

23 N Ridgeview Road

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 481

Date July 31, 1974

(This application must be accompanied by 3 sets of complete plans, to proper scale, including plot plan, foundation plan, floor plans, wall and roof cross sections, plumbing and electrical layouts, and at least, two elevations as applicable)

Owner Mrs. W. D. Connolly Present Address 150 N. Park Rd. Stuart, Ph 287-8315

General Contractor Suburban Const. Co. Address 30. Box C Stuart Ph 283-2200

Where licensed Martin County License No. 55

Plumbing Contractor Lumpkin Plumbing License No. 9

Electrical Contractor Alphus License No. 62

Street building will front on Rodgenius Rd

Subdivision Garnwood Lot No. 7 Blk. C Area

Building area, inside walls (excluding garage, carport, porches) Sq ft 2400

Other Construction (Pools, additions, etc.)

Contract Price (excluding land, rugs, appliances, landscaping) \$ 68,000⁰⁰

Total cost of permit \$

Plans approved as submitted Plans approved as marked

I understand that this permit is good for 12 months from date of issue and that the building must be completed in accordance with the approved plan and that the site be clean and rough-graded within 12 month period.

[Signature]
Signed by General Contractor

I understand that this building must be in accordance with the approved plan and comply with all code requirements before a Certificate of Approval for Occupancy will be issued and the property approved for all utility services. I, also, agree that within 90 days after the building has been approved for occupancy, that the property will, also, be landscaped as to be compatible with the neighborhood.

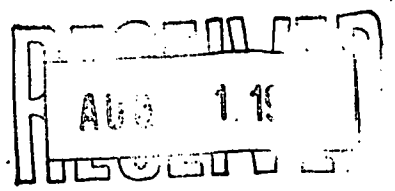
[Signature]
Signed by Owner

Note: Speculation Builders will be required to sign both statements.

TOWN RECORD

Date submitted 8/1/74

Date approved 8/3/74



Certificate of Occupancy issued Jan 2/75

Date 481

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH
Application and Permit
of
Individual Sewage Disposal Facilities

Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location. (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.
5. Indicate name and date of recording of subdivision. If not recorded, attach metes and bounds description.
6. Complete the following information section.

Notes:

1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call 287-2277 and give this office a 24-hour notice when ready for inspection.

Section II - Information:

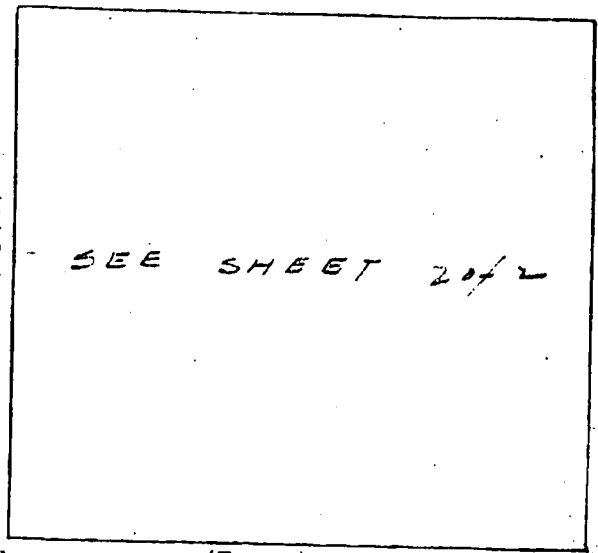
1. Property Address (Street & House No.)
Lot 3 Block "C" Subdivision HOMEWOOD
Date Recorded 1956 Directions to Job EAST ON E. OCEAN BLVD - SOUTH
30 SEWALL'S POINT ROAD to RIDGEVIEW RD - RIGHT - 1st SITE
2. Owner or Builder
P.O. Address 2301 City STUART
3. Specifications
3 BED ROOM

Tank Drainfield
900 Gals. 7/09 ft. of 6" clay tile
 or 5" perforated
 plastic drain in a
 3' trench or
900 Gals. _____ ft. of 4" clay drain
 or 4" perforated
 plastic drain in an
 18" trench

Scale 1" = 50'
(Rear)

4. House to be constructed:
Check one: _____ FHA
 _____ VA Conventional

(Side)
(Name of Street or State Rd.)



(Side)
(Name of Street or State Rd.)

(Front)
(Name of Street or State Road)

This is to certify that the project described in this application, and as detailed by the plans and specifications and attachments will be constructed in accordance with state requirements.

W.D. CONNOLLY

Applicant: Slyvester Construction
Please Print

Signature: W.D. Connolly

Date: 7-22-74

***** DO NOT WRITE BELOW THIS LINE *****

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions:

The above signed application has been found to be in compliance with Chapter 17-13, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: J. A. Banta County Health Dept. Grant Date 7/24/74

