 EAST

N 62° 49' 30" E PLAT
N 62° 45' 36" E MEAS.

PROPOSED DRIVEWAY

IRRIGATION WELL

PROPOSED 4100 SQ. FT. A/C
4 BEDROOM 3.5 BATH SINGLE
FAMILY RESIDENCE

FINISH FLOOR
ELEVATION 14.74

FINISH FLOOR
ELEVATION 10.20

NO SEPTIC
TANK WITHIN
75 FEET

SEPTIC TANK

1250 SQUARE FEET
AVAILABLE SEPTIC
AREA

PROPOSED WATERLINE
SET 5/8" IRON ROD & CAP LB6018 FOUND 4" X 4" CONCRETE MONUMENT DISTURBED 0.58 SOUTH

SET 5/8" IRON ROD & CAP LB 6018 FOUND 4" X 4" CONCRETE MONUMENT'S NO. 1 D. 0.10 NORTH & 0.45 WEST 0.05 NORTH & 0.44 WEST

S 62° 16' 30" W MEAS.
S 62° 49' 30" W PLAT

RIDGEVIEW ROAD SOUTH

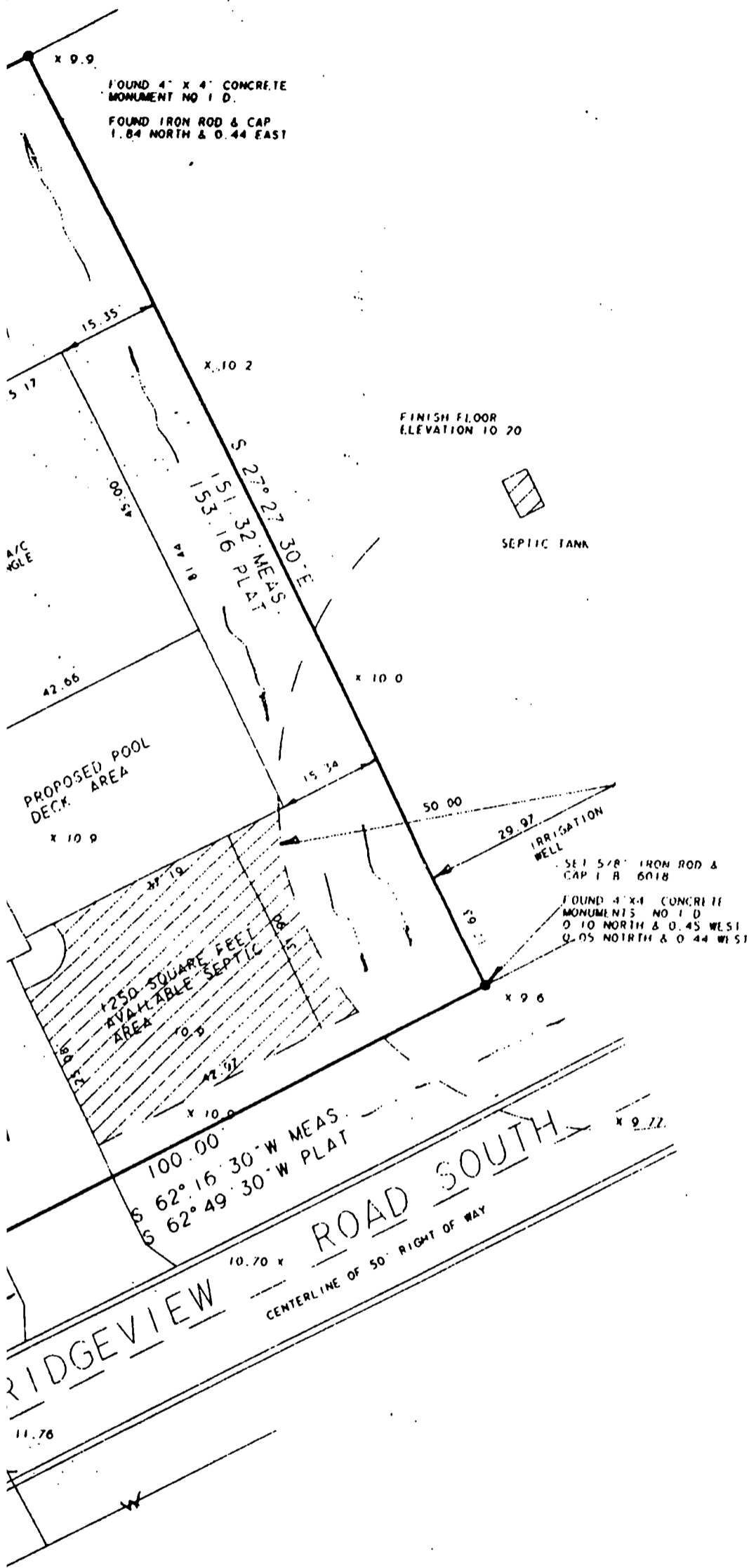
CENTERLINE OF 50' RIGHT OF WAY

150.00'

4184

SURVEYORS CERTIFICATE
I HEREBY CERTIFY THAT I
PREPARED UNDER MY RESPONSIBILITY
MINIMUM TECHNICAL STANDARDS
FLORIDA BOARD OF PROFESSIONAL
CHAPTER 61G17-5, FLORIDA
TRUE AND CORRECT TO THE BEST OF
BELIEF AND COPIES OF THIS SURVEY
THE EMBOSSED SEAL OF THE UNITED STATES
SURVEYORS
ROBERT BLOOM
PROFESSIONAL SURVEYOR
NO. 10000

1. SUITABLE FOR THE PURPOSES AS SHOWN
2. NO ADJACENT UNDERGROUND OR ADJACENT
3. BEARING MERIDIAN OF SAID LOT 3
4. THIS SITE IS ON FEMA MAP NO.
5. SITE AREA 10,000 SQ. FT.
6. LEGAL DESCRIPTION



LEGAL DESCRIPTION:

LOT 3 BLOCK D, AMENDED PLAT OF HOMEWOOD, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 5 PAGE 46 OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA

SURVEYORS NOTES:

1. LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS AND/OR RIGHTS OF WAYS OF RECORD EXCEPT AS SHOWN ON THE RECORD PLAT IF ANY
2. NO ATTEMPT WAS MADE BY THIS FIRM TO LOCATE UNDERGROUND FOOTINGS OF BUILDINGS OR FENCES ON OR ADJACENT TO THIS SITE
3. BEARING SHOWN HEREON REFER TO AN ASSUMED MERIDIAN OF N 62° 45' 36" E ALONG THE NORTH LINE OF SAID LOT 3
4. THIS SITE LIES IN FLOOD ZONE B AS SHOWN ON FEMA MAP NO 120164-0002-C DATED 4-13-84
5. SITE AREA LOT AREA 15173.88 SQUARE FEET
6. LEGAL DESCRIPTION FURNISHED BY CLIENT

SURVEYORS CERTIFICATION

I HEREBY CERTIFY THAT THIS PLAT OF SURVEY WAS PREPARED UNDER MY RESPONSIBLE CHARGE AND MEETS THE MINIMUM TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS IN CHAPTER 61G17.5, FLORIDA STATUTES AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. COPIES OF THIS SURVEY ARE INVALID WITHOUT THE EMBOSSED SEAL OF THE UNDERSIGNED

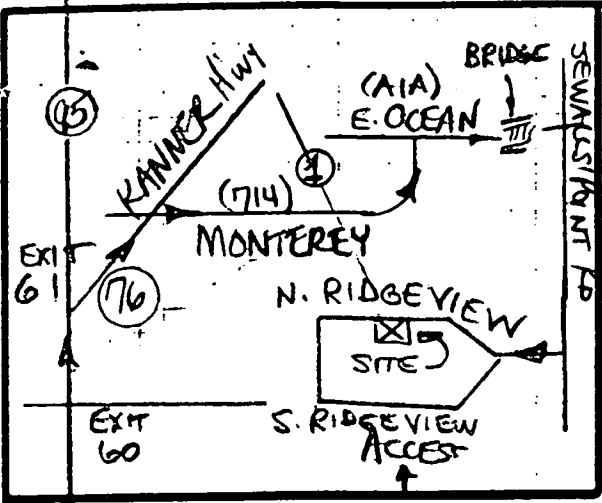
Robert Bloomster Jr.
 ROBERT BLOOMSTER JR.
 PROFESSIONAL LAND SURVEYOR
 NO. 4134 STATE OF FLORIDA
 DATE OF FIELD WORK 11-06-96

THIS SURVEY CERTIFIED TO
 DRIFTWOOD HOMES
 TOWN OF SEWALLS POINT
 PATRICK & NANCY SCULLY
 NATIONS BANK

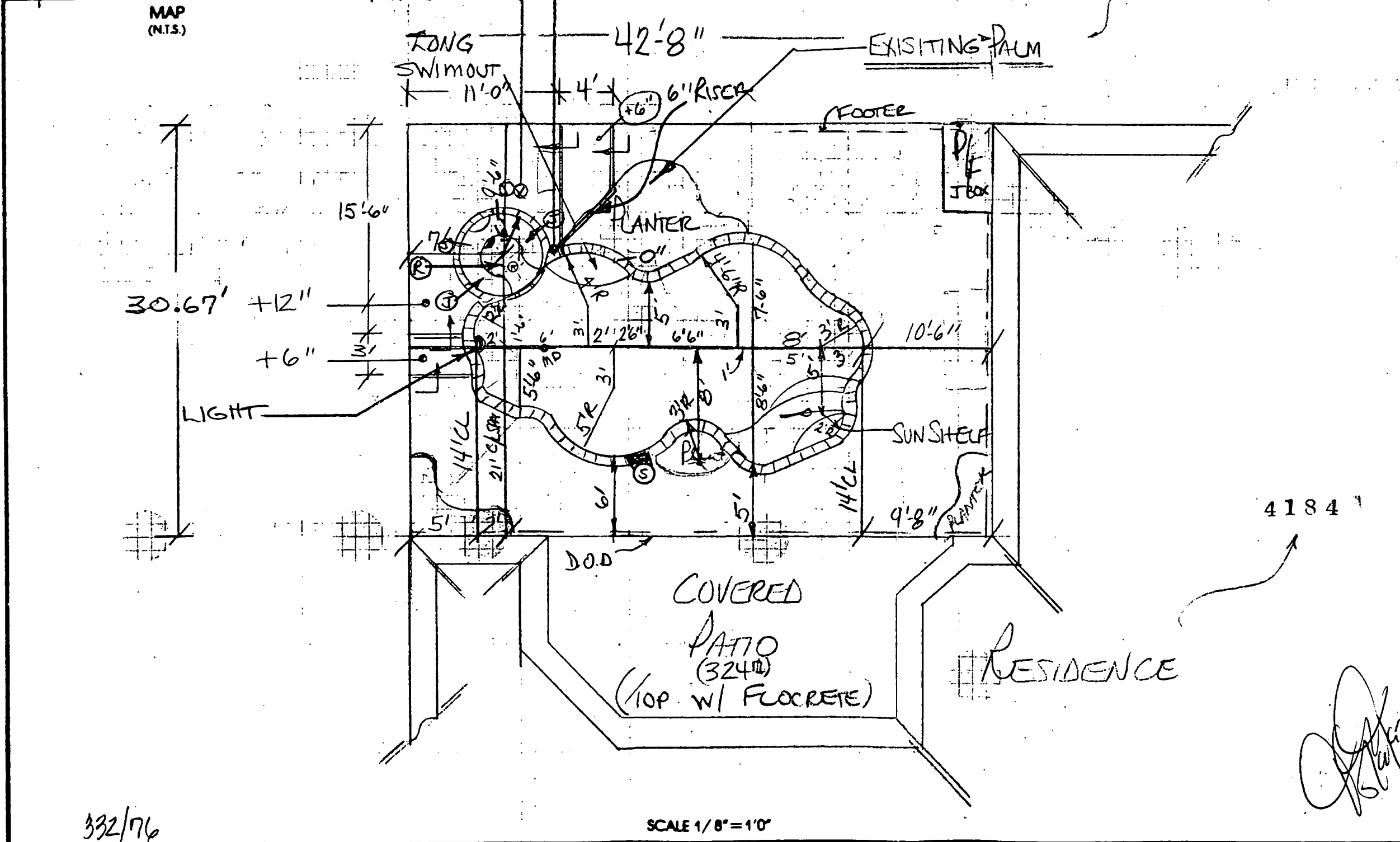
BLOOMSTER
 PROFESSIONAL LAND SURVEYORS, INC.
 641 NE SPENCER ST
 JENSEN BEACH, FLORIDA 34957
 PHONE 407-334-0168
 L.B. #6018

SHEET 1 OF 1	
SCALE	1"=20'
DATE	11-06-96
T/B	SKETCH
JOB NO.	1277
REVISIONS	

BOUNDARY SURVEY PREPARED FOR:
 DRIFTWOOD HOMES



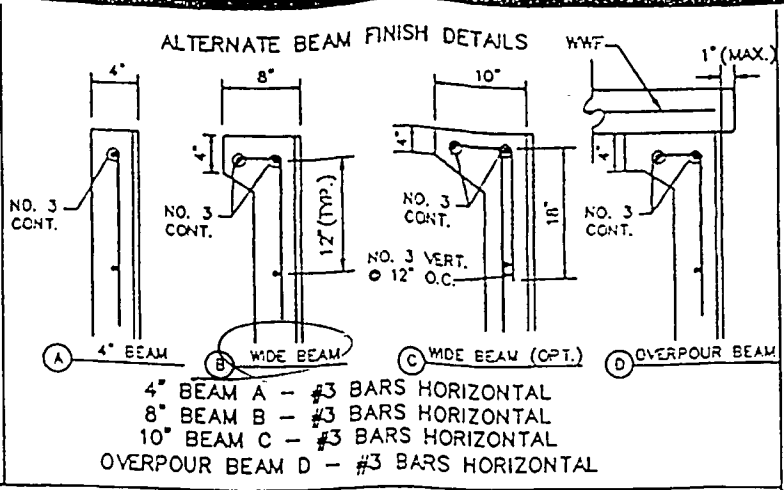
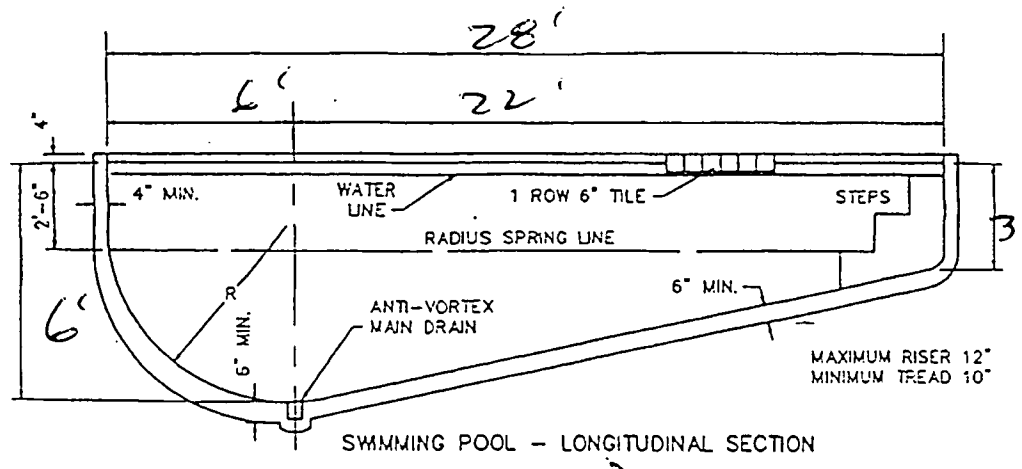
GENERAL SPECIFICATIONS	
JOB NO.	297-134.5 SHAPE CUSTOM
SIZE	14' x 28' DEPTH 3' TO 6'
SF	332 PER. 76 TEMP. NO. -
POOL CAPACITY	11,205 GALS
FILTER	DE SQ. FT. 3:6 PUMP H.P. 1 1/2
TILE	6" DEC BRICK BURWADE
DECKING	FLOCRETE SQ. FT. 919
FOOTERS	721 D.O.D. 731
LIGHT	1 POOL, 1 SPA/12 VOLT WATTS 75
SWIMOUT	DEEP END BENCH
LADDER	NO HANDRAIL NO
SKIMMER	YES @ 1 1/2" MAIN DRAIN 8"
RETURN LINES	QTY. 3 TYPE: WALL/1 1/2" PRESS
ELECTRICAL HOOKUP	BY PRA.
UNDERWATER VACUUM W/HOSE	YES
MUNICIPALITY/TOWN	OF SEWALLS POINT
SET BACKS: SIDE	15'
REAR	25'
HOUSE	5'
NOTES:	6" x 6" RAISED BEAM, 10' of 12" RAISED BEAM. WHITE PEARL PEARLE TEC. ANDREWS ADVANTAGE HEAT PUMP (120,000 BTU'S). 6' ROUND SPA, RAISED 12", 4 SETS, 1 HP BLOWER, 1 RETURN, LIGHT, 4 FUNCTION AIR SWITCH ENTRY STEP. PLANTERS. DIG & DROP. TOP EXISTING WITH "FLO-CRETE" (324#). "SUN SHELF" per plan
DESIGNER	KEN LEAKE DATE 5/6/97
SWIMMING POOL	
Name:	PAT & NANCY SCULLY
Address:	11 NORTH RIDGEVIEW
CITY:	SEWALLS POINT Phone (305) 382-3815
LOT	3 BLK D SUB
BOOK	5 PAGE 46 LOCATION MARTIN CO. PLAT OF HOMEWOOD



