25 N Ridgeview Road

TOWN OF SEWALL'S POINT BUILDING PERMIT

| | PARCEL CONTROL NUMBER | PERMIT NUMBER 3887 DATE ISSUED |
|---|--|---|
| | OWNER Mr Dennis Ryan ADDRESS CITY/ST/ZIP | CONTRACTOR OR OWNER/BLDR. Commercial Constince ADDRESS 833 E 5 Th 5T |
| | CITY/ST/ZIP | CITY/ST/ZIP STUART |
| | TELEPHONE | TELEPHONE 220-8468 |
| | | |
| | TO BE CONSTRUCTED House SITE ADDRESS 24 N Ridge View SUBDIVISION Hame wood | ONE PER BLDG. PERMIT. MAX. THREE SIGNS PER JOB. MAX. SIZE TWO SQUARE FEET. BLACK & WHITE. |
| | SUBDIVISION Homewood CONSTRUCTION VALUE \$240, 000 | BLDG. PERMIT GOOD FOR ONE YEAR. AT EXPIRATION A NEW PERMIT FEE MUST BE PAID. |
| | FEES | |
| | REMODELING/NEW CONSTRUCTION NEW | PLUMBING 100,00 |
| í | IMPACT 1,508 20 | ELECTRICAL 100,000 MECH./A.C. 100.00 |
| | RADON 3/22 | ROOF |
| | SEPTIC | |
| | FENCE | POOL ENCLOSURE |
| | POOL | OWNER/BUILDER COMMERCIAL INC |
| | POOL | |
| , | | TOTAL 3,859 95 |
| | | PAID BY CHECK |
| _ | | TAID DI GILLOR |
| İ | BUILDING INSF (SIGN OF | , , |
| | • | |
| | FORM BOARD SURVEY DATEDATEDATEDATEDATEDATE | ROOF OR DATE 3/19/96 AC |
| ! | TEHWITE THOTEOTION -51 DATE-000113 | INSULATION OK DATE 3/19/9/03 |
| | FOOTING-SLAB FOOTE DATE 12/4/95 1/2 | FINAL ELECTRIC 6K DATE 4/4/96 W3 |
| ŀ | LINTEL DATE DATE | FINAL PLUMBING OK DATE 4/9196 8/5 |
| į | ROUGH ELECTRIC OK DATE 3/17/46 NO | SEPTIC FINALDATE |
| - | FRAMING DATE 3/17/96 W | DRIVEWAYDATE |
| | A/C DUCTS | FINAL C.O. <u>OK</u> DATE 6/14/96 D |
| | PERMIT AUTHORIZED BY | Dale Brown |

• 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.



3887
TOWN OF SE

· 我必然是我们的

Tax Folio No._____

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

| Owner's Name NENNIS + PAMELA RYAN |
|---|
| Owner's Address 4680 N.E. SANDPEBBLE TR. STUART & 34996 |
| Owner's Telephone 407. 275.35/8 |
| Fee Simple Titleholder's Name (if other than owner) |
| Fee Simple Titleholder's Address (if other than owner |
| CityStateZip |
| Contractor's Name CommERCIAL CONSTRUCTION DIVISION INC. |
| Contractor's Address 833 E. 5 N ST. |
| City SMART State FL Zip 34994 |
| Contractor's Telephone 407.220.3488 License Number CBC 052954 |
| Job Name ATSIDENCE FOR DENNIS + MAYELA MY AN |
| Job Name ATSIDENCE FOR DENNIS + PAMELA RYAN Job Address 24 North RIDGENTEN SEWALL'S PT. FL 3/996 |
| City Town of Sewall's Point State Florida Zip 34996 |
| Legal Description |
| |
| Bonding Company |
| Bonding Company Address |
| CityState |
| Architect/Engineer's Name JoseP/f P. Mc CARTY |
| Architect/Engineer's Address 900 E-OSCEOLA ST. STUART FL. |
| Mortgage Lender's Name Sur TRus T |
| Mortgage Lender's Address /// E. OSCEOLA ST. STUART, Fe. |
| ECEUVEM |

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 Thopic Plumbing License No. CFC 032565 |
|--|
| Electrical Contractor MIHIN EVELT. License No. ME 00229 |
| Electrical Contractor MIHIN EVELT. License No. ME 00229 Roofing Contractor Macific Roofing License No. CCC 056793 |
| A/C Contractor C+R A/C License No. CAC 049289 |
| Description of Building or Alterations NEW Jourse |
| Name of Street Designated as Front Building Line and Front Yard |
| |
| Subdivision / tony Ewood Lot #4 Block e |
| Subdivision / Home Wood Lot #4 Block & Building Area (air conditioned) 27/0 sq. ft. |
| |
| Building Area (air conditioned) 27/0 sq. ft. |

| DATE 9/14/95 |
|---|
| (Owner or Authorized Agent) |
| Sworn and Subscribed before me this |
| day of199 (SEAL) |
| NOTARY PUBLIC State of Florida at Large My Commission Expires: DATE |
| (dontractor) |
| Sworn and Subscribed before me this |
| day of199 (SEAL) |
| NOTARY PUBLIC State of Florida at Large My Commission Expires: Certificate of Competency Holder Contractor's State Certification or Registration No. CBC 057954 |
| Contractor's Certificate of Competency No |
| APPLICATION APPROVED BY Wales Brown Permit Officer |
| For Official Use Only |
| Plans approved as submittedDate |
| Plans approved as markedDate 9/25/95 |
| A/C Area $\frac{27/0}{}$ sq. ft. x \$60. = \$ $\frac{162,600}{}$ |
| Non A/C Area $\frac{460}{100}$ sq. ft. x \$25. = \$ $\frac{11,500}{100}$ |
| Plans approved as submitted |
| Contract Price \$ 240,000 (fee will be charged on higher amount) |

| 240,000 M. x \$8.00 = | \$ 1,92000 | Building Fee |
|--------------------------|------------|-----------------|
| 25% Owner/Builder Fee | A 1/11 | (if applicable) |
| A/C Fee | \$ 100,00 | |
| Electrical Fee | \$ 100,00 | • |
| Plumbing Fee | \$100,00 | |
| Roofing Fee | \$100,00 | |
| Radon Fee | \$ 31,70 | |
| County Impact Fee | \$1508 | |
| TOTAL PERMIT FEE | \$ 3859 gg | |
| PAYMENT RECEIVED | | |
| 519 | nature | Date |
| Contractor's L | | |
| Sub-Contracto | | |
| Workers' Com | . / | |

| Contractor's License | <u> </u> |
|--|----------|
| Sub-Contractors' Licenses | |
| Workers' Comp. Insurance | <u> </u> |
| General Liability Insurance | <u> </u> |
| Three sets of Plans | <u> </u> |
| Plans sealed by architect or engineer _ | <u> </u> |
| Plot Plan | <u> </u> |
| Boundary survey | |
| / | |
| Topographic survey (Town of S.P. | |
| Topographic survey | |
| \ | |
| Recorded warranty deed | |
| Recorded warranty deed Septic tank permit | |
| Recorded warranty deed Septic tank permit Energy Code calculations | |

4/93

RETURN TO: 650 PC WARRANTY DEED INDIVID. TO INDIVID. RAMCO FORM NO. 01 CHICAGO TITLE INS. CO. 1987 555 Colorado Ave., Suita 4 CLERK OF CIRCUIT RECORDED & VERIFIED Stuart, Florida 34994 MARTIN CO. FL This Instrument Prepared by: R. L. Woodams 01033627 CHICAGO TITLE INSURANCE COMPANY OO 80:11 KA 555 Colorado Avenue, Suite 4 JAMESHA STELLER Stuart, FL 34994 ers Parcel Identification (Folio Nun __ MARTN COUNTY 01-38-41-006-003-00030-4 Grantee(s) S.S. 8(s) CLERK ON CIRCYL SPACE ABOVE THIS LINE FOR PROCESSING DATA SPACE ABOVE THIS LINE FOR RECORDING DATA This Marranty Beed, Made the , *19* 93 6th day of December , by WILLIAM D. CONNOLLY AND CORNELIA J. CONNOLLY, his wife hereinafter called the Grantor, to DENNIS J. RYAN AND PAMELA C. RYAN, his wife whose post office address is 4680 Sandpebble Trace, Stuart, FL 34996 hereinaster called the Grantee. Mitnesselly, That the Grantor, for and in consideration of the sum of \$ and other 10.00 valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the Grantee all that certain land, situate in County, State of Florida , viz: Martin Lot 4, Block C, AMENDED PLAT OF HOMEWOOD, Sewalls Point, Martin County, Florida, on file and of record in the office of the Clerk of the Circuit Court in and for Martin County, Florida, in Plat Book 3, page 35. Together, with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining. To Have and to Hold, the same in fee simple forever. And the Grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 1993. In Mitness Mhereof, the said Grantor has signed and sealed these presents the day and year sirst above written. Signed, sealed and delivered in the presence of: William D. Connolly 23 N. Ridgeview Road 34996 Stuart, Florida Cornelia J. Connolly 23 N. Ridgeview Road Stuart, Florida 34996 Florida STATE OF I hereby Certify that on this day, before me, an officer duly authorized COUNTY OF to administer oaths and take acknowledgments, personally appeared William D. Connolly and Cornelia J. Connolly, his wife described in and who executed the foregoing instrument, who acknowledged before me that known to me to be the person S executed the same, and an oath was not taken. (Check one:) 🗆 Said person(s) is/are personally known to me. 🗅 Said person(s) provided the following drivers license type of identification: NOTARY RUBBER STAMP SEAL Witness my hand and official seal in the County and State last aforesaid this 6th December Printed Notary Signature

AC# 2803871 STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONST INDUSTRY LICENSING BOARD

| DATE | LICENSE NO. | BATCH NO. |
|--|--------------------------------------|---|
| 08/03/94 3 | · CC C055580 | 94900220 |
| THE CERTIFIED RONAMED BELOW IS CUNDER THE PROVISION EXPIRING AUG 31, 1 | FRITEMED 3 Million 2000 (1995) | S., FOR THE YEAR |
| SAIBIC, D INDIVIDUA 821 SW DW PT ST LUC | ARRYL S YER STREET IE FL 34983 | llo Atwork |
| LAWTON CHILES D | ISPLAY IN A CONSPICUOUS PLACE | GEORGE STUART, JR. SECRETARY, D.B.P.R. |

| COMMONKEALTH INSURANCE UND. 410 EAST BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33435 | | | THIS CERTIFICATE IN ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CHITIFICATE HOLDER. THIS CERTIFICATE HOLDER, THIS CERTIFICATE HOLDER, THIS CERTIFICATE HOLDER, THIS CERTIFICATE HOLDER, EXTEND OR ALTHR THE COVERAGE AFFORDED BY THE FOLICIES SELOW. | | | | | |
|---|---|--------|--|---|--|--|--|--|
| | | | | VIPANIES AFF | ORDING COVERAGE | | | |
| | | | COMPANY A ASSOCIATED INTERNATIONAL | | | | | |
| ه د ۱۸ به ۱۹۹۱ درستسسیتی درجود به ستید . و د | COM | PANY E | | | | | | |
| DARRYL SAIBIC | | CON | PANY C | | | | | |
| 821 SW DWYER STREET PORT ST. LUCIE, FL | 34983 | : um | | | | | | |
| | | CON | PANY E | | | | | |
| DVERAGES THIS IS TO CERTIFY THAT THE POLICE INDICATED, NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR M EXCLUSIONS AND CONDITIONS OF | A MERALLICUITION TO A TOTAL | PELOW | IOH OF ANY CONT DADED BY THE PO Y HAVE DEEN REI | DUCED BY PAID C | LANAS. | | | |
| TYPE OF INSURANCE | The policy number of | 1 jC | POLICY SFRECTIVE | POLICY EXPERATION | | | | |
| CLAIMS WADE X OCCUR. | CCP 031123-1 | | 5/9/95 | 5/9/96 | PIPE DAMAGE PARY BOX OF EXCLUDED IN DEPARTMENT OF THE DAMAGE PARY BOX OF PROPERTY OF THE DAMAGE PARY BOX OF THE DAMAGE PARY | | | |
| AUTONOBILE LIABILITY. | generalism (Andrews are or commended the standard process and | : | | ** - brid - 40 halfer floor bet described | CONT. | | | |
| ALL OWNED AUTOS | ; | : : | · · · , | ! ! | GODAY HARRY | | | |
| HIRED AUTOS | | | ! | • | BODILY INJUAY (Far accident) | | | |
| NON-OWNED AUTOS | | | | i | PROPERTY DAMAGE | | | |
| I EXPERS LIABILITY | 1 | | | 1 | EATH OCCURRENCE & S | | | |
| OTHER THAN UMBRELLA FORM | | | ari un accessor per graphic district | | STATUTORY LIMITS | | | |
| : WORKER'S COMPENSATION | ! ! | .:. | | | EACH ACCIDENT DISEASE—POLICY LIMIT FINERASE—PAGN EMPLOYEE B | | | |
| 1 | · | | • • • | | CALLED THE PARTY OF THE PARTY O | | | |
| EMPLOYERS' LIABILITY | 1 | | | | · i | | | |

OCCUPATIONAL LICENSE



CITY OF PORT ST. LUCIE

121 S.W. Port St. Lucie Boulevard Port St. Lucie, Florida 34984-5099 TERM: OCTOBER 1, 19 95

TO SEPTEMBER 30, 19 96

This license does not warrant or hold that the licensee is competent to perform in the business(es) as licensed, but that the licensee has paid the required fee(s) and provided the necessary documentation (if required) to be licensed in this business.

LICENSE MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS

BUSINESS ADDRESS:

821 SW DWYER STREET

LICENSE NO.:

00009908

CLASSIFICATION:

CONTRACTOR

This license valid when all state and local regulated trode licenses/competency cards are:

valid for the current fiscal year.

ISSUED TO:

DARRYL'S. SAIBIC

821 SW DWYER STREET

PORT ST LUCIE FL'

FEE:

100.00

34983

CITY LICENSE OFFICIAL

VALID AT THE ABOVE BUSINESS ADDRESS ONLY

AC# 2814480 STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONST INDUSTRY LICENSING BOARD

DATE BATCH NO. 08/09/94 CB C052954 94900344 THE CERTIFIED BUILDING CONTRACTOR NAMED BELOW IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489 F.S., FOR THE YEAR EXPIRING AUG 31, 1996 COMMERCIAL CONST. DIVISION INC 92 S RIVER ROAD STUART DISPLAY IN A CONSPICUOUS PLACE GOVERNOR

08/09/94

AUDIT CONTROL NO. 2814480 BATCH NO.

LICENSE NO. CB C052954 94900344

\$209.00

CONST INDUSTRY LICENSING BOARD 7960 ARLINGTON EXPRESSWAY SUITE 300

JÄCKŠDNVILLE

£2211-7467

LICENSEE SIGNATURE

F WALLET CARD -FOLD HERE 3 STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONST INDUSTRY LICENSING BOARD

CERTIFIED BUILDING CONTRACTOR

DEMOREST, ROBERT PAUL COMMERCIAL GONSTEDIVISION INC

HAS PAID THE FEE REQUIRED BY CHAPTER 489 F.S. FOR THE YEAR EXPIRING AUG 21, 1996

Las Cha

COPELAND, KRAMER, SEWELL & SOPKO, P.A.

ATTORNEYS AT LAW

JOHN K. COPPLAND
ROBERT S. KRAMER
LAURIB RUSK SEWELL
JAMES SOPKO
Board Certified Tax Lawyer
Board Certified Wills, Trusts
and Estates Lawyer

2307 S.E. MONTEREY RD. POST OFFICE BOX 2421 STUART, FLORIDA 34995

> STUART (407) 288-0048 FAX (407) 288-0049

November 3, 1995

Commerical Construction Division, Inc. 833 E. 5th Street Stuart, Florida 34994

Re: Legal Description: Lot 4, Homewood
Owner's: Dennis & Pamela Ryan

Dear Sir:

Enclosed please find a certified copy of the Notice of Commencement in connection with the above described property.

If we can of be further assistance please feel free to contact the undersigned.

Sincerely,

COPELAND, KRAMER, SEWELL,

& SOPKO, P.A.

Tracy Kuhlers

Real Estate Assistant

/tmk Enclosure

| PREPARED BY/RETURNIQ: Falk SunTrust Bank, Treasure Coast, N. A. 111 Orange Avenue Fort Pierce, FL 34950 (name and address) NOTICE OF COMMENCEMENT | STATE OF FLORIDA MARTIN COUNTY THIS IS TO CRITIFY THAT THE FOREGOING PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL. MARSHASTINER CLERK BY D.C. DATE D.C. | | |
|---|---|--|--|
| | | | |
| Building Permit No Tax Folio No STATE OF Florida | | | |
| COUNTY OF Martin | (Do not write in this blank area. Reserved for recording purposes only) | | |
| THE UNDERSIGNED hereby gives notice that improvements v accordance with Chapter 713. <u>Florida Statutes</u> , the following inform Commencement. | vill be made to certain real property, and in action is provided in this Notice of | | |
| Description of Property: XXX N. RIOGEVIEW DRI (legal description of the property, STUART, FL 34996 and street address if available) SEE ATTACHED "EXHIBI General Description of Improvements: Single Family Owelling | | | |
| 3. Owner Information: a. Name and Address: DENNIS J. RYAN and PAM | ELA C. RYAN | | |
| b. Interest in property: JOINTc. Name and address of fee simple titlcholder (if other than o | wner): | | |
| 4. Contractor: COMMERCIAL CONSTRUCTION DIVISION 833 E. 5TH STREET, \$TUART, FL 3 | | | |
| 5. Surety: a. Name and address: | | | |
| b. Amount of bond \$ | | | |
| 6. Lender Information: a. Name and Address: SunTrust Bank, Treasure 111 Orange Avenue, f b. Designated Contact: Candy McIlwain | Coast, N. A. Fort Pierce, FL 34950 | | |
| 7. Persons within the State of Florida designated by Owner upon whas provided by Section 713.13(1)(a) 7., Florida Statutes : (name and address) | om notices or other documents may be served | | |
| 8. In addition to himself, Owner designates of SunIrust Bank, Treasure Coast, N. A., National Banking Assoto receive a copy of the Lienor's Notice as provided in Section 713.13(| octation 1)(b), Florida Statutes: | | |
| 9. Expiration date of Notice of Commencement (the expiration date a different date is specified). Other expiration date: | is one (1) Year from the date of recording unless | | |
| | | | |

Signature of O Signalure of Owner

Signature of Owner

STATE OF

The foregoing instrument was acknowledged before CENNIS J. RYAN and PAHELA C. R

who are personally known to me or who have produced as identification.

(Seal) Sertet Humber: CFt: 1 e00756

(7/95)

RECEIVED NOV - 4 1995

3504 INDUSTRIAL 33rd STREET

PORT PIERCE, FLORIDA 34946

Report **DENSITY OF SOIL IN PLACE ASTM D2922**

Commercial Construction Div., Inc. Date December 1, 1995 Client

Contractor Client

> 24 N. Ridgeview - Homewood S/D Site

Stemwall Footings

Permit #3887

FORT PIERCE: (407) 461-7508 VERO BEACH: (407) 567-6167 STUART: (407) 283-7711

| | · | 5 40 A | In Place | Moisture Density Relationship | | Percent |
|-------------|---------------|---------------|-------------|----------------------------------|--------------------|------------|
| Test No. | Location | Elevation | Dry Density | Test No. | Max Dry Density | Compaction |
| 909 | West Side | 0 - 1' | 100.0 | 909 | 104.9 | 95.3 |
| | n . | 1 - 2' | 105.2 | • | | 100.3 |
| | North Side | 0 - 1' | 99.9 | | | 95.2 |
| | 11 | 1 - 2' | 104.8 | | | 99.9 |
| | East Side | 0 - 1' | 100.3 | | | 95.6 |
| | п | 1 - 2' | 105.0 | • , | | 100.1 |
| | South Side | 0 - 1' | 99.9 | | | 95.2 |
| | н | 1 - 2' | 103.6 | • | | 98.8 |
| · | All elevation | s below foo | ting grad | e. | | |
| | | | | | | |

Copies Client - 1 Sewalls Point Bldg. Dept.

Respectfully submitted.

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 461-7508 VERO: (407) 567-6167 STUART: (407) 283-7711

Report of MOISTURE DENSITY RELATIONSHIP ASTM 1557-70

Client Commercial Construction Div., Inc. Date

December 1, 1995

Contractor

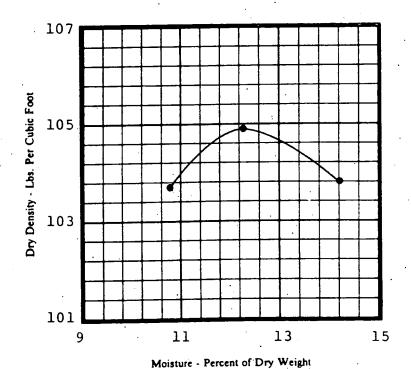
Client

Site

24 N. Ridgeview - Homewood S/D

Stemwall Footings

Permit #3887



| Test No. | Test Method | Sample Location | Optimum Moisture % | Max Dry Density-P.C.F. | Soil Description |
|-------------|----------------|--------------------|-----------------------|---------------------------|-------------------|
| 909 | В | Composite | 12.3 | 104.9 | Orange fine sand. |
| | | | | | |

Copies

Resoccifully submitted,

PAUL H. DANFORTH, P.E.