Section IV - Final Construction Approval

Construction of installation approved: _____ Yes _____ No

Date: _____ By: _____

FHA No. _____ VA No. _____

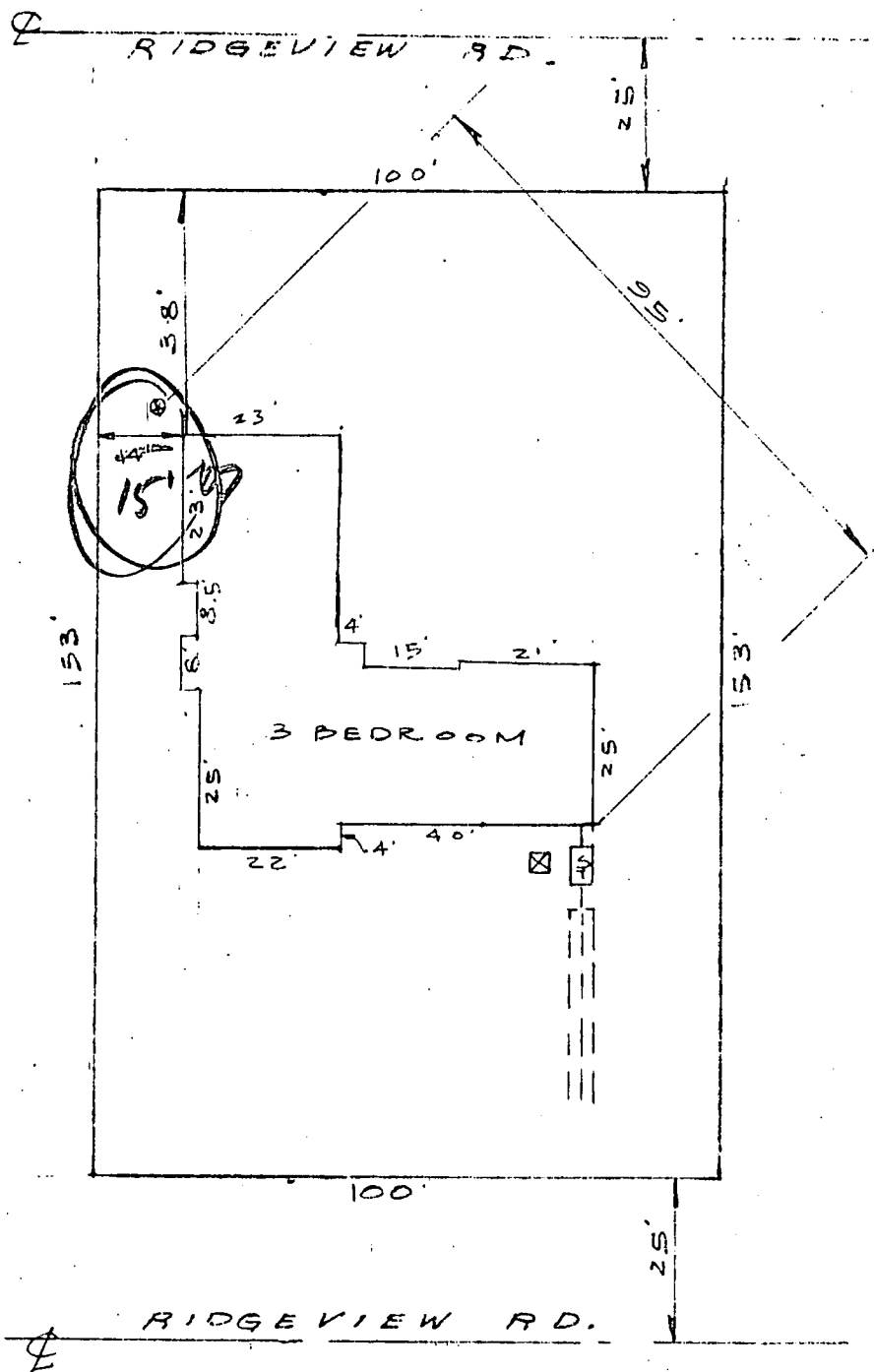
FLORIDA DEPARTMENT OF POLLUTION CONTROL

S. E. Subregion
 806 South 6th Street
 Fort Pierce, Florida 33450
 Tel. (305) 464-8525

INDIVIDUAL SEWAGE DISPOSAL FACILITIES

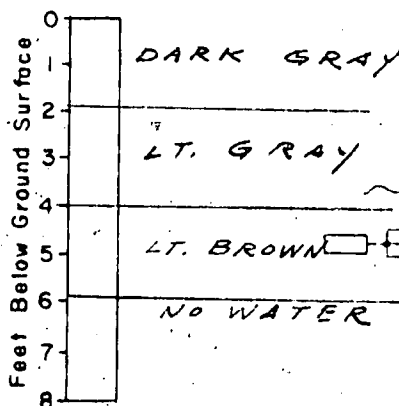
Location: LOT 3, BLK. C DATA SHEET SLYVESTER CONSTRUCTION
HOMWOOD Applicant: _____
 County: MARTIN

NOTE: This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.



PLAN
 Scale: 1" = _____

SOIL DATA



LEGEND

- Drainage Pattern
- Proposed Septic Tank and Drainfield
- Proposed Water Supply Well
- Existing Water Supply Well
- Soil Boring and Percolation Test Location

SOIL BORING LOG

Soil Identification: CLASS 1 GROUP SP
 Soil Characteristics _____

Percolation Rate 9 sec min/inch

Water Table Depth 6' +

Water Table Depth During Wet Season 6'

Compacted Fill Of _____ Req'd

Compacted Fill Checked By: _____

Date _____

CERTIFIED BY [Signature]

FLORIDA PROFESSIONAL No. 1272

Date 7-22-74 Job No. _____

Sheet 2 of 2

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 8/5/74

This is to request that a Certificate of Approval for Occupancy be issued to Sylvester Conto, Homewood Lot 3 For property built under Permit No. 481 Dated _____ when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	015 8/7/74	
Rough plumbing	015 8/10/74	
Perimeter beam	015 8/28/74	
Rough electric	015 10/9/74	
Close in	015 10/18/74	
Final plumbing	015 1/2/75	
Final electric	015 1/2/75	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector _____ date

Approved by Town Commission _____ date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

Mr. & Mrs. W. D. Connelly
Lot 3, Block C, Homewood

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date January 2, 1975

This is to request that a Certificate of Approval for Occupancy be issued to Sylvester Construction Co.

For property built under Permit No. 481 Dated August 5, 1974 when completed in conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	8/7/74	Charles Duryea
Rough plumbing	8/16/74	
Perimeter beam	8/28/74	
Rough electric	10/9/74	
Close in	10/18/74	
Final plumbing	1/2/75	
Final electric	1/2/75	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Charles A. Duryea date 1/2/75

Approved by Town Commission John Kosmick date 1/2/75

Utilities notified January 2, 1975 date

Original Copy sent to Sylvester Construction mailed 1/10/75

(Keep carbon copy for Town files)

3019
RE-ROOF

Sewalls

Date 3019

APPLICATION FOR 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 William Connolly Present Address 23 Ridge View Rd
Sewalls Point

Phone _____ Contractor Hertan Enterprises Inc Address P.O. Box 1143
Palon City FL 34990

Phone 287-0416 License number CCC036970

Where licensed FLA. License number _____

Electrical contractor _____ License number _____
Plumbing contractor _____ License number _____

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

Roof shingles

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

#23 Ridge view Rd.

Subdivision Sec 1 Township 38 R-41 - Sub 6 Homewood Lot number 3 Block number 3

Contract price \$ 2,400.00 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]

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 [Signature]

TOWN RECORD

Date submitted _____ Approved: [Signature] 6/25/1991
Building Inspector Date

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

SP1282 Permit No. 3019

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.