332/76

SCALE 1/8" = 1'0"

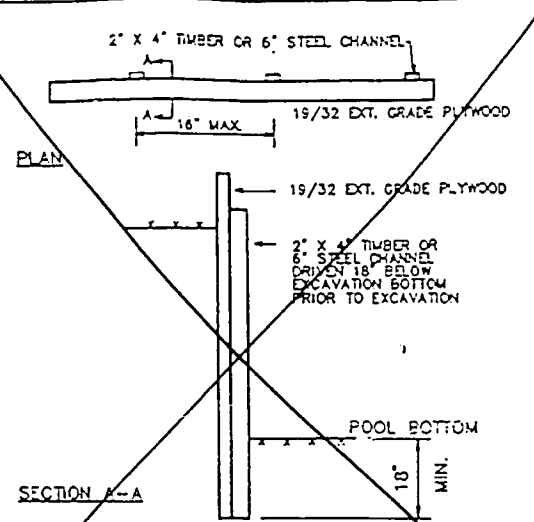
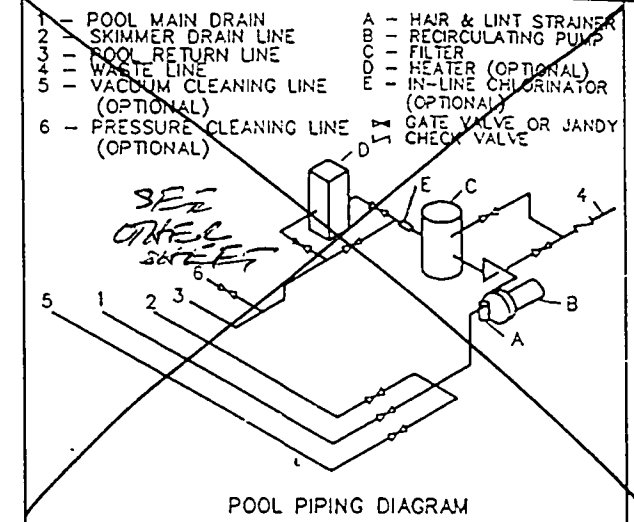
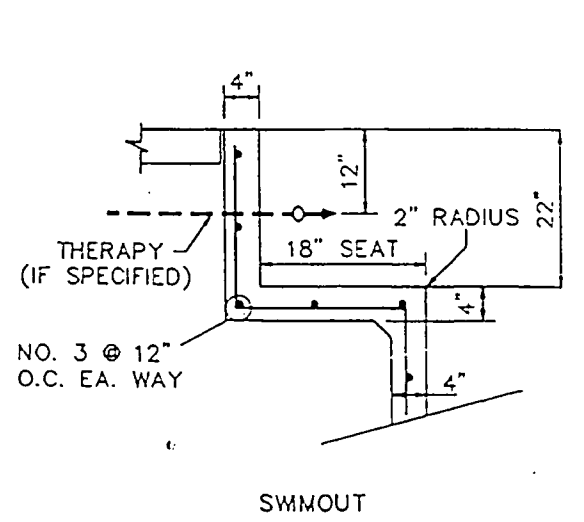
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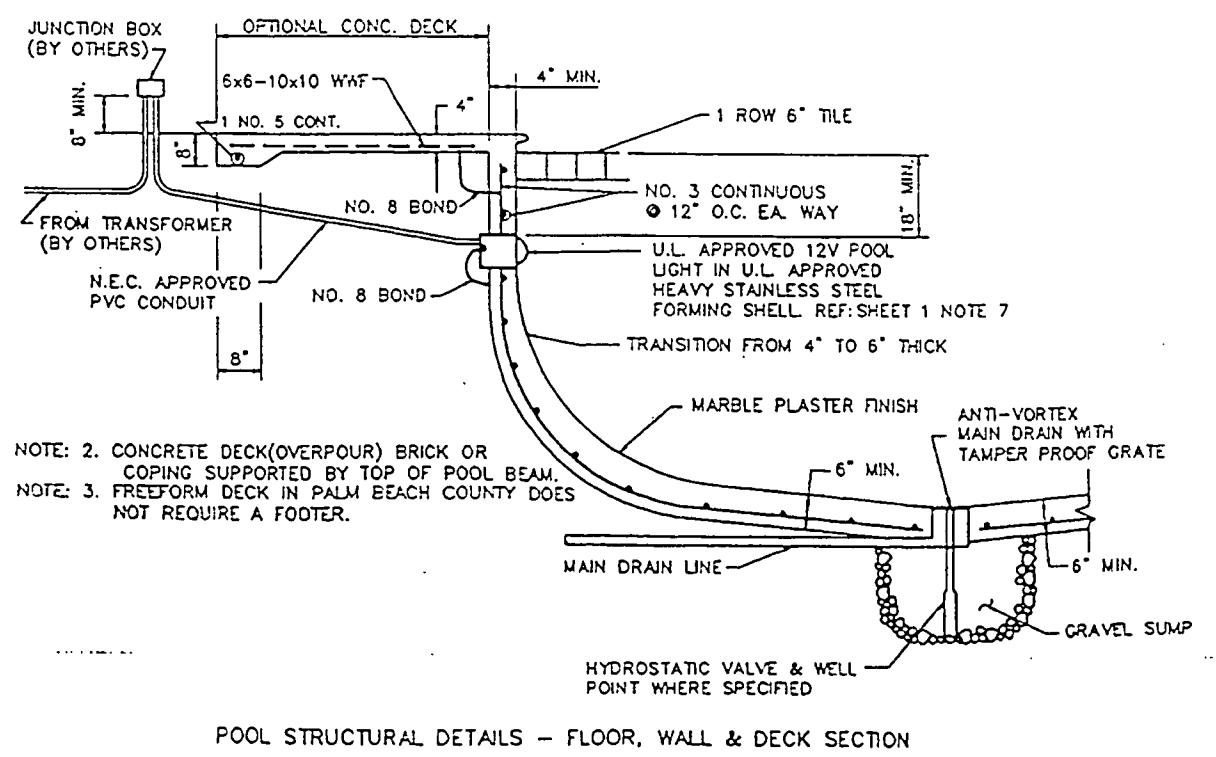
GENERAL NOTES

1. ALL POOL CONSTRUCTION SHALL CONFORM TO CHAPTER 50 OF THE SOUTH FLORIDA BUILDING CODE SECT. 5001 THRU 5005.3, OR PALM BEACH CO. POOL CODE.
2. POOL AND PATIO SHALL BEAR ON ROCK OR CLEAN SAND WHICH SHALL BE COMPACTED TO PROVIDE A STRUCTURALLY SAFE BEARING CAPACITY. ALL UNSUITABLE MATERIAL ENCOUNTERED IN EXCAVATION SHALL BE REMOVED IN ITS ENTIRETY AND THE AREA SHALL BE BACKFILLED WITH ACCEPTABLE MATERIAL AND PROPERLY COMPACTED. WHERE UNSUITABLE MATERIALS CANNOT BE REMOVED, THE POOL MUST BE REDESIGNED. SOIL BEARING CAPACITY ASSUMED TO BE 2,000 PSF.
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6. ALL PIPING SHALL BE N.S.F. APPROVED AND SHALL BE SCHEDULE 40 PVC, EXCEPT WHERE OTHERWISE NOTED. SHORT 90° BENDS ARE NOT PERMITTED IN SUCTION LINES.
7. PUMP AND FILTER MAY BE RELOCATED IN FIELD WITH A SIMILAR LENGTH OF SUCTION LINE.
8. THE CONTRACTOR SHALL DETERMINE THE LOCATION OF ALL UTILITIES IN RELATION TO THE POOL AND ITS EQUIPMENT AND SHALL INSURE MINIMUM CLEARANCE REQUIREMENTS IN ACCORDANCE WITH ALL LOCAL REGULATIONS.
9. THE CONTRACTOR SHALL PROTECT ALL EXISTING STRUCTURES FROM DAMAGE AND/OR FAILURE BY ACCEPTABLE METHODS, AS MAY BE REQUIRED. THE DESIGN ENGINEER ACCEPTS NO RESPONSIBILITY FOR THE SAFETY OR ADEQUACY OF THE EXISTING STRUCTURES.
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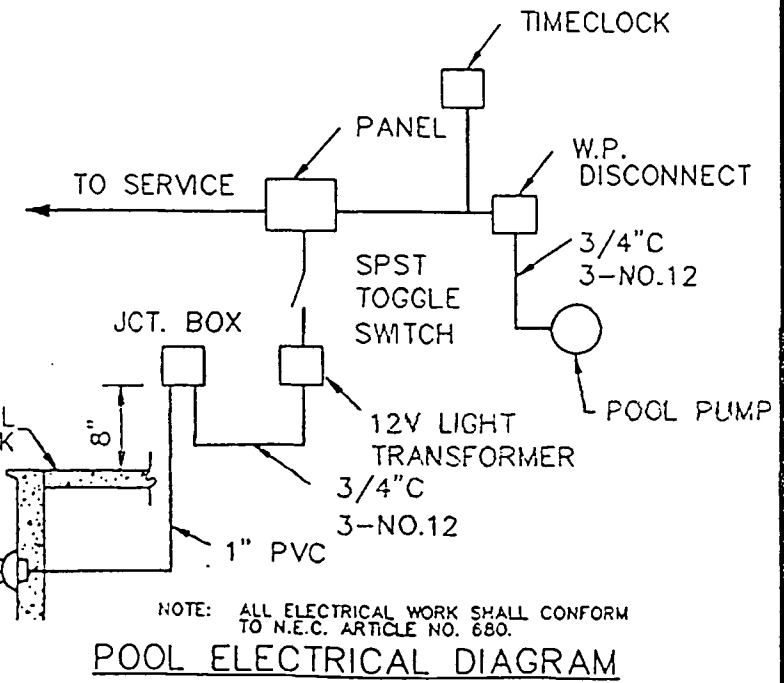
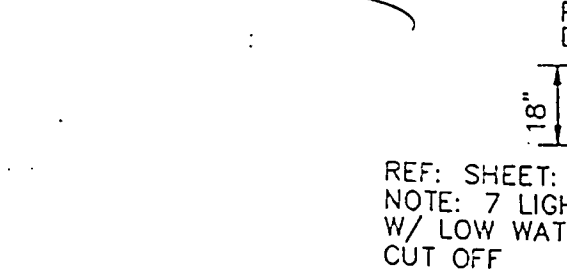
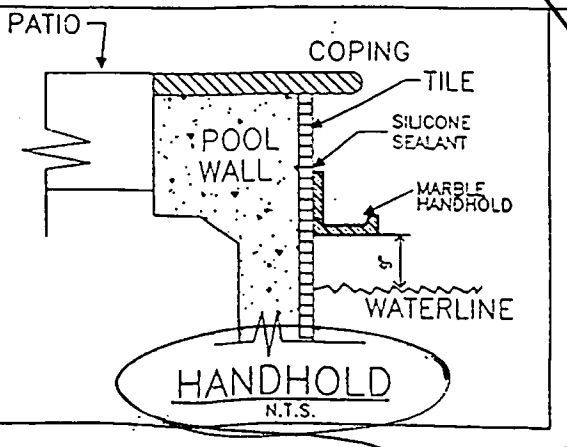


NOTE: 1. FIBERMESH IS AN ACCEPTABLE ALTERNATIVE TO STEEL MESH REINFORCEMENT IN THE PERIMETER SLAB.



NOTE: 2. CONCRETE DECK (OVERPOUR) BRICK OR COPING SUPPORTED BY TOP OF POOL BEAM.
 NOTE: 3. FREEFORM DECK IN PALM BEACH COUNTY DOES NOT REQUIRE A FOOTER.

NOTE: SECURE TEMPORARY TIE BACK AT BOTH ENDS OF SHORING. PLACE PLASTIC SHEETING TO PREVENT ROOF RUN OFF ONTO SUPPORTED SOIL.



NOTE: ALL ELECTRICAL WORK SHALL CONFORM TO N.E.C. ARTICLE NO. 680.
POOL ELECTRICAL DIAGRAM



JOHN M. CASSELL
(Signature)
 P.E. No. 41610

Twenty First Century
 ENGINEERING
 020 N.E. 20th Avenue (954) 522-0440
 Fort Lauderdale, Florida 33304 Fax: (954) 624-0535

STRUCTURAL SPEC SHEET
 Name: SCULLY
 Address:
 Location:

REVISIONS:
 1/15/87-MDS

DRWN MDS	CHK JC
P.O. NO.	DWG. NO.
SHEETS	PAGES
SCALE	N.T.S.
DATE	
SHEET 2 of	

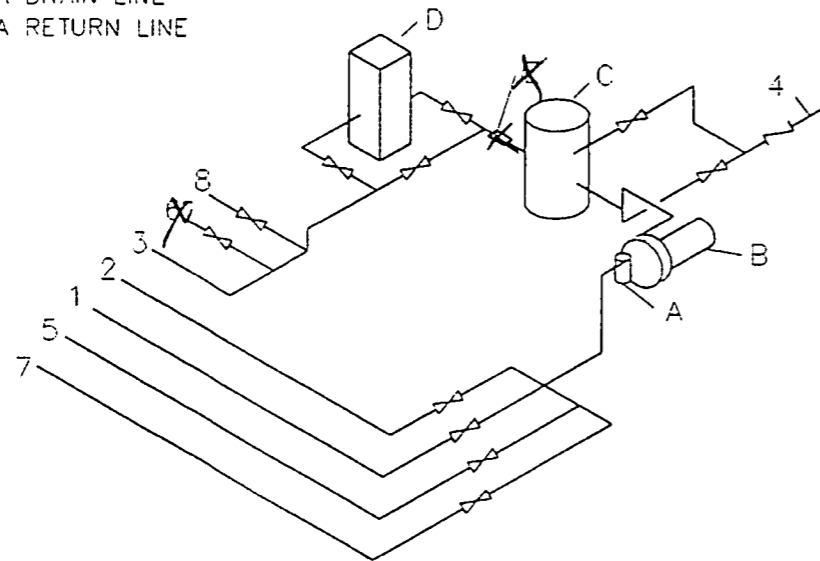
PLUMBING ANALYSIS

- PIPE FROM DRAINS AND SKIMMER TO PUMP TO BE 2" PVC SCHEDULE 40. ALL OTHER RETURN LINES WILL BE 1-1/2" PVC SCHEDULE 40.
- ALL PIPING PVC SCHEDULE 40 WITH NO GREATER THAN 45 DEGREE BENDS ON SUCTION LINES.