. 313

STUBOUT ELEVATION AND BICAVATION CERTIFICATION

| APPLICART: _ | Ham / Dennis, | Ryan | SEPTIC TARK PERMIT | 10 HD95- | 0021 |
|--|--|---|--|---|--|
| LEGAL DESCR. | Pam/Dennis, 191101: Lot 4 | Block C | Homewood | od. | |
| The its Martin Count stubout ele | ens which are checked off ty Health Unit prior to th vation certification const | belov must be certi e first plumbing in itutes commencement | fied by a surveyor or spection by the Build of building construc | engineer and reing Department. tion for septic | turned to the Approval of this system permits. |
| Xi. Bail | lding Permit Mumber: | | (Certificati | on not required | for this item). |
| <u>X</u> 2. I ce | ertify that the elevation re / below benchmark elev | of the top of the 1 | ovest plumbing stubou | t is inch | es (circle one) |
| 3. I ce | ertify that the top of the roof road elevation shown | lowest building pl on septic tank per | uxbing stubout is wit. | inches (circle | one) above/ below |
| 4. I ce | rtify that the top of the | drainfield pipe el | evation is | | <u> </u> |
| Ribi | rtify that all severely linux depth of sto scale of excavated as | | · · | Shryavar anet | enhwit 2 plat |
| or 3 of _ | rtify that all moderately 3% of the area of the drain feet where slightly l wated area. (See diagram E | infield. This area Limited soils erist | is centered in the di Surveyor must subm | rainfield and ext it 2 plot plans t | tends to a depth to scale of |
| of t | rtify that all severly linded drainfield rock and the Diagram B° on revers | ercavation meets a | all detail requirement | ts as shown in ans to scale of e | 'Diagram A'. |
| b. с. | Severely limited soil incl Drainfield must be centere limited soils are not remo Condition numbers 5, 6 and septic installer responsib | d in the excavated ved. 7 may be satisfied | area. Drainfield wil with excavation cert | ll not be approve | d if severe |
| CERTIFIED BY | | | As applicant or | applicant's repr | esentative, |
|)ate: | Job Humber: | · | I understand the | above reminere | nts. |
| | 70R K | ARTIM COUNTY PUBLIC | HEALTH UNIT USE ONLY | (Signature) | |
| | rtin County Health Unit Ap | | | (Date) | |
| 11 0 | ADAG OVEROI HERTER VIIIL AU | ATALOT NINGLES L | • | 1 11 2 1 2 1 | |

MARTIN COUNTY PUBLIC HEALTH UNIT ENVIRONMENTAL HEALTH 612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994 Revised 3/28/92

"DIACRADIA.

SOILS

| | DEPARTMENT OF HEALTH AND REI ONSITE SEWAGE DISPOSAL SYSTI CONSTRUCTION PERMIT | EM | FEE PAID \$ RECEIPT # | 14009 | - - - |
|---|--|---|--|---|---|
| | Authority: Chapter 381, FS | & Chapter 10D-6, FAC | BUILD PERM | | _ |
| CONSTRUCTION PER [X] New System [] Repair | RMIT FOR: [] Existing System [] [] Abandonment [] | Holding Tank |] Temporary/I | Experimental | System |
| APPLICANT: PAM | / DENNIS RYAN | AGENT: STEPHEN BR | OWN | | |
| PROPERTY STREET | | | | | |
| - | BLOCK: C SUBDIVISION | | | | |
| | | | | | |
| SYSTEM MUST BE (REPAIR PERMITS A EXPIRE ONE YEAR PERFORMANCE FOR BASIS FOR ISSUAL MODIFICATIONS MA | CONSTRUCTED IN ACCORDANCE WITH AND HOLDING TANK PERMITS EXPERIED FROM THE DATE OF ISSUE. HREADY SPECIFIC PERIOD OF TIME NOT OF THIS PERMIT, REQUIRE TAY RESULT IN THIS PERMIT BEILD FROM THE SERVICE OF T | IH SPECIFICATIONS AND IRE 90 DAYS FROM THE DS APPROVAL OF SYSTEM DS ANY CHANGE IN MATER THE APPLICANT TO MODIFING MADE NULL AND VOID. | STANDARDS OF ATE OF ISSUE OES NOT GUARA IAL FACTS WHI Y THE PERMIT | CHAPTER 10D . ALL OTHER : ANTEE SATISF ICH SERVED A APPLICATION | -6, FAC PERMITS ACTORY S A SUCH |
| | ND SPECIFICATIONS | . ' | | | |
| A [0] [GA: N [0] GA: | LLONS / GPD] SEPTIC TANK/ABRO LLONS / GPD] LLONS GREASE INTERCEPTOR CA LLONS PER DOSE DOSING TANK | CAPACITY PACITY [MAXIMUM CAPA | MULTI-CHAMI CITY SINGLE | BERED/IN SER TANK: 1250 G | IES:[] ALLONS] |
| R [0] SQU. A TYPE SYSTEM: I CONFIGURATIO | ARE FEET PRIMARY DRAINFIELD STANDARD [N: (X) TRENCH [| SYSTEM FILLED [] MOUN | D [']. ENCHES X 37'] | L | ,e ₁ ç. |
| I ELEVATION OF E BOTTOM OF DR. L | BENCHMARK: BM:26.54'NGVD PROPOSED SYSTEM SITE IS [65 AINFIELD TO BE [37 D: [0.0] INCHES EXC. | .0] INCHES ABOVE BENC | HMARK/R EFERE | NCE POINT | ·. |
| T TOP OF DRAI H TOP OF SEPT E SEPTIC TANK | DING STUBOUT IS REQUIRED TO SUMPLE TO BE A FINISH ROCK MUST BE 5 FT. FROM PROPERTY. | E A MINIMUM ELV. OF 47 MINIMUM ELV. OF 61 SOIL GRADE, DO NOT EX | H H | II. | FIELD |
| SPECIFICATIONS | BY: EDGAR MORALES | TITLE: ENV.SPEC | .II | | |
| APPROVED BY: R | AY CROSS | TITLE: ENV. SUP | V. I | MARTIN | СРНО |
| DATE ISSUED: 02 | /21/95 VARIANCE Y /N | [PONT] INCLUI | | . | |

STATE OF FLORIDA

| 11. | DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES |
|-----------------------|--|
| | SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST |
| APPLI SUBDI | CATION NAME: Pan Bennis Ryan PERMIT NO. (HD) 95-002/ |
| | NOTE Special Condition(s) marked "X" are in effect. |
| <u>X</u> 1. | Drainfield must be maintained under grass;and protected from vehicular traffic (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 drain-field pipe elevation. |
| <u>X</u> 4. | Septic system must be $\frac{75}{}$ from surface water / wetlands / mean high water line. |
| 5. | Excavate one / three feet beyond drainfield area to a depth of |
| | In addition to item #5, 33% of unsuitable soils at depths greater than must be removed to a depth of slightly limited soils. |
| 7. | Existing well(s) 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. |
| partient. National | Mound area must be sodded or stabilized with seed and hay prior to final grade inspection (Sod or seed/hay must be applied within seven days of drainfield approval). |
| <u>X</u> 10. | Any future ponds or surface water created onsite must be 75' from septic system(s). |
| <u>X</u> 11. | Available area for septic installation must to be evenly filled |

____12. ____ reinspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection.

 $\stackrel{\textstyle \star}{\cancel{}}$ SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS. Page 1 of 3

MARTIN COUNTY PUBLIC HEALTH UNIT ENVIRONMENTAL HEALTH 612 SOUTH DIXIE HIGHWAY. • STUART, FLORIDA 34994

| SPECIAL | CONDITION REQUIREMENTS (Page 2 of 3) Revised 01/18/95 . |
|--------------|---|
| <u></u> | Septic system must be a minimum of 15 feet from drainage culverts, storm water drains, dry retention areas, storm water drainage systems. |
| 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 at least two separate fields. Separate drainfields must be a minimum of 10 feet apart. |
| <u>×</u> 19. | If rainwater from the building roof drains onto the drainfield, gutters will be required in area of drainfield. Down-spouts must be diverted from the drainfield area. |
| <u>X</u> 20. | No sprinkler heads are allowed on top of drainfield. Irrigation lines must be separated from the drainfield by two feet unless a backflow prevention device is installed. |
| <u>X</u> 21. | Potable water lines must be 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 drainfield absorption surface. |
| <u>X</u> 22. | All wells installed onsite must be 25' from the building foundation and meet all other setback-installation requirements. |
| | Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation. |
| <u>X</u> 24. | If 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 01/18/95 |
|--------------------------|--|
| $\underline{\times}$ 25. | If fill is required, contact Martin County Building Division. |
| <u>X</u> 26. | Inspection results will be posted on the building permit. A copy of the construction approval is available upon request. |
| <u>×</u> 27. | An approved outlet filter device, tank baffle or tanks in series is required. |
| <u>×</u> 28. | If any information on this permit changes, an amended application is required to be filed immediately. |
| <u>X</u> 29. | Any alteration of the information or conditions of this permit found to be in non-compliance with 10D-6 FAC shall be sufficient cause for immediate revocation of this permit. |
| 30. | 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 (ForIndust./ManufAerobic system(s). |
| 32. | If a mound drainfield is proposed, see following sketch of additional requirements (No retaining walls are allowed within drainfield shoulder or slope areas of a mound system). |
| | DAAINFIELD NOUND REQUIREMENTS |
| | FINISHED CRADE DAAINFIELD SHOULDERS DAAINFIELD SHOULDERS SHOULDERS PAINTHELD SHOULDERS DAAINFIELD SHOULDERS THEISHED CRADE CRADE CRADE |
| | NOTA: THESE REQUIREMENTS POST DE HET FRIOX TO FINAL AFFAOVAL. SEE EXCAVATION CERTIFICATION SHEET FOR EXCAVATION DETAILS. |
| <u>X</u> 33. | Other: SEPTIC TANKERS DE COURTE AU |
| | · · · · · · · · · · · · · · · · · · · |
| N O T E | - \$25.00 RE-INSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE DURING INSPECTION. |
| Ouestion | asoconcerning special conditions can be answered by calling |

at (407) 221-4090.

STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES BUILD PERM ONSITE SEWAGE DISPOSAL SYSTEM SITE EVALUATION AND SYSTEM SPECIFICATIONS

| APPLICANT: PAM / DENNIS RYAN | AGENT: STEPHEN BROWN |
|--|--|
| LOT: 4 BLOCK: C | SUBDIVISION: HOMEWOOD |
| PROPERTY ID #: | [SECTION/TOWNSHIP/RANGE/PARCEL NO. OR TAX ID NUMBER] |
| PROVIDE REGISTRATION NO. AND SIG | LTH UNIT EMPLOYEE OR OTHER QUALIFIED PERSON. ENGINEER'S MUST N AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS. |
| PROPERTY SIZE CONFORMS TO SITE PORTION OF TOTAL ESTIMATED SEWAGE FLOW: AUTHORIZED SEWAGE FLOW: UNOBSTRUCTED AREA AVAILABLE: BENCHMARK/REFERENCE POINT LOCATION | GALLONS PER DAY [RESIDENCES-TABLE-1 / OTHER-TABLE-2] GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE] SQFT UNOBSTRUCTED AREA REQUIRED: 666 SQFT |
| SURFACE WATER: PT | MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURE: DITCHES/SWALES: FT NORMALLY WET? [] YES [NO TED USE: |
| SITE SUBJECT TO FREQUENT FLOODING 10 YEAR FLOOD ELEVATION FOR SITE SOIL PROFILE INFORMATION SITE 1 | |
| Munsell, #/Color Texture OYRS VIA Sand Sand | Depth |
| USDA SOIL SERIES: STACE OBSERVED WATER TABLE ESTIMATED WET SEASON WATER TABLE HIGH WATER TABLE VEGETATION: [] | USDA SOIL SERIES: 1 CONTROL TO USDA SOIL SERIES: 1 CONTROL TYPE: [PERCHED / APPARENT] ELEVATION: 5 INCHES [ABOVE / BELOW] EXISTING GRADE. YES [X] NO MOTTLING: [] YES [X] NO DEPTH: INCHES |
| SOIL TEXTURE/LOADING RATE FOR SY DRAINFIELD CONFIGURATION: [X] REMARKS/ADDITIONAL CRITERIA: | STEM SIZING: /20 DEPTH OF EXCAVATION: 10/A INCHES TRENCH [] BED [OTHER (SPECIFY) |
| SITE EVALUATED BY: | DATE: 1/20/95 |
| HRS-H Form 4015 March 1992 (Obso | eletes Previous Editions Which May Not Be Used) Page 3 of 3 |

RECEIVED

JAN 17 1995



STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES ONSITE SEWAGE DISPOSAL SYSTEM HEALTH LINE

PERMIT # DATE PAID FEE PAID \$

14009 RECEIPT #

古

Authority: Chapter 381, FS & Chapter 10D-6, FAC STEPHEN J. BROWN, INC. PREPARED BY:

APPLICATION FOR CONSTRUCTION PERMIT

290 FLORIDA STREET

| | | - | |
|-------|------|-----|------|
| APPLI | CAT: | ION | FOR: |

] Existing System

STUART, FL. 34994 [] Holding Tank 407-288-7176

[] Temporary/Experimental

[X] New System Repair

] Abandonment

] Other(Specify) [

APPLICANT:

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:

BLOCK:

DATE OF - SUBDIVISION:-

PROPERTY ID #:

[Section/Township/Range/Parcel No.] ZONING:

ACRES ([Sqft/4]) 5601

PROPERTY WATER SUPPLY: [PRIVATE

[X] PUBLIC

PROPERTY STREET ADDRESS:

DIRECTIONS TO PROPERTY:

20CATION

BUILDING INFORMATION

[X] RESIDENTIAL

1 COMMERCIAL

Unit Type of No

Establishment

No. of Bedrooms Building # Persons Area Sqft Served

Business Activity For Commercial Only

3

[$\sqrt{\ }$] Garbage Grinders/Disposals Ultra-low Volume Flush Toilets [N] Spas/flot/ Tubs] Other (Specify) [N] Floor/Equipment Drains

APPLICANT'S SIGNATURE:

HRS-H Form 4015, Mar 92 (Obsoletes previous editions which may not be used) (Stock Number: 5744-001-4015-1)

Page 1 of 2

APPLICANT PAN AND DENNIS EYAN LEGAL DESCRIPTION 2014-BLOCK C. HOME WOOD

| LEG | AL DESCRIPTION 2014, BLOCK Ca HOME WOOD |
|-----|--|
| | SITE INFORMATION |
| | AND |
| 1. | IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? |
| 2. | IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED |
| | AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? ALO |
| 3. | IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR |
| 4. | THE PROPOSED SEPTIC SYSTEM? ALO IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 |
| ٠. | HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? L(C) |
| 5. | IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 1. |
| | HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? |
| 6. | IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? |
| 7. | IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF |
| • | THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? AUC |
| 8. | IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 |
| _ | FEET OF THE PROPOSED SEPTIC SYSTEM? |
| 9. | IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? |
| 10 | IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR |
| | TRAFFIC? A // |
| 11. | ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR |
| | CONTIGUOUS LAND WITHIN 15 FEET OF THE APPLICANT'S LOT, IF PRESENT, |
| | SHOWN ON PLOT PLAN? YES |
| 12. | ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT SHOWN ON PLOT PLAN? |
| 1 2 | DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP |
| 13. | DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR |
| | RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC |
| | SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS |
| | OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? |
| 1.6 | THERE IS 1200 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE |
| 14. | SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE |
| | AREA ON PLOT PLAN. |
| | ELEVATIONS |
| | CROWN OF ROAD ELEVATION NCVD SHOW LOCATION ON PLOT PLAN. |
| L. | IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 6.54 MGVD SHOW LOCATION ON |
| | PLOT PLAN. |
| 2. | NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM SOCOLORS |
| | SHOW LOCATION ON PLOT PLAN. |
| 2. | IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? LO IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD |
| | FLOOR ELEVATION OF BUILDING? NGVD. |
| | THOUR BUBLINIAN OF BUBLINO |

NOTE: MUST BE CERTIFIED BY A FLORIDA RECISTERED SURVEYOR OF ENGINEER.

PREPARED BY: STEPHEN J. BROWN, INC. 290 FLORIDA ST., SUITE C STUART, FL 34996 (407) 288-7176 CERTIFIED BY: STEPAEU J. BROWN FL. PROFESSIONAL NO. 14049
DATE: 1/13/96 JOB NO. 2205-01-0

Page 2 of 2

```
Title : RYAN RES.
V.J.GERLEY AND ASSOCIATES
                            Scope :
CONSULTING ENGINEERS
                            Number: 95-19
3190 N.E.HAPLE AVE
                           Misc :
JENSEN BEACH,FL.34957
                          Dsngr : V.J.GERLEY Date:06-Feb-95
(407) 334-2600
_____
             PLYWOOD SHEAR WALL DESIGN & ANALYSIS
                                                   Page
      ._____
 DESCRIPTION )> RYAN RES SW #22(18,19,20,21)
  ))
  ----- LOADS -----
 LATERAL:
                               640 plf x Length = 4000 lbs
  #1 : LAT. SHEAR APPLIED TO WALL=
  #2 : LAT. SHEAR APPLIED TO WALL= plf x Length = lbs
                                                     lbs
  #3 : STRUT FORCE APPLIED TO TOP OF WALL
                                                      lbs
  #4 : STRUT FORCE APPLIED TO TOP OF WALL
                                                      ft-#
  #5 : MOMENT APPLIED @ TOP OF WALL
                                          X-Left X-Right
                                Load
                                           -----
  VERTICAL:
                                                ft
                                   lbs
    #1 : CONCENTRATED
                                                ft
                                   lbs
                            Ξ
    #2 : CONCENTRATED
                                                ft
                                   lbs
                           =
    #3 : CONCENTRATED
                                                       ft
                                15 plf
    #1 : UNIFORM
                                                      ft
    #2 : UNIFORM
  ----- DESIGN DATA -----
   PLYWOOD APPLIED TO ONE OR BOTH SIDES ? 1,2 --->> 2 ((-- PLYWOOD GRADE: STR I:1, STR II:2 --->) 2 ((--
   PLYWOOD GRADE:
                                  6d, 8d, 10d --->> 10 ((--
   NAIL SIZE:
   SHEATHING THICKNESS: .3125", .375", .50", .594" ---)) 0.5 ((--
                                     WALL LENGTH = 6.25 ft
                     = 16 in
   STUD SPACING
                                     WALL HEIGHT = 10 ft
   LEAST DIM. OF END POST = 3 in
SEIS. FACTOR FOR WALL WT=
                                                   15 psf
                                     WALL WEIGHT =
                                    Ht/Width Ratio= 1.6
    NOMINAL SILL THICKNESS =
   USE...... 0.5 in Plywood Applied To --->> 2 Side/s
     Required Nail Size =10 d Req'd Nail Spacing = 4 in
Req'd Field Spacing = 12 in
                           460 plf x # of Sides = 920.00 plf;
     Shear Wall Capacity =
     Actual Total Shear = 4000 lbs Required = 640.00 plf;
     UPLIFT CHECK Moments about lower: ..Left.. ..Right..
      Overturning Moment on Wall = 40000 ft-# 40000
                                       3223 ft-# 3223
      Resisting Moment From Vert. Loads =
      Uplift @ End w/o D.L. reductions = 5884.4 lbs
                                                   5884.4 lbs
          Use Simpson HD7A @ Left Side of Wall : Capacity = 7570 lbs
          Use Simpson HD7A @ Right Side of Wall : Capacity = 7570 lbs;
                        Use 1/2° Anchor Bolt @ 15.8 in o/c
      Sill Attachment....
                         or 5/8" Anchor Bolt @ 24.8 in o/c
                         or 3/4° Anchor Bolt @ 35.7 in o/c
```

```
FOOTING DESIGN.....
                                          Shear & Left : OK
                           1.562 in^2
   Reinf. Area @ Left =
                                                @ Right: OK
                            1,562
              @ Right =
------ FOOTING DESIGN & ANALYSIS ------
                                  Title: RYAN RES.
V.J.GERLEY AND ASSOCIATES
                                  Scope :
CONSULTING ENGINEERS
                                  Number: 95-19
3190 N.E.MAPLE AVE
                                  Misc :
JENSEN BEACH,FL.34957
                                                       Date:06-Feb-95
                                  Osngr : V.J.GERLEY
(407) 334-2600
                  PLYWOOD SHEAR WALL DESIGN & ANALYSIS
                      (F2)
  FOOTING SIZE :
                                                             145 pcf
                                          CONCRETE WEIGHT =
                                  2 ft
    LEFT OF WALL
                                                               3 in
                                          REBAR COVER
                               6.25 ft
    Wall Length
                                                                          - 18" FTG + 16" ((MU+ SOIL)
                                                         = 3,000
                                          f'c
                                  2 ft
    RIGHT OF WALL
                                                         = 60,000
                                          Fy
                                                         = 0.0014
                                          MIN. As %
                               10.25 ft
    Overall Length
                                         Total Vert Loads= 13,664 lbs
                                   3_ft
    FOOTING WIDTH
                        Ξ
                                         Kern Distance = 1.71 ft
                                  34 in )
    THICKNESS
                                                            Right
                                              Left
    Lateral Load Applied Toward
                                  ----)))
                                                             3.76 ft
                                              -3.76 ft
    Ecc. of resultant @ footing CL
                                                              psf
                                              2,219 psf
    Soil Presure @ LEFT Side of Footing
                                                             2,219 psf
    Soil Presure @ RIGHT Side of Footing
                                                    psf
                                                            3451.0 ft-#
                                              8268.1 ft-#
     Mn @ Left Face Of Wall
                                                            8268.1 ft-#
                                              3451.0 ft-#
     Mn @ Right Face Of Wall
                                                                   psi
                                                    psi
     vu/.85 @ 'd' from Left Face Of Wall =
                                                                   psi
                                                    psi
     vu/.85 @ 'd' from Right Face Of Wall
                                                             109.5 psi
                                               109.5 psi
                  Allowable Shear
                                                             51333 ft-#
                                               51333 ft-#
     Overturning Moment
                                                              70030 ft-#
                                               70030 ft-#
     Resisting Moment
                                                              1.36
                                              1.36 ft-#
      .....FACTOR OF SAFETY
```