5563

DRIVEWAY APRON

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10/23/01

BUILDING PERMIT NO. 5563

Building to be erected for WILLIAM CONNOLLY. Type of Permit DRIVEWAY APRON

Applied for by WILLIAM CONNOLLY. (Contractor) Building Fee 9.00

Subdivision HOMWOOD Lot 3 Block C Radon Fee _____

Address 23 N. RIDGEVIEW DR Impact Fee _____

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

Parcel Control Number:

138410060030003040000

Amount Paid 9.00 Check # 3000 Cash _____ Other Fees (_____)

Total Construction Cost \$ 700 TOTAL Fees 9.00

Signed William Connolly

Signed _____

Applicant

Town Building Inspector
OFFICK

BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>10/29/01</u>

FLOOD ZONE _____

LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

WORK HOURS – 8:00 AM UNTIL 5:00 PM

MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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



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

Bldg. Permit Number: _____

Owner or Titleholder's Name WILLIAM D. CONNOLLY Phone No. (61) 287-8315
 Street: 23 N. RIDGEVIEW RD City STUART State: FL Zip 34996
 Legal Description of Property: HOMEWOOD, LOT 3 BLOCK C ~~Block 3~~
 Parcel Number: 13 84 | 006 003 000 304 0000

Location of Job Site: Same

TYPE OF WORK TO BE DONE: CONCRETE DRIVEWAY APRON

CONTRACTOR/Company Name: OSCAR Phone No. () 286-7918
 Street: _____ City _____ State: _____ Zip _____
 State Registration: _____ State License: _____

ARCHITECT: SWNGR Phone No. () _____
 Street: _____ City _____ State: _____ Zip _____

ENGINEER: _____ Phone No. () _____
 Street: _____ City _____ State: _____ Zip _____

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:
 Living Area: _____ Garage Area: _____ Carport: _____ Accessory Bldg: _____
 Covered Patio: _____ Scr. Porch: _____ Wood Deck: _____
 Type Sewage: _____ Septic Tank Permit # from Health Dept. _____
 New Electrical Service Size: _____ AMPS

FLOOD HAZARD INFORMATION
 Flood zone: _____ Minimum Base Flood Elevation (BFE): _____ NGVD
 Proposed first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES
 Estimated cost of construction or Improvement: \$ 700.00
 Estimated Fair Market Value (FMV) prior to improvement: \$ _____
 If Improvement, is cost greater than 50% of Fair Market Value? YES ___ NO ___
 Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)
 Electrical: _____ State: _____ License # _____
 Mechanical: _____ State: _____ License # _____
 Plumbing: _____ State: _____ License # _____
 Roofing: _____ State: _____ License # _____

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

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

OWNER or AGENT SIGNATURE (Required)
William D. Connolly
 Owner
 State of Florida, County of: Martin On this the 22nd day of October, 2000, by W.D. Connolly who is personally known to me or produced _____ as identification.
Jean H. Barrow

CONTRACTOR SIGNATURE (Required)

 Contractor
 State of Florida, County of: _____ On this the _____ day of _____, 2000, by _____ who is personally known to me or produced _____ as identification.

Notary Public
 My Commission Expires: _____
 Joan H. Barrow
 MY COMMISSION # _____ EXPIRES
 November 30, 2002
 BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public
 My Commission Expires: _____
 (Seal)



TREE REMOVAL (Attach sealed survey)

Number of trees to be removed: _____ Number of trees to be retained: _____ Number of trees to be planted: _____ Number of Specimen trees removed: _____
Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

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

2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.

3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.

4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. Fireplace drawing: If prefabricated submit manufacturers data

ADDITIONAL Required Documents are:

- 1. Use permit (for driveway connection to public Right of Way). Return form with plot plan showing driveway location (State Road A-1-A East Ocean Boulevard only).
- 2. Well Permit or information on existing well & pump.
- 3. Flood Hazard Elevation (if applicable).
- 4. Energy Code Compliance Certification plus any Approved Forms and/or Energy Code Compliance Sheets.
- 5. Statement of Fact (for Homeowner Builder), and proof of ownership (Deed or Tax receipt).
- 6. Irrigation Sprinkler System layout showing location of heads, valves, etc.
- 7. A certified copy of the Notice of Commencement must be filed in this office and posted at the job site prior to the first inspection.
- 8. Replat required upon completion of slab or footing inspection And Prior to any further inspections.

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

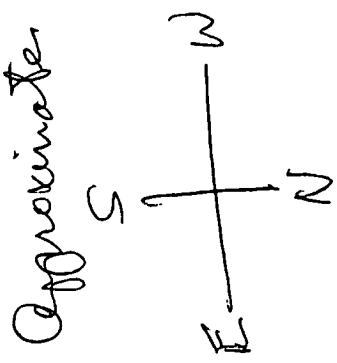
Approved by Building Official: _____ Date: _____

Approved by Town Engineer _____ Date: _____
(If required)

WILLIAM D. CONNELL'S
DRIVEWAY ENTRANCE

FILE

10'



SCALE: 1" = 3'

4" DEEP

~~CONCRETE~~

18'

8'

[23] NORTH RIDGEVIEW RD

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri Oct 29, 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5022	SMITH 133 S. RIVER RD. MACAH BLDG'	TIE BEAM + COLM.	FAILED	<i>[Signature]</i>
				INSPECTOR:
15563	C. G. H. INS 23 N. RIDGEVIEW DR. DB.	Final - driveway	PASSED.	<i>[Signature]</i>
				INSPECTOR:
—		BOAT LIFT.		POSTED STOP WORK
	140 S. SEWALL'S PT RD.	WORK WITHOUT PERMIT.		BOAT LIFT CONTRACTOR 501-219-0315
		"STOP WORK ORDER"		INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: _____

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3-29-02

BUILDING PERMIT NO. **8143**

Building to be erected for CONNOLLY Type of Permit SIDING

Applied for by CUSTOM CRAFTSMEN SCS (Contractor) Building Fee 208.01
21,668 = 9.60/1000

Subdivision HOMERWOOD Lot 3 Block C Radon Fee _____

Address 23 N. RIDGEVIEW RD Impact Fee _____

Type of structure SRK A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

0138410060030003040000 Plumbing Fee _____

Amount Paid 208.01 Check # 14940 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 21,668. TOTAL Fees 208.01

Signed _____
Applicant

Signed Gene Sumner
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

RECEIVED
3/23/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: William Connolly Phone (Day) TD 287 8345 (Fax) _____