POOL TURNOVER RATE: *26 hours*
 S/A TURNOVER RATE: *21 hour*
 PUMP HEIGHT: *1' above c/c*
 FILTER: *DE 36*
 PUMP: *1.5 HP*
 NUMBER OF SKIMMERS: *1*
 SQUARE FOOT OF S/A: *287*
 SUCTION LINE: *.*
 RETURN LINE: *1 1/2"*
 NUMBER OF RETURNS: *3*
 MAIN DRAIN: *2"*

- 1 - POOL MAIN DRAIN
- 2 - SKIMMER DRAIN LINE
- 3 - POOL RETURN LINE
- 4 - WASTE LINE
- 5 - VACUUM CLEANING LINE (OPTIONAL)
- 6 - PRESSURE CLEANING LINE (OPTIONAL)
- 7 - S/A DRAIN LINE
- 8 - S/A RETURN LINE

- A - HAIR & LINT STRAINER
- B - RECIRCULATING PUMP
- C - FILTER
- D - HEATER (OPTIONAL)
- E - IN-LINE CHLORINATOR (OPTIONAL)
- ⊗ GATE VALVE OR JANDY
- ⊗ CHECK VALVE



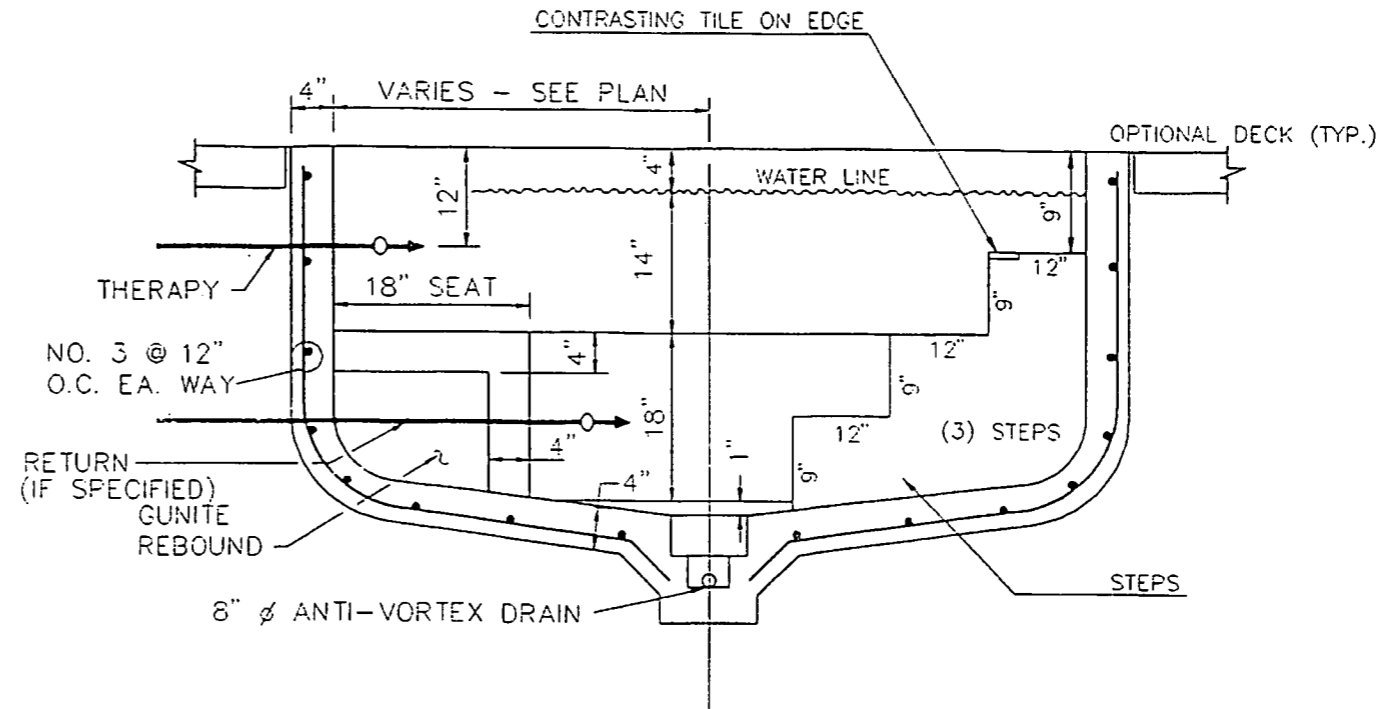
POOL PIPING DIAGRAM

STANDARD PUMP CURVE
PUMP PERFORMANCE WITH
TOTAL HEAD OF 50 FT

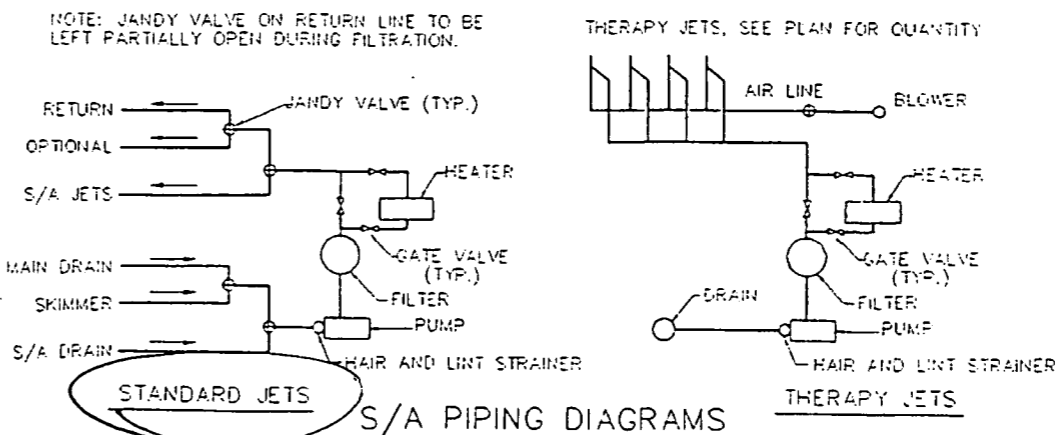
PUMP SIZE (HP)	GALLONS/MINUTES
1/2	32
3/4	45
1	60
1-1/2	75
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S/A SECTION (N.T.S)



S/A PIPING DIAGRAMS



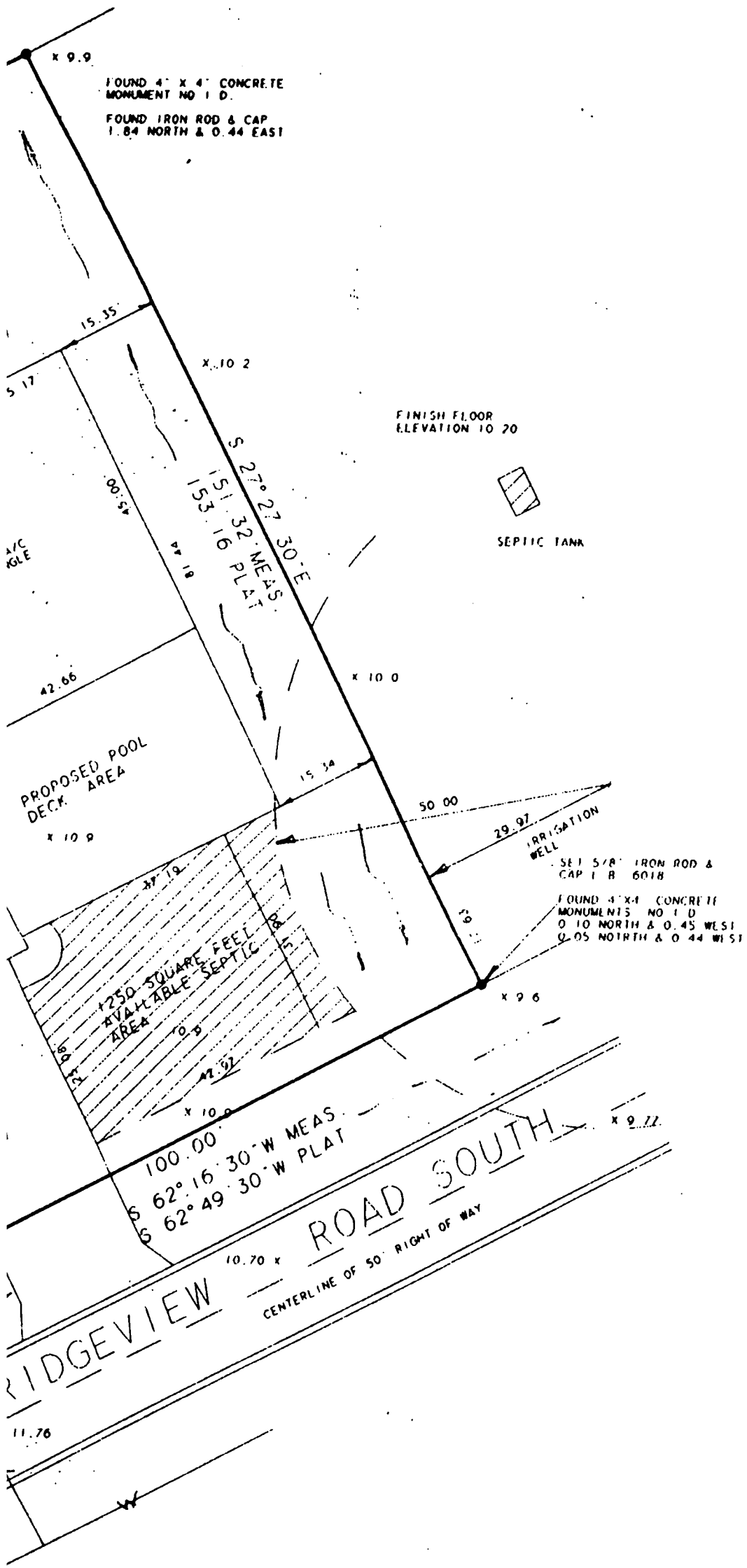
JOHN M. CARROLL
[Signature]
 P.E. No. 41610

Twenty First Century
 ENGINEERING
 826 N.E. 20th Avenue
 Fort Lauderdale, Florida 33304
 (954) 522-6448
 Fax: (954) 524-0555

SPA PLUMBING SPEC SHEET
 Name: *Sully*
 Address:
 Location:

REVISIONS:

DRWN. MDS	CHK. JC
P.O. NO. BSHEETS	DWG. NO. SPADET
SCALE: N.T.S.	
DATE:	
SHEET 3 OF	



LEGAL DESCRIPTION:

LOT 3 BLOCK D, AMENDED PLAT OF HOMEWOOD, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 5 PAGE 46 OF THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA

SURVEYORS NOTES:

1. LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS AND/OR RIGHTS OF WAYS OF RECORD EXCEPT AS SHOWN ON THE RECORD PLAT IF ANY
2. NO ATTEMPT WAS MADE BY THIS FIRM TO LOCATE UNDERGROUND FOOTINGS OF BUILDINGS OR FENCES ON OR ADJACENT TO THIS SITE
3. BEARING SHOWN HEREON REFER TO AN ASSUMED MERIDIAN OF N. 62° 45' 36" E. ALONG THE NORTH LINE OF SAID LOT 3
4. THIS SITE LIES IN FLOOD ZONE B AS SHOWN ON FEMA MAP NO. 120164-0002-C DATED 4-13-84
5. SITE AREA 101 AREA 15173.88 SQUARE FEET
6. LEGAL DESCRIPTION FURNISHED BY CLIENT

SURVEYORS CERTIFICATION

I HEREBY CERTIFY THAT THIS PLAT OF SURVEY WAS PREPARED UNDER MY RESPONSIBLE CHARGE AND MEETS THE MINIMUM TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS IN CHAPTER 61G17-5, FLORIDA STATUTES AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. COPIES OF THIS SURVEY ARE INVALID WITHOUT THE EMBOSSED SEAL OF THE UNDERSIGNED.

Robert Bloomster Jr.
ROBERT BLOOMSTER JR.
PROFESSIONAL LAND SURVEYOR
NO. 4134 STATE OF FLORIDA
DATE OF FIELD WORK 11-06-96

THIS SURVEY CERTIFIED TO
DRILLWOOD HOMES
TOWN OF SEWALLS POINT
PATRICK & NANCY SCULLY
NATIONS BANK

BLOOMSTER
PROFESSIONAL LAND
SURVEYORS, INC.

641 NE SPENCER ST
JENSEN BEACH, FLORIDA 34957
PHONE 407-334-0368
L.B. #6018

SHEET 1 OF 1	
SCALE	1"=20'
DATE	11-06-96
FB	SKETCH
JOB NO.	1277
REVISIONS	

BOUNDARY SURVEY PREPARED FOR:
DRILLWOOD HOMES

4219
SHUTTERS

Town of Sewall's Point

P.I.N. _____

Date _____

ACCESSORY STRUCTURE PERMIT APPLICATION
to construct:

- DOCK requires prerequisite approval from State and Army Corps of Engineers.
- BULKHEAD requires prerequisite approval from State and Army Corps of Engineers.
- DETACHED GARAGE SWIMMING POOL WALL
- SOLAR WATER HEATER SCREENED ENCLOSURE
- FENCE may not require sealed drawings.
- OTHER: HURRICANE PROTECTION

Owner's Name MR & MRS. Scully

Owner's Address 11 N. Ridgeview Rd Sewell's Pt

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

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

City _____ State _____ Zip _____

Contractor's Name GULFSTREAM Aluminium & Shutter Corp

Contractor's Address 197 SE Monterey Rd.

City SMART State FL Zip 34994

Job Name: Scully

Job Address 11 N. Ridgeview Rd Sewell's Pt

City Sewell's Pt County MARTIN

Legal Description _____

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect/Engineer's Name T. HECO, INC. Walter Tiller

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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



4219

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

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

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

[Signature]
Owner or Agent

7/16/97
Date

[Signature]
Contractor

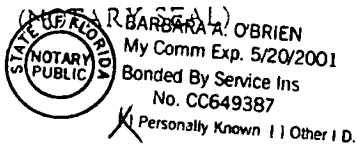
7/16/97
Date

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 16 day of July 1997, by JOHN O'BRIEN, who: is/are personally known to me, or has/have produced _____ as identification, and who did not take an oath.

Barbara A. O'Brien
Name: BARBARA A O'BRIEN
Typed, printed or stamped

I am a Notary Public of the State of Florida having a commission number of CC649387 and my commission expires: 5/20/2001

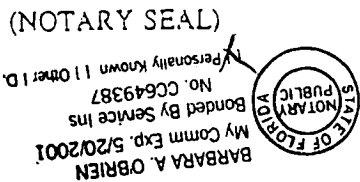


STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 16 day of July 1997 by JOHN O'BRIEN, who: is/are personally known to me, or has/have produced _____ as identification, and who did not take an oath.

Barbara O'Brien
Name: BARBARA O'BRIEN
Typed, printed or stamped

I am a Notary Public of the State of Florida having a commission number of CC649387 and my commission expires: 5/20/2001



Certificate of Competency Holder

Contractor's State Certification or Registration No. RR 00162507

Contractor's Certificate of Competency No. MCO0237

APPLICATION APPROVED BY [Signature] Permit Officer:

MASTER PERMIT NO. 4113

TOWN OF SEWALL'S POINT

Date 7/16/97

BUILDING PERMIT NO. 4219

Building to be erected for PAT & NANCY SCULLY Type of Permit Acc.