(TYP EXT WALL)

```
V.J.GERLEY AND ASSOCIATES
                            Title : RYAN RES.
CONSULTING ENGINEERS
                             Scope :
                            Number: 95-19
3190 N.E.MAPLE AVE
JENSEN BEACH, FL . 34957
                            Misc :
                            Dsngr : V.J.GERLEY Date:06-Feb-95
(407) 334-2600
              PLYWOOD SHEAR WALL DESIGN & ANALYSIS
   ______
DESCRIPTION )) RYAN RES SW # 2 (1,3,4,10,11,12,13,14,15,16,17,26,27,28,
   )) 29.30)
 ------ LOADS ------
LATERAL:
 #1 : LAT. SHEAR APPLIED TO WALL= 290 plf x Length = 1812.5 lbs
 #2 : LAT. SHEAR APPLIED TO WALL=
                              plf x Length =
 #3 : STRUT FORCE APPLIED TO TOP OF WALL
 #4 : STRUT FORCE APPLIED TO TOP OF WALL
                                                      lbs
 #5 : MOMENT APPLIED @ TOP OF WALL
                                                      ft-#
                               Load
                                          X-Left X-Right
                                          -----
VERTICAL:
   #1 : CONCENTRATED
                                   lbs
                                               ft
   #2 : CONCENTRATED
                                  lbs
                                               ft
                                  lbs
   #3 : CONCENTRATED
                                                      ft
   #1 : UNIFORM
                          =
                                 60 plf
   #2 : UNIFORM
                                  plf
                                                      ft.
----- DESIGN DATA ------
 PLYWOOD APPLIED TO ONE OR BOTH SIDES ? 1,2 ---)) 1 ((--
 PLYWOOD GRADE:
                            STR I:1, STR II:2 --->>
                                                   2 ((--
                             6d, 8d, 10d ---)) 10 ((--
 NAIL SIZE:
 SHEATHING THICKNESS: .3125*, .375*, .50*, .594* ---)
                                                  0.5 ((--
               = 16 in
 STUD SPACING
                                   WALL LENGTH = 6.25 ft
                         3 in
 LEAST DIM. OF END POST =
                                   WALL HEIGHT =
                                                 10 ft
 SEIS. FACTOR FOR WALL WT=
                                   WALL WEIGHT = 15 psf
 NOMINAL SILL THICKNESS =
                                   Ht/Width Ratio= 1.6
 -----!
  USE....... 0.5 in Plywood Applied To ---)) 1 Side/s
  Required Nail Size =10 d Req'd Nail Spacing = 6 in
                       Req'd Field Spacing=
                                           12 in
  Shear Wall Capacity = 310 plf x # of Sides = 310.00 plf;
  Actual Total Shear = 1812.5 lbs Required = 290.00 plf
  UPLIFT CHECK
                  Moments about lower: ..Left..
                                             ..Right..
  Overturning Moment on Wall = 18125 ft-# 18125
Resisting Moment From Vert. Loads = 4102 ft-# 4102
   Uplift @ End w/o D.L. reductions = 2243.8 lbs 2243.8 lbs
      Use Simpson HD2A @ Left Side of Wall : Capacity = 3270 lbs
      Use Simpson HD2A @ Right Side of Wall : Capacity = 3270 lbs
  Sill Attachment..... Use 1/2 Anchor Bolt & 34.9 in o/c
                     or 5/8° Anchor Bolt @ 48.0 in o/c
```

```
or 3/4" Anchor Bolt @
                                                     48.0 in o/c
   FOOTING DESIGN.....
                              1.042 in<sup>2</sup>
   Reinf. Area @ Left
                                           Shear @ Left : OK
               @ Right =
                              1.042
                                                 @ Right: OK
------ FOOTING DESIGN & ANALYSIS ---------
V.J.GERLEY AND ASSOCIATES
                                  Title : RYAN RES.
CONSULTING ENGINEERS
                                  Scope:
3190 N.E.MAPLE AVE
                                  Number: 95-19
                                  Misc :
JENSEN BEACH,FL.34957
(407) 334-2600
                                  Dsngr : V.J.GERLEY
                                                       Date:06-Feb-95
                  PLYWOOD SHEAR WALL DESIGN & ANALYSIS
 FOOTING SIZE :
   LEFT OF WALL
                                         CONCRETE WEIGHT =
                                 2 ft
                                                             145 pcf
   Wall Length
                       z
                               6.25 ft
                                         REBAR COVER
                                                               3 in
   RIGHT OF WALL
                                 2 ft
                                         f'c
                                                        = 3,000
                                                        = 60,000
                                         Fу
                             10.25 ft
                                        MIN. As %
   Overall Length
                                                       = 0.0014
  FOOTING WIDTH
                                 2_ft
                                         Total Vert Loads= 9,735 lbs
                                34 in) _
   THICKNESS
                                        Kern Distance = 1.71 ft
                                   18 Fin + 16 (Chy+ John)
                                ----)))
                                            Left
  Lateral Load Applied Toward
                                                           Right
  Ecc. of resultant @ footing CL
                                             -2.39 ft
                                                            2.39 ft
  Soil Presure @ LEFT Side of Footing
                                             1,186 psf
                                                                 psf
  Soil Presure @ RIGHT Side of Footing
                                                  psf
                                                           1,186 psf
  Mn @ Left Face Of Wall
                                        = 2295.5 ft-#
                                                          2300.7 ft-#
  Mn @ Right Face Of Wall
                                           2300.7 ft-#
                                                          2295.5 ft-#
```

psi

psi

109.5 psi

23260 ft-#

49890 ft-#

2.14 ft-#

Ξ

psi

psi

109.5 psi

23260 ft-#

49890 ft-#

2.14

vu/.85 @ 'd' from Left Face Of Wall =

Allowable Shear

vu/.85 @ 'd' from Right Face Of Wall

Overturning Moment .

.....FACTOR OF SAFETY

Resisting Moment

V. J. GERLEY & ASSOCIATES CONSULTING ENGINEERS

3190 N.E. MAPLE AVENUE JENSEN BEACH, FL 34957 (407) 334-2600

| V. . GF | RIFT | _ | DATE | <u> </u> | -5-0 | 5 | | | 0 - | , | | | | | | | | | | SHE | Ξ Τ _ | 40 |) | OF_ | |
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V. J. GERLEY & ASSOCIATES CONSULTING ENGINEERS

3190 N.E. MAPLE AVENUE JENSEN BEACH, FL 34957 (407) 334-2600

| BY 1.1.4 FMR(DATE 3-5-95 | SHEET AI OF |
|-----------------------------------|---------------------|
| PROJECT PYAN RES, | |
| SUBJECT | |
| | |
| (PAZ) W=0,434/ h= Dillox 12.5 28, | h-1 |
| 1=12-4 | |
| 1 = 12 - 7. 1/4 12 7. | i= > Usa 3-2x12 |
| 3p 1.4 = 7 | 1 - Usic 3 - CX 6 |
| | |
| | |
| | |
| | |
| RIDIE 811 (RB3) W = 113" | |
| 1=28.3 Wy = 0.9"11 (UPLIET | |
| | |
| H= 113×18 2 127.4 4-1 | |
| * | 115/2 7 |
| Sp= 127.1x12 = 516 m3 | TRY 8-134x 18 HLAM |
| 1.8 | |
| | S= 94x6= 2011 |
| A = 1.76 - 1/190 | [= 2100 |
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Title :RYAN RES.

Scope : Number:95-19 Misc :

(407) 334-2600 Dsngr : V.J.GERLEY

Date:01-Mar-95

| (407) 334-2600 | | Osngr :V.J.GERLEY | Date:01-Nar-95 |
|--|---------------|--------------------------------------|---|
| | TIMBER BEAM | 1 ANALYSIS & DESIGN | |
| DESCRIPTION)) RYAN | | | |
| | -1 3/4X 16 ML | .AM | |
| DEAM DATA - | | DEC 1CM | DATA |
| TIMBER SECTION BEAM WIDTH BEAM DEPTH | = | LOAD DURATION FAC | TOR= 1 |
| REAM WIDTH | = 5.125 in | USE BEAM WEIGHT | ? Y y/n |
| BEAM DEPTH | = 16 in | USE BEAM WEIGHT REDUCE SHR BY 'd' | ? Y y/n |
| LAMINATION THICKNESS | = 1.75 in | | |
| Fb - BENDING | = 2800 ps | END CON | DITIONS |
| LAMINATION THICKNESS Fb - BENDING Fv - SHEAR Fc - BEARING ELASTIC MODULUS BEAM DENSITY | = 285 psi | FIXITY CODE |)) 1 ((|
| Fc - REARING | = 500 psi | i 1=Pin/Pin. 2=Fi | x/Fix |
| FLASTIC MODULUS | =2000000 psi | i 3=Fix/Pin.4=Pi | n/Fix |
| REAM DENSITY | = 33 pcf | f 5=Fix/Free | |
| SPAN DATA - | | UNBRACED | I FNGTHS |
| CENTED COAN | = 10 5 ft | I . CENTER SPAN | |
| CENTER SPAN LEFT CANTILEVER RIGHT CANTILEVER | - 10.5 ft | LO . LEFT CONT | = ft |
| RIGHT CANTILEVER | - ft | Le . ELLI CANT | - ft |
| KIGHT CHNTILEVER | - 10 | Le . Ridii Chiti. | - 10 |
| | A.D.D.I | IED LOADS | |
| | | se '-' distances for l | |
| n_! | 08 | se - distances for i | eit Cantilevei |
| Uniform | | Transpaidal | |
| <pre>0 Center: Dead = plf</pre> | | Trapezoidal . | • |
| Dead = PIT | | 6 1 | -14 |
| Live = plf | nead & Fei | | plf |
| e Left Cant: | e Rig | =' | plf |
| <pre>e Left Cant: Dead = plf</pre> | Live @ Let | rt = | plf |
| Live = pit | 6 K18 | jnt= | plf |
| <pre>@ Right Cant: Dead = plf</pre> | X-Left | = | ft |
| Dead = plt | X-Right | = | ft |
| Live = plf | | | |
| | Conce | entrated | |
| | #3 | .#4#5#6 | |
| Dead = 9100 | | | lbs |
| Live = 9100 | | | lbs |
| Dist. = 6 | | | ft |
| | | ed Moments | |
| #1#2 | #3 | .#4#5#6 | #7#8 |
| Dead = | | | in-# |
| Live = | | | in-# |
| Dist = | | | ft |
| | | MARY | |
| USING: 5.125" x 16 | .00" Beam, 80 | ending = 95.1%, Shear | = 67.22% |
| ! } | | Reactions: D | ead Max. |
| Max. H+0 6.0 ft | = 46.9912 ft | -k | .00 7.90 k |
| Max. M-@ 10.5 ft | = ft- | -k Right = 5 | .30 10.50 k |
| Max @ Left | = ft- | | |
| Max @ Right | | -k Center. = -0 | .11 -0.21 in |
| I HON E MINIL | - 10 | | |
| | | -kL/Defl.= 1 | 178 593 |
| Hax. Allow Moment | | | |
| Max. Allow Moment | = 49.4171 ft | Dist. = 5 | .46 5.46 ft |
| - | = 49.4171 ft- | Dist. = 5 i | |

V.J.GERLEY AND ASSOCIATES CONSULTING ENGINEERS 3190 N.E.MAPLE AVE JENSEN BEACH,FL.34957 (407) 334-2600 Title :RYAN RES.

Scope : Number:95-19 Misc :

Dangr : V.J.GERLEY

Date:01-Mar-95

GENERAL TIMBER BEAM ANALYSIS & DESIGN

| REQUIRED SXX 8 | . Ar | ea | ALLOWABLE STRES | SSES |
|----------------------|------|----------------------|---------------------|----------|
| Max. Center Mom | | 47.0 ft-k | Fb | Fv |
| | = | 207.9 in^3 | Center Span = 2.71 | ksi |
| Max. Left Mom | | ft-k | Left Support = 2.71 | 0.29 ksi |
| Sxx Req'd | | | Right Support= 2.71 | 0.29 ksi |
| Max. Right Hom | = | 0.0 ft-k | | |
| Sxx Req'd | Ξ. | 0.0 in ³ | QUERY VALUE | |
| Design Shear @ Left | = | | Left Center | Right |
| Area Req'd | Ξ | 41.4 in^2 | Dist. = | ft |
| Design Shear @ Right | = | | Shear = 7.90 | k |
| Area Req'd | = | 55.1 in ² | Moment= | ft-k |
| HIEG NEY U | | 00.1 1 2 | Defl = | in |
| Brg Req'd @ Left | = | 3.08 in | Live Load Locat | ion |
| Brg Req'd @ Right | Ξ | 4.10 in | @ LEFT CANT. ? | |
| Camber @ Left | = | | e CENTER SPAN ? | |
| | = | | e RIGHT CANT. ? | |
| @ Center | | -0.10 in | E ((10)) | |
| @ Right | = | 111 | | |
| | | | | |

V.J.GERLEY AND ASSOCIATES CONSULTING ENGINEERS 3190 N.E.MAPLE AVE JENSEN BEACH,FL.34957 Title :RYAN RES.

Scope : Number:95-19

Misc : JENSEN BEACH,FL.34957 Date:01-Mar-95 Dsngr : V.J.GERLEY (407) 334-2600 GENERAL TIMBER BEAM ANALYSIS & DESIGN DESCRIPTION)) RYAN RB3)) ERR)7-1 3/4X 18 MLAM ----- DESIGN DATA ---------- 8EAM DATA ---------LOAD DURATION FACTOR= 1 TIMBER SECTION USE BEAM WEIGHT ? Y = 12.25 in y/n BEAM WIDTH REDUCE SHR BY 'd' ? Y y/n 18 in BEAM DEPTH LAMINATION THICKNESS = 1.75 in ----- END CONDITIONS -----= 2800 psi Fb - BENDING FIXITY CODE ---->> 285 psi Fv - SHEAR Fc - BEARING = 500 psi 1=Pin/Pin, 2=Fix/Fix =2000000 psi 3=Fix/Pin, 4=Pin/Fix **ELASTIC MODULUS** 33 pcf 5=Fix/Free BEAM DENSITY ----- UNBRACED LENGTHS ---------- SPAN DATA -----28 ft Le : CENTER SPAN = CENTER SPAN Le : LEFT CANT. ft LEFT CANTILEVER ft RIGHT CANTILEVER ft Le : RIGHT CANT. ------ APPLIED LOADS ------...... Use '-' distances for left cantilever!Uniform..... Trapezoidal @ Center: Dead = 650 plf plf Live = 650 plfDead @ Left = @ Right= plf @ Left Cant: plf plf Live @ Left = Dead = plf Live = plf @ Right= ft @ Right Cant: ...X-Left = plf ...X-Right = Dead = ft Live = plf ..#1.. ..#2.. ..#3.. ..#4.. ..#5.. ..#6.. ..#7.. ..#8.. Dead = lbs lbs Live = Dist. = 6 Applied Moments#1.. ..#2.. ..#3.. ..#4.. ..#5.. ..#6.. ..#7.. ..#8.. Dead = Live = in-# .Dist = ----- SUMMARY -----USING: 12.250° x 18.00° Beam, Bending = 89.7%, Shear = 40.44% Reactions: Dead Max. M+0 14.0 ft = 132.352 ft-k left = 9.81 18.91 k Max. M-€ ft = ft-k Right = 9.81 18.91 kMax @ Left ft-k Deflections: Center. = -0.81 - 1.57 in Max @ Right = ft-k ...L/Defl.= 413 214 Max. Allow Moment = 147.550 ft-k ...Dist. = 14.00 14.00 ft fb: Max. Actual = 2,401 psi Left = Fb : Allowable = 2,677 psi ...L/Defl.=

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in ¦
! ·fv : Max. Actual = 115.2 psi
                                    Right =
                                   ...L/Defl.=
 Fv : Allowable = 285.0 psi
 Max. Shear @ Left = 18.9074 k
 Max. Shear @ Right = 18.9074 \text{ k}   Ck = .811(E/Fb)^{\circ}.5= 21.67
Sxx - Supplied = 661.5 in^3 Cs = (LeD/8^2)^.5 =
                 = 220.50 in^2 Cf = (12/d)^.111 =
Area Supplied
```

V.J.GERLEY AND ASSOCIATES CONSULTING ENGINEERS 3190 N.E.MAPLE AVE JENSEN BEACH,FL.34957 (407) 334-2600

Title :RYAN RES.

Scope : Number:95-19 Misc :

Dsngr : V.J.GERLEY -----

GENERAL TIMBER BEAM ANALYSIS & DESIGN -----

| REQUIRED SXX | & Ar | ea | ALLOWABLE STRESSES | - |
|----------------------|--------|---|------------------------------|---|
| Max. Center Mom | = | 132.4 ft-k | Fb Fv | |
| Sxx Req'd | = | 593.4 in ³ | Center Span = 2.68 ksi | |
| Max. Left Mom | = | ft-k | Left Support = 2.68 0.29 ksi | |
| | = | in^3 | Right Support= 2.68 0.29 ksi | |
| Max. Right Mom | = | | • | |
| mux. Might hom | | 0.0 in ³ | QUERY VALUES | - |
| Design Shear @ Left | = | | Left Center Right | |
| Area Req'd | = | | Dist. = ft | |
| Design Shear @ Right | · = | 25.4 kips | Shear = 18.91 k | |
| Area Req'd | · = | 89.2 in^2 | Moment= ft-k | |
| HICO NCY O | | • | Defl = in | |
| Brg Req'd @ Left | = | 3.09 in | Live Load Location | |
| Brg Req'd @ Right | = | 3.09 in | e LEFT CANT. ? Y y/n | |
| Camber @ Left | = | in | @ CENTER SPAN ? Y y/n | |
| @ Center | = | -1.22 in | @ RIGHT CANT. ? Y y/n | |
| e Right | = | in | | - |

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V.J.GERLEY AND ASSOCIATES
                              Title :RYAN RES.
CONSULTING ENGINEERS
                               Scope :
3190 N.E.MAPLE AVE
                              Number:95-19
JENSEN BEACH,FL.34957
                              Misc :
(407) 334-2600
                              Osngr : V.J.GERLEY
                                                Date:01-Mar-95
                  STEEL BEAM DESIGN & ANALYSIS
 DESCRIPTION ))RYAN ALT.RB3
       ))
------ BEAM DATA ------ ----- MEMBER DATA ------
 AISC SECTION [F8][S]))w21x44
                               Fy
                                        = 36 ksi
 CENTER SPAN LENGTH = 28 ft
                               LOAD DURATION FACTOR = 1.00
 LEFT ' =
                      ft
                               MINOR AXIS ?
                                                     N y/n
  RIGHT .
                         ft
                                Graphics: (1,2,3,4): 3
 UNBRACED LENGTH =
                          ft
                               ----- END CONDITIONS -----
 INCLUDE BEAM WT ?
                      Y y/n
                               FIXITY CODE ----))
                                                  1 ((
 INCLUDE LL W/ ST ?
                      N y/n 1:P/P,2:F/F,3:F/P,4:P/F,5:F/Free
----- APPLIED LOADS -----
---)) All distances refer to left support, use '-' for left cantilever
POINT.....#1.. ..#2.. ..#3.. ..#4.. ..#5.. ..#6.. ..#7.. ..#8..
Dead =
Live =
                                                       k
Short=
                                                       k
Dist.=
                                                       ft
DISTRIBUTED.....
Dead = 0.65
                                                       klf
Live = 0.65
                                                       klf
Short=
                                                       klf
X Lft=
                                                       ft
X Rt =
MOMENTS....
Dead =
                                                       k-ft
Live =
                                                       k-ft
Short=
                                                       k-ft
Dist.=
                                                       ft
TRAPEZOIDAL....
              Dead
                   Live
                          Short
                                                  Location
 Load @ Left =
                               klf
                                    X Left
                                                       ft
 • @ Right=
                               klf
                                    X Right
                                                       ft
 Load @ Left =
                               klf
                                    X Left
                                                      ft
   • @ Right=
                               klf
                                    X Right
 ----- SUMMARY ------
 USE: W21X44, Max Stress Ratio = 0.82, Max Defl Ratio = 441.893
Max Values: ..Actual..Allow..
                               fb / Fb : % max = 0.82 OK
  Moment = 131.7 161.6 k-ft fv / Fv : % max = 0.18 OK
 .....Stress = 19.37 23.76 ksi
                               Max. DL Defl Ratio =
        = 18.8 104.1 k
                               Max. TL Defl Ratio =
                                                   442
 .....Stress = 2.60 	 14.40 	 ksi
Deflection = -0.760 in
                               | Dead Load + Skip Loadings |
```

OL ! LL LL+ST LL LL+ST!

k-ft

k-ft!

k-ft!

k-ft!