Job Site Address: 23 N. RIDGEVIEW Rd City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) HOMEWOOD, Lot 3, Blk C Parcel Number: 01-38-41-006-003-0030-4

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

Description of Work To Be Done: INSTALL JAMES HARDIE LAP SIDING OVER EXISTING WOOD SIDING TRIM ALL WINDOWS + CORNERS WITH 1x4 HARDIE, SS RINGSHANK NAILS TO ATTACH ALL MATERIAL

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 21,668.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: CUSTOM CRAFTSMEN SERVICES, INC Phone: 772-334-0708 Fax: 772-334-0709

Street: 887 NE Dixie Hwy #6 City: Jensen Beach State: FL Zip: 34957

State Registration Number: _____ State Certification Number: CGC 1508241 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 2317 Garage: _____ Covered Patios: _____ Screened Porch: _____

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004
National Electrical Code: 2002 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

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

OWNER OR AGENT SIGNATURE (required)

William Connolly

State of Florida, County of: Martin

This the 23rd day of March, 2006

by William Dwight Connolly who is personally

known to me or produced FL Drivers License

as identification. Barbara J Vasquez

Notary Public

My Commission Expires: 10-9-2009

Seal



BARBARA J VASQUEZ
MY COMMISSION EXPIRES: 10-9-2009

CONTRACTOR SIGNATURE (required)

Joshua Michael

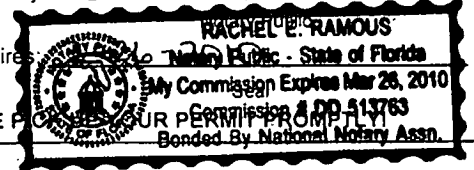
On State of Florida, County of: Martin

This the 24th day of March, 2006

by Joshua Michael who is personally

known to me or produced Known

As identification. Rachel E Ramos



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/28/2006

PRODUCER (772)287-2030 FAX (772)288-2481
Deakins-Carroll Insurance Agency
www.deakinscarroll.com
P.O. Box 1597
Pt. Salerno, FL 34992

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

INSURED Custom Craftsmen Services, Inc.
887 NE Dixie Hwy., #6
Jensen Beach, FL 34957-6189

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Mid-Continent Casualty Co.	
INSURER B: Bridgefield Employers Ins Co	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADOPT LTR. INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	04GL000621783	02/25/2006	02/25/2007	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (EA OCCURRENCE)				\$ 100,000	
	MED EXP (Any one person)				\$ Excluded	
	PERSONAL & ADV INJURY				\$ 1,000,000	
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	83027061	03/01/2006	03/01/2007	WC STATUTORY LIMITS	OTHER
	E.L. EACH ACCIDENT				\$ 100,000	
	E.L. DISEASE - EA EMPLOYEE				\$ 100,000	
					E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 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 INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Lee Carroll/BW

Lee Carroll

2005-2006 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 288-5604

LICENSE 1990-513-190 CERT MC00154

PHONE (772) 692-2363 LIC NO 233210

LOCATION: 887 NE DIXIE HWY 6 JB

CHARACTER COUNTS IN MARTIN COUNTY

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



MICHAEL, JOSHUA (QUALIFER)
CUSTOM CRAFTSMEN SERVICES INC
887 NE DIXIE HWY UNIT 6
JENSEN BEACH FL 34957

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

16 DAY OF AUGUST 20 05
AND ENDING SEPTEMBER 30, 2006

12 00002004 002370


THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE
ANYONE DOING BUSINESS WITHOUT A VALID OCCUPATIONAL LICENSE IS SUBJECT OF A \$250 FINE.
PENALTY 10% FOR MONTH OF OCTOBER, 5% ADDITIONAL EACH MONTH THEREAFTER UP TO 25% PLUS COLLECTION COSTS.
NOTE — A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS LICENSE EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OF PLACE OF BUSINESS.

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
AC# 1798080
CGC1508241 12/23/04 040402744
CERTIFIED GENERAL CONTRACTOR
MICHAEL, JOSHUA
CUSTOM CRAFTSMEN SERVICES INC

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2006
L04122300111

Description of work to be done:

Remove rotted and damaged wood siding, replace with 5/8" plywood to provide required backing for Hardie Plank installation. Remove all wood batons; install Hardie (1x4) trim around windows, doors, and corners. Install Hardie Plank over existing wood siding. All fasteners to be Stainless Steel, ring-shank – 2 3/8" round head. All plank siding to be blind and face nailed, all face nails to be patched over.

<p>FILE COPY TOWN OF SEWALL'S POINT THESE PLANS HAVE BEEN REVIEWED FOR CODE COMPLIANCE DATE: <u>3/29/06</u>  BUILDING OFFICIAL Gene Simmons</p>
--



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

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

NOTICE OF ACCEPTANCE (NOA)

**James Hardie Building Product, Inc.
10901 Elm Avenue
Fontana, CA 92337**

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

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

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

DESCRIPTION: Hardiplank, Cemplank, Hardipanel, Cempanel, Hardisoffit and Cemsoffitt
APPROVAL DOCUMENT: Drawing No. HPNL-8X, HPLK-4X8 & HSOFFIT-8X, titled "Hardipanel & Cempanel; Hardiplank & Cemplank; Hardisoffit & Cemsoffit Installation Details", sheets 1 through 3 with no revisions, prepared, signed and sealed by Ronald Ogawa, P.E., dated 04/02/04, bearing the Miami-Dade County Product Control Revision stamp with the Notice of Acceptance number and expiration date by the Miami-Dade County Product Control Division.

MISSILE IMPACT RATING: Large and Small Missile Impact

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

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

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

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

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

This NOA revises NOA # 02-0318.08 and, consists of this page, evidence page as well as approval document mentioned above.

The submitted documentation was reviewed by Candido F. Font PE.

04/08/04



**NOA No 02-0729.02
Expiration Date: May 1, 2007
Approval Date: April 8, 2004
Page 1**

James Hardie Building Products, Inc.

NOTICE OF ACCEPTANCE: EVIDENCE PAGE

A DRAWING

- 1. Drawing prepared by James Hardie Building Products, Inc. titled "Hardipanel & Cempanel; Hardiplank & Cemplank; Hardisoffit & Cemsoffit Installation Details", drawing No HPNL-8X, HPLK-4X8 & HSOFFIT-8X; dated 04/02/04, with no revisions, signed and sealed by R. L. Ogana, PE.