Applied for by GULFSTREAM A.W.M. (Contractor) Building Fee _____

Subdivision HOMELWOOD Lot 3 Block D Radon Fee _____

Address 11 N RIDGEVIEW Rd. Impact Fee _____

Type of structure STORM SHUTTERS A/C Fee _____

Parcel Control Number: _____
13 84 1006004 0003020000 Electrical Fee _____

Amount Paid 100 Check # 9176 Cash _____ Other Fees (SHUTTERS) 100 Plumbing Fee _____

Total Construction Cost \$ 6,000 TOTAL Fees 100 Roofing Fee _____

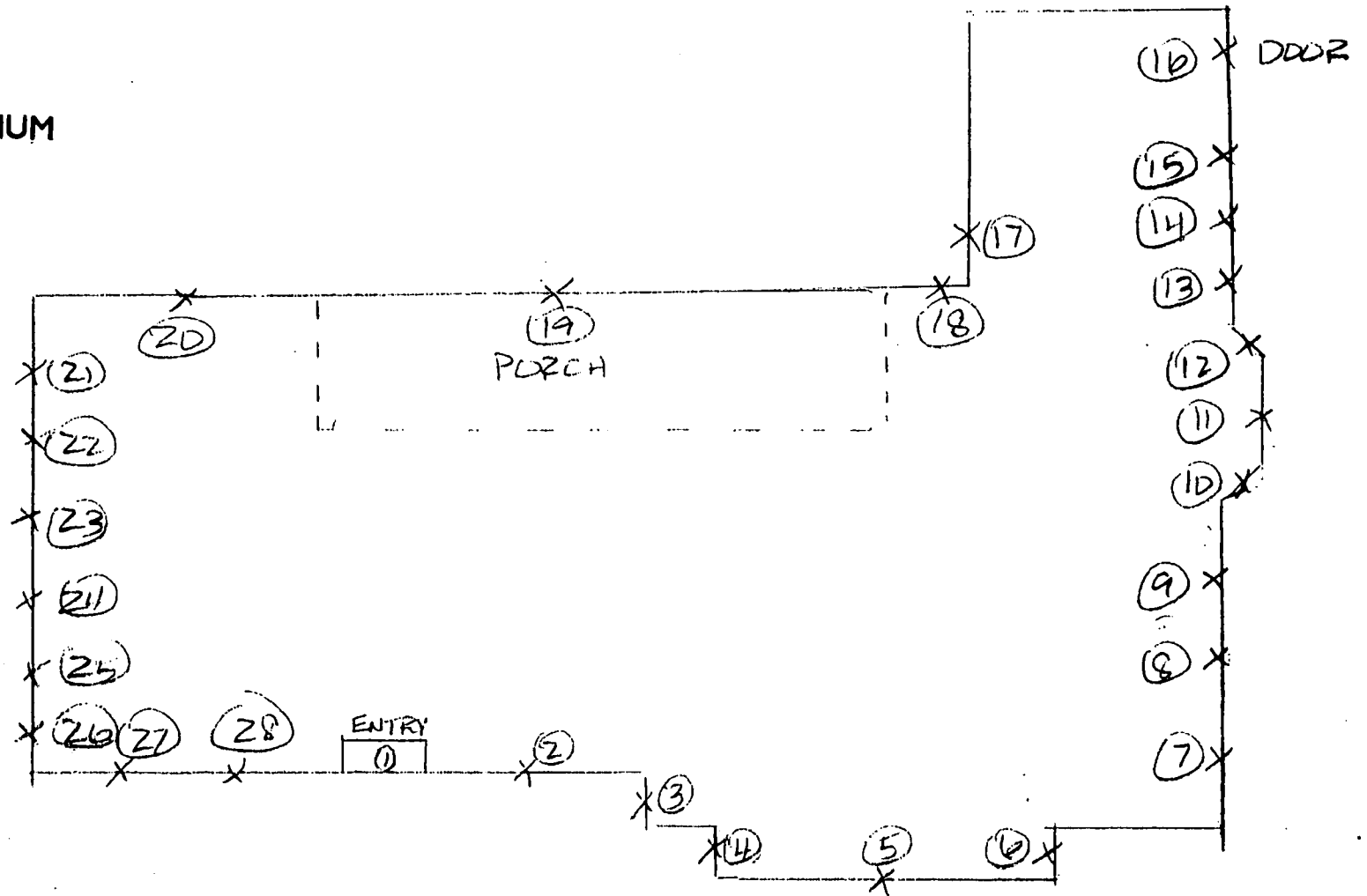
Signed [Signature] Signed [Signature]

Applicant

Town Building Inspector

SCULLY RESIDENCE
11 N. RIDGEVIEW RD.
SEWALL'S POINT
STUART

GULFSTREAM ALUMINUM
& SHUTTER CORP.
197 SE Monterey Rd.
Stuart, FL 34994
561 287-6476




July 14, 1997

Mr. & Mrs. Scully
c/o Scully Enterprises, Inc.
14839 SW 110 Terrace
Miami, FL 33169

Mr. & Mrs. Scully,

Enclosed please find a Notice of Commencement, I have placed an "x" where I need your signature. Please sign and return as soon as possible, I am probably going to need it to get a final for the Storm Panel job on Friday July 18th. If you like I can have it notarized when I receive it. Thank you and if you have any questions please do not hesitate to call.

Sincerely,



Rayna Wilson

Permit No. _____

Tax Folio No. _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

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

1. Description of property: 11 N. Ridgewood Rd. Sewall's Point
2. General description of improvement: HURRICANE SHUTTERS
3. Owner information:
 - a. Name and address: MR & MRS. Sally
11 N. Ridgewood Rd Sewall's Pt
 - b. Interest in property: 100% RESIDENCE
 - c. Name and address of fee simple titleholder (if other than owner):

4. Contractor:
 - a. Name and address: GULFSTREAM Aluminum & Shutter Lorr
197 SE Monterey Rd
 - b. Phone number: STUART, FL 34997 (561) 287-6476
 - c. Fax number (optional, if service by fax is acceptable): (561) 287-9740
5. Surety:
 - a. Name and address: _____
 - b. Phone number: _____
 - c. Fax number (optional, if service by fax is acceptable): _____
 - d. Amount of bond \$ _____
6. Lender:
 - a. Name and address: _____
 - b. Phone number: _____
 - c. Fax number (optional, if service by fax is acceptable): _____
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Sect. 713.13 (1)(a)7., Florida Statutes.
 - a. Name and address: _____
 - b. Phone number: _____
 - c. Fax number (optional, if service by fax is acceptable): _____
8. 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.
 - a. Phone number: _____
 - b. Fax number (optional, if service by fax is acceptable): _____
9. Expiration date of notice of commencement: _____ (The expiration date is 1 year from the date of recording unless a different date is specified).

X _____
Signature of Owner

Name: _____
Please Print, Type or Stamp

STATE OF FLORIDA
COUNTY OF MARTIN

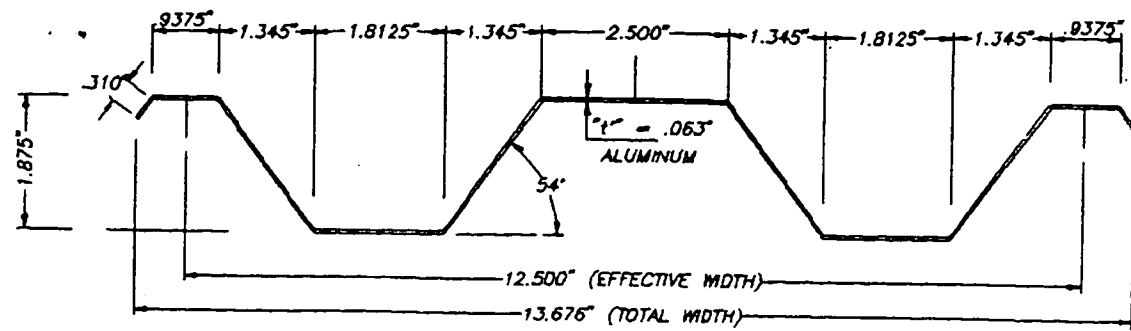
The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____ [] personally known to me, or [] has produced _____ as identification, and who [] did [] did not take an oath.

Signature of Notary

Name: _____
Please Print, Type or Stamp

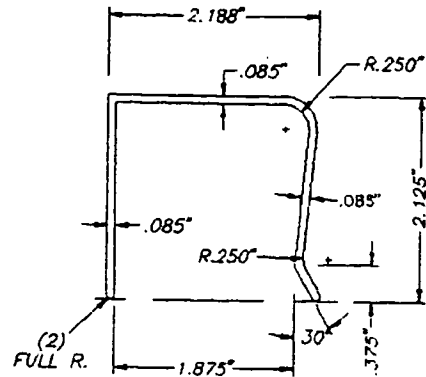
NOTARY SEAL)

I am a Notary Public of the State of Florida having a commission number of _____ and my commission expires: _____



1 STORM PANEL

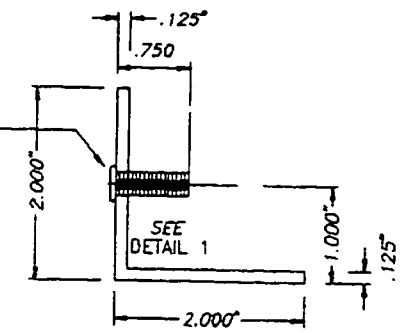
SCALE: 3/8" = 1"



3 "U" HEADER

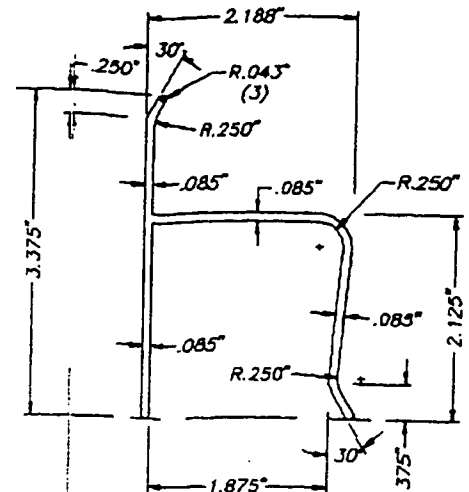
SCALE: 1/2" = 1"

1/4" Ø S. S. STUD
RIVETED TO ANGLE
● 12 1/2" O. C.



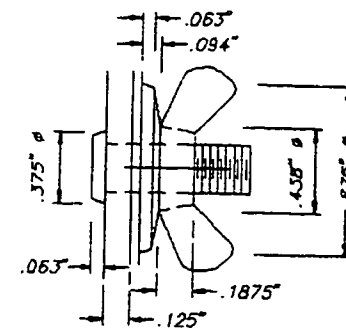
4 ANGLE WITH STUD

SCALE: 1/2" = 1"



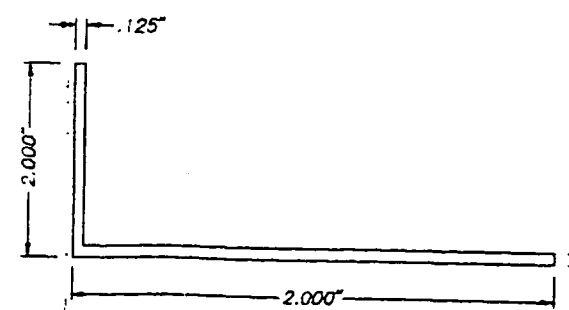
2 "h" HEADER

SCALE: 1/2" = 1"



DETAIL 1: STUD W/ WING NUT

SCALE: FULL



5 2" x 5" (Max.) x .125" ANGLE

SCALE: 1/2" = 1"

COMPONENTS

GENERAL NOTES:

- STORM PANEL HAS BEEN DESIGNED IN ACCORDANCE WITH THE DADE COUNTY, 1994 EDITION OF THE SOUTH FLORIDA BUILDING CODE. DESIGN WIND LOADS SHALL BE DETERMINED AS PER SECTION 6 OF ASCE 7-88, WITH 110 m.p.h. BASIC WIND SPEED. STORM PANEL'S ADEQUACY FOR IMPACT AND FATIGUE RESISTANCE HAS BEEN VERIFIED IN ACCORDANCE WITH SECTIONS 2315 & 2314 RESPECTIVELY OF THE ABOVE MENTIONED CODE AS PER AMERICAN TEST LAB OF SOUTH FLORIDA, REPORT # 0919.01-96.
- ALL ALUMINUM SHEET METAL PANELS SHALL HAVE 5052-H32 ALLOY.
- ALL ALUMINUM EXTRUSIONS SHALL BE 6063-T6 ALLOY UNLESS OTHERWISE NOTED.
- ALL SCREWS TO BE STAINLESS STEEL 304 OR 316 SERIES.
- BOLTS TO BE 2024-T4 ALUMINUM ALLOY, GALVANIZED OR STAINLESS STEEL WITH 36 ksi MINIMUM YIELD POINT.
- ANCHORS TO WALL SHALL BE AS FOLLOWS: (UNLESS OTHERWISE NOTED)
 - (A) TO EXISTING POURED CONCRETE:
 - 1/4" Ø TAPCON ANCHORS, OR RAWL ZAMIC NAILIN AS MANUFACTURED BY I.T.W. RAMSET OR ELCO INDUSTRIES, INC., AND THE RAWL PLUG COMPANY, RESPECTIVELY.
 - 1/4" Ø x 7/8" RAWL CALK-IN ANCHORS AS MANUFACTURED BY THE RAWL PLUG COMPANY.

NOTES:

- MINIMUM EMBEDMENT INTO POURED CONCRETE OF TAPCON ANCHORS IS 1 3/4" AND FOR RAWL ZAMIC NAILIN IS 1 3/8".
- 7/8" RAWL CALK-IN ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE POURED CONCRETE. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" Ø-20 SCREWS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST AND 1" MINIMUM FOR WALLS WITH NO STUCCO.
- IN CASE THAT PRECAST STONE, PRECAST CONCRETE PANELS, OR PAVERS BE FOUND ON THE EXISTING WALL OR FLOOR, ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS. MINIMUM ANCHORAGE SHALL BE AS MENTIONED IN A.1) AND IN A.2).

(B) TO EXISTING CONCRETE BLOCK WALL:

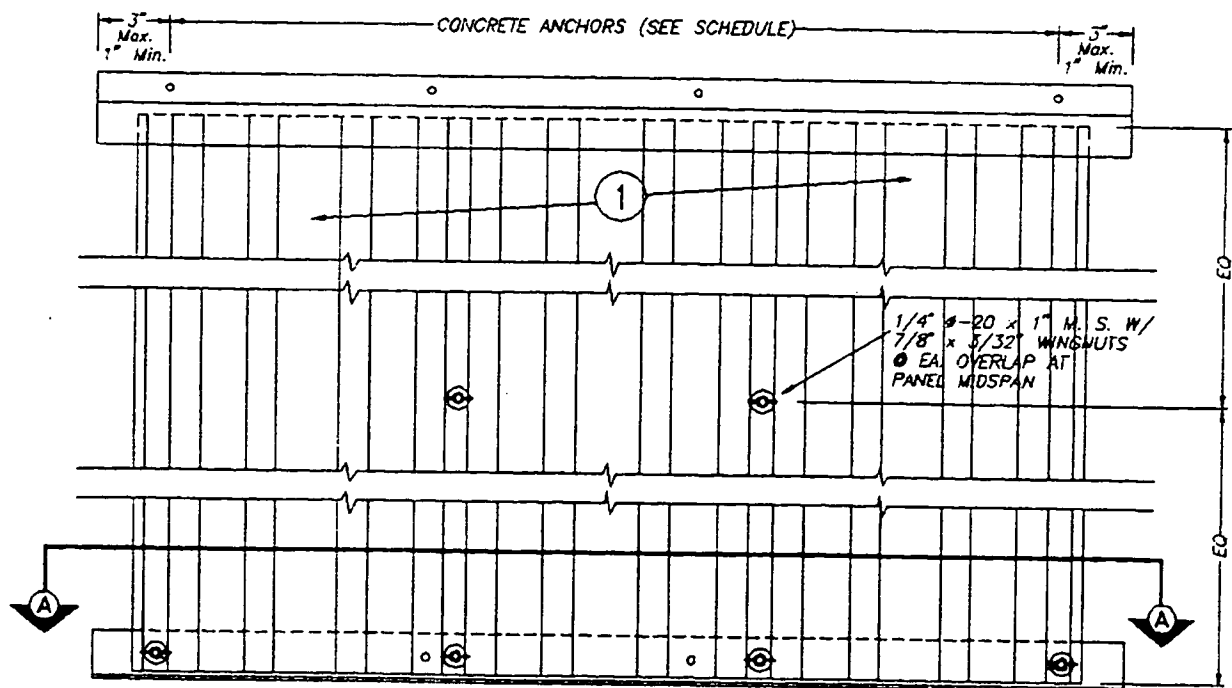
- 1/4" Ø TAPCON ANCHORS OR RAWL ZAMIC NAILIN, AS MANUFACTURED BY I.T.W. RAMSET OR ELCO INDUSTRIES, INC., AND THE RAWL PLUG COMPANY, RESPECTIVELY.
- 1/4" Ø x 7/8" RAWL CALK-IN ANCHORS AS MANUFACTURED BY THE RAWL PLUG COMPANY.