TABULAR SUMMARY OF

Placed

Moments..M+ @ Center = 131.7 68.0 131.7

M- @ Center =

@ Left

@ Right

LOAD COMBINATIONS... for Max Only '@Cntr @Cntr @Cants @Cants'

```
kips!
|Shears...@ Left
                       18.8
                               9.7 18.8
                                                              kips!
         @ Right
                      18.8
                                                              in
                    = -0.76 -0.39 -0.76
                                           -0.39
Defl....@ Center
        0 Left
                                                              in
                                                              in
         @ Right
     Ð
             ft
                                                              in
                        18.8
                               9.7 18.8
                                             9.7
                                                              kips!
Reaction. Left
```

V.J.GERLEY AND ASSOCIATES

Title : RYAN RES.

CONSULTING ENGINEERS 3190 N.E.MAPLE AVE

Scope : Number:95-19

JENSEN BEACH, FL .34957

Misc :

(407) 334-2600

Dsngr :V.J.GERLEY

Date:01-Mar-95

STEEL BEAM DESIGN & ANALYSIS

| 1 | @ Right | = | 18.8 | 9.7 | 18.8 | 9.7 | | kips¦ |
|--------|-----------|---|-------|---------|-------|-----|---------|-------|
| | | | STEEL | SECTION | DATA | | | |
| DEPTH | | = | 20.66 | in | Ixx | | = 843 | in^4 |
| WEB TH | ICKNESS | = | 0.350 | in | Iyy | | =20.700 | i n^4 |
| FLANGE | WIDTH | = | 6.500 | in | Sxx | | =81.606 | in^3 |
| FLANGE | THICKNESS | = | 0.450 | in | Syy | | = 6.37 | in^3 |
| SECTIO | N AREA | = | 13.00 | in^2 | YXX | • | = 8.053 | in |
| SECTIO | N WEIGHT | = | 44.14 | #/ft | ryy | | = 1.262 | in |
| | | | | | rī, y | | = 1.570 | |

---- NOTES FROM ALLOWABLE STRESS DETERMINATION ------

F'b : Allowable

= 23.76 ksi

Fa calc'd per 1.5-1, K*L/r (Cc

I Beam Passes 1.5.1.4.1, Para 1, 2, 4, & 5, Fb = 0.66 Fy

| PROJE | | FLIFT | | | · | | | RYA | + H | R | ĒS. | , | | _ | | | _ | | | | | | 18 | | | | _ |
|---------|-------|--------|--------------|--------|-----|---------------------------------------|-----|---------|----------------|--------------|--------|--------|--------------|------------------|-------|-------|--------------|--------|--------|---------------|---------------|--------------|----------|------------|------------|--------|----------|
| SUBJE | ECT _ | | | | | | | | | | | | | | | | , | | | | | | | | | | |
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```
V.J.GERLEY AND ASSOCIATES
                           Title:
CONSULTING ENGINEERS
                             Scope :
                             Number:
3190 N.E.MAPLE AVE
JENSEN BEACH,FL.34957
                            Misc :
(407) 334-2600
                             Dsngr :
                                              Date:06-Feb-95
               PLYWOOD SHEAR WALL DESIGN & ANALYSIS
       DESCRIPTION >> RYAN RES SW #25
    ))
     ----- LOADS -----
LATERAL:
#1 : LAT. SHEAR APPLIED TO WALL=
                                1040 plf x Length =21496.8 lbs
 #2 : LAT. SHEAR APPLIED TO WALL=
                                    plf x Length =
 #3 : STRUT FORCE APPLIED TO TOP OF WALL
                                                      lbs
 #4 : STRUT FORCE APPLIED TO TOP OF WALL
                                                      lbs
 #5 : MOMENT APPLIED @ TOP OF WALL
                                Load
                                           X-Left X-Right
VERTICAL:
                                           -----
                                 lbs
   #1 : CONCENTRATED
                                               ft
   #2 : CONCENTRATED
                                  lbs
                                               ft
                                  lbs
   #3 : CONCENTRATED
   #1 : UNIFORM
                                270 plf
   #2 : UNIFORM
                                    olf
----- DESIGN DATA -----
                                                             (SUL1)
 PLYWOOD APPLIED TO ONE OR BOTH SIDES ? 1,2 --->>
 PLYWOOD GRADE:
                            STR I:1, STR II:2 --->>
                                                   2 ((--
                                 6d, 8d, 10d ---))
                                                  10 ((--
                5: .3125*, .375*, .50*, .594* --->>
                                                   0.5 ((--
                          16 in
                                    WALL LENGTH = 20.67 ft
                ''0ST =
                          5.5 in
                                    WALL HEIGHT
                                             =
                                                 10 ft
                'L WT=
                                    WALL WEIGHT =
                 75 =
                            3
                                   Ht/Width Ratio=0.48379
      USE....... 0.5 in Plywood Applied To ---)) 2 Side/s
  Required Nail Size =10 d Req'd Nail Spacing =
                                         3 in .
                       Req'd Field Spacing=
                                           12 in
  Shear Wall Capacity = 600 plf x # of Sides = 1200.00 plf!
                  = 21496.8 lbs Required = 1040.00 plf;
  Actual Total Shear
  UPLIFT CHECK
                  Moments about lower: ..Left..
                                              ..Right..
  Overturning Moment on Wall = 214968 ft-# 214968
                                  89722 ft-# 89722
  Resisting Moment From Vert. Loads =
  Uplift @ End w/o D.L. reductions = 6059.3 lbs
                                                6059.3 lbs!
      Use Simpson HD7A @ Left Side of Wall : Capacity = 9555 lbs;
      Use Simpson HD7A @ Right Side of Wall : Capacity = 9555 lbs;
 Sill Attachment....
                     Use 1/2" Anchor Bolt @
                                           9.7 in o/c
                     or 5/8" Anchor Bolt @ 15.3 in o/c
                     or 3/4° Anchor Bolt @
                                           21.9 in o/c
```

```
FOOTING DESIGN.....
                            1.411 in^2
                                          Shear @ Left : OK
   Reinf. Area @ Left =
                                               @ Right: OK
              @ Right =
                             1.411
------ FOOTING DESIGN & ANALYSIS ------
                                 Title:
V.J.GERLEY AND ASSOCIATES
                                  Scope :
CONSULTING ENGINEERS
                                 Number:
3190 N.E.MAPLE AVE
                                 Misc :
JENSEN BEACH, FL . 34957
                                                      Date:06-Feb-95
                                  Dangr :
(407) 334-2600
                  PLYWOOD SHEAR WALL DESIGN & ANALYSIS
  FOOTING SIZE :
   LEFT OF WALL
                                 2 ft
                                        CONCRETE WEIGHT =
                             20.67 ft
                                        REBAR COVER
                                                    = 3 in
   Wall Length
                                 ft
                                        f'c
                                                       = 3,000
   RIGHT OF WALL
                                                       = 60,000
                             22.67 ft
                                        MIN. As %
                                                       = 0.0014
   Overall Length
                                4 ft
                                        Total Vert Loads = 34,979 lbs
  FOOTING WIDTH
                                        Kern Distance = 3.78 ft
   THICKNESS
                                24 in
                                                          Right
  Lateral Load Applied Toward
                                ----)))
                                            Left
  Ecc. of resultant @ footing CL
                                            -7.13 ft
                                                           7.62 ft
   Soil Presure @ LEFT Side of Footing
                                            1,385 psf
                                                                psf
   Soil Presure & RIGHT Side of Footing
                                                 psf
                                                          1,571 psf
                                           7962.4 ft-#
                                                         324B.0 ft-#
```

ft-#

psi

psi 109.5 psi

257962 ft-#

387801 ft-#

1.50

ft-#

psi

psi

109.5 psi

257962 ft-#

= 405164 ft-#

= 1.57 ft-#

Mn @ Left Face Of Wall

Mn @ Right Face Of Wall

Overturning Moment

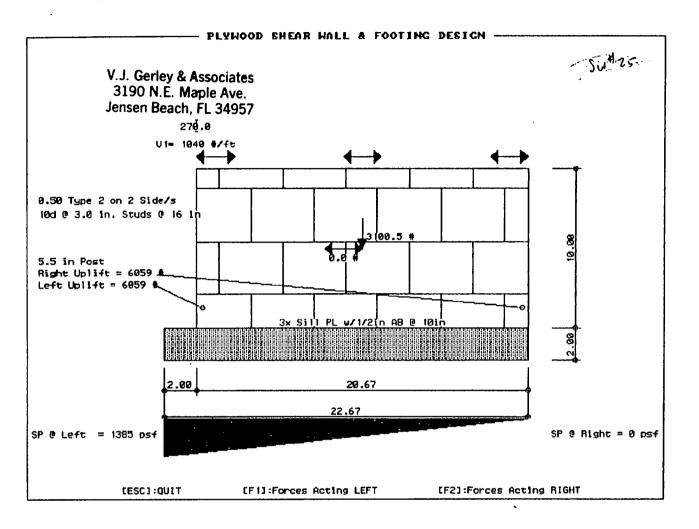
.....FACTOR OF SAFETY

Resisting Moment

vu/.85 @ 'd' from Left Face Of Wall =

Allowable Shear

vu/.85 @ 'd' from Right Face Of Wall