B TEST

	Laboratory Report	Test	Date	Signature
1.	ATI-16423-1	PA 202 & 203	03/18/96	A. N. Reeves PE.
2.	ATI 16423-2	PA 202 & 203	03/18/96	A. N. Reeves PE.
3.	ATI 16423-3	PA 202 & 203	03/18/96	A. N. Reeves PE.

C QUALITY ASSURANCE


- 1. Building Code Compliance Office.

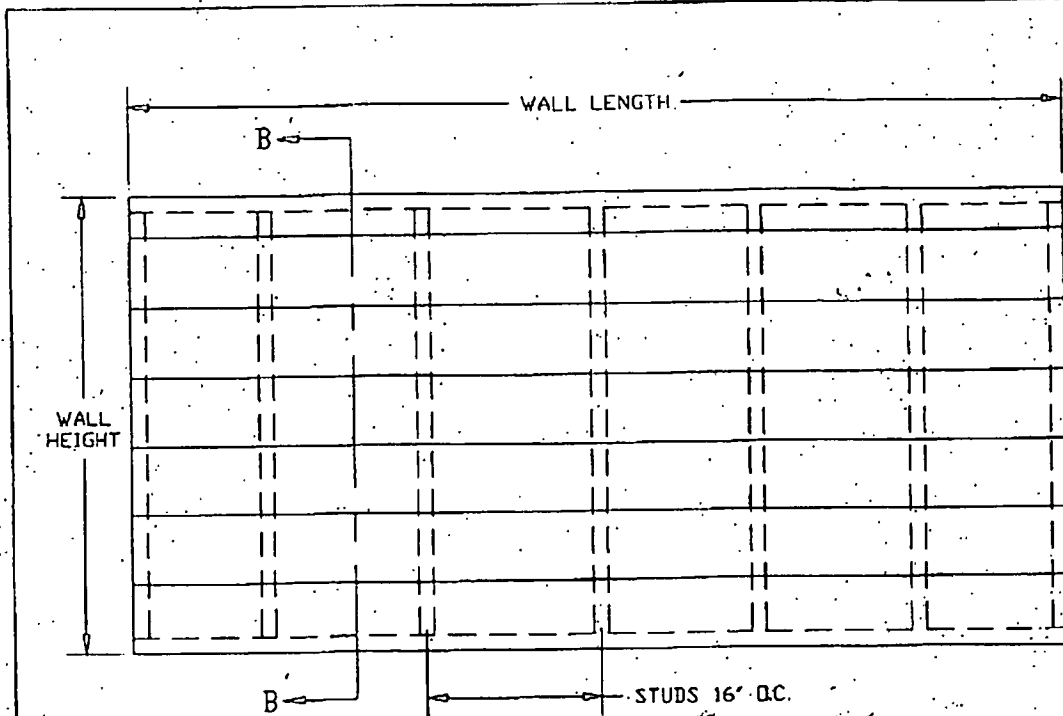
D MATERIAL CERTIFICATION

- 1. Standard Compliance (ASTM C-1185) issued by ETL Testing Laboratories on 05/09/95 signed by D. K. Tucker, PE.
- 2. Evaluation Report NER-405 issued by National Evaluation Service, Inc. on 01/01/93, with no signature.

E STATEMENT

- 1. No change letter issued by James Hardie Building Products, Inc. issued on 02/16/99, signed and by J. L. Mulder.
- 2. Power of Attorney and Appointment of Domestic Representative, signed by P. Shafron on 04/17/02, Assignment and Memorandum of Assignment signed by T. P. Dolmans on 04/16/02 and Assignment for the trade marks of Cemplank, Cempanel and Cemsoffit to the Assistant Commissioner for Trademarks signed by V. Lester and P. Shafron on 04/18/02


 04/08/09
 Candido F. Font P.E.
 Sr. Product Control Examiner
 NOA No 02-0729.02
 Expiration Date: May 1, 2007
 Approval Date: April 8, 2004



REVISIONS
REV. 1 / 6/05



DETAIL A

DESCRIPTION
 Hardplank & Ceemplank siding material is a non asbestos fiber cement product tested in accordance with ASTM C-1185 and meeting the requirements of the Florida Building Code.

PLANK DIMENSIONS

Width	Length	Thickness
39 1/8"	12 & 14'	5/16"

DESIGN PRESSURE RATING

Installation	Design Pressure
Wood frame	-92 PSF
Metal frame	-92 PSF

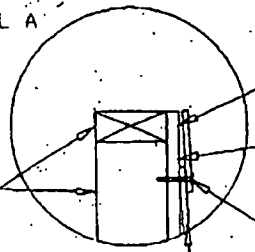
NOTES
 1) ALL INSTALLATION SHALL BE DONE IN CONFORMANCE WITH THIS NOTICE OF ACCEPTANCE, THE MANUFACTURER'S INSTALLATION RECOMMENDATIONS, AND THE APPLICABLE SECTIONS OF THE FLORIDA BUILDING CODE.
 2) STUDS OF METAL OR WOOD WHERE HARDBLANK & CEEMPLANK WILL BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER OR ARCHITECT PER THE F.B.C. AND THE REQUIREMENTS OF THIS NOA.

Handwritten notes:
 1. 12' x 14'
 2. 12' x 14'
 3. 12' x 14'

HARDBLANK & CEEMPLANK SIDING INSTALLATION DETAILS
 The planks are applied horizontally commencing from the bottom course of a wall with 1/4" wide laps at top of the plank. The optional PVC cover molding 1 3/8" wide is applied to the bottom plate under the bottom plank course. The vertical joints must be over framing members. Optional PVC butt joints inserts are used for on-stud jointing. The planks are to be installed over 3/8" (5 ply) APA rated plywood supported by a minimum of 2"x4" wood studs or 20 ga. x 3 5/8" x 1 3/8" steel studs spaced a maximum of 16" o.c. The siding shall be fastened through overlapping planks with 8d x 2 1/2" long galvanized box nails over wood studs or with #8 x 2 1/4" long x 0.315" corrosion resistance H.D. ribbed bugle screws over steel studs. The fasteners shall be placed in the overlapping area 18" o.c. vertically and 16" o.c. horizontally into the studs through the 5/8" plywood sheathing. A distance of 3/4" from the edges shall always be observed.

5/8" PLYWOOD SHEATHING SHALL BE ATTACHED TO THE STUDS IN ACCORDANCE TO FLORIDA BUILDING CODE, WITH ANOTHER SET OF NAILS OR SCREWS AS UNDERLINED ABOVE.