NOTES:

- MINIMUM EMBEDMENT OF TAPCON ANCHORS AND THE RAWL ZAMIC NAILIN, INTO THE CONCRETE BLOCK UNIT SHALL BE 1 1/4".
- 7/8" RAWL CALK-IN ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE CONCRETE BLOCK UNIT. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" Ø-20 SCREWS USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO.
- IN CASE THAT PRECAST STONE OR PRECAST CONCRETE PANELS BE FOUND ON THE EXISTING WALL, ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS. ANCHORAGE SHALL BE AS MENTIONED IN B.1) AND IN B.2).

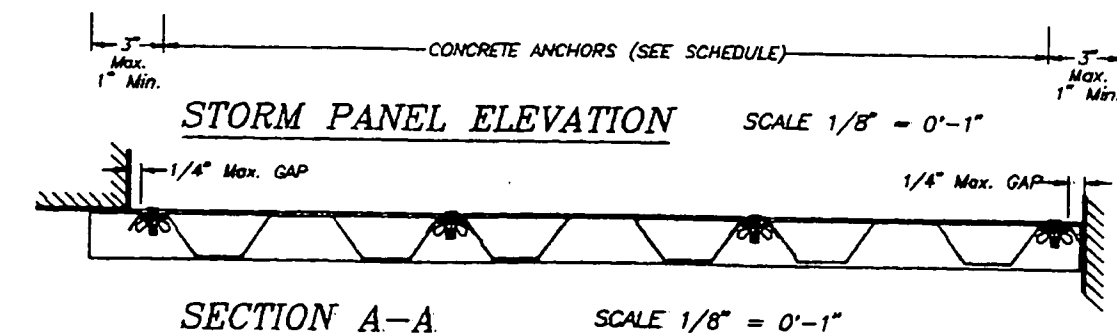
(C) ANCHORS SHALL BE INSTALLED FOLLOWING ALL OF THE RECOMMENDATIONS AND SPECIFICATIONS OF THE ANCHOR'S MANUFACTURER.

- PANELS MAY ALSO BE INSTALLED HORIZONTALLY FOLLOWING INSTALLATION DETAILS SHOWN ON SECTIONS 1, 2 & 3 BUT ONLY 1/4" STUCCO ANGLES EACH SIDE (SHEET 2 OF 5).
- IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE SOUNDNESS OF THE STRUCTURE WHERE SHUTTER IS TO BE ATTACHED TO INSURE PROPER ANCHORAGE.
- EACH PANEL SHALL HAVE A LEGIBLE AND READILY VISIBLE MARKING INSTRUCTING OWNER OR TENANT TO SECURE PANELS WITH APPLICABLE REINFORCEMENT DURING PERIODS OF HURRICANE WARNING.
- SHUTTER MANUFACTURER'S STAMP SHALL BE PLACED ON THE EXPOSED SURFACE OF THE CENTER FLANGE OF EVERY PANEL APPROXIMATELY 4" ABOVE THE BOTTOM OF SUCH PANEL. STAMP SHALL READ AS FOLLOWS: GULFSTREAM ALUMINUM & SHUTTER CORP. STUART, FLORIDA DADE COUNTY PRODUCT CONTROL APPROVED.



STORM PANEL ELEVATION

SCALE 1/8" = 0'-1"

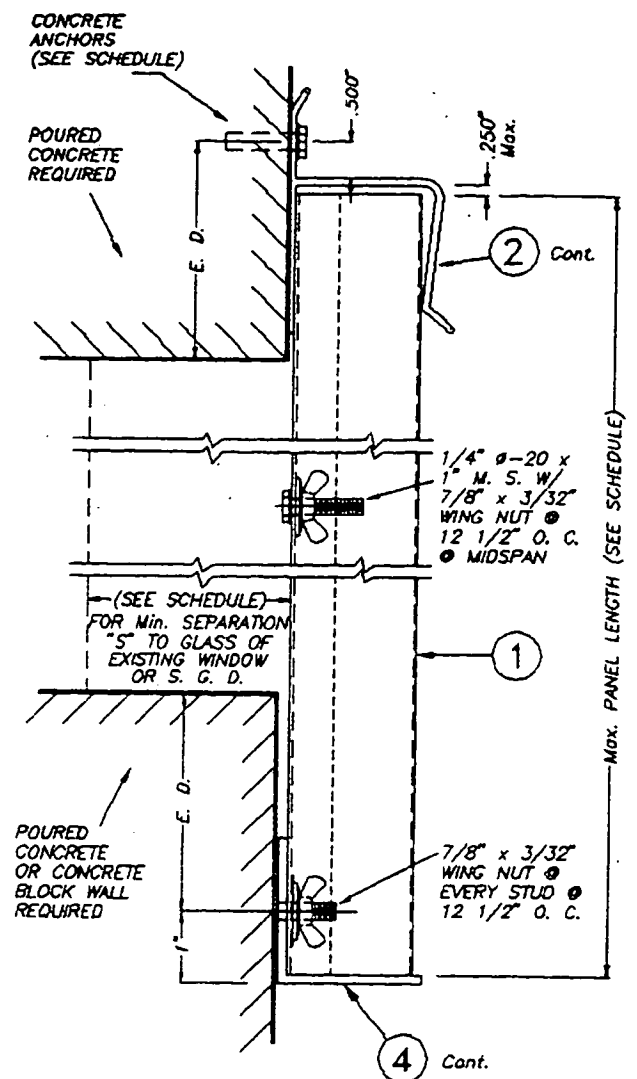


SECTION A-A

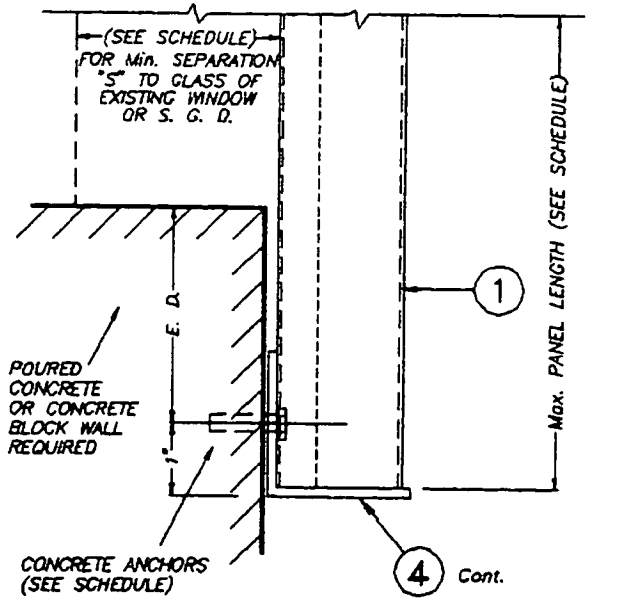
SCALE 1/8" = 0'-1"

TILTECO INC.
TILIT TESTING & ENGINEERING COMPANY
6500 N.W. 36th St., Ste. 217, VIRGINIA GARDENS, FL 33166
Phone: (305)871-1530 Fax: (305)871-1531
WALTER A. TILIT Jr., P. E.
FLORIDA Lic: 44167

STORM PANEL GULFSTREAM ALUMINUM & SHUTTER CORP. 197 S.E. MONTEREY ROAD STUART, FL 34994		DADE COUNTY
		AS SHOWN SCALE
		10/7/96 DATE
		96 - 314 DRAWING No
		SHEET 1 OF 5

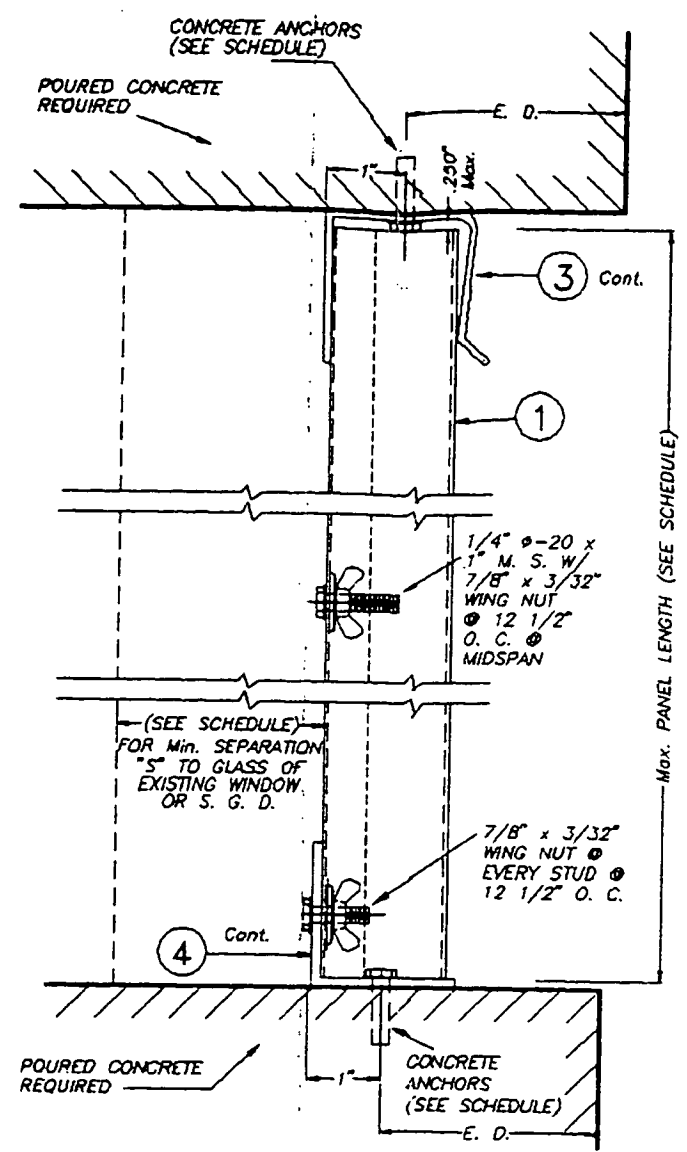


SECTION @ STUD



SECTION @ ANCHOR

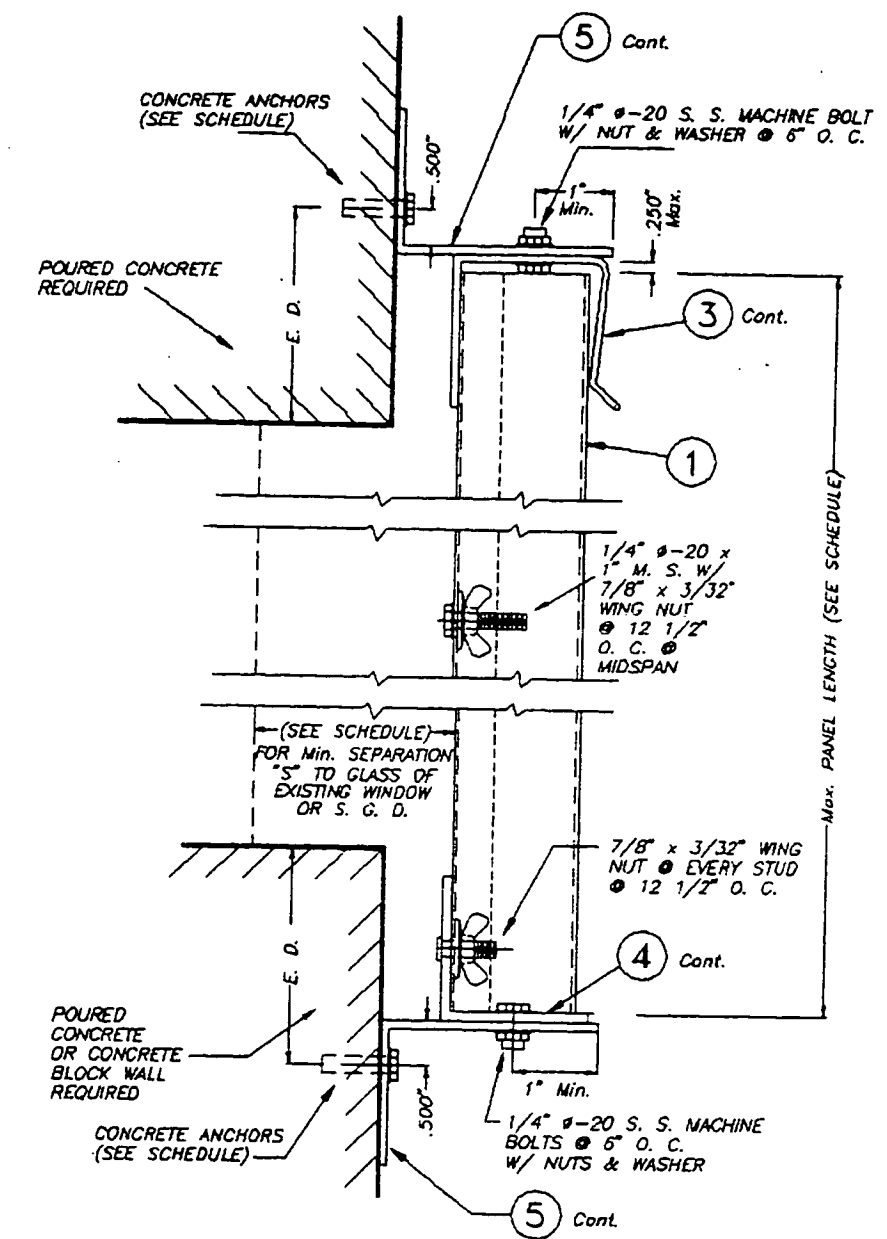
WALL MOUNT. INSTALL. - SECTIONS 1
SCALE: 3/8" = 1"



CEILING & FLOOR MOUNTING
INTALLATION - SECTION 2
SCALE: 3/8" = 1"