```
Title: RYAN RES.
V.J.GERLEY AND ASSOCIATES
CONSULTING ENGINEERS
                             Scope :
                            Number: 95-19
3190 N.E.MAPLE AVE
JENSEN BEACH,FL.34957
                            Misc :
                            Osngr: V.J.GERLEY Date:06-Feb-95
(407) 334-2600
               PLYWOOD SHEAR WALL DESIGN & ANALYSIS
                                                   Page
      DESCRIPTION )) RYAN RES SW #23 (9)
        }}
------ LOADS -----
LATERAL:
                                422 plf x Length = 1899 lbs
 #1 : LAT. SHEAR APPLIED TO WALL=
                                plf x Length =
                                                      lbs
 #2 : LAT. SHEAR APPLIED TO WALL=
 #3 : STRUT FORCE APPLIED TO TOP OF WALL
                                                      lbs
 #4 : STRUT FORCE APPLIED TO TOP OF WALL
                                                      ft-#
 #5 : MOMENT APPLIED @ TOP OF WALL
                               Load
                                         X-Left X-Right
                                           -----
 VERTICAL:
                                    lbs
                                               ft
   #1 : CONCENTRATED
                                   lbs
                                               ft
   #2 : CONCENTRATED
                                               ft
                                   lbs
   #3 : CONCENTRATED
                                 60 plf
                                                      ft
   #1 : UNIFORM
                                                      ft
                                  plf
   #2 : UNIFORM
----- DESIGN DATA -----
  PLYWOOD APPLIED TO ONE OR BOTH SIDES ? 1,2 ---)
  PLYWOOD GRADE: STR I:1, STR II:2 ---))
                                                   2 ((--
                                                 10 ((--
                                 6d, 8d, 10d ---))
  NAIL SIZE:
  SHEATHING THICKNESS: .3125", .375", .50", .594" --->>
                = 16 in
                                    WALL LENGTH =
                                                   4.5 ft
  STUD SPACING
  LEAST DIM. OF END POST =
                                                 10 ft
                          3 in
                                    WALL HEIGHT =
                                    WALL WEIGHT =
                                                 15 psf
  SEIS. FACTOR FOR WALL WT=
                                    Ht/Width Ratio=2.22222
  NOMINAL SILL THICKNESS =
   ------ SUMMARY -----
                                                            USE SWHI
   USE...... 0.5 in Plywood Applied To ---)) 2 Side/s
   Required Nail Size =10 d Reg'd Nail Spacing =
                                             6 in
                                            12 in
                        Req'd Field Spacing=
                         310 plf x # of Sides =
                                                620.00 plf
   Shear Wall Capacity =
                          1899 lbs Required =
                                                422.00 plf
   Actual Total Shear =
                                                ..Right..
                   Moments about lower: ..Left..
   UPLIFT CHECK
    Overturning Moment on Wall = 18990 ft-# 18990
                                     2126 ft-# 2126
    Resisting Moment From Vert. Loads =
    Uplift @ End w/o D.L. reductions = 3747.5 lbs
                                                3747.5 lbs.
       Use Simpson HD5A @ Left Side of Wall : Capacity = 4385 lbs
       Use Simpson HD5A @ Right Side of Wall : Capacity = 4385 lbs;
   Sill Attachment....
                      Use 1/2° Anchor Bolt @ 24.0 in o/c
                      or 5/8° Anchor Bolt @ 37.6 in o/c
                      or 3/4" Anchor Bolt @ 48.0 in o/c
```

----- FOOTING DESIGN & ANALYSIS -----

V.J.GERLEY AND ASSOCIATES

Title : RYAN RES.

CONSULTING ENGINEERS
3190 N.E.MAPLE AVE

Scope : Number: 95-19

JENSEN BEACH,FL.34957

Misc :

(407) 334-2600

Dsngr : V.J.GERLEY Date:06-Feb-95

PLYWOOD SHEAR WALL DESIGN & ANALYSIS

| FOOTING SIZE : | (F3) | | | | | | |
|------------------|---------------|---------|------|-----------|----------|--------|--------------|
| LEFT OF WALL | | 2 f | t | CONCRETE | WEIGHT = | 145 | pcf |
| Wall Length | | | | REBAR COV | | | |
| RIGHT OF WALL | = | | t | f'c | : | 3,000 | |
| | • | • | | Fy | = | 60,000 | |
| Overall Length | z | 8.5 f | t | MIN. As % | : = | 0.0014 | |
| FOOTING WIDTH | = | 4 f | t | Total Ver | t Loads= | 10,805 | lbs |
| THICKNESS | = | | | Kern Dist | | | |
| Lateral Load App | olied Toward | | -))} | Left | | Right | . |
| Ecc. of resultar | nt @ footing | CL | = | -2.11 | ft | 2.11 | ft |
| Soil Presure 🖭 | EFT Side of | Footing | = | 841 | psf | | psf |
| Soil Presure @ F | RIGHT Side of | Footin | g = | | psf | 841 | psf |
| Mn @ Left Face (| of Wall | | = | 3101.1 | ft-# | 3248.0 | ft-# |
| Mn @ Right Face | Of Wall | | = | 3248.0 | ft-# | 3101.1 | ft-# |
| vu/.85 @ 'd' fro | om Left Face | Of Wal | l = | | psi | | psi |
| vu/.85 @ 'd' fro | m Right Face | Of Wal | | | | | |
| Ali | lowable Shear | | = | 109.5 | psi | 109.5 | psi |
| Overturning Mome | ent | | = | 22788 | ft-# | 22788 | ft-# |
| Resisting Moment | | | = | 45921 | ft-# | 45921 | ft-# |
| FACTO | R OF SAFETY | | = | 2.02 | ft-# | 2.02 | |
| | | | | | | | |

RYAN RESIDENCE FOOTING SCHEDULE

| | | t | ! | · | · | , |
|---|----------------|----------------|--------------|-----------------------|-------------|--------|
| | MK | SIZE B D t | REINFORCING | T/EL | REMARKS | 111111 |
| 1 | F1 | 2'0 x L x 1'6 | 445 BOT | (-) 1 ² -0 | | i |
| 1 | F2 | 3-0 x L x 1-6 | 5 BOT | (-, 11-0 | | 1 |
| 1 | F3 | 14.0 x L x 1.0 | 5 15 120T) | 0'-0 | ! ! ! | 1 |
| 1 | F4 | 2-0 × L × 1.6 | A"S BOT | 0-0 | ! | !!!!! |
| 1 | , . | 1.0x4.0x2.0 | 5 5 DOT E.W. | و ۔ ' ن | | 11111 |
| | F6 | 10 + 10 + 20 | 272 BUT EM | (-)210 | | ı |

BEAM SCHEDULE

| MK | SIZE | REINFORCING | STIRRUP | T/EL | REMARKS |
|----|------|-------------|-------------|------|---------|
| B1 | 1 | | | | |
| B2 | | | | | |
| B3 | , | | 1 | | |
| B4 | | | † | | |
| B5 | | | ! ! ! | | |

COLUMN SCHEDULE

| MK | SIZE | REINFORCING | TIES | TYPE | REMARKS |
|----|-------------------------|-------------|------|---------|---------|
| C1 | 6 × 6 | | | 12 PINE | |
| C2 | 3-2+6 | _ | - | # ZPINE | - |
| C3 | | | | | |
| C4 | , — — — — — , , , | | | | |
| C5 | | | | [/ | 7 |

V.J. Gerley & Associates 3190 N.E. Maple Ave. Lensen Beach, Fb 34957

3-5-95

RYAN RESIDENCE BEAM SCHEDULE

| | | | | 1 1 | · | ! |
|--------|----------|----------|--------------|---------|---------------------|---------------------------|
| 1 | MK | SIZE | REINFORCING | STIRRUP | T/EL | REMARKS |
| | B1 | 3-134×16 | | | 9.42 | MICPOLANI Blatto Stat- |
| i ! | B 2 | 2 1x12 | | | 8.07' | HE DIV |
| | 83 | (3)21/2 | | | 8.07 | w/'le"-filler |
| | | | | † † | ! ! ! | #2 pile |
| | | | | 1 | | |
| 1 | | | | | | |
| | | | | | | |
| | | | | ! | | |
| ļ | | | | ; ! | | |
| | | | <u></u> | | | |
| | RB | 3-134×16 | | - | | MICROLAM |
| .} | PBZ | 3.2x12 | | - | , | HZ PINE |
| / | RB3 | 7-134×18 | | | | MICROLA M |
| | ! | | | | ! ! ! ! | |
| | 05-1 | 1053 C | juders by to | iuss c | ompenc | (|
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| | | | | i | 1 | , i |

V.J. Gerley & Associates 3190 N.E. Maple Ave. Jensen Beach, FL 34957

RYAM RES, SHEAR WALL SCHEDULE

| MK | DESCRIPTION |
|-------------------|---|
| sw ¹ (| 2.6@12" VALL BLOCKED @ 13 POINTS 1646 FAD POSTS W/ HD 71 A. MCHIR W/12" PLYMUJD E.F. W/ IDA NAILS@ 3"C.C. SPE FROM PLATE TO STUD & 1.2x6 BOTT PLATE W/ 34 4 AB'S @ 2-0 C.C. |
| sw [‡] ? | LY 4@ 16" WALL BLOCKED @ MID POINT & AX4 FIND POSTS W/ HDZA ANCHOR W/ 58" DRYWALL FAFME W/ 6d MAILS@ 4"C.C. & SPZ FROM PLASE TO STUD \$ N- 1x4 BOTT RATE W/ 74" & AB'S @ A'-O C.C. |
| SW | |
| SW | |
| sw | |
| SW | |
| SW | |
| | |

| PROJECT PYAN RFS. SUBJECT Subject F2 Subject F2 F3 F4 F4 F4 F4 F4 F4 F4 | FI |
|--|------|
| (E) (F1) (F2) (SW1) (B) (F2) A (F1) (F3) (F3) (F4) (F3) | F) |
| 4 A F1 F2 F4 14 F2 F3 F4 F4 F4 F5 F5 F5 F5 F5 | FD . |
| A | FD . |
| $\frac{1}{4} = \frac{3}{10} \cdot \frac{1}{10} \cdot$ | |
| FOUNDATION PLAN (& SHEAR WALLS) | |

| BY V.I. GERLEY DATE | 3-3-95 | | SHEET | 5OF |
|---------------------|---------------------------------------|---|-----------------|-----------------------------------|
| PROJECT | RYAN | RESIDENCE | | |
| SUBJECT | | | | |
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| | | J. C. J. | | . ! : |
| · | | 1 5 CONT | | CLAB OIL CIMPACTES |
| 1 | | | | PFATED FILL GHIL VAPOR BAPFIFR |
| 10.0 | | | | |
| | 500 | | | |
| | <u> </u> | | x 6 × 10/10 WAF | |
| <u>-</u> ' | MAIL | 1 110 | 214" | |
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| | | SECT B-B | | |
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| BY VILLERFT DATE | 3-3-95 | SHEET OF |
|------------------|---|---|
| PROJECT | RYAN PES. | |
| SUBJECT | | |
| † F USS | 1 Droa Hosa 6 6 6 7 6 7 6 6 6 6 7 6 7 6 7 6 7 6 7 | MLAM) 1x42x34 RB1 (3-134×16 MLAM) RB2 (3-2x12) MST 60 (WRAP AROUND COL) (71P) |
|) H | HOIDA A | Floor Joisis |
| 1 115760 | B1 (3.13 av16 H Lan) NoTCH | |
| H 10 8 | | HDIOA PLOCKIAG |
| 7 | F5) | F5 |
| | ELEV 1-1 | |

| BY VI GERET DATE 3-3-95 | SHEET OF |
|--|---|
| PROJECT RYAN RES. | |
| SUBJECT | |
| | |
| The second secon | - SB"COX 'W BA RING SHANK NAILS OB"C.C F.F. |
| 1.423 (P) X34 (TYP) MST 37 (FAESIDE) MST 60 MST 60 HD 2A HD 2A LIDVA | PLATE (TYP) BISCHING (TYP) FOOTING |

| BY V. I. herry DATE | 3-3-95 | SHEET OF |
|---------------------|--|------------------------|
| PROJECT | RYAN RES, | |
| SUBJECT | | |
| | | |
| 1-111 PLATE? | HD23A FCC5A-6 HD23A FCC5A-6 HD23A FCC5A-6 HD23A HD2 | T 60 (WPAP AFOUND COL) |
| | | FLOOR JONSTS |
| | HD8A | 2-176 COM PLATE |
| 1 | | ξ |
| | ELEV 3-3 | |

| 1 | | APLE AVENUE JENSEN BEACH, FL 34957 (407) 33 | | |
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| BY V. I , hERIFY DATE | 3-3-95 | | SHEET _ | <u> </u> |
| PROJECT | RYAN | les, | | |
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| BY V.I. WARLEY | _ DATE | 3-7-95 | | SHEET | 10 OF |
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| | · | | 6 c 12" WALL BLOCKED @ 3 POINTS | | |
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| | | .sp1 - | NAILSE 3 C.C. | 4 | |
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| 1-++ | - 14 | | 3a"PLYWOUD | | |
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| | 一握 | | P35 e 12" C.C. | | |
| | HIO = | | W) 6-8d IN EA MAMBER | | |
| 17" PLYWOOD | | / | | 1 1 | |
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V.J. Gerley & Associates 3190 N.E. Maple Ave. Jensen Beach, FL 34957

GENERAL NOTES

DESIGN:

Design of the structure is based on the South Florida Building Code and all other applicable Standards.

SUPERIMPOSED LOADS:

Floor: 40psf L.L. Wind Velocity: 140 mph Roof: 30psf L.L. 15psf D.L.(Partitions)

SOIL:

Clear the building areas of trees, roots, organics and other deleterious materials.

Backfill with selected granular material in 15" maximum lifts and compact to a minimum density of 95% as determined by ASTM D-1557

Areas that are re-excavated for foundation installation shall be tested and satisfy a minimum of 95% Modified Proctor density. Allowable gross soil pressure for foundation design shall be 2500 psf and shall be verified by a Testing Laboratory.

CONCRETE:

Concrete shall develop a minimum strength of 3000 psi at 28 days.

All concrete shall be ready-mixed and in accordance with ASTM C-94. Provide 1.5 lbs/C.Y. of FIBERMESH for concrete to be used for footings, grade beams and slabs.

Slump and cylinder tests shall be performed by an independent testing laboratory. Provide 4 tests for each concrete placement and/or 4 tests for each 50 cu.yds.

Maximum allowable slump shall be 5 inches.

REINFORCING:

Reinforcing steel shall be deformed, new billet steel in accordance with ASTM A-615 Grade 60 and detailed per ACI 315. All splices shall be in accordance with Chapter 7 of ACI 318-81, with a minimum splice of 40 bar diameters. Fabricator shall submit four sets of shop drawings for the review and approval of the Engineer.

V.J. Gerley & Associates 3190 N.E. Maple Ave. Jensen Beach, FL 34957

MASONRY:

Concrete block units shall conform with ASTM C-90. Placement of unit masonry shall be in straight, plumb and true to a tolerance of 1/8" in ten feet. Provide "Dur-O-Wal" standard weight all galvanized #9 gage truss reinforcing at every second course of masonry. Lay concrete blocks in running bond with successive courses lapped 1/2 of a unit.

WOOD:

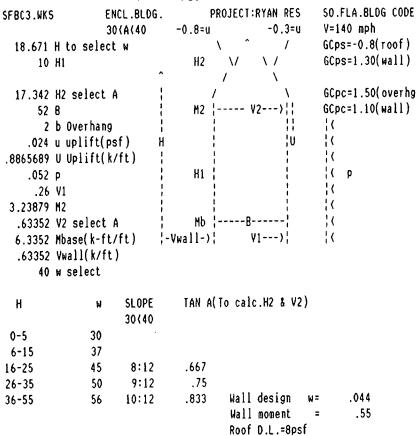
Wood for beams, columns and decking for exterior applications shall be pressure treated <u>SOUTHERN PINE No.2 KD</u> Minimum Fb=1500 psi and E=1,600,000 psi

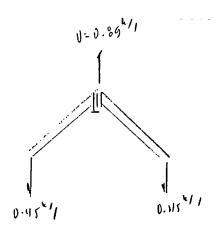
Wood for interior applications shall be <u>HEM-FIR No.1</u> Minimum Fb=1200 psi and E=1,500,000 psi

MICRO-LAM beams shall be fabricated and erected in accordance with the specifications of the TRUS JOIST CORPORATION.

| BY V. , HEMEY DATE _ PROJECT SUBJECT | RYAN RES. | SHEET 10 OF |
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V.J. Gerley & Associates 3190 N.E. Maple Ave. Jensen Beach, FL 34957

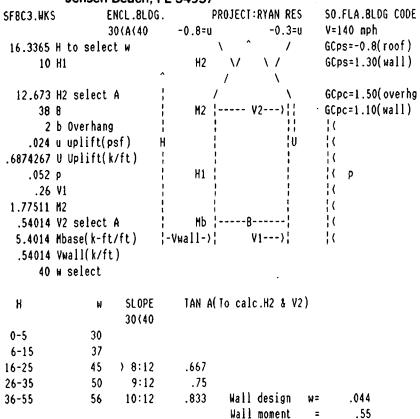




Variables H,w,S effect: u,p,Wwall,Mwall

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| 3 | 1 | 30(40 | ENCL |
| 4 | 1 | 40(50 | ENCL |
| 5 | 2 | 10(20 | ENCL |
| 6 | 2 | 20(30 | ENCL |
| 7 | 2 | 30(40 | ENCL |
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V.J. Gerley & Associates 3190 N.E. Maple Ave. Jensen Beach, FL 34957



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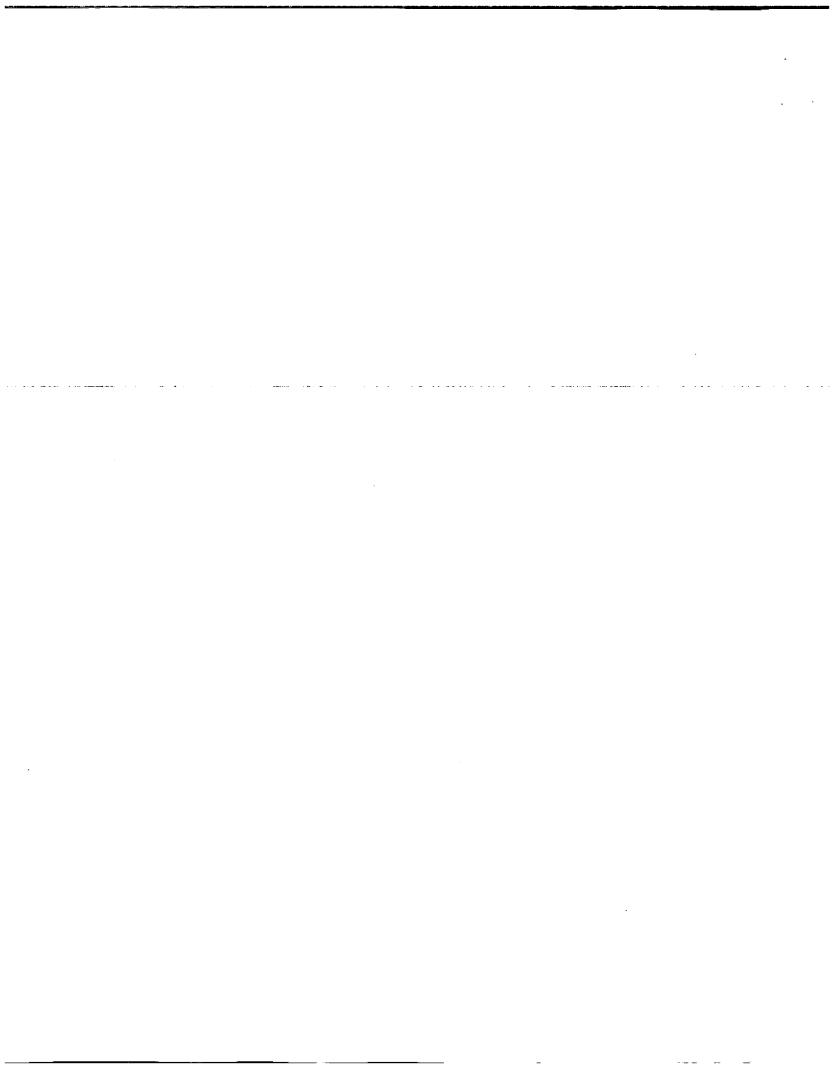
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| 7(1) 1 90 | 16.5 | 20,0 | 8.0 | 5.2 | 12 | 15,0 | 1,115 | 3.5 | | |
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CONSULTING ENGINEERS 3190 N.E.MAPLE AVE JENSEN BEACH,FL.34957

Scope : Number:95-19 Misc :

Date:01-Mar-95

Dsngr :V.J.GERLEY (407) 334-2600 LATERAL/TORSIONAL FORCE DISTRIBUTION FOR RIGID DIAPHRAGMS Page)) RYAN RES }} ----- DESIGN DATA ------LATERAL SHEAR FORCES: DISTANCE TO CENTER OF MASS:

... Along Y-Y axis = 26 kips ..X Dist from datum = 20 ft ... Along X-X axis = 35 ..Y Dist from datum = 23.5

... Do These Forces

act together? N y/n MAX 'X' DIMENSION = 43.25 ft

MAX 'Y' DIMENSION = 47

5 % MIN "X" Axis Ecc. = MIN "Y" Axis Ecc. = 5 %

----- CALCULATED DATA ------

Accidental Eccentricity: Center of Rigidity: X Dist from Datum= 14.92 ft .05 * MAX "X" = 2.16 ft .05 * MAX "Y" = 2.35Y Dist from Datum= 23.72 ft

Torsional Forces From "Y-Y" Shear...

Xcm + 5% Max X - Xcr = 7.24 ftTorsion = 188.313 ft-k Xcn - 5% Max X - Xcr = 2.92 ftTorsion = 75.8634 ft-k

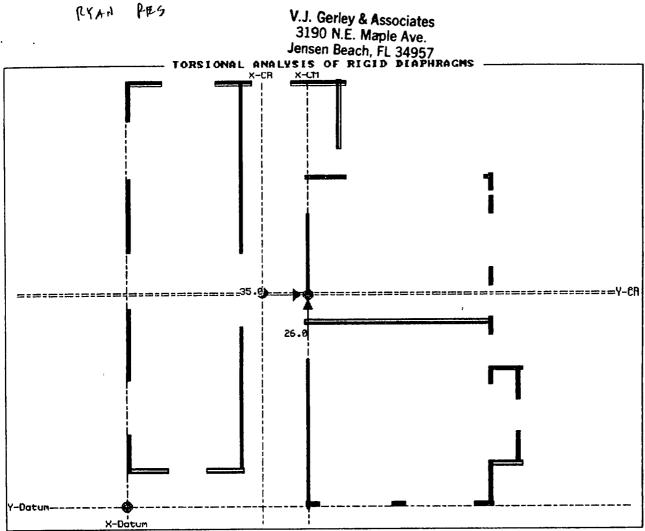
Torsional Forces From "X-X" Shear...

Ycm + 5% Max Y - Ycr = 2.13 ftTorsion = 74.5287 ft-k Ycm - 5% Hax Y - Ycr = -2.57 ft Torsion = -89.971 ft-k

| ļ | | | | | | | | | (Y-Y | Shear Va | lues |)¦ X-) | (Shear Va | ilues | .) |
|--------|-------|-------|--------|-------|-------|-------|--------|------------|----------|----------|---------|---------|-----------|---------|----------|
| ; WALL | WALL | WALL | WALL | DATUM | DIST. | WALL | FIXITY | "E" | Governin | g Direct | Total | Governi | ng Direct | Total | Maximum |
| ID | THICK | LNGTH | HEIGHT | •X• | "Y" | ANGLE | 1:FF | ELAS. | Ecc. | Shear | Shear | Ecc. | Shear | Shear | Force To |
| LABEL | (in) | (ft) | (ft) | (ft) | (ft) | (deg) | 2:FP | MOD. | (ft) | (k) | (k) | (ft) | (k) | (k) | Wall |
| | | | | | | | | | | | | | | | |
| 1 | 6 | 4 | 10 | 0.25 | 6 | 90 | 1 | | | | | - | | 0.03249 | 0.545191 |
| 2 | 6 | 8 | 10 | 0.25 | 18 | 90 | 1 | 1.5 | 2.91782 | 2.30250 | 2.30250 | -2.5706 | 0.05812 | 0.06033 | 2.303294 |
| 3 | 6 | 8 | 10 | 0.25 | 32.25 | 90 | 1 | | 2.91782 | | | 2.12939 | 0.05812 | 0.06086 | 2.303308 |
| 4 | 6 | 4.5 | 10 | 0.25 | 45 | 90 | 1 | 1.5 | 2.91782 | 0.71822 | 0.71822 | 2.12939 | 0.03269 | 0.03653 | 0.719153 |
| 5 | 4 | 15.5 | 10 | 12.5 | 12.25 | 90 | 1 | | 2.91782 | | | -2.5706 | 0.03348 | 0.03605 | 4.089677 |
| 6 | 4 | 19 | 10 | 12.5 | 37.7 | 90 | 1 | 1.5 | 2.91782 | 5.25221 | 5.25221 | 2.12939 | 0.04105 | 0.04422 | 5.252405 |
| 7 | 4 | 16.5 | 10 | 20 | 8 | 90 | 1 | | 7.24282 | | | -2.5706 | 0.03564 | 0.03938 | 5.183174 |
| 8 | 4 | 9 | 10 | 20 | 28 | 90 | 1 | | | | | 2.12939 | | 0.01990 | 2.194393 |
| 9 | 6 | 7.75 | 10 | 23.5 | 43.5 | 90 | 1 | | | | | 2.12939 | 0.05630 | 0.06245 | 2.808963 |
| 10 | 6 | 5 | 10 | 40.25 | 2.5 | 90 | 1 | 1.5 | 7.24282 | 0.91079 | 1.68970 | | 0.03632 | 0.04146 | 1.690216 |
| 11 | 6 | 3.5 | 10 | 43.25 | 6.5 | 90 | 1 | | 7.24282 | | | | | | 0.767194 |
| 12 | 6 | 3.5 | 10 | 43.25 | 13.5 | 90 | 1 | | | | | -2.5706 | | | 0.767151 |
| 13 | 6 | 2 | 10 | 40.25 | 14.5 | 90 | 1 | 1.5 | 7.24282 | | | • | 0.01453 | 0.01542 | 0.163099 |
| 14 | . 6 | 2 | 10 | 40.25 | 20 | 90 | 1 | , | 7.24282 | | | -2.5706 | 0.01453 | 0.01489 | 0.163049 |
| 15 | 6 | 2 | 10 | 40.25 | 25.5 | 90 | 1 | 1.5 | 7.24282 | | | 2.12939 | | 0.01467 | 0.163030 |
| 16 | 6 | 2 | 10 | 40.25 | 33.5 | 90 | 1 | , | 7.24282 | | | 2.12939 | 0.01453 | 0.01531 | 0.163089 |
| 17 | 6 | 2 | 10 | 40.25 | 36 | 90 | 1 | 1.5 | 7.24282 | 0.08752 | 0.16236 | 2.12939 | 0.01453 | 0.01551 | 0.163108 |
| 18 | 6 | 4.5 | 10 | 2.25 | 4 | | 1 | | | | 0.01351 | • | 1.73705 | 1.96552 | 1.965569 |
| 19 | 6 | 4 | 10 | 10.75 | 4 | | 1 | | | | 0.01201 | • | | 1.48934 | 1.489388 |
| 20 | 6 | 4 | 10 | 2 | 47 | | 1 | | | 0.01201 | 0.01201 | 2.12939 | 1.31622 | 1.48550 | 1.485553 |
| 21 | 6 | 4 | 10 | 11.75 | 47 | | 1 | 1.5 | 2.91782 | 0.01201 | 0.01201 | 2.12939 | 1.31622 | 1.48550 | 1.485553 |
| 22 | 6 | 6.25 | 10 | 21.25 | 47 | | 1 | 1.5 | 7.24282 | 0.01877 | | 2.12939 | 3.51598 | 3.96819 | 3.968257 |
| 23 | 6 | 4.5 | 10 | 22 | 36.5 | | 1 | 1.5 | 7.24282 | 0.01351 | 0.01674 | 2.12939 | 1.73705 | 1.85969 | 1.859769 |
| 24 | 6 | 1 | 10 | 40 | 36.5 | | 1 | 1.5 | 7.24282 | 0.00300 | 0.00554 | 2.12939 | 0.02850 | 0.03051 | 0.031013 |

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| 25 | 6 | 20.75 | 10 | 30 | 20.5 | | 1 | 1.5 | 7.24282 | 0.06233 | 0.09406 | ! -2.5706 | 21.1332 | 21:5871 | 21.58735 | |
| 26 | 6 | 1.5 | 10 | 20.5 | 0.25 | | 1 | | | | | | | | 0.107914 | |
| 27 | 6 | 1.5 | 10 | 30 | 0.25 | | 1 | | | | | | | | 0.107995 | |
| 2,8 | 6 | 2.25 | 10 | 39.5 | 0.25 | | 1 | | | | | | | | 0.340162 | |
| 29 | 6 | 3.5 | 10 | 42 | 4.75 | | 1 | 1.5 | 7.24282 | 0.01051 | 0.02012 | -2.5706 | 0.94772 | 1.06763 | 1.067828 | |
| V.J.GERLE CONSULTIN 3190 N.E. JENSEN BE | NG ENG .MAPLE | INEERS AVE | | | Scope Number | :95-19 | | | | | | | | • | | |
| (407) 334 | | | | | | :V.J.GERLEY | | Date:0 | 1-Har-95 | | | | | | | |
| LAT | reral/ | TORSION | AL FORCE | DISTR | RIBUTION | FOR RIGID | DIA | PHRAGMS | | | | | | | | |
| 30 | 6 | 3.5 | 10 | 42 | 15.25 | | 1 | 1.5 | 7.24282 | 0.01051 | 0.02012 | -2.5706 | 0.94772 | 1.00126 | 1.001471 | |
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| 1 2 34.8 k | BJECT | | |
| 1 2 34.8 k | | | |
| | JBJECT 4 1.12 1. | 115 | 16 -24) 14 (24) 14 (24) 12 (24) |

```
Title : RYAN RES.
V.J.GERLEY AND ASSOCIATES
CONSULTING ENGINEERS
                           Scope :
                           Number: 95-19
3190 N.E.MAPLE AVE
JENSEN BEACH,FL.34957
                          Misc :
                           Dsngr : V.J.GERLEY
                                            Date:06-Feb-95
(407) 334-2600
               ______
              PLYWOOD SHEAR WALL DESIGN & ANALYSIS
                                                  Page
                                                         (TYP INT SW)
     _____
DESCRIPTION )) RYAN RES SW #5 (6,7,8)
    )) DRY-WALL
------ LOADS ------
LATERAL:
 #1 : LAT. SHEAR APPLIED TO WALL= 315 plf x Length = 5197.5 lbs
                              plf x Length =
 #2 : LAT. SHEAR APPLIED TO WALL=
                                                    lbs
 #3 : STRUT FORCE APPLIED TO TOP OF WALL
 #4 : STRUT FORCE APPLIED TO TOP OF WALL
                                                    lbs
 #5 : MOMENT APPLIED @ TOP OF WALL
                                                    ft-#
                              Load
                                         X-Left X-Right
                                         -----
VERTICAL:
  #1 : CONCENTRATED
                                              ft
                                 lbs
                                              ft
                         Ξ
   #2 : CONCENTRATED
                                 lbs
                                             ft
  #3 : CONCENTRATED
                                                         - Fallinger-1 To 12 DRYWALL FAIRCE
                                                   ft
                              60 plf
                         Ξ
   #1 : UNIFORM
                                 plf
  #2 : UNIFORM
----- DESIGN DATA ------
 PLYHOOD APPLIED TO ONE OR BOTH SIDES ? 1.2 --->> 1 (<--
                           STR I:1, STR II:2 ---))
                                                 2 ((--
 PLYWOOD GRADE:
                            6d, 8d, 10d --->> .-.6 (<--
 NAIL SIZE:
 SHEATHING THICKNESS: .3125", .375", .50", .594" ---))(0.3125)((=---
 STUD SPACING = 16 in
LEAST DIM. OF END POST = 3 in
                                  WALL LENGTH = 16.5 ft
                                   WALL HEIGHT =
                                                10 ft
 SEIS. FACTOR FOR WALL WT=
                                  WALL WEIGHT =
                                                 15 psf
 NOMINAL SILL THICKNESS =
                                  Ht/Width Ratio=0.60606
 ------ SUMMARY ------
  USE....... 0.3125 in Plywood Applied To --->) 1 Side/s
  Required Nail Size = 6 d Req'd Nail Spacing = 3 in
                       Req'd Field Spacing=
                                          12 in
  Shear Wall Capacity = 350 plf x # of Sides =
                                               350.00 plf;
  Actual Total Shear = 5197.5 lbs Required =
                                               315.00 plf!
  UPLIFT CHECK Moments about lower: ..Left..
                                             ..Right..
   Overturning Moment on Wall = 51975 ft-# 51975
                                  28586 ft-# 28586
   Resisting Moment From Vert. Loads =
   Uplift @ End w/o D.L. reductions = 1417.5 lbs 1417.5 lbs
      Use Simpson HD2A @ Left Side of Wall : Capacity = 3270 lbs
      Use Simpson HD2A @ Right Side of Wall : Capacity = 3270 lbs
                    Use 1/2° Anchor Bolt @ 32.2 in o/c
  Sill Attachment....
                     or 5/8" Anchor Bolt @ 48.0 in o/c
```

or 3/4" Anchor Bolt @ 48.0 in o/c