DETAIL A



STUDS (METAL OR WOOD)

5/8" PLYWOOD SHEATHING WATERPROOFING PER 2127.5.2.1 OF F.B.C.

NAIL OR SCREW

HARDBLANK & CEEMPLANK SIDING

SECTION B-B

PRODUCT REVISED
 In conformance with the Florida Building Code
 Amendment No. 02-0729-04
 Effective Date: 08/01/07
 By: *[Signature]*
 Mixed Data Product Control Division

	10901 ELM AVENUE FONTANA, CA 92337 951-956-6300 FAX: 951-427-0634
	DATE: 04/02/2004 DWG NO: HPLK-4XB SHEET NO: 2/3
TITLE: HARDBLANK® & CEEMPLANK® INSTALLATION DETAILS	SCALE: NTS DRAWN BY: C DIERCKS DESIGNED BY:



8143

TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 23 N. RIDGEVIEW

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

WALL SHEATHING

SHEATHING TO BE NAILED 4"
O.C AT EDGES & 6" O.C
REMAINDER OF PANEL INCLUDES
NEW & EXIST.

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

DATE: 4/7

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/17, 2006 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8080	Slater	Rough	PASS	@ BAL-B-Q
11	4 NE Hampton Isl. Ct.			INSPECTOR: <i>[Signature]</i>
	Propane Misc.			
7874	SLAVER	FRAMING	WILL	RESCHEDULE
11	4 LAGOON ISL.	PUMPING	PASS	INSPECTOR: <i>[Signature]</i>
		TRUSS ENGR	PASS	
7320	Schmader	POWER RELEASE	FAIL	
3	102 HENRY SQUARE			INSPECTOR: <i>[Signature]</i>
	Conway			
8143	CONNOLLY	WALL SHORTING	FAIL	
10	23 N. RINBEVIEW			INSPECTOR: <i>[Signature]</i>
	CUSTOM CRAFT			
8012	TRANTER	LATH.	PASS	
1	9 MIDDLE RD.	WINDOW RUCK.	FAIL	INSPECTOR: <i>[Signature]</i>
	PARKS			
7978	SLAVER	FINAL	PASS	CLOSE
	29 N. RINBEVIEW	PRIVACY WALL		INSPECTOR: <i>[Signature]</i>
	P.B.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/12, 2006 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7905	KISSLING 7 MINDORO ST	FINAL RESURFACE DECK	PASS	CLOSE
14	O/B	after 9:30		INSPECTOR: <i>[Signature]</i>
7338	MCCORMICK 59 N. RIVER	1st FL. STAIRING	FAIL	
16	PINE ORCHARD			INSPECTOR: <i>[Signature]</i>
7310	WILCOX 95 S. RIVER RD	FINAL PORCH + ELEC	FAIL	
8	TEC CO.			INSPECTOR: <i>[Signature]</i>
8041	POLSKY 110 Hillcrest Ter	FINAL GAS	PASS	CLOSE
12	PROPANE DISCONNECT			INSPECTOR: <i>[Signature]</i>
8140	WILCOX 95 S. RIVER RD	FINAL PORCH	FAIL PASS	CLOSE
8	ROOSTH CONST			INSPECTOR: <i>[Signature]</i>
7576	SILAS 10 CASTLE HILL Way	COURTESY INSP		GAP & ELEVATOR DOOR TO PLATFORM
15	STATEWIDE			INSPECTOR: <i>[Signature]</i>
8143	GANNON 23 N. RIDGEMAN	SUB-STEERING	PASS	
13	CUSTOM CRAFTSMAN			INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 5/10, 2006

Page 2 of 5

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7991	Zarro	Footing - Steel	PASS	
23	124 N. SPR Buford - Chad 215-2430			wants to here - call INSPECTOR: <i>[Signature]</i>
0226	Tschanner	Roof tar	FAIL	
17	15 Emarita Way Jolly/Don (Denmark 904-449-1541)			INSPECTOR: <i>[Signature]</i>
0099	Ruck	Rough Prep		
19	20 N. SPR Dufane Disc.			RESCHEDULED 5/11 INSPECTOR:
8112	Mackay	Dug In - Insp		by registered Eng. we need letter
17	2 Oakwood Superior Roof.	James mule 772-468-2662		INSPECTOR:
8118	Schramm	Steel - bonding	pressure PASS	
8	109 S. SPR Bryan's Pools 528-9544			INSPECTOR: <i>[Signature]</i>
0705	Andrew	Final	CANCEL	
15	9 Palmetto Dr Palm Beach Creative			call Per 361-827-0605 INSPECTOR:
8113	Community	Final	PASS	Close
14	23 N Ridgeway Rd Custom Craftman	Josh Michael 334-0708		INSPECTOR: <i>[Signature]</i>
OTHER:				

TREE PERMITS

TOWN OF SEWALL'S POINT, FLORIDA

Date SEPT 3, 1999 TREE REMOVAL PERMIT No 263

APPLIED FOR BY WM. D. CONNOLLY (Contractor or Owner)

Owner (MONTE - CONTRACTOR)

~~Sub-division~~ STREET 23 N. RIDGEVIEW, Lot _____, Block _____

Kind of Trees HICKORY (DEAD)

No. Of Trees: REMOVE 2

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS INSPECTION 9/3/99

FEE \$ NO FEE

Signed, (SEE APPL.) Applicant

Signed, [Signature] Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

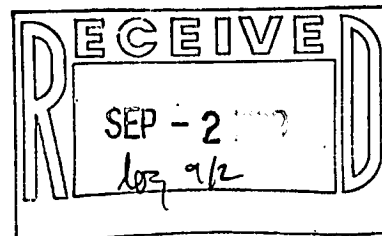
RE: ORDINANCE 103

[Empty grid area for drawing or site plan]

PROJECT DESCRIPTION _____

REMARKS _____

SINGLE FAMILY HOME
HABITAT MANAGEMENT AND
LANDSCAPE PERMIT APPLICATION



OWNER NAME: Mr & Mrs William D. Connolly

ADDRESS: 23 No. Ridgeview Rd.

NUMBER & TYPE TREES TO BE REMOVED: 2 - Dead 1 Hickory & 1

CONTRACTOR: MONTE

ADDRESS: _____

LICENSE NUMBER: _____

PHONE: 287-8315 Owner Contractor

CONTRACT PRICE: \$ _____

PERMIT FEE: * \$ _____ PAID: _____ Date

* \$25.00 1st; 10.00 EA. ADD'L.; MAX. \$100.00.