E. D. = EDGE DISTANCE
(SEE SCHEDULE ON
SHEET 4 OF 5)

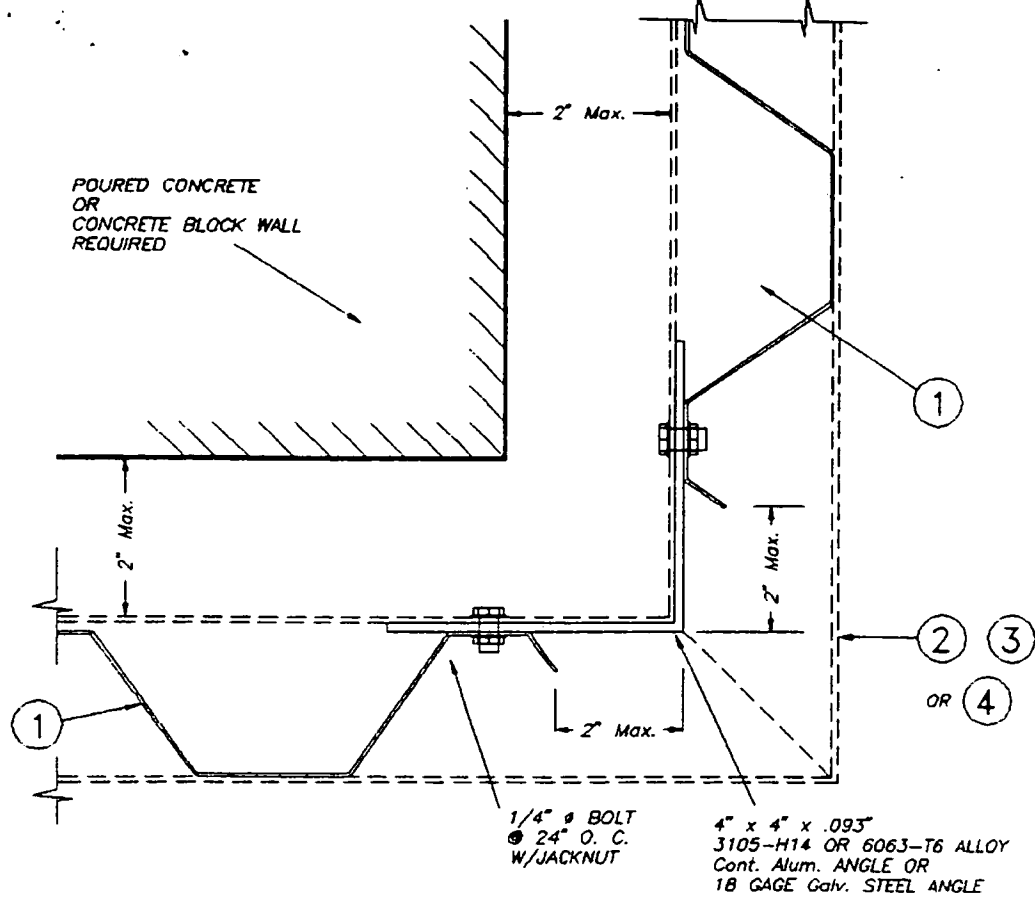
NOTE FOR COMBINATION OF SECTIONS:
WALL/CEILING/FLOOR MOUNTING SECTIONS CAN BE
COMBINED IN ANY WAY TO SUIT ANY INSTALLATION



BUILD-OUT MOUNTING INSTALLATION
- SECTION 3
SCALE: 3/8" = 1"

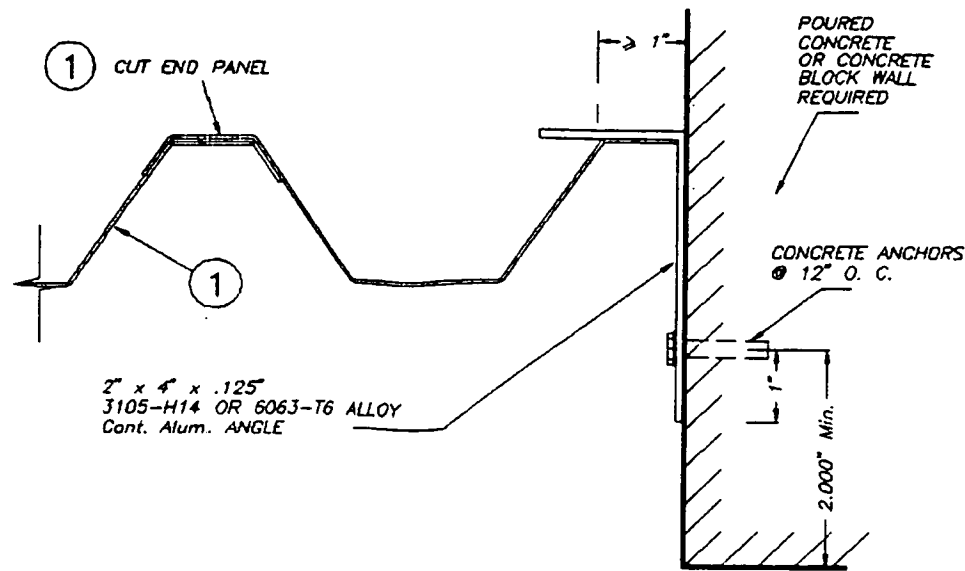
TILTECO INC.
TILIT TESTING & ENGINEERING COMPANY
6565 N.W. 36th St., Ste. 217, VIRGINIA GARDENS, FL 33186
Phone: (305)871-1530 Fax: (305)871-1631
WALTER A. TILIT Jr., P. E.
FLORIDA Lic. 44187

STORM PANEL		DADE COUNTY	
		AS SHOWN SCALE	10/7/96 DATE
GULFSTREAM ALUMINUM & SHUTTER CORP. 197 S.E. MONTEREY ROAD STUART, FLORIDA 34984		96 - 314	
		DRAWING No	
REV. NO	DESCRIPTION	DATE	REV. No
1			3
2			4
		SHEET 2 OF 5	



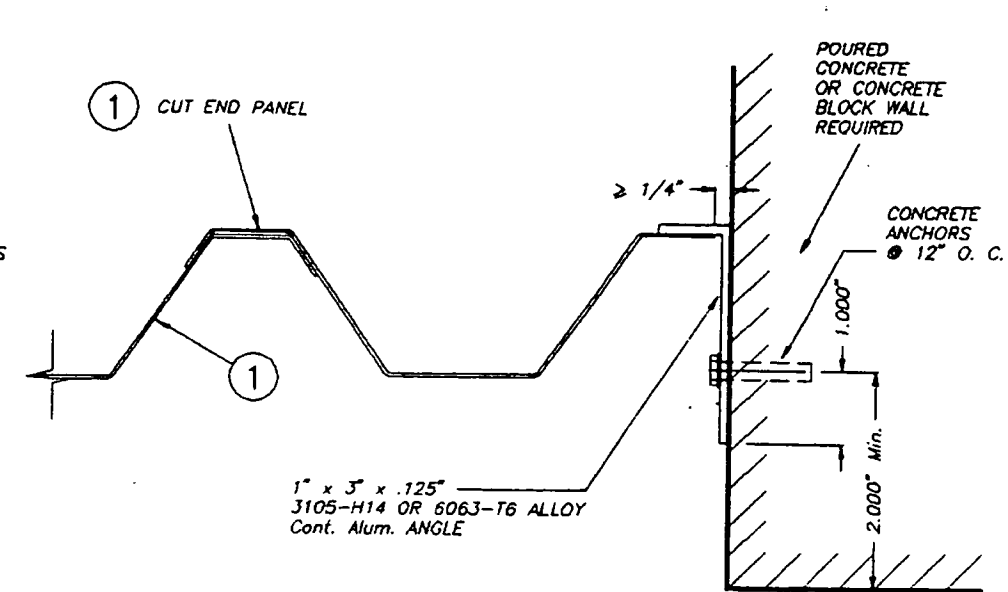
CASE A (Plan)

SCALE: 3/8" = 1"



CASE B (Plan)

SCALE: 3/8" = 1"



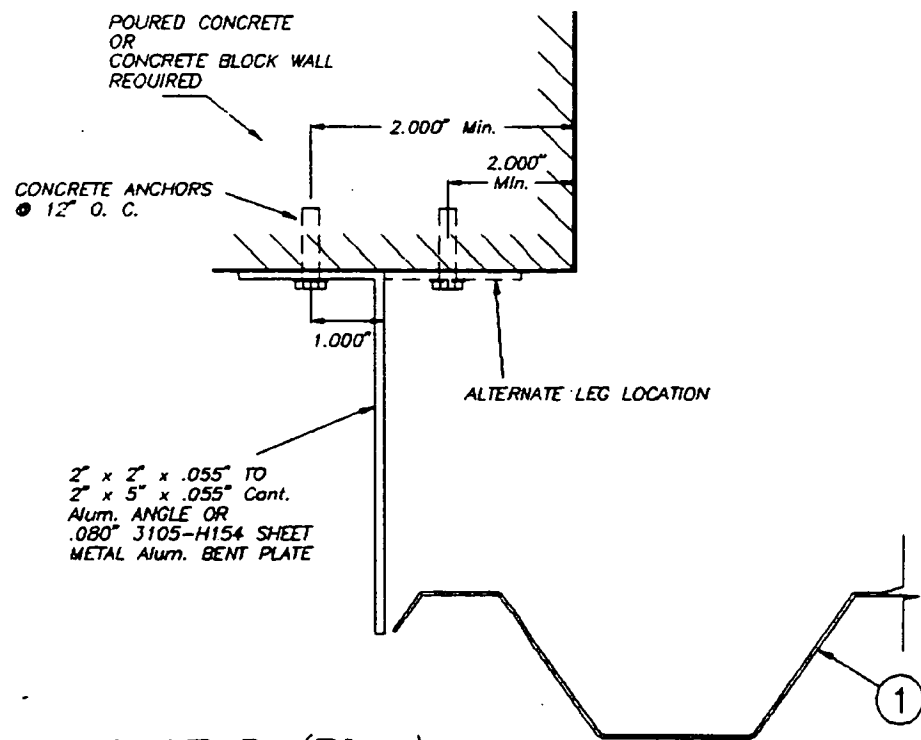
CASE C (Plan)

SCALE: 3/8" = 1"

END CLOSURES DETAILS

MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND
CORRESPONDING MAXIMUM PANEL LENGTH "L" SCHEDULE

MAXIMUM DESIGN PRESSURE RATING W (p.s.f.)	Max. PANEL LENGTH L (ft.) (SEE SECTIONS)	MINIMUM SEPARATION TO GLASS	APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM
+65.0, -72.0	9'-0"	3"	1, 2 & 3
+50.6, -58.3	10'-0"	3"	1



CASE D (Plan)

SCALE: 3/8" = 1"

TILTECO INC.
TILLIT TESTING & ENGINEERING COMPANY
8595 N.W. 36th St., Ste. 217 VIRGINIA GARDENS, FL 33166
Phone: (305)871-1530 Fax: (305)871-1531
WALTER A. TILLIT Jr., P. E.
FLORIDA Lic. 44167

DADE COUNTY

STORM PANEL

GULFSTREAM ALUMINUM & SHUTTER CORP.
197 S.E. MONTEREY ROAD
STUART, FL 34994

AS SHOWN SCALE
10/7/96 DATE
96 - 314 DRAWING No
SHEET 3 OF 5

REV. NO	DESCRIPTION	DATE	REV. No	DESCRIPTION	DATE
1	-	-	2	-	-
2	-	-	3	-	-

MAXIMUM DESIGN PRESSURE RATING "W" (p.s.f.) AND CORRESPONDING MAXIMUM ANCHOR SPACING SCHEDULE FOR INSTALLATIONS INTO CONCRETE AND C.B.S. STRUCTURES *


E. D. = EDGE DISTANCE

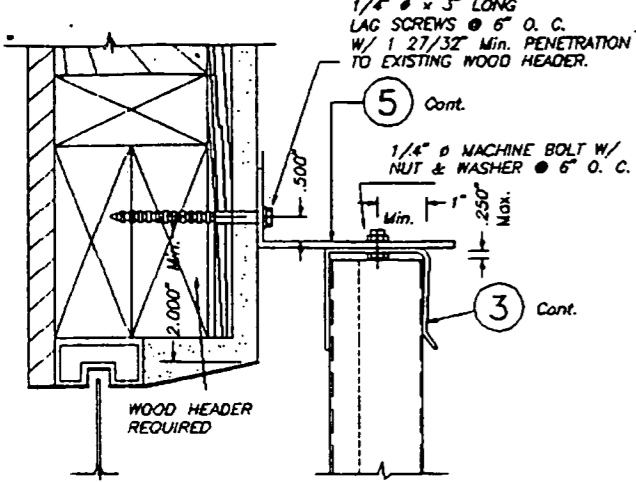
MAXIMUM DESIGN LOAD W (p.s.f.)	MAXIMUM ANCHORS SPACING FOR E. D. = 3 1/2" **						APPLICABLE TO SECTIONS # & ANY COMBINATION OF THEM	MAXIMUM PANEL LENGTH "L" (ft.)
	TAPCONS		ZAMAC NAILIN		RAWL CALK-IN			
	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY	TO CONCRETE	TO MASONRY		
+65.0, -72.0	9"	N/A	5"	N/A	9"	N/A	1 (TOP)	9'-0" OR LESS
	9"	7 1/2"	9"	9"	9"	9"	1 (BOTTOM)	
	9"	N/A	8"	N/A	9"	N/A	2 (TOP)	
	9"	N/A	7"	N/A	9"	N/A	2 (BOTTOM)	
	9"	N/A	9"	N/A	9"	N/A	3 (TOP)	
	9"	7 1/2"	9"	9"	9"	9"	3 (BOTTOM)	
+50.6, -58.3	9"	N/A	6 1/2"	N/A	9"	N/A	1 (TOP)	>9'-0" TO 10'-0"
	9"	8"	9"	9"	9"	9"	1 (BOTTOM)	
	9"	N/A	9"	N/A	9"	N/A	2 (TOP)	
	9"	N/A	7 1/2"	N/A	9"	N/A	2 (BOTTOM)	
	9"	N/A	9"	N/A	9"	N/A	3 (TOP)	
	9"	8"	9"	9"	9"	9"	3 (BOTTOM)	

- * SEE SHEET 5 OF 5 FOR ANCHORS TYPE & SPACING FOR INSTALLATIONS INTO WOOD FRAME BUILDINGS.
- ** MAXIMUM ANCHOR SPACINGS ARE VALID FOR 3 1/2" EDGE DISTANCE. FOR E. D. LESS THAN 3 1/2", REDUCE ANCHOR SPACING BY MULTIPLYING SPACINGS SHOWN ON SCHEDULE BY THE FOLLOWING FACTORS.

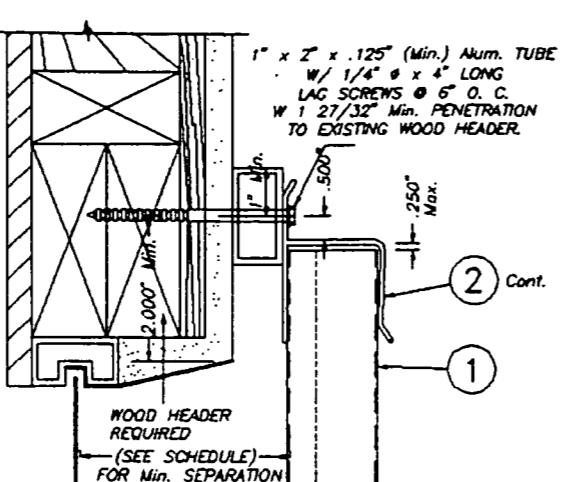
ACTUAL E. D.	FACTOR	
	TAPCON/ZAMAC NAILIN	RAWL CALK-IN
3"	.86	.75
2 1/2"	.71	.50
2"	.50	-

DADE COUNTY

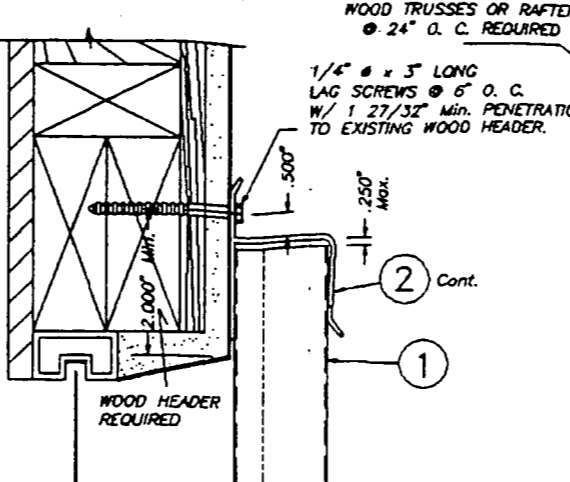
 TILTECO Inc. TILLET TESTING & ENGINEERING COMPANY <small>8000 N.W. 36th St., Ste. 217, Virginia Gardens, Florida 33108 Phone: (305)871-1030 Fax: (305)871-1021</small> WALTER A. TILLET Jr., P. E. FLORIDA Lic. # 44187	STORM PANEL		SCALE		
	GULFSTREAM ALUMINUM & SHUTTER CORP.		10/7/98 DATE		
	197 S.E. MONTEREY ROAD STUART, FL 34994		96 - 314 DRAWING No.		
REV. NO.	DESCRIPTION	DATE	REV. No.	DESCRIPTION	DATE
1			3		
2			4		
SHEET 4 OF 5					



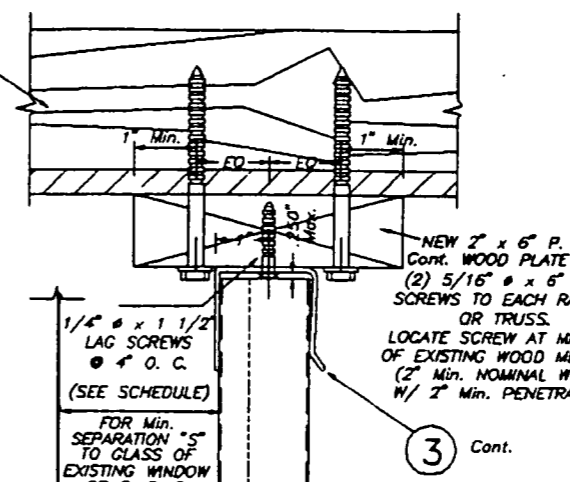
ALTERNATIVE 1



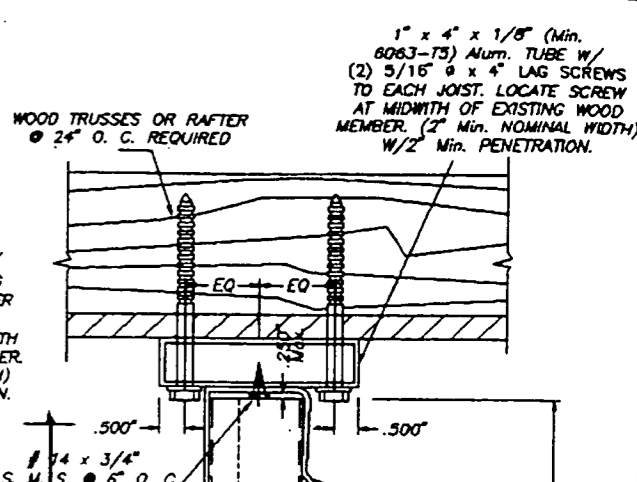
ALTERNATIVE 2



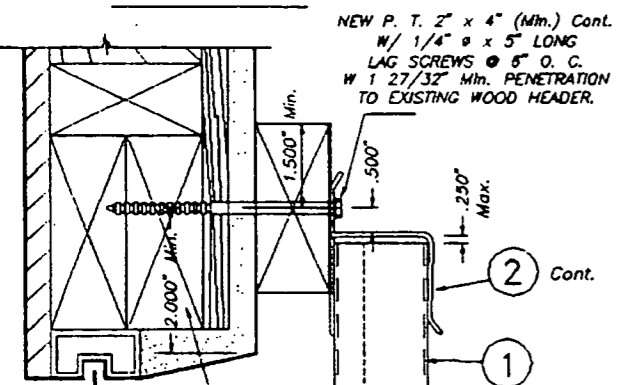
ALTERNATIVE 3



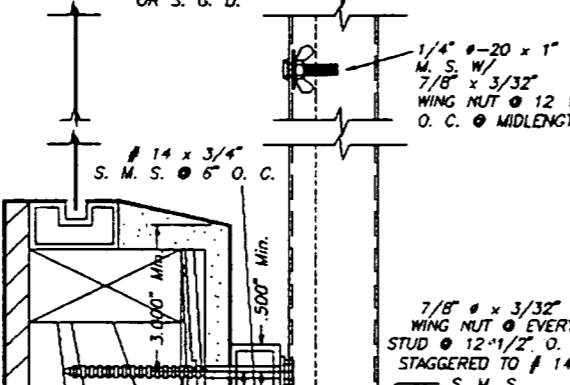
ALTERNATIVE 4



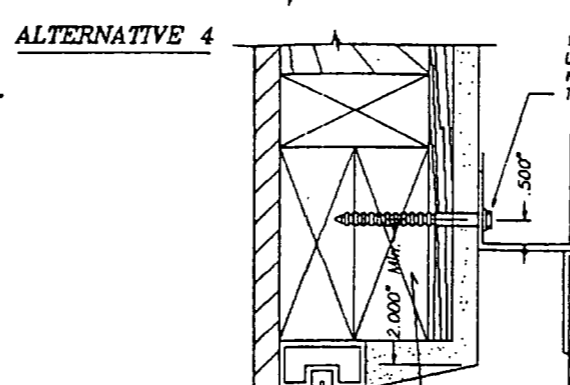
ALTERNATIVE 5



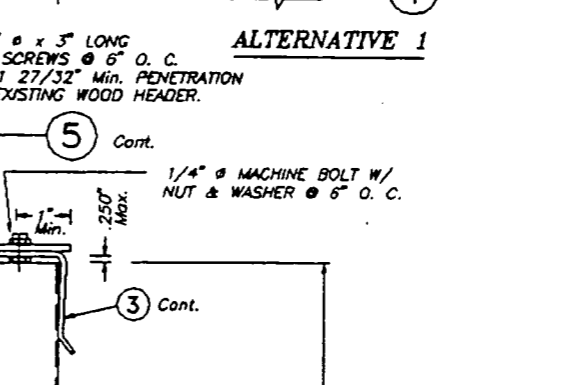
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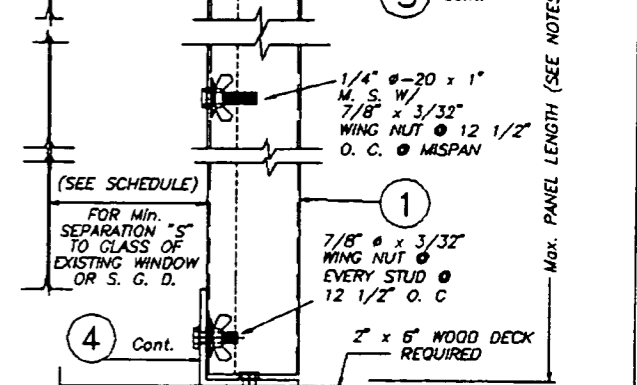
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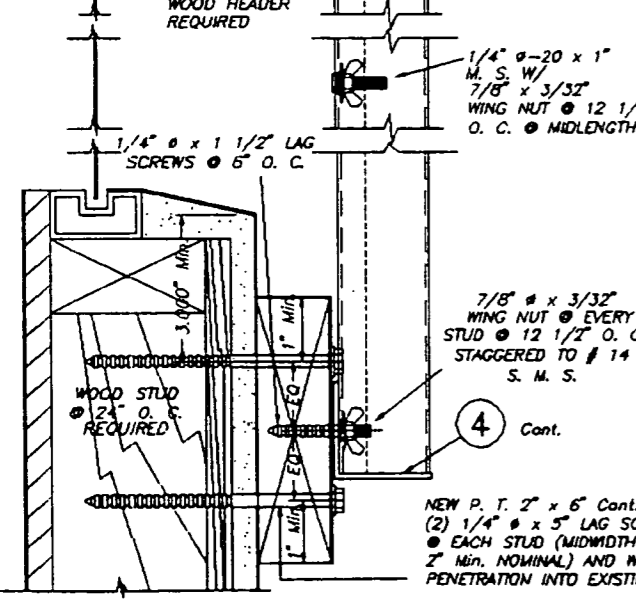
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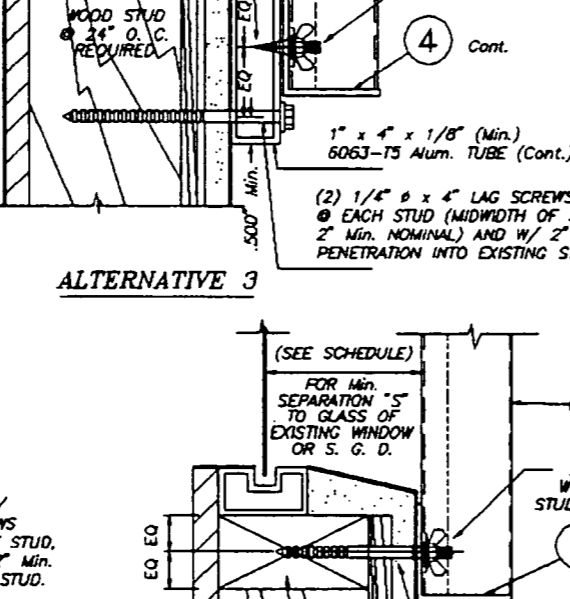
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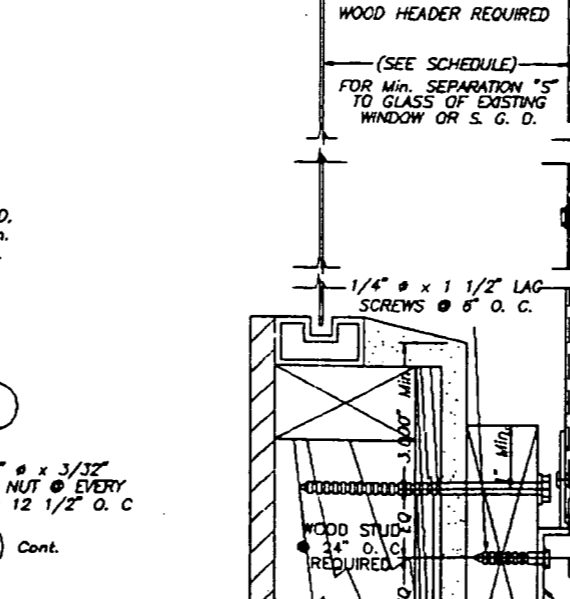
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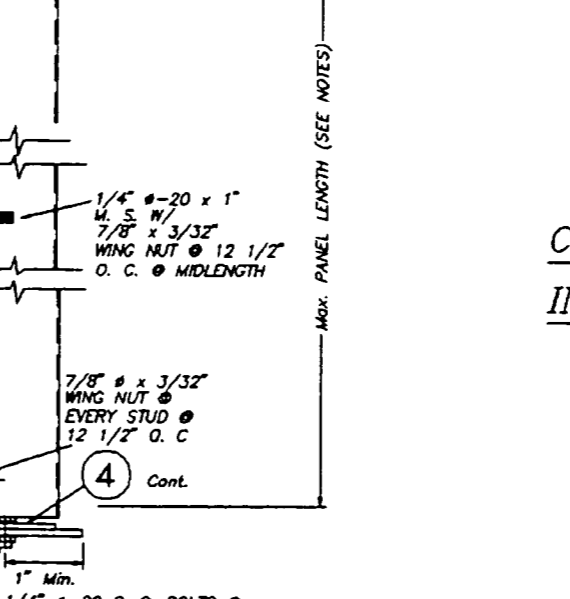
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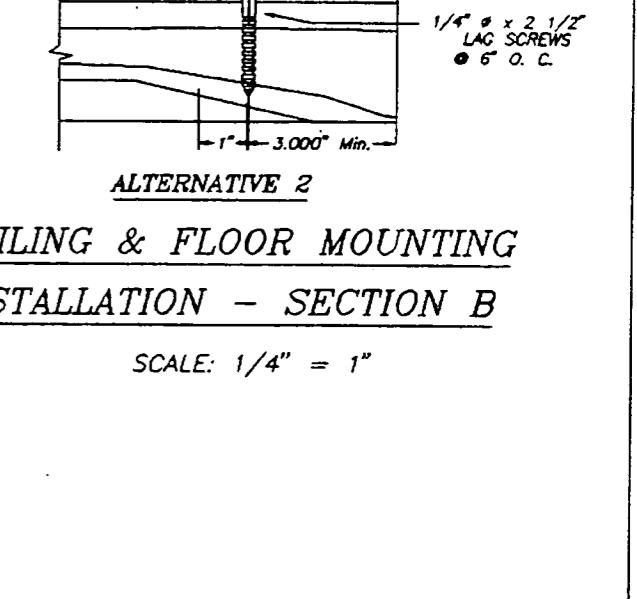
ALTERNATIVE 2



ALTERNATIVE 3



ALTERNATIVE 4



ALTERNATIVE 5

CEILING & FLOOR MOUNTING INSTALLATION - SECTION B

SCALE: 1/4" = 1"

NOTE FOR COMBINATION OF SECTIONS:
WALL/FLOOR/CEILING MOUNTING SECTIONS CAN BE COMBINED IN ANY WAY TO SUIT ANY INSTALLATION.

- NOTES:
- INSTALLATIONS ARE ONLY VALID FOR BUILDINGS WITH DESIGN LOADS UP TO +63.0, -72.0 AND PANEL'S LENGTH UP TO 9'-0".
 - NEW 2" x 6" P. T. TO BE SOUTHERN PINE No. 2, SURFACED DRY WITH 19% M. M. C. W/ SPECIFIC DENSITY OF 0.55.
 - FOR NEW WOOD FRAME CONSTRUCTION: WOOD MEMBERS TO BE SOUTHERN PINE No. 2, W/ SPECIFIC DENSITY OF 0.55 OR EQUAL.

WALL MOUNTING INSTALLATION - SECTIONS A

INSTALLATION DETAILS ON EXISTING WOOD BUILDINGS

SCALE: 1/4" = 1"

TILECO INC.
TILIT TESTING & ENGINEERING COMPANY
6505 N.W. 30th St., Ste. 217 VIRGINIA GARDENS, FL 33180
Phone: (305)871-1530 Fax: (305)871-1531
WALTER A. TILIT Jr., P. E.
FLORIDA Lic. 44167

STORM PANEL		AS SHOWN SCALE	
GULFSTREAM ALUMINUM & SHUTTER CORP.		10/7/96 DATE	
197 S.E. MONTEREY ROAD STUART, FLORIDA 34994		96 - 314	
REV. NO.	DESCRIPTION	DATE	REV. NO.
1			4
2			
DRAWING No		SHEET 5 OF 5	

DADE COUNTY

9406

AC CHANGEOUT



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9406	DATE ISSUED:	APRIL 8, 2010
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS:			
CONTRACTOR:	NIS AIR		
PARCEL CONTROL NUMBER:	013841-006-004-000302	SUBDIVISION	HOMEWOOD-LOT3, BL D
CONSTRUCTION ADDRESS:	11 N RIDGEVIEW RD		
OWNER NAME:	SCULLY		
QUALIFIER:	PHILIP NISA	CONTACT PHONE NUMBER:	283-0904

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

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

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

REQUIRED INSPECTIONS

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

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

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

Permit Number: 9406

Date: 4/8/10

OWNER/TITLEHOLDER NAME: MR. & MRS. PAT SCULLY Phone (Day) 283-6685 (Fax) N/A

Job Site Address: 11 NORTH RIDGEVIEW ROAD City: STUART State: FL Zip: 34996

Legal Description Homewood D-3, SEWALL'S PT Parcel Control Number: 1-38-41-006-004-00030.20000

Owner Address (if different): N/A City: STUART State: FL Zip: 34996

Scope of work (please be specific): CHANGE OUT A/C

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 7500
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 _____ X _____
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: NISAIR Air Conditioning Phone: 283-0904 Fax: (772) 468-9752
Street: 3700 SOUTH US HWY ONE City: FORT PIERCE State: FL Zip: 34982

State License Number: CAC041199 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Philip Nisa, JR Phone Number: (772) 260-2062

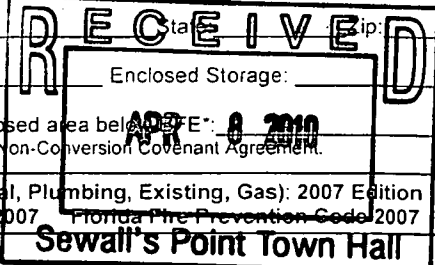
DESIGN PROFESSIONAL: N/A Lic# _____ Phone Number: _____

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

AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/ Porches: _____

Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below DECK: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007 Edition
National Electrical Code: 2005 Florida Energy Code: 2007 Florida Accessibility Code: 2007 Florida Fire Prevention Code: 2007



NOTICES TO OWNERS AND CONTRACTORS:

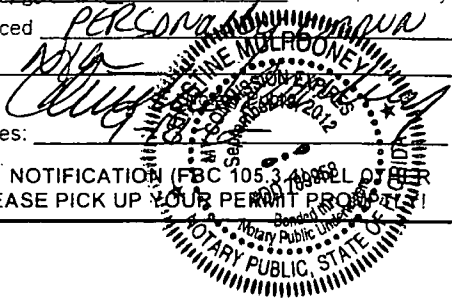
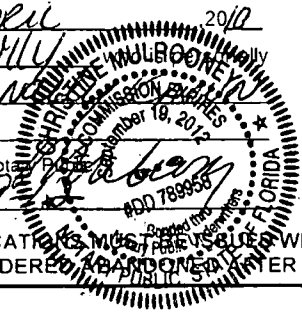
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
Pat & Nancy Scully
State of Florida, County of: MARTIN
This the 8 day of April, 2010
by Pat & Nancy Scully
known to me or produced (PERSONAL)
as identification. N/A
My Commission Expires: 4-19-12

CONTRACTOR SIGNATURE: (required)
Philip Nisa
On State of Florida, County of: MARTIN
This the 8 day of April, 2010
by Philip Nisa, JR who is personally
known to me or produced PERSONAL
As identification. N/A
My Commission Expires: _____



SINGLE FAMILY PERMIT APPLICATIONS MUST BE PICKED UP WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROPERLY!
APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROPERLY!

HON. RUTH PIETRUSZEWSKI
REAL ESTATE

MARTIN COUNTY

ACCOUNT NUMBER: 1-38-41-006-004-00030.20000 2009		AD VALOREM TAXES			TAX DISTRICT: 2200
ASSESSED VALUE:	342,927	EXEMPTIONS: * SEE BELOW *	TAXABLE VALUE: 292		
TAXING AUTHORITY	MILLAGE RATE	ASSESSED	EXEMPTIONS	TAXABLE VALUE	
COUNTY-GENERAL FUND-OP	772-288-5939 5.3090	342,927	50,000	292,927 1,5	
CNTY-F.I.T. BOND	772-288-5939 .0320	342,927	50,000	292,927	
CNTY-GOVT BONDS 1986	772-288-5939 .0694	342,927	50,000	292,927	
CNTY-BONDS LANDS FOR YOU	772-288-5939 .0368	342,927	50,000	292,927	
SCHOOL-GENERAL FUND	772-219-1200 4.4550	342,927	25,000	317,927 1,4	
SCHOOL - DISCRETIONARY	772-219-1200 .7480	342,927	25,000	317,927 2	
SCHOOL CAPITAL OUTLAY	772-219-1200 1.5000	342,927	25,000	317,927 4	
CHILDRENS SERVICES ORDNCs	772-288-5758 .3523	342,927	50,000	292,927 1	
FL-INLAND NAVIGATION DIST	561-627-3386 .0345	342,927	50,000	292,927	
TOWN FLORIDA WATER MANAGEMENT	561-686-8800 .6240	342,927	50,000	292,927 1	
TOWN OF SEWALLS PT	772-287-2455 2.2300	342,927	50,000	292,927 6	
EXEMPTION:ADDL HX	25,000				
REG HMST	25,000				

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	PHONE	PURPOSE	RATES/BASIS	A
COMBINED TAXES & ASSESSMENTS TOTAL:				4,6

01 38 41

HOMEWOOD, LOT 3 BLK D

11 N RIDGEVIEW RD

1-38-41-006-004-00030.20000 2009

SCULLY, PATRICK H

SCULLY, NANCY E

11N RIDGEVIEW RD

STUART, FL 34996

*** PAID *** PAID *** PAID ***
11/30/09 PERIOD 01

NOV 1-NOV30	DEC1-DEC 31	JAN 1-JAN31	FEB 1-FEB28	MAR 1-MAR 31	DELINQUENT ON
4,488.98	4,535.74	4,582.50	4,629.26	4,676.02	APRIL 1, 2010

HON. RUTH PIETRUSZEWSKI
REAL ESTATE

MARTIN COUNTY

NOV 1-NOV30	DEC1-DEC 31	JAN 1-JAN31	FEB 1-FEB28	MAR 1-MAR 31	DELINQUENT ON
4,488.98	4,535.74	4,582.50	4,629.26	4,676.02	APRIL 1, 2010

EX-TYPE	ESCROW	MILLAGE	TAXES LEVIED	REMIT PAYMENT IN U.S. FUNDS TO:
	0132	2200		

VALUES AND EXEMPTIONS	TAXES	4,676.02	HON. RUTH PIETRUSZEWSKI
ASSESSMENT	342,927 TOTAL	4,676.02	3485 SE WILLOUGHBY BLVD
ADDL HX	25,000		STUART, FL 34994
REG HMST	25,000		

01 38 41

HOMEWOOD, LOT 3 BLK D

1-38-41-006-004-00030.20000 2009

SCULLY, PATRICK H

SCULLY, NANCY E

11N RIDGEVIEW RD

STUART, FL 34996

*** PAID *** PAID *** PAID ***
11/30/09 PERIOD 01
030-2009-0001648.0000
\$4,488.98 CK



Martin County, Florida

Laurel Kelly, C.F.A

Site Provided by...
governmentmax.com T1.14

Summary

print Address 1 of 2

Parcel Info

Summary

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-006-004-00030-2	11 N RIDGEVIEW ROAD	17666	Address	0	1

Summary

Property Location 11 N RIDGEVIEW ROAD
Tax District 2200 Sewall's Point
Account # 17666
Land Use 101 0100 Single Family
Neighborhood 120400
Acres 0.352

Legal Description
Property Information
 HOMEWOOD, LOT 3 BLK D

Search By

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

Owner Information

Owner Information
 SCULLY, PATRICK H
 SCULLY, NANCY E

Mail Information

11N RIDGEVIEW RD
 STUART FL 34996

Assessment Info

Front Ft. 0.00

Market Land Value \$229,500
Market Impr Value \$399,570
Market Total Value \$629,070

Site Functions

Property Search

- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Recent Sale

Sale Amount \$82,900

Sale Date 6/30/1995
Book/Page 1129 1002

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

Legal disclaimer / Privacy Statement

Data updated on 3/18/2010



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **4-20** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9406	Scullery	General A.C.		
1st	Nis Air		Pass	INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9388	SMITH 73 N. SP RD SARADICAN	FOODS	Pass	INSPECTOR <i>A</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	UPPATA 117 N. SP	BUSINES RATS -	LOCK 3275	<u>NO EVIDENCE</u>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	MORRIS	BOWENICK PIPE - SPECAS, PARGE		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



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

**APPLICATION FOR TREE REMOVAL, RELOCATION OR
REPLACEMENT PERMIT ON DEVELOPED RESIDENTIAL PROPERTY**

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. Removal of trees with a diameter of less than two inches.
3. Removal of citrus or non-native fruit trees.

Sec. 70-22. Permit required for tree removal.

A permit as provided for in this chapter shall be required for the removal (or transplant) of any tree with a two-inch caliber or more upon any parcel upon which there is a residence under a validly issued permit. Permit requirements are outlined under article V Town Ordinances. **If the town has to procure the services of a suitable professional licensed in the State of Florida to ascertain the condition or type of a tree(s) prior to or after removal of the tree(s) then the cost of such will be borne by the property owner. (Ord. No. 303, 7-20-04)**

Application procedures:

1. Complete application information including sketch below.
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 posted 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.

Permit Fee:

1. Tree permits are \$15.00.
2. Permit - No fees are assessed for tree which is dead, diseased, injured, hazardous to life or property, or listed as a prohibited species by the Florida Department of Environmental Protection.

NOTICE:

A PERMIT WILL NOT BE ISSUED FOR THE REMOVAL ANY NATIVE SPECIES TREES UNLESS ONE OR MORE OF THE FOLLOWING CONDITIONS EXIST: (SEC. 70-87. PERMIT ISSUANCE OR DENIAL TOWN ORDINANCES).

- A. THE VEGETATION IS LOCATED IN AN AREA WHERE STRUCTURES, UTILITIES OR IMPROVEMENTS MAY BE PLACED ACCORDING TO THE TOWN CODE; AND TO PRESERVE THE VEGETATION WOULD UNREASONABLY RESTRICT THE ECONOMIC ENJOYMENT OF THE PROPERTY; AND THE VEGETATION CANNOT BE RELOCATED ON THE SITE BECAUSE OF AGE, TYPE OR SIZE.
- B. THE VEGETATION IS DISEASED, INJURED, LOCATED TOO CLOSE TO THE EXISTING OR PROPOSED STRUCTURES, INTERFERES WITH EXISTING UTILITY SERVICE, OR CREATES UNSAFE VISUAL OBSTRUCTION. (A PROFESSIONAL ARBORIST'S OPINION WILL BE REQUIRED)
- C. THE VEGETATION IS TO BE MOVED TO ANOTHER LOCATION ON THE OWNER'S PROPERTY OR IS TO BE REPLACED BY ANOTHER TREE OR SHRUB ON THE OWNER'S PROPERTY, REGARDLESS OF LOCATION.

IF THE PERMIT IS DENIED, THE DEPARTMENT SHALL NOTIFY THE APPLICANT IN WRITING OF THE BASIS FOR DENIAL USING THE CRITERIA LISTED IN THIS SECTION.

*****THE FOLLOWING SPECIES ARE CONSIDERED NATIVE, PROTECTED SPECIES***:**

BLACK IRONWOOD, BLACK MANGROVE, BLOLLY, BUTTONWOOD, CABBAGE (SABLE) 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.

oh



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner ROBERT KRAMER Address [REDACTED] Phone 772-288-0296

Contractor LOPEZ Tree Service Address [REDACTED] Phone 772-634-4006

No. of Trees: REMOVE 2 Species: Pest

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

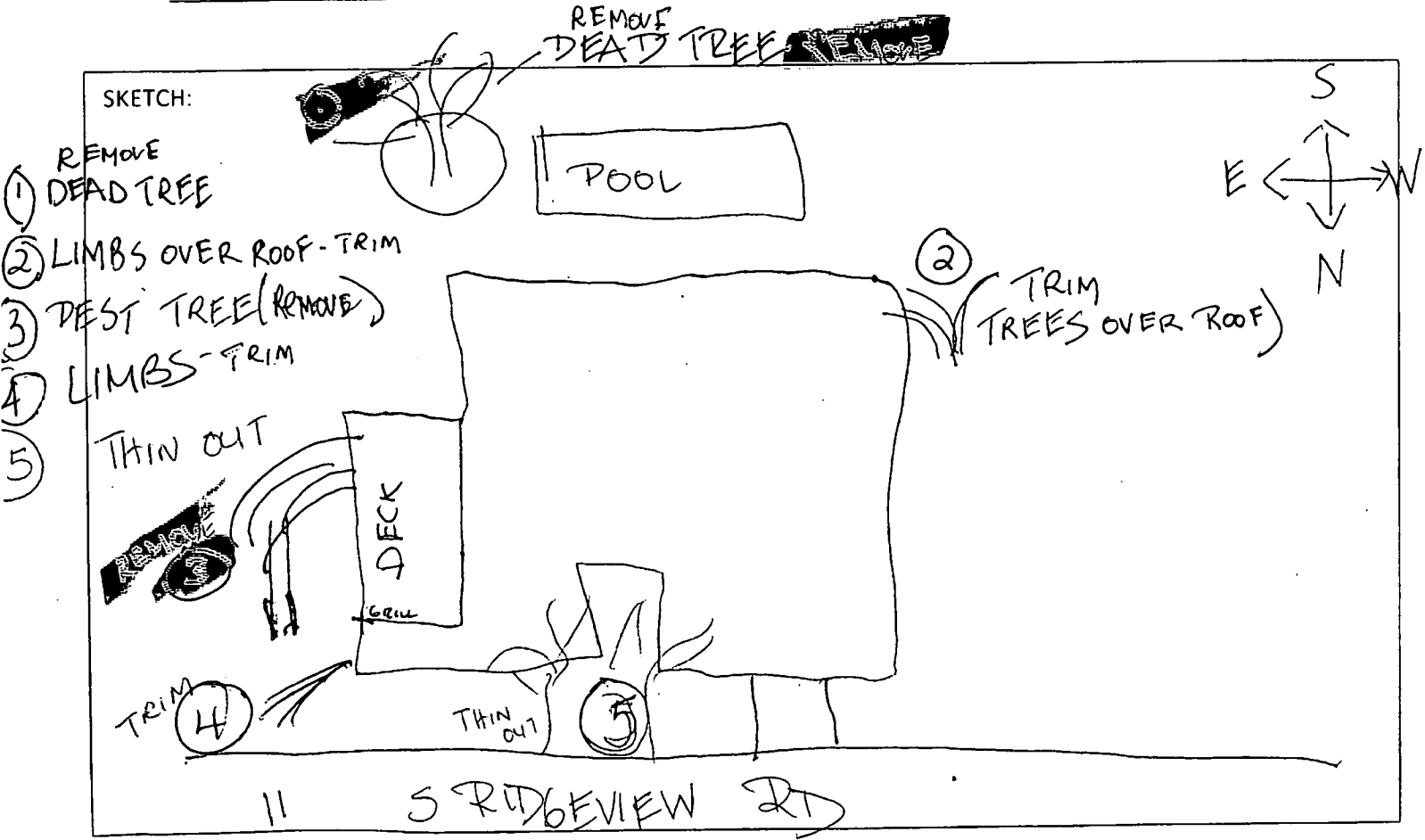
Reason for tree removal /relocation (See notice above) (1) DEAD (2) LIMBS OVER ROOF

(3) PEST TREE REMOVE (4) LIMBS (5) THIN OUT (STORM PREPERATION)

Signature of Property Owner Kathy Kramer Date 5/29/2013

Approved by Building Inspector: [Signature] Date 6-4-13 Fee: N/C

NOTES: _____



#329

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 PATRICK SCULLY Address 14835 SW 110 TER. Phone 305-382-3815

Contractor ALAN B. HARRIS Address 2163 PINE RIDGE ST. Phone 334-5827

Number of trees to be removed(list kinds of trees) 9 TREES

0
Number of trees to be relocated within 30 days(no fee)(list kinds of trees):

0
Number of trees to be replaced within 30 days(list kinds of trees):

0

Permit Fee \$ 100XX (~~\$5.00~~ for first tree plus \$10.00 for each additional tree - not to exceed ~~\$95.00~~ 100.)

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

Plans approved as submitted ✓ Plans approved as marked _____

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

Signature of applicant AS Harris Date submitted 12/10/96

Approved by Building Inspector _____ Date _____

Approved by Building Commissioner _____ Date _____

Completed _____
Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. 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?



OK



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Robert & Kathy Kramer Address [redacted] Phone 288-0296

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 2 Species: PALM

No. of Trees: RELOCATE 1 Species: Invasive Species

No. of Trees: REPLACE _____ Species: _____

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

Reason for tree removal/relocation (See notice above) (1) - Too close to house, weakened trunk
(2) pest tree

Signature of Property Owner [Signature] Date 9/10/08

Approved by Building Inspector: [Signature] Date 9/11 Fee: -

NOTES: _____