```
FOOTING DESIGN.....
 Reinf. Area @ Left = 0.504 in^2
                                    Shear & Left : OK
           @ Right =
                        0.504
                                          @ Right : OK
```

----- FOOTING DESIGN & ANALYSIS ---------

V.J.GERLEY AND ASSOCIATES

Title: RYAN RES.

CONSULTING ENGINEERS 3190 N.E.MAPLE AVE

Scope : Number: 95-19

JENSEN BEACH, FL . 34957

Misc :

(407) 334-2600

Dsngr : V.J.GERLEY Date:06-Feb-95

PLYWOOD SHEAR WALL DESIGN & ANALYSIS

| - 1 | FOOTING SIZE : | (Fd) | | | | | | |
|-----|------------------------------|---------------|--------|-------|-----------|----------|--------|------|
| | LEFT OF WALL | = | | ft | CONCRETE | WEIGHT = | 145 | pcf |
| | Wall Length RIGHT OF WALL | z | 16.5 | ft | REBAR COV | | | |
| | RIGHT OF WALL | = | | ft | f'c | = | 3,000 | |
| | | - | | | Fy | = | 60,000 | |
| | Overall Length | = | 16.5 | ft | MIN. As & | = | 0.0014 | |
| | FOOTING WIDTH | = | 2 | ft | Total Ver | t Loads= | 10,643 | lbs |
| | THICKNESS | = | 18 | in | Kern Dist | ance = | 2.75 | ft |
| | Lateral Load App | olied Toward | | >)) | Left | | Right | _ |
| | Ecc. of resultar | nt 0 footing | CL | = | -5.62 | ft | 5.62 | ft |
| | Soil Presure e | LEFT Side of | Footir | 1g = | 1,347 | psf | | psf |
| | | HT Side of | Footi | ng = | : | psf | 1,347 | psf |
| | . c race (| Of Wall | | | : | ft-# | | ft-# |
| | an @ Right Face | Of Wall | | | | ft-# | | ft-# |
| | vu/.85 @ 'd' fr | nm left Face | ∩f ∐a | .11 = | | nsi | | nei |
| | vu/.85 @ 'd' fre | | | | : | - | | • |
| | | lowable Shear | | | 109.5 | | | |
| | n. | IOWADIE SHEAF | | - | 107.5 | hai | 107.5 | psi |
| | Overturning Mome | ent | | = | 59771 | ft-# | 59771 | ft-# |
| | Resisting Moment | t | | = | 87801 | ft-# | 87801 | ft-# |
| | FACT | OR OF SAFETY | | = | 1.47 | ft-# | 1.47 | |
| | | | | | | | | |



June 21, 1996

Mr. Dave Brown, Building Inspector Town of Sewall's Point 1 South Sewall's Point Road Sewalls Point, FL 34996

Project: Ryan Residence: Permit #3887

Lot 4 Block C Subdivision: Homewood

25 N. Ridgeview Road Sewalls Point, FL 34996

AFFIDAVIT OF COST

The cost of construction of the above noted project did not exceed the construction value as permitted.

Respectfully,

COMMERCIAL CONSTRUCTION DIVISION INC.

Robert P. Demorest

Vice President

file:ryanaff

Sworn to and subscribed be

My Commmission Expires:

SUSAN M. LARAWAY Y

MY COMMISSION # CC 349976

EXPIRES: March 22, 1998

Bonded Thru Notary Public Underwriters

- 96

Notary Public

RECORD OF INSPECTIONS TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date <u>6/17/96</u> it

| to M. Dannie A. | | provar for occupancy so 122 |
|---|-----------------------|-----------------------------|
| For property at 24 A | | • built under Perm |
| No. 3887 Dated 10 | (street address) | leted in conformance with t |
| Approved Plans. | 7.01,4.5 | |
| Approved rians. | Signed 🚣 | Mill Smil |
| • | | ADDOUGD BY (initial) |
| ITEM | DATE | APPROVED BY (initials) |
| 1. Form board tie in | 12/10/95 | - NO |
| 2. Termite protection | 12/3/95 | Wis Color |
| 3. Footing - slab | 12/19/95 | 905 |
| 4. Rough plumbing - slab | 12/18/95 | W/S |
| 5. Rough electric - slab | 12/18/95 | Q13 |
| 6. Lintel | · N/B | |
| 7. Dry in (final) | 116/96 | QB . |
| 8. Roof | 3/19/94 | \mathcal{DB} |
| 9. Framing | 3/17/94 | DB. |
| 10. Rough electric | 3/17/96 | QB3 |
| | 3/17/86 | DB. |
| 11. Rough plumbing | 3/11/96 | QB |
| 12. A/C Ducts | 0/12/46 | OR |
| 13. <u>Insulation</u> | 3/19/96 | 00 |
| 14. Final electric | <u>6/13/96</u> | 000 |
| 15. Final plumbing | 6/13/96 | W3 |
| 16. Final construction | 6/14/96 | W3 |
| 17. As-built survey | | |
| 18. Affidavit of cost | 6-21-96 | ok B |
| Direct Inspection for Issue | nos of Contificato fo | c Occupancy |
| Final Inspection for Issua Approved by Building | \sim / \cdot | Bion 4/11/96 date |
| Approved by Building | Commissioner_ | date |
| Utilities notified FP1 | _ 6/14/86 date | |
| Original Copy sent to | OWNER (owner) | date |

(Keep carbon copy for Town files)

3969 POOL

Certificate of Occupancy issued(if applicable)____

Building Inspector

_ Final Approval given:_

SP1282

Approved:

TO BE COMPLETE WHEN CONSTRUCTION VALUE IS \$2500.00 OR MORE PERMIT # TAX FOLIO # NOTICE OF COMMENCEMENT THE UNDERSIGNED HEREBY GIVES NOTICE THAT IMPROVEMENTS WILL BE MADE 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 KNÖWN) 1,1+4+1 RKC Home wood GENERAL DESCRIPTION OF IMPROVEMENTS CONS OWNER: MR. OWNER'S INTEREST IN PROPERTY: FEE SIMPLE TITLE HOLD (IF OTHER THAN OWNER): ADDRESS: CONTRACTOR: ADDRESS: SURETY COMPANY (IF ANY) ADDRESS: LENDER'S NAME: PERSON WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.3(1) (A)7., FLORIDA STATUTES: NAME: ADDRESS: IN ADDITION TO HIMSELF, OWNER DESIGNATES TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13 (1) (B), FLORIDA STATUTES. EXPIRATION DATE OF NOTICE OF COMMENCEMENT: THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED. SIGNATURE OF OWNER STATE OF HON COUNTY OF MARKIN THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 6 DAY OF 199 6, BY DENNIS KNOWN TO AND WHO DID NOT

ME OR WHO PRODUCED
TAKE AN OATH.

NOTARY SKINATURECK R.

Notary Public. State of Ra.

My Comm. Exp. Dec. 6, 1997

Comm No. CC 334254

Second F. REDDICK JR.
Notary Poptic The Lot Fla.
John to No. 00 33495 4

| | Q 201 91 |
|--|---|
| TAX FOLIO NO. | DATE 8.20 96 |
| APPLICATION FOR A DERVIS TO BUILD A DOCK, FE ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT | NCE, POOL, SOLAR HEATING DEVICE, SCREENED A HOUSE OR A COMMERCIAL BUILDING |
| This application must be accompanied by three including a plot plan showing set-backs, plus and at least two (2) elevations, as applicable | e (3) sets of complete plans, to scale, obling and electrical layouts, if applicable, le. |
| Owner Dannis Ryon | Present address 25 N Ridge view |
| Phone 283 0229 | |
| Contractor Professional Fence | Address St Ronking Terr PSC. |
| Phone 87 6-21.79 | |
| Where licensed Stroot PSC Structo Goody | License number <i>PSL 4270</i> |
| Electrical Contractor | |
| Plumbing Contractor | |
| permit is sought: | ation to an existing structure, for which this |
| State the street address at which the propose | ed structure will be built: |
| Subdivision | Lot NumberBlock Number |
| Contract price \$ /500.00 | Cost of permit \$ 25,00 |
| Plans approved as submitted | Plans approved as marked |
| approval of these plans in no way relieves me Ordinances and the South Florida Building Cooffor maintaining the construction site in a ne trash, scrap building materials and other delat least one see South Florida Building Cooffor maintaining the construction at least one see South Florida when necessary of Sewall's Foint. Failure to comply me missioner "Red Tagging" the construction programmes to the following the construction programmes to the following the construction programmes to the following the construction programmes to the following the construction programmes to the following the construction programmes to the following the construction programmes to the following the construction programmes to the following the construction programmes to the following the construction programmes to the following the construction programmes to the following the construction programmes to the following the construction programmes the following the construction programmes the following the construction programmes the construction programmes the following the construction programmes th | coordance with the approved plans and that it |
| must comply with all code requirements of the by a Building Inspector will be given. | 5 TOMU OF SEMANT & FORTH PETOLE THIRT OFFICE |
| | Owner Donnie Report |
| WWOT | RECORD |
| Date submitted ///// | Approved: Building Inspector Date |
| Approved: Commissioner Date | Final approval given:Date |

Date

PERMIT NO.__

CERTIFICATE OF OCCUPANCY issued (if applicable)_____

Do: Dale Brown I hope this is what you want - Jun is not in the cops

*2882989 STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONST INDUSTRY LICENSING BOARD

DATE BATCH NO BATCH NO 09/14/94 CG C023769 94005585

CERTIFIED GENERAL CONTRACTOR
MED BELOW IS CERTIFIED DER THE PROVISIONS OF CHAPTER 21RING AUG 31, 1996

FS. FOR THE YEAR

CONNERY, JAMES JOSEPH CONNERY CORP 1501 DECKER, AVE #301

DISPLAY IN A CONSPICUOUS PLACE

09/14/94 AUDIT CONTROL NO. 2882989 LICENSE NO. BATCH NO.

CG C023769 94005686

\$207.00

CONST INDUSTRY LICENSING BOARD 7760 ARLINGTON EXPRESSWAY SUITE 300 JACKSONVILLE FL 32211-74

FL 32211-7467

UCENSEE SIGNATURE

F YALLET CARO ---- FOLD HERE'S STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONST INDUSTRY LICENSING BOARD

CERTIFIED GENERAL CONTRACTOR

CONNERY, JAMES JOSEPH CONNERY CORP

HAS PAID THE FEE REQUIRED BY CHAPTER 439 F.S. FOR THE YEAR EXPIRING

LAWTON CHILES GOVERNOR

| Sid Banack Insurance 2045 - 14th Avenue | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY A CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFIC | | | | | | | | |
|--|--|---|-----------------|---------------------------------|--------|--|--|--|--|
| P.O. Box 130 Vero Beach, PL 32961 | | | | | | | | | |
| | | COMPANIES AFFORDING COVERAGE COMPANY A OWNERS INS CO | | | | | | | |
| Neured | | COMPANY | | | | | | | |
| CONNERY CONCRETE | | LETTER B CAPITAL ASSURANCE CO INC | | | | | | | |
| d/b/a Connery Corporat: | ion | COMPANY C PCA PROPERTY & CABUALTY INS. C | | | | | | | |
| 917 Beachland Blvd, Sto Vero Beach, FL 32963 | 4 | COMPANY D | | 2001 | | | | | |
| | | COMPANY E | | <u> </u> | | | | | |
| QVERAGES | | ***** | | O+ | | | | | |
| THIS IS TO CERTIFY THAT THE POINDICATED, NOTWITHSTANDING A CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF TYPE OF INSURANCE | INCIES OF INSURANCE LISTED BE INTY REQUIREMENT. TERM OR COI I MAY PERTAIN. THE INSURANCE F SUCH POLICIES. LIMITS SHOWN POLICY NUMBER | AFFORDED BY THE P MAY HAVE BEEN RED POUCY EFFECTIVE | OLICIES DESCRIB | ED HEREIN IS BUBJECT | TO ALL | OLICY PERIOD O WHICH THIS - THE TERMS, | | | |
| GENERAL LIABILITY | | DATE (MM/DD/YY) | DATE (MM/DD/M) | LIA | 4179 | | | | |
| X COMMERCIAL GENERAL LIABILITY | 912312 20526087 96 | 01/01/96 | 01/01/97 | PRODUCTS-COMP/OP AGG. | 8 | 1,000,00 | | | |
| CLAIMS MADE X OCCUR CWNER'S & CONTRACTOR'S PROT. | | | | PERSONAL & ADV. INJURY | - 8 | 500,00 | | | |
| X PREMISES OPERATIO | | | | EACH OCCURRENCE | s | 500,00 | | | |
| | | | | FIRE DAMAGE (Any one fire) | s | 500,00 50,00 | | | |
| AUTOMOBILE LIABILITY | | | | MED. EXPENSE (Anyone perso | n) S | 5,00 | | | |
| ALL OWNED AUTOS | 04-SBA-0410898-1 | 12/23/95 | 12/23/96 | COMBINED SINGLE | 6 | 500,00 | | | |
| X SCHEDULED AUTOS . X HIRED AUTOS | | | | BODILY INJURY (Per person) | S | | | | |
| MON-OWNED AUTOS GARAGE LIABILITY | | | | BODILY INJURY (Per sceident) | s | | | | |
| EXCESS LIABILITY | | | | PROPERTY DAMAGE | 8 | _ | | | |
| UMBRELLA FORM | | | | EACH OCCURRENCE | s | | | | |
| OTHER THAN UMBRELLA FORM | | 1. | - | AGGREGATE | \$ | | | | |
| Worker's Compensation | 09017434096 | | 01/01/97 | ETIMU YROTUTATE | - | | | | |
| AND | 0.02,134036 | 01/01/96 | | EACH ACCIDENT | 3 | 100,000 | | | |
| EMPLOYERS' LIABILITY | | 1 | | DISEASE POLICY LIMIT | 2 | 500,000 | | | |
| OTHER | | | | DISEASE-EACH EMPLOYEE | S | 100,000 | | | |
| | | | | | | | | | |
| RIPTION OF OPERATIONS/LOCATIONS/VEH | ICLES/SPECIAL ITEMS | | | | | | | | |
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| THE CATE HOLDER | | Notes to the second second second | *** | | | | | | |
| A CONTRACTOR OF THE PROPERTY O | | ANCELLATION | | | | | | | |
| | | EXPIRATION DATE T | ABOVE DESCRIB | ED POLICIES BE CANCEL | LEO B | EFORE THE | | | |
| SEWELLS POINT | BUILDING DEPT. | MAIL 30 DAYS WE | HEREOF, THE R | SSUING COMPANY WILL | . END | EAVOR TO | | | |
| ATTN: DALE BRO | MN | EFT. BUT FAILURE T | O MAIL SUCH NO | THE CERTIFICATE HOLDS | ER NAM | MED TO THE | | | |
| 1 SOUTH SEWELL SEWELLS POINT | | PADICITY OF ANY KINE | JUPON THE COM | PANY, ITS AGENTS OR RI | - OBLI | SATION OR | | | |
| SEWELLS POINT, | FL 34996 | HORIZED REPRESENTATI | 1. 11 | THE OF THE PARTY OF THE | -FHES | ENTATIVES. | | | |
| | & | 12 | ومعلاست كاستار | anné | | l l | | | |

Free Estimates

Professional

Fence Contractors

Phone/FAX (407) 878-2159 • 800-778-2159 265 S.W. Port St. Lucie Blvd., Suite 196, Port St. Lucie, Florida 34984

| | | | Pages |
|--|--|---|--|
| ROPOSAL SUBMITTED TO | 2 | PHONE H 283-02-29 | DATE |
| Dennisk | yan | W 286-8292 | 8 3-96 |
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| THE PARTY AND THE COOK | | JOB LOCATION | |
| Secolly | Pt-, M. | | |
| RCHITECT. | DATE OF PLANS | | JOB PHONE |
| le hereby propose to furnish materials and labor | r necessary for the completion of: | | |
| | | .,, | |
| I hank y | ou for the opportunity | to present you with this prop | xosal. |
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| kmanlike manner-according مراه المراه المراه المالية | | standard Authorized | |
| | from above specifications involvi en orders, and will become an ext | ng extra Signature | was |
| orts will be executed and y door writer will be executed by your our control. Owner to curante Dur workers are fully covered | nents contingent upon strikes, accidingly fire, tornado and other nece | ssary In- withdrawn by us if not accepted within | 30 days. |
| Trauded Bift Morkets ste Init Covered | by workmen's Compensation Insur | rance. | |
| ne. | | | |
| ACCEPTANCE OF PROPUSAL TO | | | / |
| lons are satisfactory and are hereby ac | cepted. You are authorized to do | | |
| lons are satisfactory and are hereby ac is specified. Payment will be made as o | cepted. You are authorized to do | the work | <u> </u> |

4608 FENCE

| DMEWOOD LUT 4 LK C 1-38-41-006- | Town of Sew - 003 - 000 40 - 2000 | all's Point | 5/ | 7/99 |
|---------------------------------------|-----------------------------------|---------------|---------------|---------------------------------------|
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| • | ddress (If other than owne | | · | 1461 |
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| rector's Address | 340 Sar Dec | pw00() | PA5) | |
| | <u>'</u> | State | Zip 3/ | 990 |
| ione RyA | N | | | |
| Address 25 N | RIDGEVIEW Rd | / | | · · · · · · · · · · · · · · · · · · · |
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| aling Company | | | | |
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| - Karala a Juli | | | 5/12,100 | Eenceox |
| | | | J/10/77 | WHELOK |

Application is hereby made to obtain a permit to do the work and installations as indicated. I cartify that no work or installation has commenced prior to the issuence 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.

8853 EXTERIOR TRIM REPAIR



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 | : 8853 | | | DATE ISSUED: | 04/01/2008 | | |
|----------------------------|------------|-------|------------------------|------------------------|-------------------|-----------------------|--|
| | | | | \ | | | |
| SCOPE OF WORK: EXTERIOR TO | | | RIM REPAIR | | | | |
| CONDITIONS | | | | | | | |
| CONDITIONS: | | | | | | | |
| | | | | | | | |
| CONTRACTOR: | DEMOR | REST | | | | | |
| | | | 12041006002000 | .402000 | CUDDIVICION | HOMBWOOD | |
| PARCEL CONTRO |)L NUMBE | K: | V 3841006003000 | 1402000 | SUBDIVISION | HOMEWOOD | |
| CONSTRUCTION | ADDDECC | _ | 25 N. RIDGEVIE | W | <u> </u> | | |
| CONSTRUCTION | ADDKESS | • | 25 N. RIDGEVIE | · VV | | | |
| OWNED NAME. | DENDIS DV | 4 31 | | | | | |
| OWNER NAME: | DENNIS RY | AN | | | | | |
| OVALIBIED | 000000000 | 21401 | | CONTACT PHO | NE NUMBED. | 215-6495 | |
| QUALIFIER: | ROBERT DE | EMOF | (ESI | CONTACT FILE | ME NUMBER. | 213-0493 | |
| WARNING TO OWN | ED. VOLID | EAIL | UPE TO RECOR | DA NOTICE OF CO | MMENCEMENT M | AY RESULT IN YOUR | |
| | | | | | | IN FINANCING, CONSULT | |
| WITH YOUR LENDE | | | | | | | |
| | | | | | | TED TO THE BUILDING | |
| DEPARTMENT PRICE | | | | | | | |
| NOTICE: IN ADDITION | NTOTHE | REOL | HREMENTSOFT | HIS PERMIT, THERE | MAY BE ADDITION | IAL RESTRICTIONS | |
| APPLICABLE TO THE | SPROPERTY | YTHA | AT MAY BE FOUNI | D IN PUBLIC RECOR | DS OF THIS COUNT | Y, AND THERE MAY BE | |
| ADDITIONAL PERMI | TS REQUIRE | ED FR | ROM OTHER GOV | ERNMENTAL ENTI | TIES SUCH AS WATE | R MANAGEMENT | |
| DISTRICTS, STATE A | GENCIES, O | R FEI | DERAL AGENCIES | . . | | | |
| 24 HOUR NOTICE RE | EQUIRED FO | OR IN | SPECTIONS – <u>ALI</u> | <u>LCONSTRUCTION E</u> | OCUMENTS MUST | BE AVAILABLE ON SITE | |
| CALL 287-2455 - 8 | 3:00AM TO | 4:00 | OPM INSPECT | IONS 8:30AM TO 12: | 00PM - MONDAY, W | EDNESDAY & FRIDAY | |
| | | | | | | | |
| | | | <u>requi</u> | RED INSPECTIONS | <u>S</u> | | |
| UNDERGROUND PLUMB | ING | | | UNDERGRO | OUND GAS | | |
| UNDERGROUND MECHA | NICAL | | | | DUND ELECTRICAL | | |
| STEM-WALL FOOTING | | | | FOOTING | | | |
| SLAB | | | | TIE BEAM/ | | | |
| ROOF SHEATHING | | | | WALL SHE | ATHING | | |
| TIE DOWN /TRUSS ENG | | | | INSULATIO | ON | | |
| WINDOW/DOOR BUCKS | | | | LATH | | | |
| ROOF DRY-IN/METAL | | | | ROOF TILE | IN-PROGRESS | | |
| PLUMBING ROUGH-IN | | | | ELECTRICA | L ROUGH-IN | | |
| MECHANICAL ROUGH-IN | 1 | | | GAS ROUG | H-IN | | |
| FRAMING | | | | METER FIN | IAL | | |
| FINAL PLUMBING | | | FINAL ELEC | | | | |
| FINAL MECHANICAL | | | | FINAL GAS | | | |
| FINAL ROOF | | | | BUILDING | FINAL | | |
| 1 | | | | | | | |
| ALL RE-INSPECTION | FEES AND | ADD | TTIONAL INSPECT | TION REQUESTS WI | LL BE CHARGED TO | THE PERMIT HOLDER. | |

ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER.

THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.



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 RECEIPT

| PERMIT NUMBER: | 8853 | | | | | |
|--------------------------|-------------------------|-----------------|---------|--------------|------|-----------|
| ADDRESS | 25 N RIDGEVIEW | | | | | |
| DATE: | 04/01/2008 | SCOP | E: | EXTERIOR | TRI | M REPAIRS |
| | | | | | | |
| SINGLE FAMILY OR | ADDITION /REMOI | EL | Decl | ared Value | \$ | |
| | | | | | | |
| Plan Submittal Fee (\$3 | 350.00 SFR, \$175.00 | Remode | el < \$ | 200K) | \$ | |
| (No plan submittal fee | | | | | | |
| Total square feet air-co | onditioned space: (@ | \$110.2 | 5 per | sq. ft.) | s.f. | |
| | | | | | | |
| Total square feet non- | conditioned space: (@ | <u>)</u> \$51.6 | 0 per | sq. ft.) | s.f. | |
| | | | | | | |
| Total Construction Va | lue: | | | | \$ | |
| | | | | | | |
| Building fee: (2% of c | | | | | \$ | |
| Building fee: (1% of c | | | | per insp.) | | |
| Total number of inspe | ctions (Value < \$2001 | <u>() @\$7</u> | 5 ea. | | \$_ | |
| | | | | | | |
| Radon Fee (\$.005 per | sq. ft. under roof): | | | | \$ | |
| | | | | | | |
| DBPR Licensing Fee: | (\$.005 per sq. ft. und | er root) | - 4 | 75.00 | \$ | |
| Road impact assessme | | tion val | ue - S | 55.00 min.) | | |
| Martin County Impact | Fee: | | | | \$ | |
| | | | | | Φ. | |
| TOTAL BUILDING | PERMIT FEE: | | | | \$ | |
| | | | | | | |
| | | | | | | |
| ACCESSORY PERMI | T | Declar | ed Va | alue: | \$ | |
| | | | | | | |
| Total number of inspe | ctions @ \$75.00 each | | | 1 | \$ | 75.00 |
| | | | 1 | | | |
| Road impact assessme | ent: (.04% of construc | tion val | lue - S | \$5.00 min.) | \$ | 5.00 |
| | | | | | | · |
| TOTAL ACCESSO | RY PERMIT FEE: | | | | \$ | 80.00 |
| | | | | | | |
| | | | | | | |

| THE CRIVED ! | |
|--|---|
| DATE: 3-28-08 TOWN OF SEWALL'S POLY | n of Sewall's Point |
| Date in the second | Phone (Day) 774- 237-0515 (Fax) |
| | |
| | City: Scholls Poule State: FL . Zip: 34996 |
| Legal Desc. Property (Subd/Lot/Block) | Parcel Number: |
| Owner Address (if different): 648 MAIN ST | City: HARWICH State: MA Zip: 02645 |
| Scope of work: MISC. WOOD Rot Rep | 14185 - Cefferior + Rima window Sills w/ Cod |
| WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YESNO | COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ _ Z Z o o |
| Has a Zoning Variance ever been granted on this property? YES (YEAR) NO (Must include a copy of all variance approvals with application) | |
| | |
| CONTRACTOR/Company De morest Construction | Decy Phone: 772-220-0065 Fax: 772-220-0227 |
| Street: 806 SE FADIAN ST | City: START State: FZ Zip: 34983 |
| State Registration Number:State Certi | fication Number: CBC A 0529 5 Municipality License Number: |
| PROJECT SUPERINTENDANT: MICHAEL PRINCE | DECONTACT NUMBER: 772-215-6495 |
| | Lic.#:Phone.Number: |
| Street: | City:State:Zip: |
| | Lic#Phone Number: |
| Street: | City:State:Zip: |
| 9, | Garage:Covered Patios: Screened Porch: |
| Carport: Total Under Roof | |
| | ida Building Code - Res., Build, Mech., Plmb., Fuel Gas): 2004 (W/2006 Rev.) |
| National Electrical Code: 2005 Florida Energy Code: 200 | 04 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004 |
| WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN AT 2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RE PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERM PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S COMPRESSION OF SEWALL'S COMPRESSION OF SEWALL'S SUICH AS WATER MANAGEMENT. |) SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A |
| WORK IS SUSPENDED OR ABANDONED FOR A PERIOD O WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. R | K AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR F 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES EF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.15. NISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY CABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS. |
| OWNER SIGNATURE (required) | S REQUIRED ON ALL BUILDING PERMITS****** SONTRACTOR SUCHALDINE (Permired) |
| State of Florida County of: Martin | On State of Florida, County of: Markin This the 26th day of March 200 8 |
| by Dennis Ryan who is person | |
| known to me or produced | known to me or produced |
| as identification. | |
| Blazy PMBIDDIA L Taylor My Commission DD65 | Nojary Robblis Satas Gorida Nojary Robblis Satas Gorida Vejonica L Taylor |
| My Commission Expires: 6/14/77 of the Expires 06/04/2011 | Wy Commission Explies |
| SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISS | UED WITHIN 30 DAYS OF APPROVAL NOTIFICATION THE BEOMES 14) ALL OF HER AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY! |

1



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

Site Provided by... governmax.com T1.11

Summary

print | | | | | | | -/ -/

0

Parcel Info **Summary**

Land Residential Improvement Commercial **Image**

Sales & Transfers Assessments →

Taxes →

Exemptions -Parcel Map → Full Legal →

Search By

Parcel ID

Owner Address

Account # Use Code

Legal Description Neighborhood

Sales Map →

Site Functions Property Search

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

Parcel ID **Unit Address**

01-38-41-006- 25 N RIDGEVIEW RD 003-00040-2

SerialIndex Order

Commercial Residential

17663Owner

Summary

Property Location 25 N RIDGEVIEW RD Tax District 2200 Sewall's Point

Account # 17663

Land Use 101 0100 Single Family

120400 Neighborhood **Acres** 0.341

Legal Description Property Information HOMEWOOD, LOT 4 BLK C PI# 1-38-41-006-003-00040-20000

Owner Information Owner Information RYAN, DENNIS J RYAN, PAMELA C

Assessment Info Front Ft. 0.00

Recent Sale **Sale Amount \$85,000** **Mail Information**

25 N RIDGEVIEW ROAD STUART FL 34996

Market Land Value \$275,000 Market Impr Value \$293,330 Market Total Value \$568,330

Sale Date 12/7/1993 Book/Page 1044 1540

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

Legal disclaimer / Privacy Statement

Data updated on 03/19/2008



TOWN OF SEWALL'S POINT Building Department - Inspection Log -30, 2008 Date of Inspection: Mon Wed Fri Page OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: WILL MEET INSPECTOR: PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS 8000000 H (100 INSPECTOR: OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR: OWNER/ADDRESS/COLOR. PERMIT INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR PERMIT OWNER/ADDRESS/CONTR. INSPECTION TYPE NOTES/COMMENTS: 886 INSPECTOR PERMIT INSPECTION TYPE RESULTS NOTES/COMMENTS: INSPECTOR OTHER:

10723 A/C 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 DEPARTS

| | | · · · · · · · · · · · · · · · · · · · | | | | · |
|--|--|---|--|--|---|--|
| PERMIT NUMBE | R: | 10723 | | DATE ISSUED: | DECEMBER 19, | 2013 |
| SCOPE OF WORL | COPE OF WORK: AC CAHANG | | GEOUT | | <u> </u> | |
| CONTRACTOR: | | HONEST AI | R | | | |
| Dinon con | | | | | | |
| PARCEL CONTR | | | 0138410060 | 003-000402 | SUBDIVISION | HOMEWOOD - L 4, BL (|
| CONSTRUCTION | ONSTRUCTION ADDRESS: | | 25 N RIDGE | VIEW RD | | |
| OWNER NAME: | BA | RATTA | L | | · | |
| QUALIFIER: | Mľ | TCH MAZZIL | TI | CONTACT PHO | NE NUMBED. | 200 1111 |
| | | | | | | 232-1114 AY RESULT IN YOUR |
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ERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.

| 3 | |
|--|--|
| Town | of Sewall's Point |
| 1 | 3 PERMIT APPLICATION Permit Number: 10 10 |
| OWNER/LESSEE NAME: BRIDOR 10280000 | Phone (Day) 486-4046 (Fax) |
| Job Site Address 25 n. Ni Aceview Rd | City: <u>Stu2Nt</u> State: <u>F2</u> zip: <u>34996</u> |
| 1 | Parcel Control Number: 01 - 38 - 41 - 60(0 - 003 - 00040 - 2 |
| Fee Simple Holder Name: | Address: |
| City: State: Zip: | |
| *SCOPE OF WORK (PLEASE BE SPECIFIC): | X A/c (hange -out (#2 of 2 systems) |
| WILL OWNER BE THE CONTRACTOR? | COST AND VALUES: (Required on ALL permit applications) |
| (If yes, Owner Builder questionnaire must accompany application) YES NO | Estimated Value of Improvements: \$ 33336 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) |
| Has a Zoning Variance ever been granted on this property? | Is subject property located in flood hazard area? VE10AE9AE8X |
| YES(YEAR)NO | FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ |
| (Must include a copy of all variance approvals with application) | (Fair Market Value of the Primary Structure only, Minus the land value) **PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION |
| Construction Company: HONEST AIR | Enc Phone: 772-232-1114 Fax: 232-1118 |
| Qualifiers name Mitch Mazzilly Street lox | 05 SW344 TORR City POM (tty State: FL Zip: 3499) |
| State License Number: (ACD 58 50 8 OR: Munici | |
| LOCAL CONTACT: Penny Mazzilli | 77 |
| 1 / N. M. | DE COUNTY EDITOR |
| DESIGN PROFESSIONAL: | Fla. Little on Self |
| Street:City: | State: Zip Phone Number: |
| AREAS SQUARE FOOTAGE: Living: Garage: | Covered Patilos Porches: Enclosed Storage: |
| | ated Deck:Enclosed area below BFE* |
| | evalion greater than 300 sq. it. require a Nort-Conversion Covenant Agreement. |
| CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Bui National Electrical Code: 2008, Florida Energy Code: 2010, Florida | Ilding Code (Structural, Mechanical) Plumbing, Existing, Gas): 2010 orida Accessibility Code: 2010, Florida Fire Prevention Code: 2010 |
| WARNINGS TO OWNERS AND CONTRAC | ĊŤÓRŠ: |
| 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMEN | NT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR |
| NOTICE OF COMMENCEMENT MUST BE RECORDED AND POST | |
| | PERTY, IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS LIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE |
| MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVE AGENCIES, OR FEDERAL AGENCIES. | RNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE |
| 3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND | SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR |
| | AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF |
| WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VO | DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL ND. REF. FBC 2007 SECT. 105.4.1. 105.4.1.15. |
| | A STATE OF THE STA |
| A FINAL INSPECTION IS R | EQUIRED ON ALL BUILDING PERMITS***** |
| | PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE, I CERTIFY OR 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 |
| CONTRACTOR | PWN OF SEWALL'S POINT DURING THE BUILDING PROCESS. |
| OWNER LAGENT/LESSEE - NOTARIZED SIGNATURE: | CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: |
| ×/// /// my | X B X X X X X X X X X X X X X X X X X X |
| State of Florida, County of: 1 (27) (1) On This the 10 day of 20 (20) | State of Florida, County of |
| on This the 10 day of 10 COMDIA 20 by WAZZIII who is personal | |
| known to me or produced | known to me or produced 1 |
| As identification. Man Latern | As identification. |
| Notary Public | Notary Public |
| My Commission Expires: $4001 - 301$ | My Commission Expires: |
| SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUE APPLICATIONS WILL BE CONSIDERED ABANDONED AF | ED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER TER 180 DAYS (FBC 105.3.2) — PLEASE PICK UP YOUR PERMIT PROMPTLY! |
| WALLEY MARKET TO | |

MICHAEL WHATELEY
Commission # FF 011647
Expires April 24, 2017
Bonded Thru Troy Fain Insurance 800-385-7019

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

generated on 12/17/2013 1:21:07 PM EST

| Parcel ID | Account # | Unit Address | Market Total Value | Website Updated |
|-------------------|-----------|-----------------------------------|-----------------------|--------------------|
| 01-38-41-006-003- | 17663 | 25 N RIDGEVIEW RD, SEWALL'S POINT | \$349,830 | 12/14/2013 |

Owner Information

Owner(Current)

Owner/Mail Address

BARATTA BRIDGET D

25 N RIDGEVIEW RD

STUART FL 34996

 Sale Date
 6/4/2008

 Document Book/Page
 2334 0598

 Document Book/Page
 2334 0598

 Document No.
 2089647

 Sale Price
 478000

Location/Description

Account # 17663 Map Page No. SP-04

Tax District 2200 Legal Description HOMEWOOD, LOT 4

Parcel Address 25 N RIDGEVIEW RD, SEWALL'S POINT

BLK C PI# 1-38-41-

Acres .3410 006-003-00040-

Parcel Type

Use Code 0100 Single Family

Neighborhood 120400 Hmwd, Palm Ro, Kngstn, Okwd, Pine

Assessment Information

Market Land Value\$181,500Market Improvement Value\$168,330Market Total Value\$349,830



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| 15. 接近此次是被蒙古的写著"正是不孝子之圣"。 | |
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| "。"不是想见了自然,他们更有一个就是这些都有了要的,我们们,这个一个都是这种都统治,我们都是不得,只是那么是一个重要不多的好的。""你是这个人就是这个人就能够 第二十二章 | |
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CERTIFICATE OF LIABILITY INSURANCE

HONEA-1 OP ID: LA

p.2

DATE (ATM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Stuart insurance, Inc. 3070 S W Mapp Palm City, FL 34990 Cabot W. Lord, CIC. | | Phone: 772-286-4334 | | |
|---|--------------|---------------------|---|--------|
| | | Fax: 772-286-9389 | PHONE (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: | |
| | | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | | | INSURER A : Old Dominion Insurance Company | 40231 |
| INSURED Honest Air Inc | | 4 | INSURER B: | |
| 1465 SW 34th Street Palm City, FL 34990 | | INSURER C: | | |
| | , a a, , , a | | INSURER D : | |
| | | | INSURER E : | |
| | | | INSURER F: | |
| COVERA | GES | CERTIFICATE NUMBER: | REVISION NUMBER: | |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

| CE | DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH | PERT/ | AIN. IES. | THE INSURANCE AFFORDER LIMITS SHOWN MAY HAVE B | D BY THE POLICIE | S DESCRIBE | | | |
|-----|--|--|--------------|--|------------------|--------------|--|----|--------|
| LTR | TYPE OF INSURANCE | INSR | | POLICY NUMBER | (MINITED/YYYY) | (MINIODYTYY) | LIMIT | S | |
| | GENERAL LIABILITY | | | | | | EACH OCCURRENCE | s | 300,00 |
| Α | COMMERCIAL GENERAL LIABILITY | | | MPG92792 | 11/07/13 | 11/07/14 | PREMISES (Ea occurrence) | \$ | 500,00 |
| | CLAINS-MADE OCCUR | | | | | | MED EXP (Any one person) | s | 10,00 |
| | X Business Owners | | | | | | PERSONAL & ADV INJURY | v | 300,00 |
| | | | | | | | GENERAL AGGREGATE | \$ | 600,00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | l. | | | | | PRODUCTS - COMP/OP AGG | s | 600,00 |
| | POLICY PRO- | | | | İ | : | | S | |
| | AUTOMOBILE LIABILITY | | | | | | CCMBINED SINGLE LIMIT (Ea accident) | s | |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | s | |
| | ALL OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | s | |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | : | PROPERTY DAMAGE (Per accident) | ٤ | |
| | | | | | | i | | v | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | s | |
| | EXCESS LIAB CLAIMS-MACE | <u>.</u>] | | i 1 | | | AGGREGATE | s | |
| | DED RETENTIONS | <u> </u> | | | | ! | | s | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | TORY LIMITS FR | | |
| | ANY PROPRIETORIPARTNER/EXECUTIVE | N/A | | | | | E.L. EACH ACCIDENT | 8 | |
| | (Mandatory in NH) | [""] | | i | | | E.L. DISEASE - EA EMPLOYEE | 9 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | s | |
| | | 1 : | | i | ! | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Air Conditioning / State of Florida

| CERTIFICATE HOLDER | CANCELLATION |
|---|---|
| Town of Sewalls Point 1 South Sewalls Point Road | TOWSP-1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Sewalls Point, FL 34996 | AUTHORIZED REPRESENTATIVE |

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ACORD 25 (2010/05)

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| مح | ORD C | ER | TIF | ICATE OF L | IABI | LITY II | NSURA | ANCE | | TE(MM/DD/YYYY) 17/2013 |
|----------------|---|--------------|--|--|------------------------------|--|---|---|----------|--|
| CI BI RI | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the | | | | | | | | | |
| | ertificate holder in lieu of such | | | | | | | | ot con | iter rights to the |
| RODI | JCER AYCHEX INSURANCE AGEN | ICV | INC. | | CONTAI NAME: PHONE | | chex Insuran | ce Agency Inc | - | |
| 15 | D SAWGRASS DRIVE | , | | | (A/C, NO | | 7-266-6850 | (A | Ĉ, No): | 585-389-7426 |
| K | OCHESTER, NY 14620 | | | | E-MAIL ADORE | 33. | rts@paychex. | ····· | | |
| | | | | | | | G COVERAGE | | NAIC # | |
| NSUR | | | | | | IS NATIONAL | INSURANCE COMPAN | | 23817 | |
| Ho | ychex Business Solutions, Inc onest Air Inc | • | | | INSURE | | | | | |
| | 1 PANORAMA TRAIL SOUTH OCHESTER, NY 14625-0397 | | | | INSURE | | | | | ļ |
| | | | | | INSURE | | | | | |
| | | | | | INSURE | | ······ | | | |
| | TD4.050 | | 050 | FIELD A TE ALL DECE | INSURE | RF: | | /ISION NUMBER: | | <u> </u> |
| TI IN C | ERAGES HIS IS TO CERTIFY THAT THE POUL IDICATED. NOTWITHSTANDING AN ERTIFICATE MAY BE ISSUED OR N XCLUSIONS AND CONDITIONS OF | Y REC | OF INSI UIREN RTAIN | MENT, TERM OR CONDITION , THE INSURANCE AFFORDS | OF ANY (| CONTRACT OF E POLICIES DE | HE INSURED N R OTHER DOC ESCRIBED HER | IAMED ABOVE FOR THE I UMENT WITH RESPECT T REIN IS SUBJECT TO ALL | O WHI | CH THIS |
| NSR TR | TYPE OF INSURANCE | ADDL INSR | SUBR WO | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIF | AITS | |
| | GENERAL LIABILITY | | | | | (| <u> </u> | EACH OCCURRENCE | s | |
| | COMMERCIAL GENERAL LIABILITY | İ | | | | | | DAMAGE TO RENTED PREMISES (Ea populiferico) | \$ | |
| - | CLAMS-MADEOCCUR | | | | | | | MED EXP (Any one person) | s | |
| - | _ | | | | | | | PERSONAL & ADV INJURY | s | |
| GE | INL AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE PRODUCTS - COMPIOP AGG | \$ | |
| | POLICY PROJECT LOC | 1 | | | | | | PRODUCTS - COMPTOP AGG | S S | |
| 1 | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | s | |
| = | ALL OWNED SCHEDULED | | | | | | | BODILY INSURY (Per person) | s | ···· |
| F | AUTOS AUTOS | | | | | | | BODILY INJURY | | |
| F | HIRED AUTOS AUTOS | | | | | | | (Per accident) PROPERTY DAMAGE | S | |
| | | |] | | | | | (Per accident) | \$ \$ | |
| - | UMBRELLA LIAB OCCUR | ╁ | | | | · | | EACH OCCURRENCE | \$ | |
| - | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | s | ······································ |
| | DED ! RETENTION S | ┨ | ł | | | | | | s | |
| | WORKERS COMPENSATION AND | | T | 013255888 | | 06/01/2013 | 06/01/2014 | X WC STATU- OT TORY LIMITS EI | | |
| ٠ ۱ | EMPLOYERS' LIABILITY | | | 013233000 | | 00/01/2013 | 00/01/2014 | E.L. EACH ACCIDENT | | 1,000,000.00 |
| | ANY PROPRETORIPARTHER/EXECUTIVE OFFICERIMEMBER EXCLUDED?Y/N_, | | | | | | | E.L. DISEASE - EA EMPLOYE | E \$ | 1,000,000.00 |
| | (Mandatory in NM) N If yea, describe under OFFECRIPTION OF OFFERALIONS below | N/A | | | | | | E.L. DISEASE - POLICY LIMIT | s | 1,000,000.00 |
| \top | THE STREET STREET STREET | | | | | | | | | |
| DESCH | RIPTION OF OPERATIONS / LOCATIONS / | VEHIC | LES LAN | ach ACORD 101, Additional Rem | erks Schod | ulo, if more span | e is required) | | | |
| W | orker's Compensation coverage is pro lient Inception Dato with PBS is 09/25 | vided: | to anly 1 | those employees leased to, but | 1 not subc | ontractors of th | e named insure | d. | | |
| CÉR | TIFICATE HOLDER | | | | CANCI | ELLATION | | · · · · · · · · · · · · · · · · · · · | | ······································ |
| T- | own of Sewalls Point South Sewalls Point Rd ewalls Point, FL 34996 | | | | SHOULD DATE TH PROVISE | ANY OF THE AI EREOF, NOTICE ONS, BUT FAILL | E WILL BE DELIVE FRE TO MAIL SUC | D POLICIES BE CANCELLED ERED IN ACCORDANCE WITH THE NOTICE SHALL IMPOSE NO PANY, ITS AGENTS OR REPRI | THE PO | OLICY SATION OR |
| | | | AUTHORIZED REPRESENTATIVE -(Name of A) Redistriction | | | | | | | |

ACORD 25 (2010/05)

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Business Tax Receipt Details

| | New Search Back to Search | h Results Help | |
|------------------------|--|--------------------|-------------------------|
| Business Tax Account | 2001-000520-00066.000 | Status | ACTIVE FULL |
| Business Name | HONEST AIR, INC. | Current Amount Due | 0.00 |
| Business Category | MISC CONTR - A/C | | |
| Additional Description | ACCOUNT PAID IN FULL | New Business Date | 05/03/2001 |
| Business Address | OCCY | Date Closed | |
| Doing Business As | | | |
| Owner Name | MAZILLI, MITCHELL | | |
| Mailing Address | HONEST AIR, INC. MAZILLI, MITCHELL 1465 SW 34TH ST PALM CITY FL 34990 | | Update Business Details |

| Year | License Amount | Penalty | Fees | Transfer | Duplicate | Exempt | Amount Due | Paid |
|------|----------------|---------|------|----------|-----------|----------|------------|------|
| 2013 | 26.25 | | • | | | | 26.25 | PAID |
| 2012 | 26.25 | | | | | | 26.25 | PAID |
| 2011 | 26.25 | 6.56 | 6.60 | | | | 39.41 | PAID |
| 2010 | 26.25 | | | | | | 26.25 | PAID |
| 2009 | | | | 3,00 | | | 3.00 | PAID |
| 2009 | 26.25 | 2.63 | 6.60 | | | | 35.48 | PAID |
| 2008 | | | | 3.00 | | | 3.00 | PAID |
| 2008 | 26.25 | 2.63 | 6.60 | | | <u> </u> | 35.48 | PAID |

2:43:40 PM 4/24/2013

Data Contained In Search Results Is Current As Of 04/24/2013 02:42 PM. **Search Results**

Please see our glossary of terms for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

| License Type | Name | | Name Type | License Number/ Rank | Status/Expires |
|---|--------------------|---------------|---------------|----------------------------|-------------------------------|
| Certified Air Conditioning Contractor | HONEST AIR | INC | DBA | CAC058508 Cert Air | Current, Active 08/31/2014 |
| License | Location Address*: | 1265 SW 34 | TH TERRACE PA | ALM CITY, FL 34990 | |
| Main Ad | dress*: | 1265 SW 34 | TH TERRACE PA | ALM CITY, FL 34990 | |
| Certified Air Conditioning Contractor | MAZZILLI, MIT | <u>rchell</u> | Primary | CAC058508 Cert Air | Current, Active 08/31/2014 |
| Liconco | Location Addross*: | 1265 SW 3/ | THE TEDDACE D | ALM CITY FL 34990 | • |

Main Address*:

License Location Address*: 1265 SW 34TH TERRACE PALM CITY, FL 34990 1265 SW 34TH TERRACE PALM CITY, FL 34990



* denotes

Main Address - This address is the Primary Address on file.

Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses)

License Location Address - This is the address where the place of business is physically located.

1940 North Monroe Street, Tallahassee FL 32399 :: Email: Customer Contact Center :: Customer Contact Center: 850.487.1395

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Under Florida bw, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. Theemails provided may be used for official communication with the Icensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our Chapter 455 page to determine if you are affected by this change.

| FLORIDA ENERGY EXERVATION CODE Mandatory Duct Inspection Certification for HVAC change-out For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912) |
|--|
| Mandatory Duct Inspection Certification for HVAC change-out |
| For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912) |
| Owner: B. Borota Contractor name: Horot HR Inc. |
| Street address: 25 (Ridgeview) Jurisdiction: Wintin 15 Life ! |
| City: Permit No.: |
| Zip: Final inspection date: |
| I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below: |
| Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent. |
| ☐ Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1) |
| ☐ The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2) |
| ☐ System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3) |
| Signature: Date: |
| Printed Name: Mitch Wazzilli |
| Contractor License #: |
| I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a |

pressure differential of 25 Pascals (0.10 in. w.c.).

| Signature: | Date: | |
|---------------|-------|--|
| | | |
| Printed Name: | | |



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-2204765

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

Air Conditioning Change out Affidavit FILE COPY

| Residential Commercial | |
|---|---|
| Package Unit Yes No (Use Condenser side | of form below for equipment listing) |
| Duct Replacement Yes No - Refrigerant lin | e replacement Yes <u> No</u> |
| Flushing Existing Refrigerant lines Yes X No - | Adding Refrigerant Drier Yes No |
| Rooftop A/C Stand Installation Yes No - C | urb Installation Yes \(\sum \) No |
| Smoke Detector in Supply (over 2000 CFM) Yes_ | No |
| One form required for each A/C system installed | |
| REPLACEMENT SYS | TEM COMPONENTS |
| Air handler: Mfg: MPCM Model#RBHP2005Ha | Condenser: Mfg Rheem Model# 14AJM30A0 |
| Volts 240 CFM's 1000 Heat Strip Kw | Volts 240 SEER/EER 1613 BTU's 28,600 |
| Min. Circuit Amps 39 Wire gauge #8 | Min. Circuit Amps 25 Wire gauge #15 |
| Max. Breaker size 40 Min. Breaker size 39 | Max. Breaker size <u>30</u> Min. Breaker size <u>35</u> |
| Ref. line size: Liquid 3/8 Suction 3/4 | Ref. line size: Liquid 3/8 Suction 3/4 |
| Refrigerant type (R410A) | Refrigerant type CK410A |
| Location: Existing New | Location: Existing New |
| Attic/Garage/Closet (specify) (10Slt | Left/Right/Rear/Front/Roof |
| Access: 2nd Clook | Condensate Location <u>QROLING</u> |
| NOTE: CONTRACTOR MUST SUPPLY A PROPE | R LADDER IF REQUIRED FOR INSPECTION |
| EXISTING SYSTEM | M COMPONENTS |
| Air handler: Mfg: Coodman Model# ARUF 1824166A | Condenser: Mfg Phoem Model# RANDONY JAZ |
| Volts 240 CFM's 1000 Heat Strip Kw | Volts 240 SEER/EER UNKnown BTU's Unknown |
| Min. Circuit Amps 40 Wire gauge #8 | Min. Circuit Amps 30 Wire gauge 410 |
| Max. Breaker size unknown Min. Breaker size whown | Max. Breaker size unknown Min. Breaker size unknown |
| Ref. line size: Liquid 3/8 Suction 5/4 | Ref. line size: Liquid 3/8 Suction 3/4 |
| Refrigerant type Refrigerant type Refrigerant type | Refrigerant type |
| Location: Ext. New | Location: Ext. New |
| Attic/Garage/Closet (specify) COSIT | Left/Right/Rear/Front/Roof |
| Access: 2 ^{mg} Clook | Condensate Location QROUND |
| Certification: | J |
| I herby certify that the information entered on this form a | |
| further that this equipment is considered matched as requ | ired by FBC – R (N)1107 & 1108 |
| W Moffe | 10416113 |
| Signature | Date |



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

AHRI Certified Reference Number: 3412342

Date: 12/12/2013

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower

Outdoor Unit Model Number: 14AJM30

Indoor Unit Model Number: RBHP-21+RCHL-36A1
Manufacturer: RHEEM SALES COMPANY, INC.

Trade/Brand name: RHEEM, RUUD, WEATHERKING

Series name:

Manufacturer responsible for the rating of this system combination is RHEEM SALES COMPANY, INC.

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh): 28600

EER Rating (Cooling): 13.00

SEER Rating (Cooling): 16.00

IEER Rating (Cooling):

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

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CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.

Air-Conditioning, Heating, and Refrigeration Institute

©2013 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.:

130313590818401184



Project Summary Entire House Honest Air, Inc.

Job:

Date: Dec 16, 2013

By:

1265 SW 34th Terr, Palm City, FI 34990 Phone: 772-232-1114 Fax: 772-232-1118 Email: honestair@bellsouth.net Web: WWW.honestairinc.com

Project Information

For:

Baratta Bridget D

25 N Ridgeview Rd, Stuart, Fl 34996

Notes:

Calcs are for whole house with 2 systems. Replacing system number 2 of 2. (2nd floor

system)

Design Information

West Palm Beach Intl AP, FL, US Weather:

Winter Design Conditions

Summer Design Conditions

| Outside db Inside db Design TD | 48 °F 70 °F 22 °F | Outside db Inside db Design TD Daily range Relative humidity | 90 °F 75 °F 15 °F L |
|--------------------------------------|-------------------------|--|------------------------------|
| | | Moisture difference | 59 ar/ib |

Heating Summary

Sensible Cooling Equipment Load Sizing

| Structure Ducts Central vent (0 cfm) Humidification Piping | 0 | Structure Ducts Central vent (0 cfm) Blower | Ŏ | Btuh |
|--|-------|---|---------------|-----------|
| Equipment load Infiltration | 29370 | Use manufacturer's data Rate/swing multiplier Equipment sensible load | 0.95 42303 | n Btuh |

| Method Construction quality | | Simplified Average | Latent Cooling Equipment Load Siz | | | |
|-----------------------------|---------|-----------------------|-----------------------------------|------|------|--|
| Fireplaces | | 0 | Structure | 2602 | Btuh | |
| • | | | Ducts | 0 | Btuh | |
| | Heating | Cooling | Central vent (0 cfm) | 0 | Btuh | |
| Area (ft²) | 2697 | 2697 | Equipment latent load | 2602 | Btuh | |
| Volume (ft³) | 24273 | 24273 | | | | |

Air changes/hour Equiv. AVF (cfm) 0.16 Equipment total load 44905 Btuh Req. total capacity at 0.70 SHR 5.0 ton

Heating Equipment Summary

Cooling Equipment Summary

| Make Trade Model AHRI ref | n/a n/a n/a n/a | | | Make Trade Cond Coil AHRI ref | n/a n/a n/a n/a n/a | | |
|---|------------------------------------|------------------------------|--|--|---------------------------------|-----------------------------------|-------------------------|
| Efficiency Heating inp Heating out Temperatur Actual air fl Air flow fact Static press Space them | put e rise ow tor sure | 0 0 0 0 0 n/a | n/a Btuh °F cfm cfm/Btuh in H2O | Efficiency Sensible co Latent coo Total coolin Actual air f Air flow fac Static pres Load sensi | ling ng flow ctor | n/a 0 0 0 0 0 0 | Btuh cfm cfm/Btuh |

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

2013-Dec-16 10:27:02



wrightsoft Building Analysis AH 2

Honest Air, Inc.

Job:

Date: Dec 16, 2013

By:

1265 SW 34th Terr, Palm City, FI 34990 Phone: 772-232-1114 Fax: 772-232-1118 Email: honestair@bellsouth.net Web: WWW.honestairinc.com

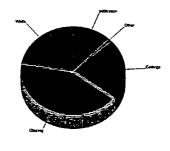
Project Information

For:

Baratta Bridget D 25 N Ridgeview Rd, Stuart, FI 34996

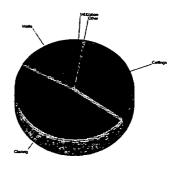
| | | Design Co | onditions | | |
|--|---------------|---------------------|--|----------------------------|---------------------------|
| Location: West Palm Beach Intl A Elevation: 20 ft Latitude: 27°N | P, FL, US | | Indoor: Indoor temperature (°F) Design TD (°F) Relative humidity (%) | Heating 70 22 50 | Cooling 75 15 50 |
| Outdoor: Dry bulb (°F) | Heating 48 | Cooling 90 | Moisture difference (gr/lb) Infiltration: | 14.7 | 59.2 |
| Dáily range (°F) Wet bulb (°F) Wind speed (mph) | - 15.0 | 13 (L) 78 7.5 | Method Construction quality Fireplaces | Simplified Average 0 | |

| Component | Btuh/ft² | Btuh | % of load |
|----------------------------|-------------|--------------|--------------|
| Walls | 2.1 27.6 | 2907 5589 | 22.1 42.5 |
| Glazing Doors | 0 | 0 | 0 |
| Ceilings Floors | 2.4 2.4 | 2936 168 | 22.3 1.3 |
| Infiltration | 1.0 | 1553 | 11.8 |
| Ducts Piping | | 0 | 0 |
| Humidification | | ŏ | ŏ |
| Ventilation Adjustments | | 8 | 0 |
| Total | | 13153 | 100.0 |



Cooling

| Component | Btuh/ft² | Btuh | % of load |
|--|---------------------------------------|---|---|
| Walls Glazing Doors Ceilings Floors Infiltration Ducts Ventilation Internal gains Blower Adjustments | 2.7 53.7 0 6.0 1.7 0.3 | 3718 10894 0 7259 118 544 0 0 0 | 16.5 48.3 0 32.2 0.5 2.4 0 0 |
| Total | | 22532 | 100.0 |



Latent Cooling Load = 1309 Btuh Overall U-value = 0.191 Btuh/ft²-°F

Data entries checked.



Component Constructions AH 2

Honest Air, Inc.

Job:

Date: Dec 16, 2013

By:

1265 SW 34th Terr, Palm City, FI 34990 Phone: 772-232-1114 Fax: 772-232-1118 Email: honestair@bellsouth.net Web: WWW.honestairinc.com

Project Information

For:

Baratta Bridget D 25 N Ridgeview Rd, Stuart, FI 34996

| Desig | n Co | ondit | ions | | | | | |
|--|-------------------------|----------------------------------|---|--------------------------------------|--------------------------------------|---|--------------------------------------|---------------------------------------|
| Location: West Palm Beach Intl AP, FL, US Elevation: 20 ft Latitude: 27°N Outdoor: Heating Dry bulb (°F) 48 90 Daily range (°F) - 13 (Wet bulb (°F) - 78 Wind speed (mph) 15.0 7.5 | (L) | D R M Infil M | ndoor templesign TD telative hu | imidity (% fference (| °F)) gr/lb) Sir | eating 70 22 50 14.7 mplified erage | | 5 5 0 |
| Construction descriptions | Or | Area | U-value | Insul R | Htg HTM BlulviP | Loss Buh | Cig HTM Bluiviti | Gain Buh |
| Walls 12B-0sw: Frm wall, wd ext, r-11 cav ins, 1/2" gypsum board int fnsh, 2"x4" wood frm Partitions (none) Windows | n e s w all | 326 383 290 383 1381 | 0.097 0.097 0.097 0.097 0.097 | 11.0 11.0 11.0 11.0 11.0 | 2.10 2.10 2.10 2.10 2.10 | 686 806 610 806 2907 | 2.69 2.69 2.69 2.69 2.69 | 878 1030 780 1030 3718 |
| 1A-c1om: 1 glazing, clr glz, mtl no brk frm mat, 1/8" thk | n e s w all | 52 31 88 31 203 | 1.270 1.270 1.270 1.270 1.270 | 0 0 0 0 | 27.6 27.6 27.6 27.6 27.6 | 1433 860 2436 860 5589 | 35.0 91.4 38.1 91.4 53.7 | 1821 2851 3371 2851 10894 |
| Doors (none) | | | | | | | | |
| Ceilings 16B-7ad: Attic ceiling, asphalt shingles roof mat, r-7 ceil ins, 5/8" gypsum board int fnsh | | 1208 | 0.112 | 7.0 | 2.43 | 2936 | 6.01 | 7259 _. |
| Floors 19A-0bscp: Part floor, carpet fir fnsh, frm fir, 10" thkns, 5/8" gypsum board int fnsh | | 70 | 0.295 | 0 | 2.40 | 168 | 1.68 | 118 |



Project Summary

Honest Air, Inc.

Job:

Date: Dec 16, 2013

By:

Project Information

For:

Baratta Bridget D

1265 SW 34th Terr, Palm City, FI 34990 Phone: 772-232-1114 Fax: 772-232-1118 Email: honestair@bellsouth.net Web: WWW.honestairinc.com

25 N Ridgeview Rd, Stuart, FI 34996

Notes:

Calcs are for whole house with 2 systems. Replacing system number 2 of 2. (2nd floor

system)

Design Information

West Palm Beach Intl AP, FL, US Weather:

Winter Design Conditions

Summer Design Conditions

| Outside db Inside db | 48 °F 70 °F 22 °F | Outside db Inside db Design TD | 90 °F 75 °F 15 °F |
|-------------------------|-------------------------|--------------------------------------|-------------------------|
| Design TD | 22 F | | ış r |
| • | | Daily range | L · |
| | | Relative humidity | 50 % |
| | | Moisture difference | 59 gr/lb |

Heating Summary

Sensible Cooling Equipment Load Sizing

| Structure Ducts | 13153 Btuh 0 Btuh | Structure Ducts | 22532 Btuh 0 Btuh |
|--------------------------|----------------------|--|----------------------|
| Central vent (0 cfm) | 0 Btuh | Central vent (0 cfm) | 0 Btuh |
| Humidification Piping | 0 Btuh 0 Btuh | Blower | 0 Btuh |
| Equipment load | 13153 Btuh | Use manufacturer's data | n |
| Infiltrat | ion | Rate/swing multiplier Equipment sensible load | 0.95 21451 Btuh |

Simplified Method Construction quality Average Fireplaces

| Latent Cooling | Equipment Load | Sizing |
|--|-----------------------|--------------|
| Structure Ducts Central vent (0 cfm) Equipment latent load | • | Btuh Btuh |

| | Heating | Cooling |
|------------------|---------|---------|
| Area (ft²) | 1208 | 1208 |
| Volume (ft³) | 10872 | 10872 |
| Air changes/hour | 0.36 | 0.18 |
| Equiv. AŬF (cfm) | 65 | 33 |

22759 Btuh Equipment total load Req. total capacity at 0.70 SHR 2.6 ton

Cooling Equipment Summary

Heating Equipment Summary

| Make | Rheem |
|----------|-----------------|
| Trade | Rheem |
| Cond | 14AJM30 |
| Coil | RBHP21+RCHL36A1 |
| ALIDLESE | 2/122/2 |

| Model AHRI ref | |
|---|---|
| Efficiency Heating input Heating output Temperature rise Actual air flow Air flow factor Static pressure Space thermostat | 100 EFF 4.5 kW 15403 Btuh 14 °F 1000 cfm 0.076 cfm/Btuh 0.10 in H2O |

| /\! \\ | | |
|------------------------|-------------------|----------|
| Efficiency | 13.0 EER, 16 SEER | |
| Sensible cooling | 20020 | Btuh |
| Latent cooling | 8580 | Btuh |
| Total cooling | 28600 | Btuh |
| Actual air flow | 1000 | cfm |
| Air flow factor | 0.044 | cfm/Btuh |
| Static pressure | 0.10 | in H2O |
| Load sensible heat rat | tio 0.95 | |

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.

Make Trade

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