REASON FOR RELOCATION, REMOVAL, OR REPLACEMENT:

APPLICANT SIGNATURE William D. Connolly DATE: Sept 2, 1999

APPROVED: _____ Date: _____
Building Inspector

DENIED: _____ Date: _____
Building Inspector

_____ Date: _____
Building Commissioner

REASON FOR DENIAL, IF APPLICABLE:

TOWN OF SEWALL'S POINT, FLORIDA

Date 11/7/01 19 TREE REMOVAL PERMIT No 0514

APPLIED FOR BY V. D. DENNELLY (Contractor or Owner)

Owner Same

Sub-division PROCEVIEW, Lot 23 N. RIDGEVIEW DR, Block

Kind of Trees BAY

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE WITHIN 30 DAYS

REMARKS Storm Damage

FEE \$ - 0 -

Signed, *Annella Dennelly*
Applicant

Signed, *BLOG OFFICER*
Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

PROJECT DESCRIPTION

REMARKS

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # 0514

Date Issued: 11/7/01

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

Owner M/M W.D. Connelly Address 23 No Ridgeview Phone 287-8315

Contractor _____ Address _____ Phone _____

Number of trees to be removed (list kinds of trees) 1 Dead Cattle Gleava

1 Broken Bay (windstorm)

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

N/A

Number of trees to be replaced: _____ (list kinds of trees): _____

Permit Fee \$ - 0 -

\$15.00

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

Plans approved as submitted Plans approved as marked _____

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

Signature of applicant _____ Plans approved as marked _____

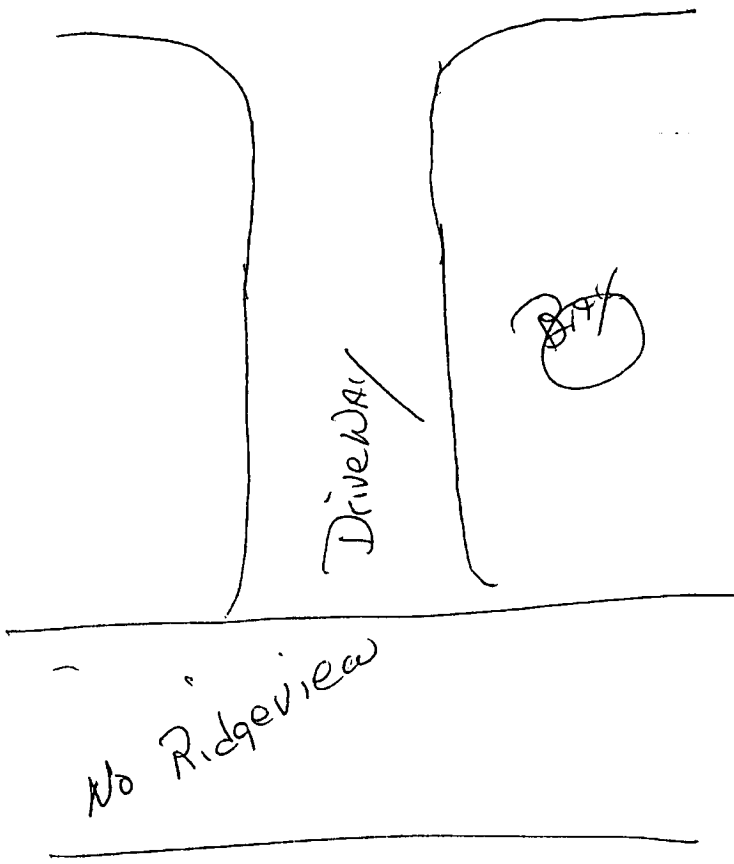
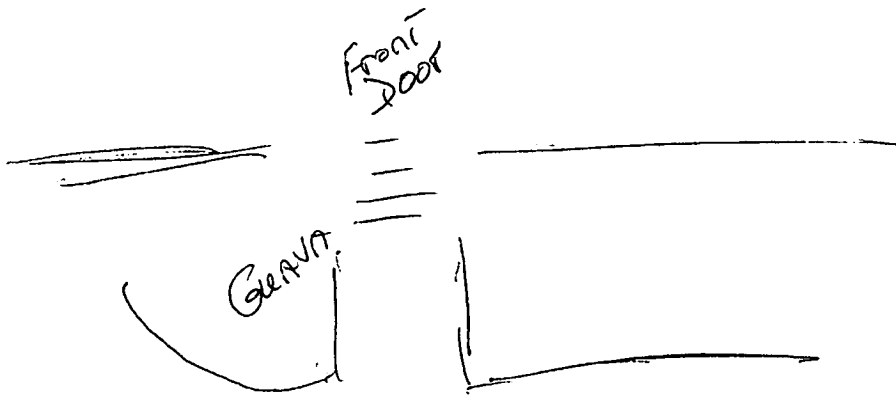
Approved by Building Inspector [Signature] Date submitted: 11/7/01

Completed 11/7/01
Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

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

See attached Tree Species List



TOWN OF SEWALL'S POINT, FLORIDA

File

Date 6-17-2009 19__ TREE REMOVAL PERMIT No 1161

APPLIED FOR BY Connelly, W.D. (Contractor or Owner)

Owner 93 N. Ridgeway

Sub-division _____, Lot _____, Block _____

Kind of Trees 1 (tree Broken - Fell to ground)

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant

Signed, Gene Simmons (sgn) Town Clerk

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Empty grid area for drawing or site plan.

PROJECT DESCRIPTION _____

REMARKS _____

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 Cannolly W D Address 23 No Ridgeview Phone 287-8315

Contractor us Address Same Phone Same

Number of trees to be removed (list kinds of trees) 1 - Broken off - Stopper

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

Number of trees to be replaced: _____ (list kinds of trees): _____

Permit Fee \$ _____

\$15.00

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

Plans approved as submitted _____ Plans approved as marked _____

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

Signature of applicant _____ Plans approved as marked _____

Approved by Building Inspector _____ Date submitted: _____

Completed _____
Date Checked by

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

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

See attached Tree Species List

TOWN OF SEWALL'S POINT, FLORIDA

Date 5/31/06 19____ TREE REMOVAL PERMIT No 2690

APPLIED FOR BY Connolly (Contractor or Owner)

Owner 23 N. Redgum Rd

Sub-division _____, Lot _____, Block _____

Kind of Trees Cherry Laurels

No. Of Trees: REMOVE 3

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

FEE \$ 0

Signed, _____ Applicant

Signed,

Phil Wintercorn
Town Clerk
Blag Inspector

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

RE: ORDINANCE 103

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

Large empty rectangular box with horizontal lines, likely for a site plan or drawing.

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

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

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

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Cornelia J. Connolly & William J. Connolly Address 23 No. Ridgeview Rd. Phone 287-8315

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 3 Type: DEAD Cherry Laurels

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

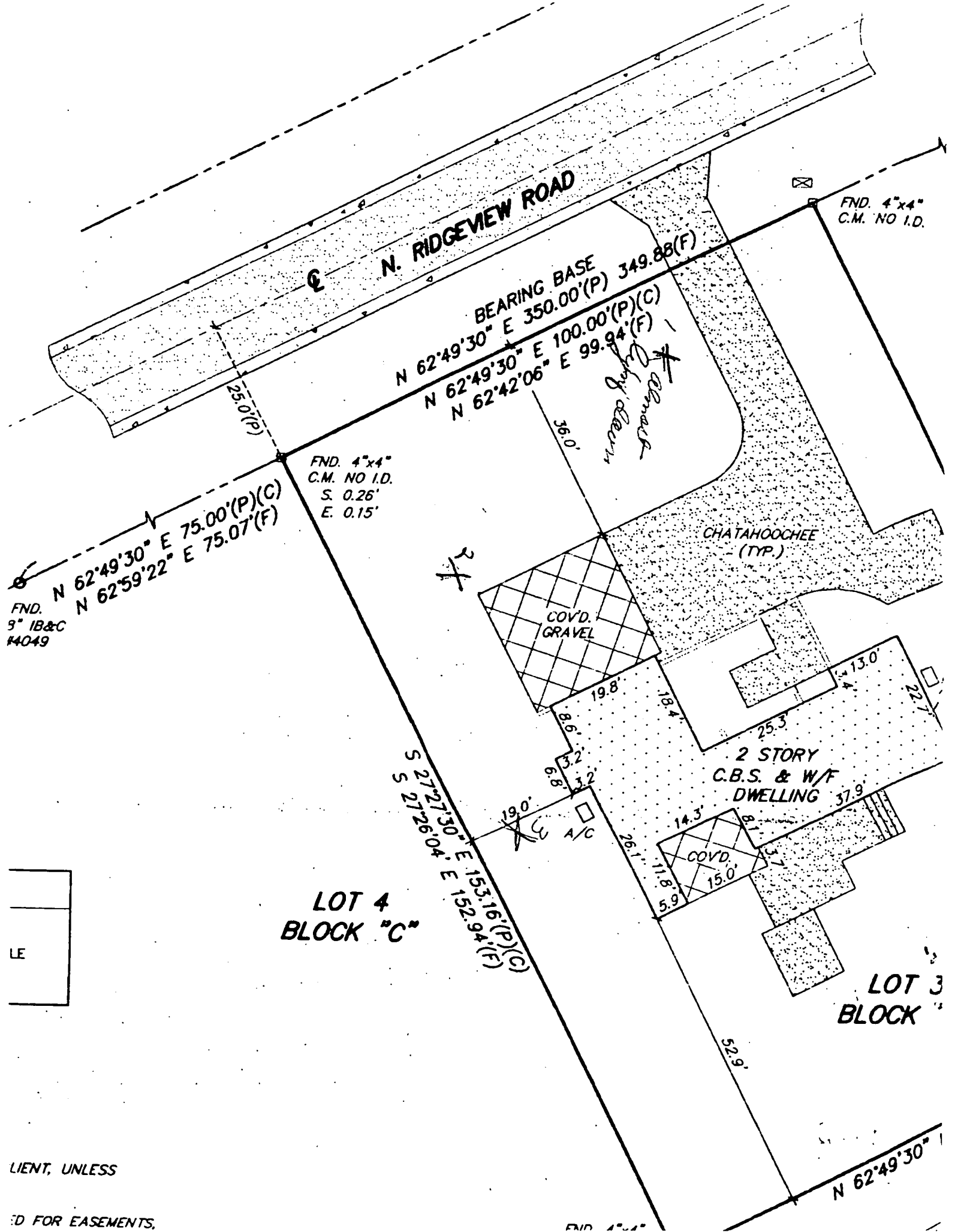
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Written statement giving reasons: Trees are dead

Signature of Property Owner Cornelia J. Connolly Date 5/26/06

Approved by Building Inspector: [Signature] Date 5/31 Fee: 0

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



N. RIDGEVIEW ROAD

BEARING BASE
N 62°49'30" E 350.00'(P) 349.88(F)

N 62°49'30" E 100.00'(P)(C) 99.94'(F)
N 62°42'06" E 99.94'(F)

FND. 4"x4"
C.M. NO I.D.

FND. 4"x4"
C.M. NO I.D.
S. 0.26'
E. 0.15'

FND. 9" IB&C
#4049
N 62°49'30" E 75.00'(P)(C) 75.07'(F)
N 62°59'22" E 75.07'(F)

CHATAHOOCHEE
(TYP.)

COVD.
GRAVEL

2 STORY
C.B.S. & W/F
DWELLING

LOT 4
BLOCK "C"

LOT 3
BLOCK "C"

LE

AGENT, UNLESS

ED FOR EASEMENTS.

END 4-11



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

Small trees will have to be removed to get dead oak out

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 EK Strom Address [Redacted] Phone [Redacted]

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Species: Thurs/Fri: Oak (?) Tree fell, dead

No. of Trees: RELOCATE _____ Species: Needs cut up and removed see pics

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) dead tree fell

Signature of Property Owner [Signature] Date 9/3/2013
for EK Stroms

Approved by Building Inspector: [Signature] Date 9-4-13 Fee: N/C







MISCELLANEOUS



P/N: _____

TOWN OF SEWALL'S POINT

One South Sewall's Point Road
Sewall's Point, Florida 34996
(772) 287-2455

~~CORRECTION NOTICE~~

ADDRESS: STOP WORK ORDER

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

23 N. RIDGVIEW
*A PERMIT REQUIRED FOR
ACCESSORY STRUCTURE

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

DATE: 5-5-15

[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG