11 S Ridgeview Road

	Town of Sewall's Point	
P.I.N.	1-38-41-006-005-00070.0 Date 5-21-87	
	BUILDING PERMIT APPLICATION to construct:	
COMM S DEMC S NE	ENTIAL NEW CONSTRUCTION DADDITION DALTERAT AERCIAL SQ.FEET <u>4500</u> DLITION SQ.FEET ET CHANGE 4	
OTHE		
Owner's	Name Robert : Kathryn Kranen	
Owner's	Address 101 Hillcrest Court, Sewall's Paint,	
Fee Sim	cle Titleholder's Name (If other than owner)	
Fee Sim	ple Titleholder's Address (If other than owner) N/r	
City	StateZipZip	
Contract	or's Name COMMercial Construction Division Inc	
	tor's Address 301 S.W. Albony Ave,	
	tuart State TL. Zip 34090	/
Јођ Мап	nc_ Robert's KATHY, KRAMEr Residence	
	Iress 11 SOUTH RIDGEVIEW ROAD	
City 2	DEWALLS POINT M. COUNTY PARTIN	
Legal D	Description Lot 7, Amend AMMended, Plat Homen	
Bonding	g Company	
Bonding	g Company Address	- 19 ³¹
City	State	2
Architec	t/Engineer's Name <u>Joseph McCaery</u>	`_//
Architec	tr/Engineer's Address <u>900 E. Ocsec A 34994</u>	
	e Lender's Name SUN TRUST BONK/TREQUIE COOST NA	/
Mortgag	e Lender's Address III East Osceola Office, Stuart, 7	<u>-L</u> . 3499

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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.

Kather Kiane 05/21/2/7 Date

STATE OF FLORIDA COUNTY OF MARTIN

X Sworn to and subscribed before me this 20¹⁰ day of <u>May</u> 1991 by <u>Robert and Kathy Kramer</u>, who: [1] is/are personally known to me, or [1] has/have produced ______ as identification, and who did

not iake an oath.

TERESA L. ULLMANN MY COMMISSION # CC 327319 EXPIRES: November 1, 1997 ded Thru Notary Public Underwriters

rea L. Ullnonn Teresa L. Wilmann · Name: Typed, printed or stamped I am a Notary Public of the State of Florida liaving a commission number of CC 327319

and my commission expires: 11/1/97

STATE OF FLORIDA COUNTY OF MARTIN

Sworn to and subscribed before me this 21 day of <u>May</u>, 1997, by <u>ROBERT P. DEMORES7</u>, who: [] is/are personally known to me, or [] has/have produced ________ as identification, and who did not take an oath. <u>Name:</u> <u>GLORIOL.LENT</u>

(NOTARY SEAL)

Typed, printed or stamped I am a Notary, Public of the State of Florida having a commission number of and my comm ssion

Certificate of Competency Holder

Contractor's State Certification or Registration No. ______ CBE 052954______ Contractor's Certificate of Competency No. ______ APPLICATION APPROVED BY ______ Permit Officer

fl:\Alexis:\lasp\permit1.2pp

	OFFICIAL RECEIPT (FOR MONEY RECEIVED)		No.536345
T.	Svc.	DATE	<u>-10</u> , 19 <u>97</u>
RECEIVED FROM Polos	A S. Kram	uls Bi	\$1,00L.03
FOR DEPOSIT IN		le ro	FUND(S)
		DR RESPONSIBLE OFFIC	ER
. . .			
			PERMIT NO
	I OF SEWALL'S P	OIN I	
Date 7/10/97			PERMIT NO. 4214
Building to be erected for RoBERT	& KOTHRYN KK	Type of Per	mit NEW Const.
Applied for by ComMERCIAL Co	NST. DIV. INC	(Contractor)	Building Fee 2400.00
Subdivision_ Homenood (Ammen	1		
Address 11 SOUTH RIDGEV			Impact Fee 1508, 20
Type of structure Since Fr			A/C Fee 103.00
	<u></u>		Electrical Fee _ しの、の
Parcel Controi Number:			Plumbing Fee <u>LOD</u> , <u>so</u>
1-38-41-006.005.000	70,0000		Roofing Fee
Amount Paid 4340 Check #		Other Fe	TOTAL Fees 740,00
Total Construction Cost \$		\land	IUIAL Fees
Signed _ Bunkley	Signed _	1 di	
Applicant		Town B	uilding Inspector
PH. 407-220-3488 301 SW ALBANY AVE. STUART, FL 34994	ST	BARNETT BANK UART, FL 34995-9027 63-794/670	
Four thousand theree,	bunched forty a	nd 7/00 DATE 7/9/97	Амоинт 4340 <u>20</u>

PAY TO THE ORDER OF

Town of Sewall's Point

Susan Maran

S	UNTRUST	Notice Of Comme	encement	
Bui	Iding Permit No	Tax Folio No		
SТА	TEOFFlorida			MARTICE HORINA MARTICE CONSERV
со	UNTY OF <u>Martin</u>			TellS IS - 1 CE DEA THAT FUE Tomer Childs
mac Flor	le to certain real proper	by gives notice that improveme ty, and in accordance with Cl g information is provided in thi	hapter 713,	WChingoto Burley no
1.	Description of Property: (legal description of the p XXXX SOUTH RIDGEV	property, and street address if av IEW ROAD, STUART, FL 3499	ailable) 96	This area reserved for Recording Purposes only
2.	Lot 7, Block E Page 35, Marti General Description of In	, AMENDED PLAT OF H n County, Florida p aprovements Single Family D	OMEWOOD, ublic rec welling	Plat Book 3, ords.
3.	Owner Information a. Name and Address	ROBERT S. KRAMER 107 HILLCREST COURT, FEE SIMPLE	STUART, FL	34996
	b. Interest in propertyc. Name and address o	f fee simple titleholder (if other t	than owner)	
4.	Contractor (name and ad COMMERCIAL CONSTR 833 E. 5TH STREET a. Phone number (407) 220-3488	dress) RUCTION DIVISION, INC. I, STUART, FL 34994 b. FAX number (op		by FAX is acceptable)
5.	Surety a. Name and Address			
	b. Phone number	c. FAX number (opt	tional, if service	by FAX is acceptable)
	d. Amount of bond \$	1		:
<i>:</i> 6.	Lender Information a. Name and Address SunTrust Bank, 111 Orange Ave b. Phone number (561)467-6230 d. Designated Contact	South Florida, N.A. enue, Fort Pierce, FL 3 c. FAX number (opt Paula Chadwick	4950 tional, if service	by FAX is acceptable)
7.	Persons within the State of provided by Section 713.1	of Florida designated by Owner u 3(1)(a) 7., Florida Statutes (nam	upon whom noti ne and address)	ces or other documents may be served as
	a. Phone number (561)467-6230	b. FAX number (op	tional, if service	by FAX is acceptable)
8.	In addition to himself, Ov of <u>SunTrust Bank</u> , in Section 713.13(1)(b), F	vner designates Paula Chadwic South Florida, N.A. Florida Statutes.	ck to rece	ive a copy of the Lienor's Notice as provided
	a. Phone number (561)467-6230	b. FAX number (op	tional, if service	by FAX is acceptable)
9.	Expiration date of Notice	of Commencement (the expiration). Other expiration date	ion date is one (1) Year from the date of recording unless a
			Signature of Owner	ROBERT S. KRAMER
CO	0	ctin	Owner's Name (mu Notary Publ	MAG USI
swo isip	orn-to-and-subseribed befor ersonally known to me or v	vho produced	Signature	Double the King and
as i of	dentification, this	8+4 day	Print or Typ My Commis Expires	Martha B. Kramer
				1-800-3-NOTARY - Fla. Notary Service & Bonding Co.

PERMIT GENERAL CONDITIONS

Permit Applications must be accompanied by two (2) sets of the following:

(1) Plans, Sections, and Elevations with wind load and energy calculations signed and sealed by an architect or engineer and including plumbing, mechanical, and electrical drawings and calculations. **Plumbing, Mechanical, and Electrical** (also wells, pools, fences, etc.) require separate applications.

(2) Sketch or survey showing elevations and the locations of existing and proposed improvements, property lines, all setback lines, easements, rights-of-way, and any encroachments.

The permit is valid for twelve (12) months from date of issuance. Renewal of the permit may result in additional requirements and fees prevailing at the time of renewal.

All construction must conform to the Code of Ordinances of the Town of Sewall's Point ("Town Code") and the South Florida Building Code (Dade County 1994 edition, with revisions) ("Building Code"). An approval or permit issued based upon faulty documents or errors and/or omissions by the Building Official does not-relieve the owner-or the contractor of compliance with the Town Code or the Building Code, northstitta decense to circumvent the Town Code or the Building Code.

A temporary toilet is to be provided for workers or an existing toilet is provided and open to a workers.

Debris must be contained in a <u>dumpster-type</u> metal container or must be immediately loaded in a truck (as reroofing may require). Debris will not be allowed to accumulate.

Inspections and permits may be suspended or revoked, work stoppage may be ordered, and other actions may be taken for failure to correct defects, concealing work without inspection, or for willful violations of any of the above conditions or the special conditions, attached, if any.

*NOTE: NOTICE OF COMMENCEMENT required for work with a cumulative value of \$2,500.00 or more.

ATTACHMENTS then Kigner ACCEPTED: \mathcal{V}

Building Official

STATE OF FLORIDAPERMIT #97-0173-DEPARTMENT OF HEALTHINVICESDATE PAID06/02/97ONSITE SELURGE DISPOSAL SYSTEMFEE PAID105.00CONSTRUCTION PERMITRECEIPT #20096BUTHORITYL CHAPTER 301, F.S. & CHAPTER 100-5, F.R.C6, FACWELL PLAN 15
TRUCTION PERMIT FOR: New System [] Existing System [] Holding Tank [] Temporary/Experimental System Repair [] Abandonment [] Other(Specify)
ICANT: ROBERT/KATHRYN KRAMER AGENT: STEPHEN BROWN
PERTY STREET ADDRESS: <u>RIDGEVIEW ROAD</u> SEWALLS POINT
:_7BLOCK:_ESUBDIVISION:_HOMEWOOD
PERTY ID #:[SECTION/TOWNSHIP/RANGE/PARCEL NO.] [OR TAX ID NUMBER]
TEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC AIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS IRE 18 MONTHS FROM THE DATE OF ISSUE. HRS APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY FORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A FORMANCE FOR ANY SPECIFIC PERIOD OF TIME. THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH SIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH DIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID.
STEM DESIGN AND SPECIFICATIONS MULTI-CHAMBERED/IN SERIES:[Y] [1200] [GALLONS] SEPTIC TANK CAPACITY [0] [GALLONS / GPD] MULTI-CHAMBERED/IN SERIES:[N] [0] GALLONS GREASE INTERCEPTOR CAPACITY CAPACITY MULTI-CHAMBERED/IN SERIES:[N] [0] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS] [0] GALLONS PER DOSE DOSE RATE [0] PER 24 HRS NO. OF PUMPS: [0] [416] SQUARE FEET PRIMARY DRAINFIELD SYSTEM SYSTEM [0] SQUARE FEET PRIMARY DRAINFIELD SYSTEM [0] SQUARE FEET [X] STANDARD [1] FILLED [] MOUND [1] STANDARD [] FILLED
CONFIGURATION: [X] TRENCH [] BLD [] BLD [] BLD [] CONFIGURATION: [X] TRENCH [] BLD []
FILL REQUIRED: [0.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES
TOP OF BUILDING STUBOUT IS REQUIRED TO BE A MINIMUM ELV. OF 9"BELOW BM 12.16' TOP OF DRAINFIELD PIPE IS REQUIRED TO BE A MINIMUM ELV. OF 19"BELOW BM 12.16' TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELV. OF 4"BELOW BM 12.16' SEPTIC TANK IS TO BE AT FINISH SOIL GRADE, DO NOT EXCEED 18" COVER ON D.F. DRAINFIELD ROCK MUST BE A MINIMIM OF 5 FT. FROM PROPERTY LINES.
SPECIFICATIONS BY: EDGAR MORALES TITLE: ENV. SPL. II MARTIN CPHU
TITLE: ENV. SUPV. 11 MARTIN CARD
DATE ISSUED: 06/17/97_
HRS-H Form 4016 March 1992 (Obsoletes Previous Editions Which May Not Be Used) Page 1 of 2

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and a constraints

|                 | EGAL DESCRIPTION: Lot 7_ Block E_ Amended Plat of Home                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                 | PROPOSED SEPTIC SYSTEM SIDE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                 | CIRCLE ONE ANSWER FOR EACH QUESTION (FOR ITEMS 1 -17 BELOW).                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                 | N/A MEANS THAT THE QUESTION IS NOT APPLICABLE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1.              | Is there a septic system within 75 feet of the proposed private well?                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 2.              | Is there a potable private well within 75 feet of the available area for the proposed septic system? I es wo                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3.              | Is there a non-potable well within 50 feet of the available area for the proposed septic system? ———— Yes (No)                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4.              | Is there a proposed well within 25 feet of the building foundation? ————————————————————————————————————                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 5.              | the approved centic system?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6.              | Is there a public well that serves more than 25 people or more than 15 homes or businesses within 200 leel                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>U.</b>       | of the approved centic system?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 7.              | Is there a gravity sewer line or lift station within 50 feet of the proposed lot?                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 8.              | Is there a lake, stream, wetland, or surface water within 75 feet of the available area for the proposed                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                 | septic system?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 9.              | Is there a proposed or existing public difficing water line within 10 feet of the proposed septic system? Yes No<br>Is there a storm water retention area or drainage easement within 15 feet of the proposed septic system? Yes No                                                                                                                                                                                                                                                                                          |
| 11              | Is the proposed sentic system in an area proposed for paying or vehicular trainic?                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| .12.            | And all animets wells, centic systems and surface water on adjacent or configuous land within /5 leet of the                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                 | applicant's lot shown on the site plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 13.             | Are all public wells within 200 feet of the applicant's lot shown on the site plan? fes No (VA)                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 14.             | Does the site plan include a plat of the lot or total site ownership drawn to scale, boundaries with                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                 | dimensions, locations of building or residences, swimming pools, recorded easements, proposed or existing                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                 | septic systems, any proposed or existing wells, public water lines, paved areas or driveways, and surface                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                 | waters such as lakes, ponds, streams, canals, or wetlands?                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 15.             | Does the site plan show the general slope of the property, recorded cardinatian and the streams, canals, or wetlands?                                                                                                                                                                                                                                                                                                                                                                                                        |
| 16              | And the meternal and elevation in the area of the sentic system and the benchmark snown on the                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                 | cite mlan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                 | To the multiplication line location from the water meter to the house shown on the site plan?                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 18.             | There is 1050 square feet of available, unobstructed, contiguous failed to insum all                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                 | septic system. This area excludes interferences. Shade this available area on the site plan.                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                 | SITE ELEVATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                 | • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                 | Crown of road elevation NGVD. Show location on the site plan. If the road is not paved, benchmark                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                 | Crown of road elevation <u>NA</u> NGVD. Show location on the site plan. If the road is not paved, benchmark elevation <u>12.16</u> NGVD. Show location on site plan.                                                                                                                                                                                                                                                                                                                                                         |
| 2.              | Crown of road elevation $\underline{M}$ NGVD. Show location on the site plan. If the road is not paved, benchmark elevation $\underline{N}$ 12.1( $\underline{\mu}$ NGVD. Show location on site plan.<br>Natural grade elevation in the area of the proposed septic system $\underline{12}$ , $\underline{2}$ NGVD. Show location on site plan.<br>Is the building location in a flood hazard area "A" or "V" as identified on F.E.M.A. maps? Yes or No If yes, what is                                                      |
| 2.              | Crown of road elevation $\underline{M}$ NGVD. Show location on the site plan. If the road is not paved, benchmark elevation $\underline{N}$ 12.1( $\underline{\mu}$ NGVD. Show location on site plan.<br>Natural grade elevation in the area of the proposed septic system $\underline{12}$ , $\underline{2}$ NGVD. Show location on site plan.<br>Is the building location in a flood hazard area "A" or "V" as identified on F.E.M.A. maps? Yes or No If yes, what is                                                      |
| 2.              | Crown of road elevation $\underline{M}$ NGVD. Show location on the site plan. If the road is not paved, benchmark elevation $\underline{M}$ NGVD. Show location on site plan.<br>Natural grade elevation in the area of the proposed septic system $\underline{12.2}$ NGVD. Show location on site plan.<br>Is the building location in a flood hazard area "A" or "V" as identified on F.E.M.A. maps? Yes or No If yes, what is                                                                                              |
| 2<br>3.         | Crown of road elevation $\underline{M}$ NGVD. Show location on the site plan. If the road is not paved, benchmark elevation $\underline{12.16}$ NGVD. Show location on site plan.<br>Natural grade elevation in the area of the proposed septic system $\underline{12.2}$ NGVD. Show location on site plan.<br>Is the building location in a flood hazard area "A" or "V" as identified on F.E.M.A. maps? Yes or No If yes, what is the minimum required flood hazard floor elevation of the building? $\underline{M}$ NGVD. |
| 2<br>3.         | Crown of road elevation $\underline{M}$ NGVD. Show location on the site plan. If the road is not paved, benchmark elevation $\underline{N}$ 12.1( $\underline{\mu}$ NGVD. Show location on site plan.<br>Natural grade elevation in the area of the proposed septic system $\underline{12}$ , $\underline{2}$ NGVD. Show location on site plan.<br>Is the building location in a flood hazard area "A" or "V" as identified on F.E.M.A. maps? Yes or No If yes, what is                                                      |
| 2.              | Crown of road elevation $\underline{M}$ NGVD. Show location on the site plan. If the road is not paved, benchmark elevation $\underline{12.16}$ NGVD. Show location on site plan.<br>Natural grade elevation in the area of the proposed septic system $\underline{12.2}$ NGVD. Show location on site plan.<br>Is the building location in a flood hazard area "A" or "V" as identified on F.E.M.A. maps? Yes or No If yes, what is the minimum required flood hazard floor elevation of the building? $\underline{M}$ NGVD. |
| 2.              | Crown of road elevation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2.<br>3.<br>NOT | Crown of road elevation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2<br>3.<br>NOT  | Crown of road elevation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ,<br>IOT        | Crown of road elevation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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## MATHERS ENGINEERING CORPORATION

August 18, 1997

TO: Phil Caruana Chief Building Official Town of Sewall's Point Building Dept.

RE: Krammer Residence

Slab Elevations

Dear Sir:

On the Krammer residence the slab elevations were based upon the minimum stub out elevation given by the Health Department (EL 11.41 MSL). The ground elevation with proper cover over the drainfield and septic tank was approximately 12.7 MSL to 13.3 MSL at the front of the lot. In order to provide proper slopes and required depths for plumbing elbows the 100-ft of plumbing run would require a minimum main building slab elevation of 14.83 MSL.

Sincerely,

1111 S. FEDERAL MAD

SUITE 226

STUART

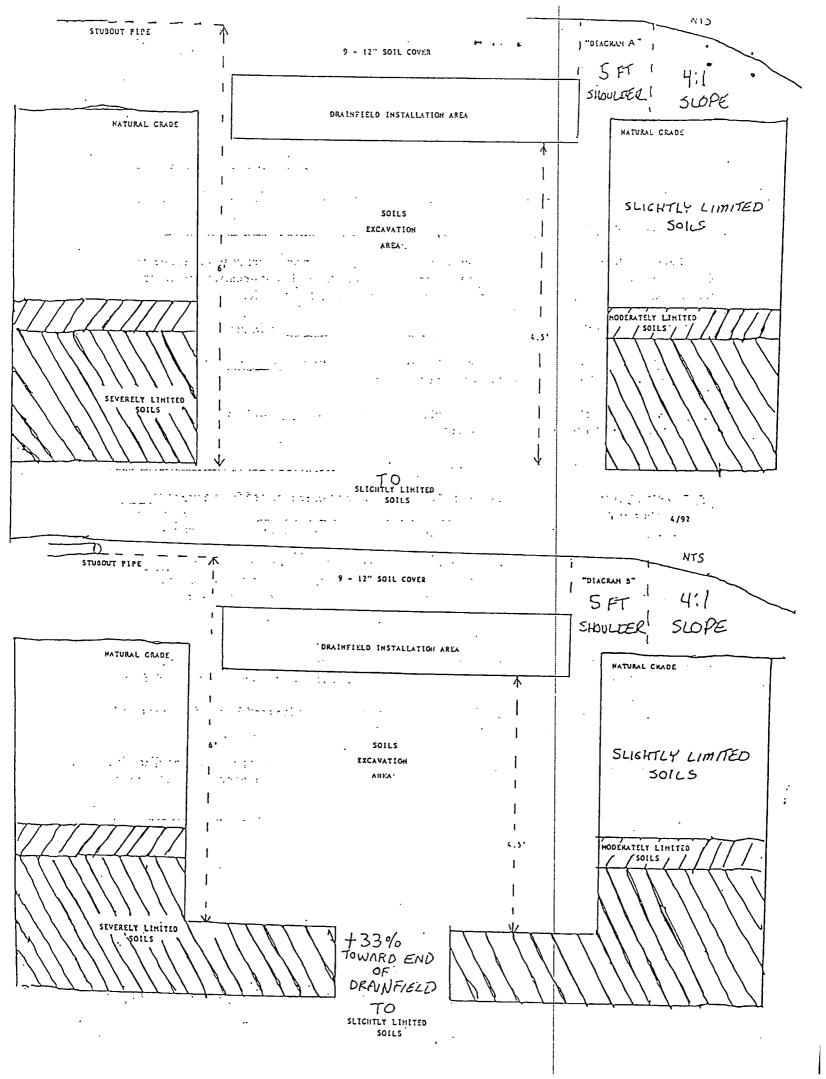
William J. Mathers, PE FL License 19658



PHONE: (561) 287-0525

FAX: (561) 220-8686

| Lauran Chiles                                                                                       |                                                                                                                                                                                                |                                                                                                                 | Le see T. Hewell M.D. M.D. H.                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lawton Chiles<br>Governor                                                                           | ·                                                                                                                                                                                              | ······································                                                                          | Jaines T. Howell, M.D.,M.P.H<br>Secretary                                                                                                                                                                                                                                                                          |
|                                                                                                     |                                                                                                                                                                                                |                                                                                                                 |                                                                                                                                                                                                                                                                                                                    |
|                                                                                                     | STUBOUT ELEV                                                                                                                                                                                   | ATION AND EXCAV                                                                                                 | ATION CERTIFICATION                                                                                                                                                                                                                                                                                                |
| APPLICANT                                                                                           | obert 14 11                                                                                                                                                                                    | K.                                                                                                              | 97 ,72                                                                                                                                                                                                                                                                                                             |
|                                                                                                     | 1 / Kathri                                                                                                                                                                                     | <u>YN MainerSEPTIC T</u>                                                                                        | ANK PERMIT NO.: HD 97 - 173                                                                                                                                                                                                                                                                                        |
| LEGAL DESCRI                                                                                        | $PTION: \_LO + 7$                                                                                                                                                                              | , Block E                                                                                                       | Homewood                                                                                                                                                                                                                                                                                                           |
| The items whic<br>County Health De                                                                  | ch are checked off below m<br>partment prior to the first                                                                                                                                      | ust be certified by a surve<br>plumbing inspection by th                                                        | yor or engineer and returned to the Martin<br>e Building Department. Approval of this<br>nstruction for septic system permits.                                                                                                                                                                                     |
| V                                                                                                   | -                                                                                                                                                                                              |                                                                                                                 | •                                                                                                                                                                                                                                                                                                                  |
| <u> </u>                                                                                            | rmit Number:                                                                                                                                                                                   | ······                                                                                                          | (Certification not required for this item)                                                                                                                                                                                                                                                                         |
| 2. I certify that benchmark                                                                         |                                                                                                                                                                                                | f the lowest plumbing stub                                                                                      | out isinches (cirele one) above / below                                                                                                                                                                                                                                                                            |
| $X_{3}$ . I certify the                                                                             | at the top of the lowest buil                                                                                                                                                                  | ding plumbing stubout is                                                                                        | inches (circle one) above/ below crown o                                                                                                                                                                                                                                                                           |
| Tuau cievan                                                                                         | on shown on septic tank pe                                                                                                                                                                     | ermit.                                                                                                          |                                                                                                                                                                                                                                                                                                                    |
| 4. I certify the                                                                                    | at the top of the drainfield j                                                                                                                                                                 | nine elevation is                                                                                               |                                                                                                                                                                                                                                                                                                                    |
|                                                                                                     |                                                                                                                                                                                                |                                                                                                                 |                                                                                                                                                                                                                                                                                                                    |
| 5. I certify the                                                                                    | it all moderate and or seven                                                                                                                                                                   | rely limited soils have beer                                                                                    | removed from an area offeet by                                                                                                                                                                                                                                                                                     |
| plans to sca                                                                                        | le of excavated area. (See i                                                                                                                                                                   | diagram A/ B c                                                                                                  | Surveyor must submit 2 p<br>on reverse side) Date Observed://                                                                                                                                                                                                                                                      |
|                                                                                                     |                                                                                                                                                                                                |                                                                                                                 | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                              |
| of the area of                                                                                      | of the drainfield. This area                                                                                                                                                                   | a is centered in the drainfig                                                                                   | en removed in an areafeet wide or 33<br>and extends to a depth offeet wher                                                                                                                                                                                                                                         |
|                                                                                                     | Date Observed:/                                                                                                                                                                                |                                                                                                                 | cale of excavated area. (See diagram B on                                                                                                                                                                                                                                                                          |
|                                                                                                     |                                                                                                                                                                                                |                                                                                                                 | cale of excavated area. (See diagram B on                                                                                                                                                                                                                                                                          |
| reverse side)<br>NOTE: a. Sever<br>b. Drain                                                         | Date Observed:/<br>rely limited soil includes bu<br>afield must be centered in t                                                                                                               |                                                                                                                 | cale of excavated area. (See diagram B on                                                                                                                                                                                                                                                                          |
| reverse side)<br>NOTE: a. Sever<br>b. Drain<br>are n<br>c. Cond                                     | Date Observed:/<br>rely limited soil includes bu<br>afield must be centered in t<br>ot removed.                                                                                                | ut is not limited to hardpan<br>the excavated area. Draint                                                      | cale of excavated area. (See diagram B on                                                                                                                                                                                                                                                                          |
| reverse side)<br>NOTE: a. Sever<br>b. Drain<br>are n<br>c. Cond                                     | Date Observed:/<br>rely limited soil includes bu<br>offield must be centered in t<br>ot removed.<br>ition numbers 5, 6 and 7 m                                                                 | ut is not limited to hardpan<br>the excavated area. Draint                                                      | cale of excavated area. (See diagram B on<br>??;<br>, clay, silt, marl or muck.<br>Field will not be approved if severe limited soi<br>ation certification from the certified septic                                                                                                                               |
| reverse side)<br>NOTE: a. Seven<br>b. Drain<br>are n<br>c. Cond<br>instal                           | Date Observed:/<br>rely limited soil includes bu<br>offield must be centered in t<br>ot removed.<br>ition numbers 5, 6 and 7 m                                                                 | ut is not limited to hardpan<br>the excavated area. Draint                                                      | cale of excavated area. (See diagram B on<br>, clay, silt, marl or muck.<br>Tield will not be approved if severe limited soi                                                                                                                                                                                       |
| reverse side)<br>NOTE: a. Seven<br>b. Drain<br>are n<br>c. Cond<br>instal<br>CERTIFTED BY:          | Date Observed:/<br>rely limited soil includes bu<br>offield must be centered in t<br>ot removed.<br>ition numbers 5, 6 and 7 m<br>ller responsible for drainfie                                | t is not limited to hardpan<br>the excavated area. Draint<br>ay be satisfied with excava<br>eld installation.   | cale of excavated area. (See diagram B on<br><sup>29</sup> ,<br>, clay, silt, marl or muck.<br>Field will not be approved if severe limited soin<br>ation certification from the certified septic<br>As applicant or applicant's representative<br>I understand the above requirements.                            |
| reverse side)<br>NOTE: a. Seven<br>b. Drain<br>are n<br>c. Cond<br>instal<br>CERTIFTED BY:          | Date Observed:/<br>rely limited soil includes bu<br>offield must be centered in t<br>ot removed.<br>ition numbers 5, 6 and 7 m                                                                 | t is not limited to hardpan<br>the excavated area. Draint<br>ay be satisfied with excava<br>eld installation.   | cale of excavated area. (See diagram B on<br>??;<br>, clay, silt, marl or muck.<br>Tield will not be approved if severe limited soin<br>tion certification from the certified septic<br>As applicant or applicant's representativ                                                                                  |
| reverse side)<br>NOTE: a. Seven<br>b. Drain<br>are n<br>c. Cond<br>instal<br>CERTIFTED BY:          | Date Observed:/<br>rely limited soil includes bu<br>afield must be centered in t<br>ot removed.<br>ition numbers 5, 6 and 7 m<br>ller responsible for drainfic                                 | t is not limited to hardpan<br>the excavated area. Draint<br>ay be satisfied with excava<br>eld installation.   | cale of excavated area. (See diagram B on<br><sup>23</sup> ,<br>, clay, silt, marl or muck.<br>Field will not be approved if severe limited soin<br>ation certification from the certified septic<br>As applicant or applicant's representative<br>I understand the above requirements.<br>(Signature)             |
| reverse side)<br>NOTE: a. Seven<br>b. Drain<br>are n<br>c. Cond<br>instal<br>CERTIFTED BY:          | Date Observed:/<br>rely limited soil includes bu<br>afield must be centered in t<br>ot removed.<br>ition numbers 5, 6 and 7 m<br>ller responsible for drainfic                                 | t is not limited to hardpan<br>the excavated area. Draint<br>ay be satisfied with excava<br>eld installation.   | cale of excavated area. (See diagram B on<br><sup>23</sup> ,<br>, clay, silt, marl or muck.<br>Field will not be approved if severe limited soin<br>ation certification from the certified septic<br>As applicant or applicant's representative<br>I understand the above requirements.<br>(Signature)             |
| reverse side)<br>NOTE: a. Seven<br>b. Drain<br>are n<br>c. Cond<br>instal<br>CERTIFTED BY:          | Date Observed:/<br>rely limited soil includes bu<br>afield must be centered in t<br>ot removed.<br>ition numbers 5, 6 and 7 m<br>ller responsible for drainfic                                 | t is not limited to hardpan<br>the excavated area. Drain<br>ay be satisfied with excava<br>eld installation.    | cale of excavated area. (See diagram B on<br><sup>23</sup> ,<br>, clay, silt, marl or muck.<br>Field will not be approved if severe limited soin<br>ation certification from the certified septic<br>As applicant or applicant's representative<br>I understand the above requirements.<br>(Signature)             |
| reverse side)<br>NOTE: a. Seven<br>b. Drain<br>are n<br>c. Cond<br>instal<br>CERTIFTED BY:<br>Date: | Date Observed:/<br>rely limited soil includes bu<br>ifield must be centered in t<br>ot removed.<br>ition numbers 5, 6 and 7 m<br>ller responsible for drainfic<br>Job Number:<br>FOR MARTIN CC | ut is not limited to hardpan<br>the excavated area. Draint<br>may be satisfied with excava<br>eld installation. | cale of excavated area. (See diagram B on<br>??;<br>, clay, silt, marl or muck.<br>Field will not be approved if severe limited soint<br>ation certification from the certified septic<br>As applicant or applicant's representation<br>I understand the above requirements.<br>(Signature)<br>CTMENT USE ONLY     |
| reverse side)<br>NOTE: a. Seven<br>b. Drain<br>are n<br>c. Cond<br>instal<br>CERTIFTED BY:<br>Date: | Date Observed:/<br>rely limited soil includes bu<br>afield must be centered in t<br>ot removed.<br>ition numbers 5, 6 and 7 m<br>ller responsible for drainfic                                 | ut is not limited to hardpan<br>the excavated area. Draint<br>may be satisfied with excava<br>eld installation. | cale of excavated area. (See diagram B on<br>??;<br>, clay, silt, marl or muck.<br>Field will not be approved if severe limited soint<br>ation certification from the certified septic<br>As applicant or applicant's representation<br>I understand the above requirements.<br>(Signature)<br>CTMENT USE ONLY     |
| reverse side)<br>NOTE: a. Seven<br>b. Drain<br>are n<br>c. Cond<br>instal<br>CERTIFTED BY:<br>Date: | Date Observed:/<br>rely limited soil includes bu<br>ifield must be centered in t<br>ot removed.<br>ition numbers 5, 6 and 7 m<br>ller responsible for drainfic<br>Job Number:<br>FOR MARTIN CC | ut is not limited to hardpan<br>the excavated area. Draint<br>may be satisfied with excava<br>eld installation. | cale of excavated area. (See diagram B on<br>, clay, silt, marl or muck.<br>Field will not be approved if severe limited soin<br>ation certification from the certified septic<br>As applicant or applicant's representation<br>I understand the above requirements.<br>(Signature)<br>CTMENT USE ONLY<br>e (Date) |



O.M.B. No 3067-0077 Expires May 31, 1993

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# **ELEVATION CERTIFICATE**

JOD # 1084-07-01 FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). Instructions for completing this form can be found on the following pages.

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| SECTION A PROPERTY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FOR INSURANCE COMPANY USE                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| BUILDING OWNER'S NAME BOR'S KATHY KRAMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | POLICY NUMBER                                                                                        |
| STREET ADDRESS (Including Agt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | COMPANY NAIC NUMBER                                                                                  |
| OTHER DESCRIPTION (Lot and Block Numbers, elc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |
| CUTY SEWALLS POINT EL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>A</u>                                                                                             |
| SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TION                                                                                                 |
| Provide the following from the proper FIRM (Seo Instructions):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |
| 1. COMMUNITY NUMBER 2. PANEL NUMBER 3. SUFFIX 4. DATE OF FIRM INDEX 5. FIRM Z<br>120164 0002 Date 6/16/92 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ONE 6. BASE FLOOD ELEVATION<br>(in AO Zones, use depth)                                              |
| <ul> <li>Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGV</li> <li>For Zones A or V, where no BFE is provided on the FIRM, and the community has established a E the community's BFE:</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |
| SECTION C BUILDING ELEVATION INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      |
| <ul> <li>I. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found describes the subject building's reference level</li> <li>I. The top of the reference level floor from the subject building's reference level</li> <li>I. The top of the reference level floor from the subject building's reference level floor from the subject building is reference level</li> <li>I. FIRM Zones A1-A30, AE, AH, and A (with BFE). The bottom of the lowest horizontal structural mem the selected diagram, is at an elevation of if the selected diagram, is at an elevation of if the selected diagram is below (check one) the highest grade adjacent to the building.</li> <li>(d). FIRM Zone AO. The floor used as the reference level from the selected diagram is below (check one) the highest grade adjacent to the building.</li> <li>(d). FIRM Zone AO. The floor used as the reference level from the selected diagram is If no flood depth number is available, is the build level) elevated in accordance with the community's floodplain management ordinance? Yes</li> <li>I. Indicate the elevation datum system used in determining the above reference level elevations: [X]</li> <li>I. Indicate the elevation grame on Page 2.)</li> <li>Elevation reference framk used appears on FIRM: [X] Yes No (See Instructions on Page 4)</li> <li>The reference level elevation is based on: [X] actual construction construction drawings (NOTE: Use of construction drawings is only valid if the building does not yet have the reference level for the building during the course of construction. A post-cons will be required once construction is complete.)</li> <li>The elevation of the lowest grade immediately adjacent to the building is: feet NG Section B. Item 7].</li> </ul> | elected diagram is at an elevation<br>nber of the reference level from<br>ee Section B, Item 7).<br> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |
| SECTION D COMMUNITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |
| . If the community official responsible for verifying building elevations specifies that the reference level is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevations" as defined by the ordinance is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ion B, Item 7).                                                                                      |
| REPLACES ALL PREVIOUS EDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SEE REVERSE SIDE FOR CONTINUATION                                                                    |

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#### SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1–A30, AE, AH, A (with BFE),V1–V30,VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

Reference level diagrams 6, 7 and 8 - Distinguisioning Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

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| Stephen J. Brown                              | and the states                   | 4049                                    |                                       |
|-----------------------------------------------|----------------------------------|-----------------------------------------|---------------------------------------|
|                                               | LICENSE                          | NUMBER (or Affix Seal)                  | -                                     |
| CERTIFIER'S NAME<br>Land Surveyor             | Stepi                            | nen J. Brown,                           | Inc. LA                               |
|                                               | COMPANY NAME<br>Stuart           | F                                       | lorida <u>34994</u>                   |
| The 290 Florida Street                        | CITY                             | 1-1                                     | STATE ZIP                             |
| ADDRESS                                       |                                  | 21 97 (407                              |                                       |
| SIGNATURE                                     |                                  | DAIL                                    | ONE                                   |
| Copies sheulg be made of this Certificate for | 1) community official, 2) inst   | urance agent/company                    | and 3) building owner.                |
|                                               |                                  |                                         |                                       |
| COMMENTS:                                     |                                  | ELEVATIO                                | N 14.80                               |
| LOWEST LI                                     | WING LEVEL                       | ELEUAL                                  | · · · · · · · · · · · · · · · · · · · |
| · · · · · · · · · · · · · · · · · · ·         | they south                       | ·····                                   |                                       |
|                                               |                                  |                                         | ·                                     |
|                                               | · · ·                            |                                         |                                       |
|                                               |                                  |                                         |                                       |
|                                               |                                  |                                         |                                       |
|                                               | WITH                             | 0                                       | N PILES,<br>DR COLUMNS                |
| ON<br>SLAB                                    | BASEMENT                         | PIERS.                                  |                                       |
| a v<br>zones zones                            | ZONES                            | ZONES                                   | ZONES T                               |
|                                               |                                  |                                         | REFERENCE                             |
|                                               |                                  |                                         |                                       |
|                                               | ·····                            | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | June Printe                           |
|                                               | REFERENCE                        | n M                                     | BASE<br>FLOOD<br>ELEVATION            |
| BASE<br>FLOOD<br>PLEVATION<br>REFERENCE       | ADJACENT<br>GRADE                |                                         |                                       |
| FLOOD<br>ELEVATION                            |                                  |                                         |                                       |
| jî .                                          | , i -                            |                                         |                                       |
| •                                             | -                                |                                         | ADIACENT<br>GRADE                     |
|                                               | (ger - 4)                        |                                         |                                       |
| The diagrams above illustrate the points at a | which the elevations should be   | measured in A Zones and                 | d V Zones.                            |
| Flevations for all A Zones should be measured | ed at the top of the reference k | evel floor.                             |                                       |
| Elevations for all V Zones should be measured | ed at the bottom of the lowest l | norizontal structural merr              | iber.                                 |

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| STATE OF FLORIDA<br>DEPARTMENT OF HEALTHPERMIT #<br>STATE OF FLORIDA<br>DATE PAID97-0173-<br>06/02/97<br>FEE PAID<br>FEE PAID<br>RECEIPT #ONSITE SELVAGE DISPOSAL SYSTEM<br>CONSTRUCTION PERMIT<br>BUTHORITY, CHAPTER 301, F.S. & CHAPTER 100-5, F.R.C.PERMIT #<br>STATE OF FLORIDA<br>DATE PAID<br>FEE PAID<br>RECEIPT #97-0173-<br>06/02/97<br>FEE PAID<br>RECEIPT #                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONSTRUCTION PERMIT FOR:<br>[X] New System [] Existing System [] Holding Tank [] Temporary/Experimental System<br>[] Repair [] Abandonment [] Other(Specify)                                                                                                                                                                                                                                                                                                                                                                                                                   |
| APPLICANT: <u>ROBERT/KATHRYN KRAMER</u> AGENT: <u>STEPHEN BROWN</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PROPERTY STREET ADDRESS: <u>RIDGEVIEW ROAD</u> SEWALLS POINT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| LOT:_7BLOCK:_ESUBDIVISION:_HOMEWOOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PROPERTY ID #: [SECTION/TOWNSHIP/RANGE/PARCEL NO.]<br>[OR TAX ID NUMBER]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC<br>REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS<br>EXPIRE 18 MONTHS FROM THE DATE OF ISSUE. HRS APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY<br>PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A<br>BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH<br>MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. |
| SYSTEM DESIGN AND SPECIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| T       [ 1200 ] [ GALLONS ] SEPTIC TANK       MULTI-CHAMBERED/IN SERIES:[Y]         A       [ 0 ] [GALLONS / GPD]       CAPACITY         N       [ 0 ] GALLONS GREASE INTERCEPTOR CAPACITY       [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]         K       [ 0 ] GALLONS PER DOSE       DOSE RATE [0] PER 24 HRS NO. OF PUMPS: [0]                                                                                                                                                                                                                                         |
| D [ 416 ] SQUARE FEET PRIMARY DRAINFIELD SYSTEM<br>R [ 0 ] SQUARE FEETSYSTEM<br>A TYPE SYSTEM: [X ] STANDARD [ ] FILLED [ ] MOUND [ ] <u>3 TRENCHES X 46.33'L</u><br>I CONFIGURATION: [X ] TRENCH [ ] BED [ ]                                                                                                                                                                                                                                                                                                                                                                  |
| N<br>F LOCATION OF BENCHMARK: <u>12.16'NGVD_CRRD</u><br>I ELEVATION OF PROPOSED SYSTEM SITE IS [ 0.5 ] INCHES ABOVE BENCHMARK/REFERENCE POINT<br>E BOTTOM OF DRAINFIELD TO BE [29.5 ] INCHES BELOW BENCHMARK/REFERENCE POINT                                                                                                                                                                                                                                                                                                                                                   |
| L<br>D FILL REQUIRED: [ 0.0 ] INCHES EXCAVATION REQUIRED: [ 0.0 ] INCHES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| OTOP OF BUILDING STUBOUT IS REQUIRED TO BE A MINIMUM ELV. OF9"BELOW BM 12.16'TTOP OF DRAINFIELD PIPE IS REQUIRED TO BE A MINIMUM ELV. OF19"BELOW BM 12.16'HTOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELV. OF4"BELOW BM 12.16'ESEPTIC TANK IS TO BE AT FINISH SOIL GRADE, DO NOT EXCEED 18" COVER ON D.F.RDRAINFIELD ROCK MUST BE A MINIMIM OF 5 FT. FROM PROPERTY LINES.                                                                                                                                                                                                  |
| SPECIFICATIONS BY: EDGAR MORALESTITLE:ENV. SPL. II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| APPROVED BY: RAY CROSSTITLE: ENV. SUPV. IIMARTINCPHU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| DATE ISSUED: 06/17/97 EXPIRATION DATE: 12/17/98                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| HRS-H Form 4016 March 1992 (Obsoletes Previous Editions Which May Not Be Used) Page 1 of 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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Lawton Chiles Governor

James T. Howell, M.D.,M.P.H Secretary

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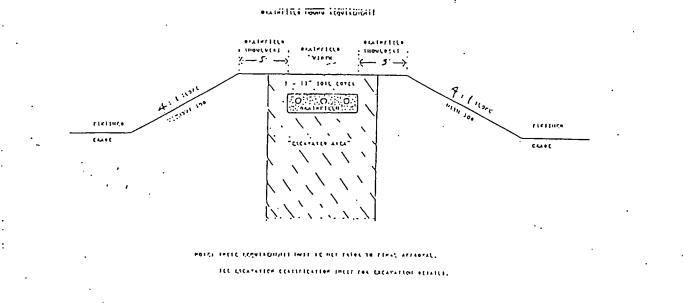
|                          | SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST                                                                                                                                                                                                                                                           |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APPLI<br>SUBDI           | CATION NAME: Kramer permit NO. (HD) 27-173<br>VISION:                                                                                                                                                                                                                                                |
| <u>X</u> 1.              | NOTE Special Condition(s) marked "X" are in effect.<br>Drainfield must be maintained under grass;and protected from<br>vehicular traffic (i.e., traffic barriers).                                                                                                                                   |
| 2.                       | Operational test of dosing pump(s) and high water alarm (audible and visual) required prior to final construction approval.                                                                                                                                                                          |
|                          | Driveway / sidewalk elevation must be 9" higher than drain-<br>field pipe elevation if they are within $\_$ feet of each-other.                                                                                                                                                                      |
| <u>×</u> 4.              | Septic system must be 25' from surface water / wetlands /<br>mean high water line.                                                                                                                                                                                                                   |
| 5.                       | Excavate one / three feet beyond drainfield area to a depth of                                                                                                                                                                                                                                       |
| 6.                       | In addition to item #5, 33% of unsuitable soils at depths greater than must be removed to a depth of slightly limited soils.                                                                                                                                                                         |
| 7.                       | If well abandonment is required, the well(s) in question must<br>be properly abandoned by a certified well driller. The attached<br>well abandonment form(s) must be completed by the well driller<br>and submitted to this office prior to initial building<br>construction or system installation. |
| 8.                       | Septic tank abandonment notices from the Septic Tank Contractor must be received by this office prior to final construction approval.                                                                                                                                                                |
| 9.                       | The mound area must be sodded within prior to the request for final grade inspection.                                                                                                                                                                                                                |
| <u>X</u> <sub>10</sub> . | Any future ponds or surface water created onsite must be greater than 75' from septic system(s).                                                                                                                                                                                                     |
| <u>×</u> 11.             | The available area for septic installation must to be evenly filled and leveled.                                                                                                                                                                                                                     |
| <u> </u>                 | $\frac{10}{2}$ reinspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection.                                                                                                                                                                |
| <u>*</u>                 | SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS. Page 1 of 3                                                                                                                                                                                                                                            |
|                          |                                                                                                                                                                                                                                                                                                      |
| :                        | Martin County Health Department<br>620 South Dixie Highway • Stuart, Fl 34994<br>(561) 221-4090 SunCom 269-4090 Fax (561) 221-4967                                                                                                                                                                   |

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SPECIAL CONDITION REQUIREMENTS (Page 2 of 3) Revised 07/24/96  $\frac{1}{13}$ . Septic system must be a minimum of 10 feet from drainage culverts or storm water drains and a 15 feet minimum from dry retention, dry detention or dry drainage ditches. \_\_\_\_14. Occupational approval will not be given until all requirements for public water system/ foodservice/ institutional/ septic system are met. \_\_\_\_\_ . . . . \_\_\_\_15. Septic tank/ dosing chamber/ grease trap must have (traffic lids with) \_\_\_\_ manhole cover(s) per tank extending to the surface. \_\_\_\_ gallon outside grease trap(s) is required. \_\_\_16. The grease trap should be connected with the outlet tee extending to within 8" of the bottom of the tank. The following must be connected to the grease trap. a) handwash sink(s).
 b) three compartment sink(s).
 c) floor drains.
 d) can wash, janitor's sink(s). e) dishwasher if present. ·. ·. ·. · . All other greaseless flow should be connected directly to the septic tank. \_17. to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible and visual signals is required. If two drainfields are used, each field must be connected to an individual pump and alternately dose. \_\_\_18. Two pumps are required to alternately dose into two separate fields. Separate drainfields must be a minimum of 10 feet apart. \_\_\_\_19. If rainwater from the building roof drains onto the drainfield available area, gutters are required in the area of drainfield. Down-spouts must be diverted from the drainfield area.  $\times$  20. No sprinkler heads are allowed on top of drainfield. Irrigation lines must be separated from the drainfield by ten feet unless an approved backflow prevention device is properly installed.  $\times$  21. Potable water lines, whether connected to an on-site well or to a utility meter, must be a minimum of ten feet from drainfields or sealed with a water proof sealant within a sleeve of similar pipe to a distance of ten feet from the nearest portion of the drainfield. In no case can the sleeved line be located within 24 inches of the drainfield or at an elevation lower than the bottom of the drainfield.  $X_{22}$ . All wells installed onsite must be 25' from the building foundation and meet all other setback-installation requirements.  $\frac{\chi}{23}$ . Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.

X 24. If the building stubout is placed more than 20ft. from septic tank or drainfield, the stubout elevation must be higher than the permitted elevation to achieve gravity flow. This must have prior approval from the health unit. SPECIAL CONDITION REQUIREMENTS (Page 3 of 3) Revised 07/24/96

- $\frac{1}{25}$  25. If fill is required, contact Martin County Building Division for requirements.
- X 26. Inspection results will be posted on the building permit. A copy of the construction approval is available upon request.
- 27. Λ septic tank outlet filter is required on all septic tanks.
- X 28. If any information on this permit changes, an amended application is required to be filed immediately.
- $\times$  29. Any alteration of the information or conditions of this permit found to be in non-compliance with 10D-6 Florida Administrative Code, will be sufficient cause for revocation of this permit.
- \_\_\_\_30. The engineer of record must certify that the installed system complies with the approved design and installation requirements.
- ji. Prior to final construction approval, the property owner must apply for an annual operating permit and pay the \$\_\_\_\_\_\_ annual permit fee (For \_\_\_Indust./Manuf. \_\_\_Aerobic system(s).
  - \_32. If a mound drainfield is proposed, see following sketch of additional requirements (No retaining walls are allowed within the drainfield shoulder or slope areas of a mound system).



| 2   | 1 | 0 | L 1 | 5  | ~ | ~ | • |  |
|-----|---|---|-----|----|---|---|---|--|
| - 5 | 3 | 0 | LI  | 11 | e | L |   |  |
|     |   |   |     |    |   |   |   |  |

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

Questions concerning special conditions can be answered by calling Edpardo Montes at (561) 221-4090.

an million rails applied

| STATE OF FLORIDA<br>DEPARTMENT OF HEALTH<br>ONSITE SELARGE DISPOSAL SYST<br>SITE EVALUALTION AND SYSTEM S<br>RUTHORITY, CHAPTER 381, F.S. & CHAPTER 100-5, F                            | EM ERVICES WELL PLAN 15<br>SPECS.                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| APPLICANT: ROBERT/KATHRYN KRAMER                                                                                                                                                        | AGENT: STEPHEN BROWN                                                                                                                |
| LOT: _7 BLOCK: _E SUBDIVISION: _Ho                                                                                                                                                      | DMEWOOD                                                                                                                             |
| PROPERTY ID #: [SEC                                                                                                                                                                     | ION/TOWNSHIP/RANGE/PARCEL NO. OR TAX ID NUMBER]                                                                                     |
| TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYED<br>PROVIDE REGISTRATION NO. AND SIGN AND SEAL EACH 1                                                                                  | PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.                                                                                              |
| PROPERTY SIZE CONFORMS TO SITE PLAN:       YES         TOTAL ESTIMATED SEWAGE FLOW:       SOO         AUTHORIZED SEWAGE FLOW:       SOO         UNOBSTRUCTED AREA AVAILABLE:       1050 | S PER DAY [RESIDENCES-TABLE-1 / OTHER-TABLE-2]<br>S PER DAY [ <del>1500-GPD/ACRE</del> OR 2500_GPD/ACRE]                            |
| BENCHMARK/REFERENCE POINT LOCATION: CR RD<br>ELEVATION OF PROPOSED SYSTEM SITE IS 0.5                                                                                                   | CHES ABOVE BELON BENCHMARK REFERENCE POINT.                                                                                         |
| THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM<br>SURFACE WATER: FT DITCHES SWALES<br>WELLS: PUBLIC: FT LIMITED USE:<br>BUILDING FOUNDATIONS: FT PROPERTY LIM                         | T PRIVATE: <u>PO</u> FT NORMALLY WET? [] YES [ Y NO                                                                                 |
| SITE SUBJECT TO FREQUENT FLOODING: [ ] YES [1]<br>10 YEAR FLOOD ELEVATION FOR SITE: FT 1                                                                                                | NO 10 YEAR FLOODING? [] YES [ - NO<br>ISL/NGVD SITE ELEVATION: <u>/2.2</u> FT.MSL/NGVD                                              |
| SOIL PROFILE INFORMATION SITE                                                                                                                                                           | SOIL PROFILE INFORMATION SITE                                                                                                       |
| Munsell #/Color Texture Depth " to                                                                                                                                                      | Munsell #/Color Texture Depth"to                                                                                                    |
| 10 yr T/1 45 GRAY SAME 0 to 5                                                                                                                                                           | 10 yr 5/3 server smith o to re                                                                                                      |
| and \$12 mint saw 23 to 21                                                                                                                                                              | Inge 7/2 LT cent Sm3 14 to 25                                                                                                       |
| loye efe courses you 5. 71 to 60                                                                                                                                                        | love the vous some _ # to 57                                                                                                        |
| love 7/2 perior sono _ ce to _ 72                                                                                                                                                       | <u>10 × 7/8 × 200 sma 57 <sup>10</sup> 72</u><br>to                                                                                 |
| to                                                                                                                                                                                      | to                                                                                                                                  |
| USDA SOIL SERIES: (AC) Main some (0-8% score                                                                                                                                            | 5) USDA SOIL SERIES: (TE) Ancia sono (0-87.                                                                                         |
| BSERVED WATER TABLE: INCHES [ABOVE / BEL<br>ESTIMATED WET SEASON WATER TABLE ELEVATION:<br>HIGH WATER TABLE VEGETATION: [ ] YES [ 4 NO                                                  | W EXISTING GRADE TYPE: [PERCHED / APPARENT]<br>54 INCHES [ ABOVE / BELOD ] EXISTING GRADE<br>MOTTLING: [ ] YES [ ] NO DEPTH: INCHES |
| SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: /<br>DRAINFIELD CONFIGURATION: [X] TRENCH [] BE<br>REMARKS/ADDITIONAL CRITERIA:                                                            | DEPTH OF EXCAVATION:INCHES                                                                                                          |
|                                                                                                                                                                                         |                                                                                                                                     |
|                                                                                                                                                                                         |                                                                                                                                     |
| SITE EVALUATED BY:                                                                                                                                                                      | DATE: <u>F-3-97</u>                                                                                                                 |
| HRS-H Form 4015 March 1992 (Obsoletes Previous E                                                                                                                                        | ditions Which May Not Be Used) Page 3 of 3                                                                                          |

April

RECEIVED JUN - 2 1997 HRS-Martin County PERMIT # Public Hogen 11 STATE OF FLORIDA DEPAIRMENT OF HEALTH AND REHABILITATIVE SERVICES DATE PAID 91 FEE PAID S ONSITE SEWACE DISPOSAL SYSTEM 20190 RECEIPT # APPLICATION FOR CONSTRUCTION PERMIT Pinn Chapter 381, FS & Chapter 10D-6, FAC Authority: STEPHEN J. BROWN, INC. PREPARED BY: 290 FLORIDA STREET 407-288-7176 34994 FL. STUART, [ ] Temporary/Experimental APPLICATION FOR: ] Holding Tank ] Existing System ſ [X] New System 1 Other (Specify) 1 <u>abandonment</u> ] Repair 1 EPHONE: TTAMPI APPLICANT: **ACENT:** MAILING ADDRESS: 29 ATTACH BUILDING PLAN AND TO-SCALE TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SITE PLAN SHOWING PERTIMENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE. # 207030005435036088688070300885603888680990000333938888 PROPERTY INFORMATION [IF LOT IS NOT IN & RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED] 155 DATE OF 27 HOM WOODSUBDIVISION: SUBDIVISION: / MMAN INT OT BLOCK: LOT: [Section/Township/Range/Parcel No.] ZONING: PROPERTY ID #: NI PUELIC PROPERTY WATER SUPPLY: PRIVATE ACRES [Sqft/43560] PROPERTY SIZE: idae view PROPERTY STREET ADDRESS: DIRECTIONS TO PROPERTY: inht nto oal I m) CONCERCIAL down was (X) RESIDENTIAL ſ BUILDING INFORMATION Business Activity # Parsons Building No. of For Commercial Only Type of Served mit Area Sqft Bedrooms Establishment IO. 3 [1] Floor/Equipment Drains IY Spartfor Tubs ∀] Garbage Grinders/Disposals 1/1/otder (specify) Al Ultra-low Volume Flush Toilets TOUN PPLICANT'S SIGNATURE: Page 1 of 2 25-4 Form 4015, Mar 92 (Obsoletes previous editions which may not be used)

### **Structural Modification**

September 15, 1997

TO: Phil Caruana Chief Building Official Town of Sewall's Point Building Dept.

RE: Krammer Residence

Dear Mr. Caruana

On the Krammer residence it will be permissible to use a single CMU precast lintel over the master bedroom window opening with one #5 reinforcing bar. The use of a single lintel will not effect the ability of the structure to resist a 140-mph, Exposure C storm event per ASCE 7-95. If you have any questions feel free to contact us at the number below.

Sincerely,

William J. Mathers, PE FL License #19658

| Department o                                                                                | f Community    | Affairs                          |                              | SN: 7490                              |
|---------------------------------------------------------------------------------------------|----------------|----------------------------------|------------------------------|---------------------------------------|
| FLORIDA ENERGY EFFICIENCY<br>FORM 600A-93 Residential Whole Bu                              | CODE FOR BU    | UILDING CO                       | NSTRUCTION                   |                                       |
| PROJECT NAME: Kramer Residence 'BU                                                          | ILDER: Comme   | ercial Con                       | thod A<br>st                 | SOUTH                                 |
| AND ADDRESS: South Ridgeview PE                                                             | RMITTING       | ¦ CL                             | IMATE                        |                                       |
| Sewall's Point OF                                                                           | FICE:          | ZO                               | NE: 7; 8;                    | 9                                     |
| OWNER:                                                                                      | RMIT NO.       | ¦ JU                             | RISDICTION                   | NO.                                   |
| 1. New construction or addition                                                             |                | 1 New Co                         | nstruction                   | СК                                    |
| 2. Single family detached or Multifami                                                      | ly attached    | 2. Single                        | -Family                      |                                       |
| 3. If Multifamily-No. of units                                                              |                | 3.                               | 0                            | <u> </u>                              |
| 4. If Multifamily, is this a worst case                                                     | e (yes/no)     | 4.                               |                              |                                       |
| 5. Conditioned floor area (sq.ft.)                                                          |                | 5. 3505.0                        |                              |                                       |
| <ul><li>6. Predominant eave overhang (ft.)</li><li>7. Porch overhang length (ft.)</li></ul> |                | 6. 2.0                           |                              |                                       |
| 8. Glass area and type:                                                                     |                | 7. 6.0                           |                              |                                       |
| a. Clear Glass                                                                              |                |                                  | Pane Double<br>qft 322.10s   |                                       |
| b. Tint, film or solar screen                                                               |                | 8b. 0.0s                         | qft 0.00s                    | sqft                                  |
| 9. Floor type and insulation:                                                               |                | 0.00                             |                              | · · · · · · · · · · · · · · · · · · · |
| a. Slab on grade (R-value, perimeter                                                        | )              | 9a.R= 0.0                        | 0 , 229.00 f                 | `t                                    |
| 10.Net Wall type area and insulation:                                                       |                |                                  |                              |                                       |
| a. Exterior: 1. Concrete (Insulation                                                        | R-value)       | 10a-1 R=                         | 4.20, 3340.0                 |                                       |
| a. Exterior: 2. Wood frame (Insulation<br>b. Adjacent: 1. Concrete (Insulation              | Dn K-value)    | 10a-2 R=1                        | 9.00, 226.00                 | sqft                                  |
| 11.Ceiling type area and insulation:                                                        | n-value)       | 100-1 R=                         | 4.20, 96.00                  | sqit                                  |
| a. Under attic (Insulation R-value                                                          | ue)            | 11a.R=19.0                       | 00 , 2300.00                 | )saft                                 |
| 12.Air distribution systems                                                                 | $\sim$         |                                  | ,                            |                                       |
| a. Ducts (Insulation + Location)                                                            |                |                                  | 6.20 , uncc                  | ond                                   |
| 13.Cooling system                                                                           |                | 13. Type:                        | Central A/C                  |                                       |
| 13.Cooling system                                                                           | ۶/ <i>۱۱۱۱</i> | 10 m                             | SEER: 12.                    |                                       |
| 13.cooling system                                                                           |                | $\sum_{i=1}^{13. \text{ Type:}}$ | Central A/C                  | ,<br>,<br>,                           |
| 14. Heating System:                                                                         |                | 14 Type                          | SEER: 12.<br>Strip Heat      | 00                                    |
|                                                                                             |                | iii. ijpe.                       | COP: 1.                      | 00                                    |
| 14.Heating System:                                                                          |                | 14. Type:                        | Strip Heat                   |                                       |
|                                                                                             |                |                                  | COP: 1.                      | 00                                    |
| 15.Hot water system:                                                                        |                |                                  | : Electric                   |                                       |
| 16.Hot Water Credits: (HR-Heat Recover                                                      | <u>,</u>       | EF:<br>16.                       | 0.88                         |                                       |
| DHP-Dedicated Heat Pump)                                                                    | γ,             | 10.                              |                              |                                       |
| 17. Infiltration practice: 1, 2 or 3                                                        |                | 17.                              | 1                            |                                       |
| 18. HVAC Credits (CF-Ceiling Fan, CV-Cro                                                    |                | 18.                              | RB MZ                        |                                       |
| HF-Whole house fan, RB-Attic                                                                | radiant        |                                  |                              |                                       |
| barrier, MZ-Multizone)                                                                      |                | 10                               | 05 44                        |                                       |
| 19.EPI (must not exceed 100 points)<br>a. Total As-Built points                             |                | 19.<br>19a.                      | 85.44<br>48676.54            |                                       |
| b. Total Base points                                                                        |                | 19a.<br>19b.                     | 56969.09                     |                                       |
| or formi babb points                                                                        |                | 100.                             | 00000.00                     |                                       |
|                                                                                             |                |                                  |                              |                                       |
|                                                                                             |                |                                  |                              |                                       |
| I Hereby certify that the plans and                                                         |                |                                  | s and specif                 |                                       |
| specifications covered by this calcu-<br>lation are in compliance with the                  |                |                                  | lculation in<br>e Florida En |                                       |
| Florida Energy Code                                                                         |                |                                  | ruction is c                 |                                       |
|                                                                                             |                |                                  | be inspecte                  |                                       |
| PREPARED BY:                                                                                |                |                                  | rdance with                  |                                       |
| DATE:                                                                                       | 553.908 F      | ₹.S.                             |                              |                                       |
| Therefore that this building is                                                             |                |                                  |                              |                                       |
| I hereby certify that this building is<br>in compliance with the Florida Energy             | i<br>i         |                                  |                              |                                       |
| Code.                                                                                       | 1 .<br>1       |                                  |                              |                                       |

| **** | ******        | *****         | *****                | **************************************                                               | ******<br>LATIONS     | * * * * * * *                                           | *****                                                                                                     | ******                                 | ******                                                         |
|------|---------------|---------------|----------------------|--------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------|
|      |               | - DASE ==     | =                    |                                                                                      | ===                   | $\Delta S - RIII$                                       |                                                                                                           |                                        |                                                                |
| ==== | ========      | ===========   | ========             | ,<br>====================================                                            | ======                | ======                                                  |                                                                                                           | ========                               | ========                                                       |
| GLAS | S             |               | -                    | TYPE SC                                                                              |                       |                                                         | x SPM                                                                                                     |                                        |                                                                |
| Ν    | 77.10         | 109.7         | 8457.9               | DBL CLR                                                                              | N<br>N                | 12.8                                                    | 60.2                                                                                                      | .97                                    | 745.1                                                          |
| E    | 81.70         | 109.7         | 8962.5               | DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR | N<br>E<br>E           | $32.0 \\ 5.5 \\ 16.0 \\ 4.8 \\ 32.0 \\ 20.0 \\ 5.5 \\ $ | $\begin{array}{r} 60.2 \\ 60.2 \\ 60.2 \\ 127.0 \\ 127.0 \\ 127.0 \\ 127.0 \\ 127.0 \\ 127.0 \end{array}$ | .85<br>.97<br>.97<br>.92<br>.79        | 1444.8<br>281.1<br>930.9<br>592.8<br>3725.3<br>2002.0<br>514.4 |
| S    | 155.40        | 109.7         | 17047.4              | SGL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR                                  | E<br>S<br>S<br>S<br>S | $19.4 \\ 32.0 \\ 72.0$                                  | $136.3 \\ 124.2 \\ 124.2$                                                                                 | .97<br>.89<br>.52                      | 2570.4<br>3546.0<br>4663.8                                     |
| W    | 67.30         | 109.7         | 7382.8               | SGL CLR<br>SGL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR                       | 5<br>S<br>W<br>W<br>W | 32.019.410.84.815.715.4                                 | 124.2<br>135.6<br>127.0<br>127.0<br>127.0<br>127.0<br>127.0                                               | .36<br>.77<br>.86<br>.97<br>.79<br>.83 | 1447.52035.31178.9592.81571.61619.0                            |
|      |               |               |                      | SGL CLR                                                                              | W                     | 20.6                                                    | 136.3                                                                                                     |                                        | 2324.2                                                         |
| .15  | x COND.<br>AR | FLOOR /<br>EA | AREA                 | SS = ADJ. x (<br>FACTOR                                                              | POINTS                | Р                                                       | DJ GLASS<br>OINTS                                                                                         | 5                                      | GLASS<br>POINTS                                                |
| .15  | 3,505         | .00           | 381.50               | 1.378                                                                                | 41,850.               | 55                                                      | 57,674.7                                                                                                  | 78 ¦ 3                                 | 2,348.22                                                       |
|      |               |               |                      |                                                                                      |                       |                                                         |                                                                                                           |                                        | =======                                                        |
|      |               |               | = POINTS             | ТҮРЕ                                                                                 | R-                    | VALUE                                                   | AREA                                                                                                      | x SPM                                  | = POINTS                                                       |
|      | S             |               | -                    |                                                                                      |                       |                                                         |                                                                                                           |                                        |                                                                |
| Ext  | 3566.0        | 1.6           | 5705.6               | Ext NormWtBle<br>Ext NormWtBle<br>Ext Wood Fra                                       | ock In                | 4.2                                                     | 1280.0                                                                                                    | 2.28                                   | 4696.8<br>2918.4<br>361.6                                      |
| Adj  | 96.0          | 1.0           | 96.0                 |                                                                                      | ock In                | 4.2                                                     | 96.0                                                                                                      | 1.18                                   | 113.3                                                          |
|      |               |               |                      |                                                                                      |                       |                                                         |                                                                                                           |                                        |                                                                |
| Ext  | 38.0          | 6.4           | 243.2                | Ext Wood                                                                             | _                     |                                                         | 20.0                                                                                                      |                                        |                                                                |
| Adj  | 18.0          | 2.6           | 46.8                 | Ext Insulate<br>Adj Wood                                                             | d                     |                                                         | $18.0 \\ 18.0$                                                                                            | 6.40<br>3.80                           | $\begin{array}{c} 115.2 \\ 68.4 \end{array}$                   |
| CEIL | INGS          |               | _                    |                                                                                      |                       |                                                         |                                                                                                           |                                        |                                                                |
| UA   |               |               |                      | Under Attic                                                                          |                       | 19.0                                                    | 2300.0                                                                                                    | 1.50                                   | 3450.0                                                         |
|      |               | -20.0         |                      | Slab-on-Grade                                                                        | е                     | . 0                                                     | 229.0                                                                                                     | -20.00                                 | -4580.0                                                        |
|      | 3505.0        |               | 51523.5              | Practice #1                                                                          |                       |                                                         |                                                                                                           |                                        |                                                                |
|      |               | R POINTS      |                      |                                                                                      |                       |                                                         | ======                                                                                                    |                                        |                                                                |
| ==== |               |               | 2,389.88<br>======== |                                                                                      |                       | =====                                                   | ========                                                                                                  |                                        | 4,872.91                                                       |
| тота | L x S         | YSTEM =       | COOLING              | TOTAL X CA<br>COMPON RAT                                                             |                       |                                                         |                                                                                                           |                                        | COOLING                                                        |

| -<br>*******      | * * * * * * * *  | * * * * | ****        | ****    | * * *          | WAT          | ER H | FATI           | NC          |             |                         |           |         |                |                    | * * * * * * *                         |
|-------------------|------------------|---------|-------------|---------|----------------|--------------|------|----------------|-------------|-------------|-------------------------|-----------|---------|----------------|--------------------|---------------------------------------|
|                   | === BAS          | E ==    | =           |         | + + +<br> <br> |              |      |                | = =         | = AS        |                         | LT =      |         | * * * * * * *  | * * *              | * * * * * * *                         |
|                   |                  | = = = = |             | AL      | ===<br>  1<br> |              | VOLU |                | EF          | TANI<br>RAT |                         | K MUL     | .Τ x    | CREDI'<br>MULT | = = = :<br>Γ :     | = = = = = = = = = = = = = = = = = = = |
| 3                 | 3319.0           |         | 9,957       | .00     | <br>1<br>1     |              | 65   |                | 88          | 1.00        | <br>00                  | 3318      | .0      | 1.00           | 9                  | .954.00                               |
| ========          |                  | ====    | ====        | ====    | = = =          | ====         | ==== | ====           | ====        | ====:       | ====                    | ====      | ===:    | ======         | = = = :            | ======                                |
| *****             | *****            | * * * * | * * * * *   | * * * * | * * *          |              |      |                | ****        | * * * * *   | * * * 1                 | * * * *   | * * * : | * * * * * *    | ***                | * * * * * * *                         |
| *****             | ******           | ****    | ****        | ****    | * * *          | ****         | SUMM | ARY<br>* * * * | ****        | ****        | * * * 1                 | ****      | ***     | ******         |                    | ******                                |
|                   | === BAS          |         |             |         |                |              |      |                |             |             |                         |           |         | LT ===         |                    | * * * * * * *                         |
| COOLING<br>POINTS | HEATI<br>+ POINT |         | HOT<br>POIN |         |                | TOTA<br>POIN | •    |                | LING<br>NTS |             | = = = =<br>{EAT<br>POIN | ING<br>TS |         | DT WATI        | = = = =<br>ER<br>= | TOTAL<br>POINTS                       |
| 41584.3           | 5427             | .8      | 9957        | .0      | <br>56,        | 969.         | 09   | 28             | 280.8       | <b>-</b>    | <br>1044                | 1.8       |         | 954.0          | 48                 | ,676.54                               |
| ========          |                  | = = = = | ====        |         |                |              |      | = = = =        | ====:       | ====        | = = = =                 | ====      | = = = : | ======         | = = = :            |                                       |

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\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

\* EPI = 85.44 \* \*\*\*\*\*\*\*\*\*

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| * * * *      | *****                    | * * * * * * * * *   | * * * * * * * * * * | **************************************                                    | *****            | * * * * * *                        | *****                                                                                    | *****                     | * * * * * * * *                       |
|--------------|--------------------------|---------------------|---------------------|---------------------------------------------------------------------------|------------------|------------------------------------|------------------------------------------------------------------------------------------|---------------------------|---------------------------------------|
| ****         | •<br>•,* * * * * * * * * | * * * * * * * * * * | *******             | WINTER CALCUL                                                             | ATIONS<br>****** | ;<br>******                        | *****                                                                                    | * * * * * *               | * * * * * * * *                       |
| ====         | ===                      | BASE ===            | :<br>:=========:    |                                                                           | ===              | AS-BUI                             | LT ===                                                                                   |                           |                                       |
| GLAS<br>ORIE |                          | x BWPM =            | POINTS              | TYPE SC                                                                   | ORIEN            | AREA                               | x WPM x                                                                                  | WOF                       | = POINTS                              |
| N            | 77.10                    | 4                   | -30.8               | DBL CLR<br>DBL CLR                                                        | Ν                | 12.8                               | 2.2<br>2.2                                                                               | 1.02                      | 28.6                                  |
| E            | 81.70                    | 4                   | -32.7               | DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR | N<br>E<br>E<br>E | 5.5<br>16.0<br>4.8<br>32.0<br>20.0 | 2.22.2-1.1-1.1-1.1-1.1-1.1                                                               | 1.02<br>.92<br>.70<br>.25 | 13.2<br>35.8<br>-4.8<br>-24.6<br>-5.6 |
| S            | 155.40                   | 4                   | -62.2               | SGL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR                       |                  | $19.4 \\ 32.0 \\ 72.0$             | .1<br>-3.1<br>-3.1                                                                       | 1.58<br>.92<br>.31        | 3.1<br>-91.7<br>-69.0                 |
| W            | 67.30                    | 4                   | -26.9               | SGL CLR                                                                   | S<br>W<br>W<br>W | $19.4 \\ 10.8 \\ 4.8 \\ 15.7$      | $ \begin{array}{r} -3.1 \\ -2.0 \\ -1.1 \\ -1.1 \\ -1.1 \\ -1.1 \\ -1.1 \\ \end{array} $ | .69<br>.51<br>.92<br>.25  | -26.8<br>-6.1<br>-4.8<br>-4.4         |
|              |                          |                     | 1                   | SGL CLR                                                                   | W                | 20.6                               | .1                                                                                       |                           | 9.6                                   |
| .15          | x COND. I<br>AREA        |                     |                     | SS = ADJ. x G<br>FACTOR P                                                 |                  |                                    | DJ GLASS<br>OINTS                                                                        |                           | GLASS<br>POINTS                       |
|              |                          |                     |                     | 1.378                                                                     |                  |                                    |                                                                                          |                           |                                       |
|              | GLASS                    |                     |                     | TYPE                                                                      |                  |                                    |                                                                                          |                           | = POINTS                              |
| Ext          |                          | . 3                 | 1069.8              | Ext NormWtBlo<br>Ext NormWtBlo<br>Ext Wood Fram                           | ck In            | 4.2                                | 1280.0                                                                                   | 1.02                      | 1305.6                                |
| Adj          | 96.0                     | . 5                 | 48.0                | Ext Wood Fram<br>Adj NormWtBlo                                            | ck In            | 4.2                                | 96.0                                                                                     | . 44                      | 42.2                                  |
| Ext          | 38.0                     | 1.8                 | 68.4                | Ext Wood<br>Ext Insulated<br>Adj Wood                                     |                  |                                    | 20.0<br>18.0<br>18.0                                                                     | $2.80 \\ 1.80 $           | 56.0<br>32.4                          |
| Adj          | 18.0                     | 1.3                 | 23.4                | Adj Wood                                                                  |                  |                                    | 18.0                                                                                     | 1.90                      | 34.2                                  |
| CEIL<br>UA   | INGS<br>2100.0           | . 1                 | 210.0               | Under Attic                                                               |                  | 19.0                               | 2300.0                                                                                   | . 30                      | 690.0                                 |
| FLOO<br>Slb  | 0RS<br>229.0             | -2.1                | -480.9              | Slab-on-Grade                                                             |                  | .0                                 | 229.0                                                                                    | -2.10                     | -480.9                                |
|              | LTRATION-<br>3505.0      | 1.2                 | 4206.0              | Practice #1                                                               | ======           |                                    | 3505.0                                                                                   | 1.90                      | 6659.5                                |
|              | L WINTER                 | POINTS              |                     |                                                                           |                  |                                    | _                                                                                        |                           | 0,509.98                              |
| TOTA         | L x SYS                  | =========<br>STEM = | HEATING             | TOTAL X CAP<br>COMPON RATI                                                | x DUC            | T x SY                             | STEM x CR                                                                                | =======<br>EDIT =         | HEATING                               |

August 18, 1997

TO: Phil Caruana Chief Building Official Town of Sewall's Point Building Dept.

RE: Krammer Residence

Slab Elevations

Dear Sir:

On the Krammer residence the slab elevations were based upon the minimum stub out elevation given by the Health Department (EL 11.41 MSL). The ground elevation with proper cover over the drainfield and septic tank was approximately 12.7 MSL to 13.3 MSL at the front of the lot. In order to provide proper slopes and required depths for plumbing elbows the 100-ft of plumbing run would require a minimum main building slab elevation of 14.83 MSL.

MATHERS ENGINEERING CORPORATION

Sincerely,

William J. Mathers, PE FL License 19658

AUG 2 5 1991

1111 S. FEDERAL HWY.

SUITE 226 • STUART

FLORIDA •

34994 • PHONE: (

PHONE: (561) 287-0525 • FAX: (561) 220-8686

| -                                                                                                                                                                                                                                                                                                                                                                  |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Lawton Chiles<br>Governor James T. Howell, M.D., M.P.I                                                                                                                                                                                                                                                                                                             |            |
| Sccretary                                                                                                                                                                                                                                                                                                                                                          | <u></u>    |
| STUBOUT ELEVATION AND EXCAVATION CERTIFICATION                                                                                                                                                                                                                                                                                                                     |            |
| APPLICANT: Kobert / Kathryn Kramerseptic TANK PERMIT NO .: HD 97 - 173                                                                                                                                                                                                                                                                                             |            |
| LEGAL DESCRIPTION: LOT 7, Block E, Homewood                                                                                                                                                                                                                                                                                                                        |            |
| The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin<br>county Bealth Department prior to the first plumbing inspection by the Building Department. Approval of this<br>bubout elevation certification constitutes commencement of building construction for septic system permits.                        |            |
| 1. Building Permit Number: # AZIA (Certification not required for this item                                                                                                                                                                                                                                                                                        | ı).        |
| _2. I certify that the elevation of the top of the lowest plumbing stubout isinches (circle one) above / belo benchmark elevation as indicated on sentic tank normit                                                                                                                                                                                               | <b>Y</b>   |
| -3. I certify that the top of the lowest building plumbing stubout is inches (circle one) above below crown of mad elevation shown on certia task as it                                                                                                                                                                                                            |            |
| road elevation shown on septic tank permit.                                                                                                                                                                                                                                                                                                                        | i <b>f</b> |
| _4. I certify that the top of the drainfield pipe elevation is                                                                                                                                                                                                                                                                                                     |            |
| 5. I certify that all moderate and or severely limited soils have been removed from an area offeet by feet a minimum depth of Surveyor must submit 2 p plans to scale of excavated area. (See diagramA/B on reverse side) Date Observed:/                                                                                                                          | lot        |
| 6. I certify that all moderately and or severely limited soils have been removed in an areafeet wide or 33° of the area of the drainfield. This area is centered in the drainfield and extends to a depth offeet when slightly limited soils exist. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram B on reverse side) Date Observed:// | %<br>c     |
| <ul> <li>TE: a. Severely limited soil includes but is not limited to hardpan, clay, silt, blayfor muck.</li> <li>b. Drainfield must be centered in the excavated area. Drainfield will not be applied of severe limited sold are not removed.</li> </ul>                                                                                                           | S          |
| c. Condition numbers 5, 6 and 7 may be satisfied with excavation certification vrom the certified septic<br>installer responsible for drainfield installation.                                                                                                                                                                                                     | •          |
| As applicant or applicant's representative<br>I understand the above requirements.                                                                                                                                                                                                                                                                                 | Ċ,         |
| Signature)                                                                                                                                                                                                                                                                                                                                                         | • ·        |
| FOR MARTIN COUNTY HEALTH DAPARTMENT USE ONLY                                                                                                                                                                                                                                                                                                                       | ,          |
| Quely El 34984(1561) 221-4090                                                                                                                                                                                                                                                                                                                                      |            |
| Martin County Health Department Approval Signature (Date)                                                                                                                                                                                                                                                                                                          |            |
| Stubcert.doc forms disk I Revised 01/17/97                                                                                                                                                                                                                                                                                                                         |            |

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Martin County Health Department 620 South Dixie Highway • Stuart, FI 34994 (561) 221-4090 SunCom 269-4090 Fax (561) 221-4967

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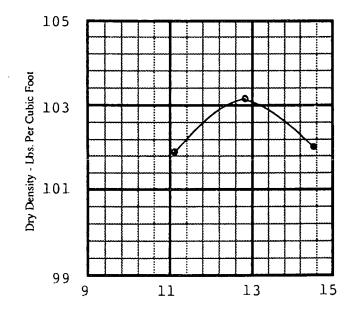
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Ic

# FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET FORT PIERCE, FLORIDA 34946

| /ERO BEACH (561)567-61                  | 57 FORT PIERCE (561) 461-75                    | 508 STUART (5    | 61) 283-7711                                                 |                            | FT. PIERCE 1-800      | -233-9011 |  |
|-----------------------------------------|------------------------------------------------|------------------|--------------------------------------------------------------|----------------------------|-----------------------|-----------|--|
| DENSITY OF SOIL IN-PLACE<br>ASTM D-2922 |                                                |                  |                                                              |                            |                       |           |  |
| CLIENT:                                 | Commercial Constru                             | ction Div., Inc. | TES                                                          | ST DATE:                   | 7/28/97               |           |  |
| SITE:                                   | ll South Ridgeway<br>Sewalls Point<br>Footings |                  |                                                              | PERMIT:<br>EST NO.:        |                       |           |  |
|                                         | LOCATION                                       | ELEVATIONS       | MOISTURE<br>DENSITY<br>RELATIONSHIP<br>MAXIMUM<br>DRY WEIGHT | IN-PLACE<br>DRY<br>DENSITY | PERCENT<br>COMPACTION |           |  |
| N. Side                                 | e of Bldg.                                     | 0 - 1'           | 103.1                                                        | 99.6                       | 96.6                  |           |  |
| E. Side                                 | e of Bldg.                                     | 0 - 1'           |                                                              | 100.1                      | 97.1                  |           |  |
| S. Side                                 | e of Bldg.                                     | 0 - 1'           |                                                              | 100.6                      | 97.6                  |           |  |
| W. Side                                 | e of Bldg.                                     | 0 - 1'           |                                                              | 99.3                       | 96.3                  |           |  |
|                                         | All eleva                                      | ions below bott  | om of fo                                                     | oting g                    | rade.                 |           |  |



Moisture - Percent of Dry Weight

Copies:

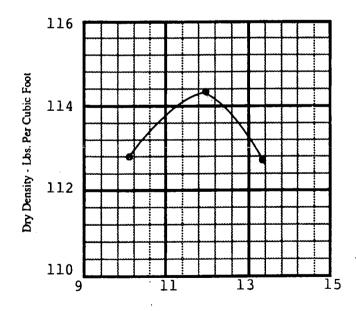
Client - 1 Sewalls Pt. Bldg. Dept. - 1

| MOISTURE<br>RELATIONSHIP          |            |  |  |  |
|-----------------------------------|------------|--|--|--|
| Sample Location:                  | Composite  |  |  |  |
| Test Method:                      | B .        |  |  |  |
| Maximum Density:                  | 103.1      |  |  |  |
| Optimum Moisture:                 | 12.8       |  |  |  |
| Soil Description:<br>White & gray | fine sand. |  |  |  |

Respectfully submitted, FRASER ENGINEERING AND TESTING, INC. FL Reg. No. 44653 Paul H. Danforth, P.E

# FRASER ENGINEERING AND TESTING, INC.

| RO BEACH (561)567-616                   |                                           | INDUSTRIAL 33RD STR<br>CE (561) 461-7508 | EET FORT PIERCE, F<br>STUART (561                                                                   |                                                              | i                                                           | FT. PIERCE 1-800-233-                |  |
|-----------------------------------------|-------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------|--|
| DENSITY OF SOIL IN-PLACE<br>ASTM D-2922 |                                           |                                          |                                                                                                     |                                                              |                                                             |                                      |  |
| CLIENT:                                 | Commercial                                | Construction                             | Div., Inc.                                                                                          | TES                                                          | ST DATE:                                                    | 8/20/97                              |  |
| SITE:                                   | Kramer Resi<br>ll S. Ridge<br>Sewalls Poi | view Rd.                                 |                                                                                                     |                                                              | PERMIT:<br>EST NO.:                                         | 4214<br>3674                         |  |
|                                         | LOCATION                                  |                                          | LL ELEVATIONS<br>LOW SLAB GRADE                                                                     | MOISTURE<br>DENSITY<br>RELATIONSHIF<br>MAXIMUM<br>DRY WEIGHT | IN-PLACE<br>DRY<br>DENSITY                                  | PERCENT<br>COMPACTION                |  |
| N.E. Co<br>"<br>Center<br>"<br>S.W. Co  | orner                                     |                                          | $\begin{array}{c} 0 & - 1' \\ 1 & - 2' \\ 0 & - 1' \\ 1 & - 2' \\ 2 & - 3' \\ 0 & - 1' \end{array}$ | 114.3                                                        | 112.1<br>112.4<br>112.4<br>112.7<br>113.4<br>112.2<br>112.6 | 98.3<br>98.3<br>98.6<br>99.2<br>98.2 |  |



Moisture - Percent of Dry Weight



Client - 1 Sewalls Pt. Bldg. Dept. - 1

| MOISTURE DENSITY<br>RELATIONSHIP ASTM D-1557                                 |
|------------------------------------------------------------------------------|
| Sample Location: Composite                                                   |
| Test Method: B                                                               |
| Maximum Density: 114.3                                                       |
| Optimum Moisture: 11.0                                                       |
| Soil Description:<br>Gray, slightly silty,<br>slightly clayey, fine<br>sand. |

Respectfully submitted,

FRASER ENGINEERING AND TESTING, INC. Paul H. Danforth, P Reg. No. 44653

| · · · Department of C                                                                           | Community A | ffairs                            | SN: 7490                                           |
|-------------------------------------------------------------------------------------------------|-------------|-----------------------------------|----------------------------------------------------|
| <sup>c</sup> FLORIDA ENERGY EFFICIENCY CO                                                       | DE FOR BUT  | IDING CONSTRUCT                   | ION                                                |
| PROFILIE RESIDENTIAL WHOLE BUILD                                                                | ling Perfor | mance Method A                    | SOUTH                                              |
| AND ADDRESS: South Ridgeview PERMI                                                              | ER: Commer  | cial Const.                       |                                                    |
| Sewall's Point OFFIC                                                                            | TTTNG<br>F· | CLIMATE                           |                                                    |
|                                                                                                 | T NO.       | LUNE: 7;_                         |                                                    |
|                                                                                                 |             | JURISDICT                         | CK                                                 |
| 1. New construction or addition                                                                 | 1           | . New Construct                   |                                                    |
| 2. Single family detached or Multifamily                                                        | attached 2  | . Single-Family                   |                                                    |
| o. Il Mulliamilly-NO. OI units                                                                  | 3           | . 0                               |                                                    |
| 4. If Multifamily, is this a worst case (                                                       |             |                                   |                                                    |
| <ul><li>5. Conditioned floor area (sq.ft.)</li><li>6. Predominant eave overhang (ft.)</li></ul> |             | . 3505.00                         |                                                    |
| 7. Porch overhang length (ft.)                                                                  |             | . 2.00                            |                                                    |
| 8. Glass area and type:                                                                         | 7           | . 6.00                            |                                                    |
| a. Clear Glass                                                                                  | 8           | Single Pane De<br>a. 59.4sqft 323 |                                                    |
| b. Tint, film or solar screen                                                                   |             |                                   | 2.10sqft<br>0.00sqft                               |
| 9. Floor type and insulation:                                                                   | 0           | o. o.osqit i                      | J.005411                                           |
| a. Slab on grade (R-value, perimeter)                                                           | 9.          | a.R= 0.00 , 229                   | .00 ft                                             |
| 10.Net Wall type area and insulation:                                                           |             | , 220                             |                                                    |
| a. Exterior: 1. Concrete (Insulation R-                                                         |             | 0a-1 R= 4.20, 33                  | 340.00saft                                         |
| a. Exterior: 2. Wood frame (Insulation )                                                        | R-value) 10 | 0a-2 R=19.00, 22                  | 26.00sqft                                          |
| b. Adjacent: 1. Concrete (Insulation R-                                                         | value) 10   | 0b-1 R= 4.20, 9                   | 96.00sqft                                          |
| 11.Ceiling type area and insulation:                                                            | -           |                                   |                                                    |
| a. Under attic (Insulation R-value)<br>12.Air distribution systems                              | 1.          | la.R=19.00 , 230                  | )0.00sqft                                          |
| a. Ducts (Insulation + Location)                                                                | . 14        | $2 \circ D_{-} \subset 0 \circ$   |                                                    |
|                                                                                                 | 1           | 2a. R= 6.20 ,<br>3. Type: Central |                                                    |
|                                                                                                 |             | SEER:                             | 12.00                                              |
| 13.Cooling system                                                                               | 1:          | 3. Type: Central                  | 12.00                                              |
| 13.Cooling system<br>13.Cooling system                                                          |             |                                   | 12.00                                              |
| 14.Heating System: 14.1991                                                                      | ()) 14      | 4. Type: Strip H                  | leat                                               |
| 14.Heating System:                                                                              |             |                                   | l A/C<br>12.00<br>l A/C<br>12.00<br>Heat<br>: 1.00 |
| 14.Heating System:                                                                              | 14          | 4. Type: Strip H                  | leat                                               |
| 15.Hot water system:                                                                            |             |                                   | : 1.00                                             |
| 15.not water system.                                                                            | 1:          | 5. Type: Electr                   | ·ic                                                |
| 16.Hot Water Credits: (HR-Heat Recovery,                                                        | 14          | EF: 0.88<br>6.                    | <u> </u>                                           |
| DHP-Dedicated Heat Pump)                                                                        | 10          | 0.                                | <del></del>                                        |
| 17.Infiltration practice: 1, 2 or 3                                                             | 17          | 7. 1                              |                                                    |
| 18. HVAC Credits (CF-Ceiling Fan, CV-Cross                                                      | vent, 18    | 8. RB M                           | 1Z                                                 |
| HF-Whole house fan, RB-Attic rac                                                                | diant       |                                   |                                                    |
| barrier, MZ-Multizone)                                                                          |             |                                   |                                                    |
| 19.EPI (must not exceed 100 points)                                                             |             | 9. 85.4                           |                                                    |
| a. Total As-Built points<br>b. Total Base points                                                |             | 9a. 48676.5                       |                                                    |
| o. local base points                                                                            | 13          | 9b. 56969.0                       |                                                    |
|                                                                                                 |             |                                   |                                                    |
|                                                                                                 |             |                                   |                                                    |
| I Hereby certify that the plans and                                                             | Review of t | the plans and sp                  | pecifications                                      |
| specifications covered by this calcu- ; c                                                       | covered by  | this calculation                  | on indicates                                       |
| lation are in compliance with the                                                               | compliance  | with the Florid                   | la Energy                                          |
|                                                                                                 |             | re construction                   |                                                    |
|                                                                                                 |             | ing will be insp                  |                                                    |
|                                                                                                 |             | _in accordance w                  | ith Section                                        |
| S/ 64 / 5 / J 1                                                                                 | 553.908 F.S | 5.                                |                                                    |
| l hereby certify that this building is                                                          |             |                                   |                                                    |
| in compliance with the Florida Energy                                                           |             |                                   |                                                    |
| Code.                                                                                           |             |                                   |                                                    |
| •                                                                                               |             |                                   |                                                    |

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| <b>7</b>                                    | **************************************                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| === BASE ===                                | === AS-BUILT ===                                                                                                                                                                                                                                                                                                                                      |
| GLASS<br>ORIEN AREA x BSPM = POINTS         | TYPE SC ORIEN AREA x SPM x SOF = POINTS                                                                                                                                                                                                                                                                                                               |
| N 77.10 109.7 8457.9                        | DBL         CLR         N         10.8         60.2         .86         562.2           DBL         CLR         N         12.8         60.2         .97         745.1           DBL         CLR         N         32.0         60.2         .75         1444.8           DBL         CLR         N         5.5         60.2         .85         281.1 |
| E 81.70 109.7 8962.5                        | DBL CLRN16.060.2.97930.9DBL CLRE4.8127.0.97592.8DBL CLRE32.0127.0.923725.3DBL CLRE20.0127.0.792002.0DBL CLRE5.5127.0.74514.4                                                                                                                                                                                                                          |
| S 155.40 109.7 17047.4                      | SGL CLRE19.4136.3.972570.4DBL CLRS32.0124.2.893546.0DBL CLRS72.0124.2.524663.8DBL CLRS32.0124.2.361447.5                                                                                                                                                                                                                                              |
| W 67.30 109.7 7382.8                        | SGL CLRS19.4135.6.772035.3DBL CLRW10.8127.0.861178.9DBL CLRW4.8127.0.97592.8DBL CLRW15.7127.0.791571.6DBL CLRW15.4127.0.831619.0SGL CLRW20.6136.3.832324.2                                                                                                                                                                                            |
| .15 x COND. FLOOR / TOTAL GLAS<br>AREA AREA | SS = ADJ. x GLASS = ADJ GLASS   GLASS<br>FACTOR POINTS POINTS   POINTS                                                                                                                                                                                                                                                                                |
|                                             | 1.378 41,850.55 57,674.78 ¦ 32,348.22                                                                                                                                                                                                                                                                                                                 |
| NON GLASS<br>AREA x BSPM = POINTS           |                                                                                                                                                                                                                                                                                                                                                       |
| WALLS<br>Ext 3566.0 1.6 5705.6              | Ext NormWtBlock In4.22060.02.284696.8Ext NormWtBlock In4.21280.02.282918.4Ext Wood Frame19.0226.01.60361.6                                                                                                                                                                                                                                            |
| Adj 96.0 1.0 96.0                           | Adj NormWtBlock In 4.2 96.0 1.18 113.3                                                                                                                                                                                                                                                                                                                |
| DOORS<br>Ext38.06.4243.2Adj18.02.646.8      | Ext Wood20.09.40188.0Ext Insulated18.06.40115.2Adj Wood18.03.8068.4                                                                                                                                                                                                                                                                                   |
|                                             | Under Attic 19.0 2300.0 1.50 3450.0                                                                                                                                                                                                                                                                                                                   |
| FLOORS<br>S1b 229.0 -20.0 -4580.0           | Slab-on-Grade .0 229.0 -20.00 -4580.0                                                                                                                                                                                                                                                                                                                 |
| INFILTRATION<br>3505.0 14.7 51523.5         | Practice #1 3505.0 18.60 65193.0                                                                                                                                                                                                                                                                                                                      |
| TOTAL SUMMER POINTS<br>112,389.88           |                                                                                                                                                                                                                                                                                                                                                       |
| TOTAL x SYSTEM = COOLING                    | TOTAL X CAP X DUCT X SYSTEM X CREDIT = COOLING<br>COMPON RATIO MULT MULT MULT POINTS                                                                                                                                                                                                                                                                  |

| **************************************               |                                                           |  |  |  |  |  |
|------------------------------------------------------|-----------------------------------------------------------|--|--|--|--|--|
| === BASE ===                                         | === AS-BUILT ===                                          |  |  |  |  |  |
| NUM OF x MULT = TOTAL<br>BEDRMS                      | TANK VOLUME EF TANK x MULT x CREDIT = TOTAL<br>RATIO MULT |  |  |  |  |  |
| 3 3319.0 9,957.00                                    | 65 .88 1.000 3318.0 1.00 9,954.00                         |  |  |  |  |  |
|                                                      |                                                           |  |  |  |  |  |
|                                                      | **************************************                    |  |  |  |  |  |
| **************************************               | **************************************                    |  |  |  |  |  |
| COOLING HEATING HOT WATE<br>POINTS + POINTS + POINTS |                                                           |  |  |  |  |  |
| 41584.3 5427.8 9957.0                                | 56,969.09 ¦ 28280.8 10441.8 9954.0 48,676.54              |  |  |  |  |  |

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

\* EPI = 85.44 \* \*\*\*\*\*\*\*\*

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|----------------------------------------|-----------------------------------------|----------|--------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|----------------------------|-----------------------------------------|----------------------------------------------|
| ************************************** |                                         |          |                    | **************************************                         |                                                                                                  |                             |                          |                            |                                         |                                              |
| ====                                   | ======================================= | ======== | ==========         | ====================================                           | ========                                                                                         | ======                      | ======                   |                            | =======                                 |                                              |
| GLAS<br>, ORIE                         | -                                       | x BWPM = |                    | TYPE                                                           | SC ORI                                                                                           | EN AR                       | EA x                     | WPM                        | x WOF                                   | = POINTS                                     |
| N                                      | 77.10                                   | 4        | -30.8              | DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR            | N<br>N<br>N<br>N                                                                                 | 32                          | . 8<br>. 0               | 2.2<br>2.2<br>2.2          | $1.02 \\ 1.16$                          | 28.6<br>81.7                                 |
| E                                      | 81.70                                   | 4        | -32.7              | DBL CLR                                                        | N<br>E<br>E<br>E<br>E                                                                            | 16<br>2 4<br>2 32<br>2 20   | . 0<br>. 8<br>. 0<br>. 0 | -1.1<br>-1.1               | 1.02                                    | 35.8<br>-4.8<br>-24.6<br>-5.6                |
| S                                      | 155.40                                  | 4        | -62.2              | SGL CLR                                                        | E<br>S<br>S<br>S<br>S                                                                            | E 19<br>32<br>5 72<br>32    | . 4<br>. 0<br>. 0<br>. 0 | .1<br>-3.1<br>-3.1<br>-3.1 | 1.58<br>.92<br>.31<br>49                | 2<br>3.1<br>-91.7<br>-69.0<br>49.1           |
| W                                      | 67.30                                   | 4        | -26.9              | DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR<br>DBL CLR<br>SGL CLR | 5<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | / 10<br>/ 4<br>/ 15<br>/ 15 | . 8<br>. 8<br>. 7<br>. 4 | -1.1<br>-1.1<br>-1.1       | .92<br>.25<br>.40                       | -26.8<br>-6.1<br>-4.8<br>-4.4<br>-6.8<br>9.6 |
| .15                                    | x COND.<br>ARE                          | FLOOR /  | TOTAL GLAS<br>AREA | SS = ADJ.<br>FACTOR                                            | POIN                                                                                             | TS                          | ADJ (<br>POIN            | GLASS<br>FS                |                                         | GLASS<br>POINTS                              |
| .15                                    | 3,505.                                  | 00       | 381.50             | 1.378                                                          |                                                                                                  | 52.60                       |                          | 210.3                      | 0                                       | 1.94                                         |
| NON                                    | GLASS<br>AREA                           |          | -<br>= POINTS      | TYPE                                                           |                                                                                                  | R-VAL                       | UE AI                    | REA                        | x WPM                                   | = POINTS                                     |
|                                        |                                         | . 3      | 1069.8             | Ext NormW<br>Ext NormW                                         | /tBlock                                                                                          | In 4                        | 2 128                    | 50.0<br>30.0               | 1 02                                    | 1305 6                                       |
| Adj                                    | 96.0                                    | . 5      | 48.0               | Ext Wood<br>Adj NormW                                          | Frame<br>/tBlock                                                                                 | 19<br>In 4                  | .022<br>.29              | 26.0<br>96.0               | .30<br>.44                              | $\begin{array}{c} 67.8\\ 42.2 \end{array}$   |
|                                        |                                         | 1.8      |                    | Ext Wood                                                       |                                                                                                  |                             |                          |                            | 2.80                                    |                                              |
| Adj                                    | 18.0                                    | 1.3      | 23.4               | Ext Insul<br>Adj Wood                                          | ated                                                                                             |                             |                          | 18.0<br>18.0               | $\begin{array}{c}1.80\\1.90\end{array}$ |                                              |
| CEIL                                   | INGS                                    |          | _                  |                                                                |                                                                                                  |                             |                          |                            |                                         |                                              |
| UA                                     |                                         |          |                    | Under Att                                                      | ic                                                                                               | 19                          | .0 _230                  | 0.00                       | .30                                     | 690.0                                        |
|                                        |                                         | -2.1     |                    | Slab-on-G                                                      | Irade                                                                                            |                             | .0 22                    | 29.0                       | -2.10                                   | -480.9                                       |
|                                        | 3505.0                                  | 1.2      | 4206.0             | Practice                                                       | #1                                                                                               |                             | 350                      | 05.0                       | 1.90                                    | 6659.5                                       |
|                                        | L WINTER                                |          |                    |                                                                | ======                                                                                           | =====                       | ======                   | = = = = =                  | •                                       |                                              |
| ====                                   |                                         |          | 4,934.40           |                                                                |                                                                                                  |                             | ======                   |                            | 1                                       | 0,509.98                                     |
|                                        |                                         |          |                    | TOTAL X<br>COMPON                                              |                                                                                                  |                             |                          |                            | REDIT =<br>MULT                         |                                              |

|   | SAFETY for L     | USE and PROPERTY                                                                                      | FLORIDA BO<br>CODES & S | OMMUNITY AFFAIRS<br>DARD OF BUILDING<br>TANDARDS<br>• TALLAHASSEE, FLORIDA 32399-2100 | COPY FOR YOU.<br>INFORMATION |
|---|------------------|-------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------|------------------------------|
| 1 | ADVISORY NO      | o.: 1998-7                                                                                            | -                       |                                                                                       |                              |
|   | ne Code          |                                                                                                       |                         |                                                                                       |                              |
|   | DATE: Apri       | 1 8, 1998                                                                                             |                         | · · · · · · · · · · · · · · · · · · ·                                                 |                              |
|   | Ser<br>Bu<br>110 | . Fim Howington<br>minole County Gov<br>ilding and Fire Pre-<br>01 E. First Street<br>nford, FL 32771 |                         | DECENT OF                                                                             |                              |
| • | In respon        | nse to a request for                                                                                  | an advisory opinion     | by Mr. Jim Howington of Semin                                                         | ole                          |

In response to a request for an advisory opinion by Mr. Jim Howington of Seminole County Government regarding whether building officials have the authority to allow for practices that meet the intent of the technical state minimum plumbing code but not its literal requirements, the Florida Board of Building Codes and Standards (the Board) issued the following advisory opinion at its March 31,1998 meeting:

The building official as per Section 101.5, Existing Building, of the 1994 Standard Plumbing Code, has the authority to determine to what extent existing systems must comply for existing construction to the technical state minimum building codes, providing that the variance meets the performance requirements of the pertinent standards.

Should you have any questions or need more information regarding this advisory opinion, please call the Building Codes and Standards Office at 850-487-1824.

Signed:

mole

Douglas Murdock Chairman

DM/mm Mo/advis7 PREPARED BY AND RETURN TO: Town of Sewall's Point 1 S. Sewall's Point Road Stuart, FL 34996

[Space above this line for recording]

Date: <u>February 19, 1998</u>

This is to request a Certificate of Approval for Occupancy to be issued to: Resent S. KRAMEN for Permit No. <u>4214</u> issued to construct a <u>Saxue FAMILy</u> RESIDENCE upon property described as follows:

Lot <u>7</u>, Block <u>£</u>, Section , Subdivision <u>Homewoon</u> known as: <u>11 South RIDGE VIEW Room</u> When completed in conformance with the approved plans and approval of the following required inspections.

FATE OF OCCID

#### TOWN OF SEWALL'S POINT, FLORIDA

Lot Stakes/Setbacks Footings/Slab Rough Electric Roofing Insulation Final Electric Final HVAC Tie-in Survey Approved: <u>8/2 5/9</u>7 Approved: <u>9/2/9</u>7 Approved: <u>11/24/9</u>7 Approved: <u>11/24/9</u>7 Approved: <u>11/26/98</u> Approved: <u>1/23/98</u> Approved: <u>1/23/98</u>

Termite Protection Rough Plumbing Lintel/Tie-beam Framing/Furring HVAC Rough Final Plumbing Storm Shutters Landscape

Approved: 9/2/97 Approved: 8/26/97 Approved: 10/1/97 Approved: <u>11/24/9</u>7 Approved: <u>(1/24/9</u>7 Approved: <u>1/23/98</u> Approved: 1/23/98 Approved: <u>2//8/78</u>

ISSUED THIS 19 th DAY OF February, 1998

Building Commissioner

Town Clerk

Building Inspector

KRAMER RESIDENCE LOT 7, AMMENDED PLAT HOMEWOOD SEWALL'S POINT

JOSEPH P. McCARTY ARCHITECT

MAY H 14, 1996

KRAMER RESIDENCE BIDDING ALLOWANCES RE)

Site Prep and Fill Appliances Ceramic Tile Carpet Cabinets and tops Plumbing Fixtures Landscaping Shutters \$2,000.00 \$6,000.00 \$5.00/SF INSTALLED \$18./SY INSTALLED

\_\_\_\_\_

Decorative Light Fixtures and Fans by owner to be installed by Electrician. Can lights, Flourescents etc. under base bid.

#### KRAMER RESIDENCE

SCOPE OF WORK

DIVISION ONE - GENERAL REQUIREMENTS

1-1 Interpretation of Plans

The Architects services do not include. supervision of construction. The Architect divests himself of the responsibility of the work, errors or omissions resulting from the interpretation of the plans. If the Contractor believes he has discovered errors or omissions in the plans the Contractor shall notify the Architect in writing for clarification before continuing work.

1-2 Applicable Standards

All work under this Contract, or Sub-contracts shall conform to recent editions of local, state and national codes, ordinances and regulations pertaining to the work, A.C.I., A.N.S.I., A.S.T.M., O.S.H.A. etc.

1-3 General Conditions

1-3a <u>Scope of Work</u> Contractor shall furnish or provide for all items, articles, materials, operations or methods listed, mentioned or scheduled on drawings and/or herein specified, including all labor, materials, equipment and incidentals

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necessary and required to perform and complete work as shown in drawings and/or herein specified or as required for a completed project.

1-3b <u>Verifing Conditiions</u> Before commencing work, Contractor shall verify measurements and conditions at building site. Any differences between actual measurements and those shown on drawings shall be submitted to the architect in writing before proceeding.

1-3c <u>Permits</u> Contractor to provide all permits and fees as required from government agencies.

1-3d <u>Surveying</u> Owner to provide original survey and septic application. Contractor to provide all surveying as required during construction and shall verify all set backs and elevations.

1-3e <u>Coordination</u> Contractor to provide for all coordination required between sub-contracts and prime contract. All chases, cutting, patching etc. as required to be coordinated by Contractor. All patching shall be done to the satisfaction of the Owner.

1-3f <u>Job-site</u> Contractor to maintain a neat and orderly jobsite. Individual sub-contractors to clean up after completion of their work. Final clean-up to be provided by Contractor.

1-3g <u>Workmanship</u> All work executed at job-site to be performed in a first-class and workmanlike manner in accordance with latest accepted standards and practice for trades involved. None but workmen experienced in work to be performed will be allowed to work.

1-3h <u>Change Orders</u> Changes in work to be accomplished or materials to be furnished shall be done by signed change orders as a modification to Agreement.

1-3i <u>Temporary facilities</u> Contractor to provide for temporary water, power and sanitary facilities as required by Work.

1-3j <u>Protection of Work and Property</u> All material and equipment shall be properly protected and kept in clean condition. All pipe ends and parts of equipment left unconnected shall be capped or plugged. Any work or equipment that is damaged shall be repaired or replaced as required at no cost to owner.

1-3k <u>Testing and Laboratory Sevices</u> Inspections or tests required by code, ordinance or as indicated herein or on Drawings shall be the responsibility of and paid for by Contractor.

1-31 <u>Substitutions</u> Any substitutions or approved equal substitutions will be submitted in writing to either Owner or Architect for approval.

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1-3m <u>Guarantees</u> General Contractor to provide owner with all manufacturer supplied quarantees at end of job. General Contractor and all Sub-contractors to provide one year quarantees on building and all systems and equipment supplied by contract for one year after Certificate of Occupancy. Any required repairs will be made without charge to owner for materials or labor in this period. Air conditioning refrigerant cycles to be guaranteed for five years from CO.

1-4 <u>Insurance</u> - General contractor is resposible for insuring that all sub-contractors are licensed and insured. Insurance shall cover property liability and all personal injury. All contract labor must also be so insured. General contractor shall also cover builder's risk insurance on the project itself until the time of Certificate of Occupancy.

DIVISION IWO - SITE WORK

2-1 <u>Clearing</u> Remove vegetation and organic matter from building and pavement area. Remove from site. Do not bury.

2-2 <u>Excavation</u> Excavate site to levels required for construction. Strip soil of all deleterious material 5'-O" past exterior of building lines.

2-3 <u>Fill and Compaction</u> Provide clean well graded sand placed in maximum 12" lifts compacted to 95% of modified proctor maximum dry density, ASTM d-1557 at optimum moisture content. Compaction is to be verified by an independent testing laboratory and reported to Architect prior to commencement of foundation construction.

2-4 <u>Soil Bearing</u> Foundations are designed at assumed soil bearing value of 2500 pounds per square foot, and shall be verified by a Testing Laboratory. If such bearing values cannot be developed in the soil under the building, the contractor is to notify the Architect in writing. The Architect will, as an addition to his contract, provide a revised foundation design based on conditions reported on site in the testing engineer's report. This contract would also be revised accordingly.

2-5 <u>Soil Treatment</u> Treat compacted soil with termite treatment that is convertable to a maintenance policy. Do not treat after heavy rains or when excessively wet.

2-6 Site Grading and Drainage See site plan for details.

2-7 <u>Walks and Drives</u> Provide concrete drives and walks as indicated on site plan. Provide troweled edges and control joints.

2-8 Landscaping By owner, \$5,000.00 allowance

2-9 Well and Septic Provide septic system as required by

Health Department. Provide 3/4" water meter and water hook-up including all fees. Provide bid alternate for irrigation well and pump.

#### DIVISION THREE - CONCRETE

3-1 <u>Concrete</u> Structural 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. Maximum allowable slump to be 5". All slabs to be 2500 psi at 28 days. Provide slump and cylinder tests by an independent testing laboratory. Provide 4 tests for each concrete placement and/or 4 tests for each 50 yards.

3-2 <u>Scope</u> Provide all structural concrete, filled cells, slabs, beams, footings, equipment pads, drives, walks etc. as shown on drawings or as needed to complete job.

3-3 <u>Reinforcing</u> Reinforcing steel shall be deformed, new billet steel in accordance with ASTM A-615, Grade 60. All splices shall be in accordance with Chapter 7 of ACI 318-81, with a minimum spice of 40 bar diameters.

3-1 <u>Concrete Formwork</u> Adequate and safe design of formwork and shoring is the responsibility of the Contractor. Sleeve slab and footing as required for mechanical and electrical.

3-2 <u>Crack Control</u> Provide "Fibermesh" crack control additive per manufacturers specifications in all slabs, footings and grade beams 1.5 lbs/C.Y..

3-3 <u>Weatherproof Membrane</u> Provide .006" polyethelene vapor barrier beneath building slab.

#### DIVISION FOUR - MASONRY

4-1 Unit Masonry Concrete block units to conform with ASTM C-90.Provide shapes and sizes required to complete the work with a minimum of cutting and piecing. Provide reinforcement of the types shown on the Drawings.

4-2 Mortar Provide mortar type "S" conforming with ASTM 270.

4-3 <u>Grout</u> Provide grout in accordance with ASTM C476.

4-4 <u>Execution</u> Except as shown on the Drawings, lay up the concrete masonry units in running bond, tooling all joints except where scheduled to be stuccoed.

#### DIVISION FIVE - METALS

5-1 <u>Miscellaneous Metals</u> Contractor shall furnish and install, or furnish for other trades when required, all miscellaneous metal, steel, and metal fabrications including but not limited to, hangers, anchors, bolts, plates, supports, lintels, brackets, and other miscellaneous items necessary to frame or support the Work.

#### DIVISION SIX - WOOD AND PLASTICS

6-1 <u>Lumber</u> All lumber permanently incorporated into the structure shall be air or kiln dried and shall contain not more than 19% moisture. Elevate and cover lumber on site to protect from moisture. All lumber and plywood shall be identified by grade stamps.

All structural wall studs to be spruce or hem-fir kiln-dried 2x4's or 2x6's except where noted, minimum Fb=1200 PSI. All studs to be straight and true. Framing lumber to be #2 or better, minimum Fb=1200 PSI. All beams, columns, porch framing, and decking to be pressure treated SOUTHERN PINE NO. 2 Minimum Fb=1500 PSI and minimum E = 1,600,000 PSI.

Furring shall be pressure treated yellow pine, installed as required using shims, if necessary, to provide a true planer surface for finish materials. Ceiling is to be shimed for smooth gypsum board finish.

Wood in direct.contact with concrete, masonry, or soil shall be pressure treated with the requirements of the standards of the American Wood Preservers Association.

All carpentry, rough and finish to be a first class installation. No staples shall be visible in finished job interior or exterior.

6-2 Wood Trusses Wood trusses, beams by truss company, and floor systems by truss company shall be designed and certified by a Florida Registered Structural Engineer. Installation and temporary field bracing shall be in strict accordance with manufacturers specifications and applicable codes and standards.

<u>Field Measurements</u> Truss manufacturer to take measurements in field as required to verify or supplement dimensions on drawings and assume responsibility for fit of wood trusses.

6-3 <u>Rough Carpentry</u> Select material so that knots and defects will not interfere with placing bolts or proper nailing. Produce joints which are tight, true, and well nailed, with members assembled in accordance with the Drawings and with pertinent codes and regulations.

Lumber may be rejected by Architect or Owner, whether or not it has been installed, for excessive warp, twist, bow, mildew, mold, as well as for improper cutting or fitting.

All wood stud walls shall be 16" on center and shall be straight, true and plumb to a tolerance of 1/4" in 10 feet. Ceilings to be

shimmed as required to level to 1/4" in 10 feet.

Provide blocking as required for installation to support all finish or trim items. Provide blocking above all windows and sliding glass doors for installation of drapery hardware.

Comply with the nailing schedule and other fastening requirements contained in the pertinent regulations of governmental agencies having jurisdiction.

6-4 <u>Finish Carpentry</u> Store wood products indoors in a dry place at least 3 days before installation.

See drawings for interior trim all trim to be paint grade. See drawings for fireplace mantle and beadboard wainscotting in master bath. All other built-ins etc to be under cabinetry allownace.

All doors (bi-fold and swing) to be cased. See drawings or schedule for trim details.

Produce joints which are true, tight, and well nailed with all members assembled in accordance with the drawings. Make joints to conceal shrinkage, miter exterior joints, cope interior joints, miter or scarf end-to-end joints.

Install trim in pieces as long as possible, jointing only where solid support is obtained. Finger joint not allowed if stained finish.

Sandpaper finished wood surfaces thoroughly as required to produce a uniformly smooth surface, always sanding in the directon of the grain.

No coarse grained sandpaper mark, hammer mark, or other imperfection will be accepted.

6-5 "Cabinetry" Cabinetry and counter-tops will be provided and installed by sub-contractor as selected by owner. Price of Cabinetry will be provided by allowance. \$12,000.00.

6-7 <u>Stairway</u> Stairway and interior railings to be pine, by owner installed by GC.

6-8 <u>Shutters</u> Shutters as indicated to be aluminum operable and as approved by Sewalls point for 140 MPH winds. Shutters not shown on elevations shall be aluminum panel type with removeable tracks. All shutters to Sewall's Point requirements.

#### DIVISION SEVEN - THERMAL AND MOISTURE PROTECTION

7-1 Waterproofing Coordinate waterproofing with other trades and

make provisions for their work to avoid cutting and patching.

7-2 <u>Insulation</u> Supply and install building insulation as required for the Work. Provide the following insulation: All ceilings - R-19 batt insulation with radiant barrier. Exterior frame walls and interior sound insulation in frame walls - R-19 batt insulation. Provide R-19 insulation in second floor framing. Block walls to be R-4.2 Fi-foil.

7-3 <u>Roofing</u> Provide and install Elk Prestige shingles with 6 nails per shingle as per Dade-County approved application.

7-4 <u>Flashing and Sheet Metal</u> Provide flashing and sheet metal not specifically described in other Sections of these specifications but required to prevent penetration of water through the exterior shell of the building complying with pertinent recommendations contained in current edition of SMAACNA's "Architectural Sheet Metal Manual".

All flashing to be 16 ounce Copper unless otherwise noted.

Provide metal flashing above all windows and doors, provide metal pans for all exterior door thresholds.

7-5 <u>Sealants and Caulkings</u> Standard caulking compound shall be a one part acrylic latex compound such as DAP latex caulk or DeWitt latex caulking. Color shall be manufacturers standard paintable grade.

Provide primers, backup materials, bond-preventative materials, and other materials required for a complete and proper intallation.

Joint filler shall be untarred oakum, fiberglass, polyurethane or polyurethane foam. Filler shall be compatible in all respects with caulking compound or sealant.

Standard caulking shall only be used for interior work. Sealant shall be used for all exterior caulking and both sides of expansion joints.

Exterior sealant to one part Urathane, Tremco Dymonic or Sonneborn NP 1.Ultima.

7-6 <u>Infiltration Barrier</u> Building to comply with Florida Energy Efficiency Code for Building Construction Infiltration practice #2. Provide code approved infiltration barrier.

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#### DIVISION EIGHT - DOORS AND WINDOWS

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8-A <u>Doors and Frames</u> Provide all doors and frames hung true and plumb as indicated on schedule. All indicated doors to be 4 panel pa

grade solid wood. All other interior doors to be 4-panel Masonite

or Elite. Bi-fold doors to be louver over panel.

8-B <u>Windows</u> Provide all fixed glass and operative windows true and plumb as indicated on schedule.

8-C <u>Door Hardware</u> Hardware to be Schlage series "A" as selected by owner. Entry door hardware by allowance. All exterior doors to be keyed the same.

8-D <u>Mirrors</u> Provide clear plate glass mirrors as provided by allowance. Mirrors to be Type I, Class 1 (FS DD-G-451) with silver coating, copper protective coating and 2 mil thick paint coating, comply with CS27. Provide mirrors as indicated on plans.

#### DIVISIONS NINE - FINISHES

9-A Gypsum Wallboard

1. Work shall be done in strict accordance with the standards established in the U.S.G. Drywall Construction Handbook, latest edition, or comparable publication by other manufacturer, particularly in regard to fastener spacing and treatment of joints and corners.

2. Ceilings to receive slick finish, shim as required, all walls to be slick finish.

3. Fasten wallboard with 1-1/4" type W bugle head screws. Space screws 12" on center on ceilings and 16" on center on walls, glue ceilings and walls. (follow specifications on structural drawings for wallboard fastening for "shear walls".)

4. Provide 1/2" wall board on walls, 5/8" on ceilings.

5. Provide a complete system of metal trim formed from zinc-coated steel not lighter than 26 guage. (Corners, J-mold etc.)

6. All gypsum board in damp locations such as porch ceilings, baths, laundries etc. to be moisture resistant. All tub and shower tile surrounds (including tub skirts, and decks) to be cementitious backing board such as wonderboard, or Dens-glas to six feet above finish floor. (Except fiberglass. All second floor tiled floors to have wonderboard underlayment over  $3/4^{-1}$  T&G plywood (typical).

9-B <u>Ceramic Tile, and Marble</u>

1. Comply with recommendations contained in the current edition of "Handbook for Ceramic Tile Installation" of the Tile Council of America.

2. Provide the ceramic tiles, and marble as shown on drawings. Provide ;marble thresholds at doors indicated in door

schedule. Provide non-slip or abrasive tiles on all floor surfaces. Provide colors and patterns as selected by owner. Tile price to be covered by allowance.

#### 9-C Painting

1. Prepare substrate and apply paint coatings in strict accordance with recommendations of the manufacturer of the approved paint system.

2. All surfaces shall be covered with the minimum number of coats as listed. Additional coverage shall be provided as required to cover all holidays.

3. Protect all exposed floors, porches, patios, walls, windows etc. as required for full protection.

4. Sand with fine sandpaper between all coats applied to wood.

5. All coats must be thoroughly dry before application of additional coats.

6. Clean all surfaces, sand, putty, and spackle as required before painting.

7. Finish tops and edges of all doors same as face. If bottom of door is cut, paint this surface.

8. Paint residue or overspray shall be removed from adjacent unpainted surfaces by painter.

9. Verify all stucco surfaces are properly cured before painting.

10. Exterior to receive 1 base color, 1 trim color and 1 stucco color.

11. Interiors to be one trim color thrubut and one wall color per room.

PAINTING SCHEDULE

All paints to be Renjamin Moore or approved equal or as noted.

Exterior Stucco: 2 coats Moorgard

Exterior Wood: 1 coat exterior Moorwhite primer 2 coats Moorwqlo

Interior Wallboard: 1 coat Moorcraft Latex Primer Sealer, 2 coat Moore's regal wall satin

Interior Ceilings: 2 coats regal wall satin, decorator's white.

Interior doors and trim: 1 coat Moore's Alkyd Enamel Underbody, 2 Coats Moore's Satin Impervo Enamel. Supplier to quarantee enamel to be fresh (non-yellowing)

#### DIVISIONS TEN - SPECIALTIES -

Provide specialties and install specialties as noted. Provide all blocking, recesses etc. as required for installation of specialties.

#### 10-A <u>Bath Accessories</u>

Builders standards.

10-B <u>Shelving</u> Provide wooden closet shelving and rods as indicated on plans.

10-C <u>Shower doors</u> Provide shower doors or enclosures as shown on drawings, Diston Industries, Biscayne series, silver or approved equal

10-D <u>Screen Enclosure</u> Provide white aluminum screening at acreened porch with charcoal grey screening.

#### DIVISION ELEVEN - EQUIPMENT

Provide and install equipment as indicated. Provide all blocking, recesses, chases, power etc. for installation of equipment. Provide owner with all operation manuals, warrantees etc. as provided with all equipment.

11-A <u>Appliances</u> Provide and install all appliances as indicated on plan, price of appliances to be covered by allowance.

11-B <u>Built-in items</u>

1. Attic access: provide pull down stair and attic hatch as indicated on plans. Attic access to be 32" "Imeperial"

#### 11-C Additional Equipment

1. Ceiling fams to be supplied by owner and installed by electrician.

2. Garage door openers: provide garage door opener(s) as required, 1/3 horse power Crawford Power Lift CH1000 with two operators each or approved equal.

3. <u>Fire Place</u> Provide Superior TM 4500 fireplace with make-up air. Provide architectural term cap and spark arrestor. Provide offsett in flue as required to clear second floor air handler DIVISION THELVE - FURNISHINGS - NOT APPLICABLE DIVISION THIRTEEN - SPECIAL CONSTRUCTION N/A DIVISION FOURTEEN - CONVEYING SYSTEMS - NOT APPLICABLE DIVISION FIFTEEN - MECHANICAL

15-A <u>Air Conditioning Systems</u>

1. Provide systems as shown on drawings, thermostat and controls as required to run system. HVAC contractor shall become familiar with site, documents pertaining to scope of work, and general construction. He shall read and become familiar with specifications and shall perform his work in full accordance with all applicable paragraphs. Layout, balancing and testing necessary for complete installation of heating, ventaliting and air conditioning systems as required by climate, nature of construction, and site to the satisfaction of the Owner. This work includes, but is not limited to, heating and cooling equipment, duct work, insulation, temperature controls, grilles and other items of equipment for a complete operating system. EER = 12.0 minimum.

2. Provide condensate drain, 26 guage galvanized auxilary pan and drain to exterior.

3. Ductwork shall be R-6 flexible duct or ductboard.

4. Supply grills shall be white painted aluminum with opposed blade dampers. All dampers to have individual controls. All orills to be Metalaire or equal.

5. Provide air supply to all walk-in closets.

6. The A/C Contractor to quarantee the system to maintain 75 Degrees F. at 95 Degrees F. outside temperature for cooling and 75 Degrees F at 40 Degrees F. outside for heating.

7. All grills to be standard size.

15-B Plumbing

1. Provide plumbing system, complete in place, tested and approved, where shown on the Drawings, as specified herein, and as needed for a complete and proper job.

2. All plumbing work and materials shall be in accordance with the latest editon of the Standard Plumbing Code, local ordinances and in compliance with the Energy Conservation Code.

3. Hose bibs shall be brass or bronze, fastened securely 18" above grade where shown on Drawings. All hose bibs shall have a non-removable anti-syphon device installed.

4. Fixtures shall be protected against water hammer with air chambers when required.

5. Provide shut off valves to all mains entering the building and each piece of equipment.

6. Install dielectric union at inlet and outlet of water heater. Install water heater in approved pan and provide drain line as required. Provide convection loop back to water heater.

7. Building sewers, vents and all underground drainage lines shall be schedule 40 PVC.

9. Water piping to be soft Type L Copper, under slab, hard above slab.

10. Water service shall be 3/4".

11. Insulation, Provide pipe insulation on refrigerant lines and domestic water lines as per industry standards. Insulation exposed to weather shall be protected as required.

12. Gather vents in attic as allowed and vent toward rear of house.

# PLUMBING SCHEDULE

#### DIVISION SIXTEEN - ELECTRICAL

1. Scope: Furnish all equipment and materials and perform all labor and services necessary to installation for a complete system for lighting and power. Each system shall be complete in all respects and shall be turned over to Owner in a first-class operating condition and fully tested and complete with all devices which are normal for intended systems and those required for their safe operation.

2. Materials and manner of installation of electrical system, shall be in strict accordance with the requirements of the local governing authorities having jurisdiction, and the standards set forth by NFPA, U.L., or other recognized testing laboratories. The installation shall conform to the latest edition of the NEC.

3. Equipment mounted on the exterior of the building shall be designed, labeled and installed for exterior, weatherproof service conditions.

4. Service: Contractor shall carry out all required arrangements with FPL for installation of the service, permits and inspection.

5. Telephone and Cable: Contractor shall furnish entrance service and distribution system with recepticles.

6. HVAC wiring: Contractor shall provide wiring to air conditioning equipment including power wiring, control wiring and interlocking wiring in accordance with diagram as provided by Mechanical Sub-contractor.

7. Panel Schedule: Panel shall be clearly marked as to all circuits.

Note: All decorative fixtures and ceiling fans to be supplied by owner and installed by electrical sub-contractor. All flourescent, can lights and other by electrical sub-contracotr.

| GPERMIT NUMBER<br>4214<br>PERMIT NUMBER<br>4214<br>7/10/97<br>CONTRACTOR OR<br>OWNER/BLDR.<br>ADDRESS<br>CITY/ST/ZIP<br>TELEPHONE |
|-----------------------------------------------------------------------------------------------------------------------------------|
| DATE ISSUED 7//0/91<br>CONTRACTOR OR<br>OWNER/BLDRADDRESS<br>CITY/ST/ZIP<br>TELEPHONE                                             |
| DATE ISSUED 7//0/91<br>CONTRACTOR OR<br>OWNER/BLDRADDRESS<br>CITY/ST/ZIP<br>TELEPHONE                                             |
| DATE ISSUED 7//0/91<br>CONTRACTOR OR<br>OWNER/BLDRADDRESS<br>CITY/ST/ZIP<br>TELEPHONE                                             |
| OWNER/BLDR<br>ADDRESS<br>CITY/ST/ZIP<br>TELEPHONE<br>TELEPHONE<br>TELEPHONE                                                       |
| ADDRESS                                                                                                                           |
| CITY/ST/ZIP<br>TELEPHONE                                                                                                          |
| TELEPHONE                                                                                                                         |
| a lo lolitication                                                                                                                 |
| GIN 10-10/14/11-D)                                                                                                                |
|                                                                                                                                   |
| · 6/2019) D. F. 2/16                                                                                                              |
| PEST CONTROL SERVICES MO                                                                                                          |
| 1850 1649 G/W MACEDO BLVD.                                                                                                        |
| PORT ST. WEIR 34384-1                                                                                                             |
| ES SIGD M_ YIJN PULL                                                                                                              |
| PLUMBING /00                                                                                                                      |
|                                                                                                                                   |
| MECH./A.C. 100                                                                                                                    |
| ROOF 100                                                                                                                          |
| WALL                                                                                                                              |
| POOL ENCLOSURE                                                                                                                    |
| OWNER/BUILDER                                                                                                                     |
| TOTAL 4340                                                                                                                        |
| PAID BY CHECK /1376                                                                                                               |
|                                                                                                                                   |
| DANIN AND                                                                                                                         |
| NSPECTION (FOR OFFICIAL USE ONLY)                                                                                                 |
| IOFF)                                                                                                                             |
| NAILING DATE 10/20/                                                                                                               |
|                                                                                                                                   |
| ROOF DATE<br>INSULATION DATE<br>FINAL ELECTRIC DATE                                                                               |
| FINAL ELECTRICDATE                                                                                                                |
| SEPTIC FINALDATE                                                                                                                  |
| DRIVEWAYDATE                                                                                                                      |
| FINAL C.ODATE                                                                                                                     |
| ·                                                                                                                                 |
| - Ann                                                                                                                             |
| BY Mo                                                                                                                             |
|                                                                                                                                   |
|                                                                                                                                   |
| ordinances, the South Florida Building Code, the State of Florida                                                                 |
| latest flood insurance rate map.<br>ob site before initial inspection.                                                            |
|                                                                                                                                   |

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MARTIN COUNTY ENT HEALTH DEPART" Jabandoned septic system repair [19/57] [HD] 97-173 [r Your new repair was inspected on <u>II</u> Approved and cover Cover but hold 6 Cover but hold for: Final Grade (see Peri Cover but hold for: 橙 3 Other: SI JPUTA AR Or Do not cover, disapprove LEVE lowing rease D Well: (s): Other: Reinspection Fee(s) \$ System Reinspection Not Approved: Other: Final Grade Passed USystem Approved Please allow this office two working days to schedule a reinspection. If you have any questions, contact \_at (561) 221-4090 Rev. 9/96

# <u>4215</u> POOL

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| March Bur Bur Bard A QUE                                                                                                                                                                                                |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| MARK O'HEARN<br>JON E. DURANKO<br>PERMIT ACCOUNT<br>1490 N.W. FEDERAL HIGHWAY<br>STUART, FL 34994<br>PAY<br>TO THE<br>ORDER OF                                                                                          | 2314<br>_1997 <sup>63-643/670</sup><br>00566<br>\$ 100.00<br>\$ 100.00 |
| FIRST Union National Bank<br>of Forda<br>North Palm Beach, Florida<br>24 Hour Information Service<br>1-800-735-1012<br>FOR CHINERCHAR CALST (PRIMER<br>1-800-735-1012<br>III OO 2314 III - 1:0670064321:265660962141011 | MP                                                                     |

| TOWN OF SEWALL'S POINT                                                                           |                               |  |  |  |
|--------------------------------------------------------------------------------------------------|-------------------------------|--|--|--|
|                                                                                                  | BUILDING PERMIT NO. 4215      |  |  |  |
| Building to be erected for Robt & Kathy Keamer                                                   | _ Type of Permit _ See. Acc-l |  |  |  |
| Applied for by ouls                                                                              | (Contractor) Building Fee     |  |  |  |
| Applied for by <u>Pouls</u><br>Subdivision <u>Home wood (amend)</u> Block                        | Radon Fee                     |  |  |  |
| Address _11 South Ridge View Reas                                                                | Impact Fee                    |  |  |  |
| Type of structure Perel                                                                          | A/C Fee                       |  |  |  |
|                                                                                                  | Electrical Fee                |  |  |  |
| Parcel Control Number:                                                                           | Plumbing Fee                  |  |  |  |
| 138410060050007000000                                                                            | Roofing Fee                   |  |  |  |
| Amount Paid Check #23/4_ Cash                                                                    | Other Fees ( )                |  |  |  |
| Amount Paid <u>100</u> Check # <u>2314</u> Cash<br>Total Construction Cost \$ <u>12,146</u> Lalo | lue #100 TOTAL Fees           |  |  |  |
| Signed Auran Munan Signed_                                                                       |                               |  |  |  |
| Applicant                                                                                        | Town Building Inspector       |  |  |  |

MASTER PERMIT NO. 42:4

Permit No. Date APPLICATION FOL: PERMIT TO BUILD & DOCK, FENCE, POOL, SOLAR HEATING DEVICE, SCREENED ENCLOSURE, GARAGE OR ANY OTHER STRUCTURE NOT A HOUSE OR A COMMERCIAL BUILDING This application must be accompanied by three (3) sets of complete plans, to scale, including a plot plan showing set-backs; plumbing and electrical layouts, if applicable, and at least two (2) elevations, as applicable. Owner ( ommone: pL Const (KRAMER) resent Address Lat 7 Ridgview 285-0296 Phone Address 1. South ; la ev Ordreus Phone Where licensed MARTS License number <u>By Bldn</u> License number Electrical contractor Plumbing contractor bods By Ardin License number (PC029646 Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: Proc nm State the street address at which the proposed structure will be built: Ridgeview Rd. Lot 7 Subdivision . OME Wood Lot number 7 \_\_\_\_Block number\_\_\_\_\_ Contract price \$\_ 12, 1N/6. 0D \_\_\_Cost of permit \$\_\_\_ Plans approved as submitted \_\_\_\_Plans approved as marked I understand that this permit is good for 12 months from the date of its issue and that the structure must be completed in accordance with the approved plan. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "red-tacking" the construction project. Contractor 23. i I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given. Owner · TOWN RECORD Date submitted Approved: Building Inspector Approved: - Final Approval given: Date Certificate of Occupancy issued (if applicable) Date <u>.</u>... SP1<sup>1</sup>282 Permit No. HOLD FOR Approval of these plans in no way relieves the contractor or builder of BLDG PERMIT complying with the Town of Sewall's Point Ordinances, the South Florida Building Code and the State of Florida PLICATION the second Model Energy Efficiency Building Code. BM I TTAL

| S         | UNTRUST Notice Of Commencem                                                                                                                                                                                                                      | ent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bu        | ilding Permit No Tax Folio No                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| sт        | ATE OF Florida                                                                                                                                                                                                                                   | MATE OF FLORIDA<br>MARTIN (DHATY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CC        | DUNTY OF Martin                                                                                                                                                                                                                                  | THE REAL OPTICE THAT THE FUNCTION THAT THE FUNCTION OF A DECEMBER OF AND CORRECT OPPICE TO A DECEMBER OF AND CORRECT OPPICE TO A DECEMBER OF A |
| ma<br>Flo | IE UNDERSIGNED hereby gives notice that improvements will<br>de to certain real property, and in accordance with Chapter b<br>orida Statutes, the following information is provided in this Notice<br>mmencement.                                | be welling Rules in State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1.        | Description of Property:<br>(legal description of the property, and street address if available)<br>XXXX SOUTH RIDGEVIEW ROAD, STUART, FL 34996                                                                                                  | Thus area reserved for Recording Purposes only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2.        | Lot 7, Block E, AMENDED PLAT OF HOMEWO<br>Page 35, Martin County, Florida public<br>General Description of Improvements 'Single Family Dwelling                                                                                                  | OD, Plat Book 3,<br>records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3.        | Owner Information<br>a. Name and Address ROBERT S. KRAMER<br>107 HILLCREST COURT, STUART<br>b. Interest in property FEE SIMPLE                                                                                                                   | , FL 34996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|           | c. Name and address of fee simple titleholder (if other than own                                                                                                                                                                                 | ner)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 4.        | Contractor (name and address)<br>COMMERCIAL CONSTRUCTION DIVISION, INC.<br>833 E. 5TH STREET, STUART, FL 34994<br>a. Phone number b. FAX number (optional, if                                                                                    | service by FAX is acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5.        | (407) 220-3488<br>Surcty<br>a. Name and Address                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|           | b. Phone number c. FAX number (optional, if                                                                                                                                                                                                      | service by FAX is acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|           | d. Amount of bond \$                                                                                                                                                                                                                             | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 6.        | <ul> <li>Lender Information</li> <li>a. Name and Address<br/>SunTrust Bank, South Florida, N.A.<br/>111 Orange Avenue, Fort Pierce, FL 34950</li> <li>b. Phone number<br/>(561)467-6230</li> <li>d. Designated Contact Paula Chadwlek</li> </ul> | service by FAX is acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 7.        | Persons within the State of Florida designated by Owner upon who<br>provided by Section 713.13(1)(a) 7., Florida Statutes (name and ad                                                                                                           | om notices or other documents may be served as<br>dress)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|           | (561)467-6230                                                                                                                                                                                                                                    | scrvice by FAX is acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 8.        | In addition to himself, Owner designates, Paula Chadwlek<br>of SunTrust Bank, South Florida, N.A.<br>in Section 713.13(1)(b), Florida Statutes.                                                                                                  | to receive a copy of the Licnor's Notice as provided                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|           | a. Phone number b. FAX number (optional, if                                                                                                                                                                                                      | service by FAX is acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 9.        | (561)467-6230<br>Expiration date of Notice of Commencement (the expiration date i                                                                                                                                                                | is one (1) Year from the date of recording unless a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|           | different date is specified). Other expiration date                                                                                                                                                                                              | ROBERT S. KRAMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|           | Over's                                                                                                                                                                                                                                           | Name (must be typed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|           | ATE OF FLORIDA<br>UNTY OFMartin                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Swe       |                                                                                                                                                                                                                                                  | ry Public ////////////////////////////////////                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|           | dentification, this 3 44. day Print                                                                                                                                                                                                              | or Type Name Marin Marina B. Kramer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| as I      |                                                                                                                                                                                                                                                  | Commission Notary Public, State of Florida<br>Commission No. CC 517790                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| UI.       |                                                                                                                                                                                                                                                  | CS Wy Cummission Expires 12/13/99<br>X 1-800-J: MOTARY - Pla. Nonry Service & Bunding Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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# SWIMMING POOL CONSTRUCTION AGREEMENT

Florida License CPC029646

| and <u>COMMERCIAL</u> CONSTRUCTION DIVISION<br>JOB ADDRESS <u>KRAMER Residence</u> Ridgerie<br>MAIL ADDRESS <u>301 S.W. Albany</u> AVE<br>BUSINESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>ice of POOLS BTANGHErro</u> , management of POOLS BTANGHErro, management of the second state of the second st |
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| awimming pool, herein called "the work".                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Swithing pool, include $DEPTH 3x6$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _ SURFACE AREA (SQ. FT.) <u>3/2</u> PERIMETER <u>74</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| GENERAL SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1. Andrews Advantage filter model <u><i>DE</i></u> size <u>48</u> Pools by Andrews                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1. Standard structural engineering plans and specifications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ol> <li>Andrews Advantage Pump and motor: size 2 HP Pools by Andrews</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <ol> <li>Standard structural engineering plane are quired by municipality codes.</li> <li>Swimming pool construction permits as required by municipality codes.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3. Provide return lines (filtered water)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3. Contractor to hand form and shape pool.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3. Providereturn lines (intered watch)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ol> <li>Excavate and remove soil on day of excavation.</li> <li>Install steel reinforcing throughout structure.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | A in-Floor system of Floor D Benches C Steps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <ol> <li>Install steel reinforcing infogration succession</li> <li>Gunite-concrete shell to meet or exceed city or county codes.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | neads                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| a state law and stops                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. Portable pool cleaner: Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| - is the basic of all water lines from filter to pool.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6. Provide backwash water disposal to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ol> <li>Complete nook-up of all water lines norm into the part of the par</li></ol> | Plandscape Drywell OtherPyes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 10. Non-corrosive PVC plumbing throughout.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7. Andrews Advantage Heater: 🗋 Pool 📋 Spa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 11. Main drain receptacle with grate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type Size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 12. Skimmer with self adjusting weir.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 13 Concrete pad for pool equipment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Applicable Gas Lines, Piping, Hook-Up, Tank Installation and Permits,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 14. Vacuum head and hose, tele-pole, brush, leaf skimmer and test kit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | By Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 15. Initial start-up service, instructions and maintenance manual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ol><li>Electrical hook-up including permit, time clock,</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 16. Clean-up pool construction debris after completion of plaster.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | junction box, transformer, bonding and switches for motor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 17. State sales and federal taxes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ol> <li>Public liability and workmen's compensation insurance.</li> <li>Public liability and workmen's compensation insurance.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9. Other ELECT By Commercial Const, Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <ol> <li>Property damage negligence insurance to pool during construction.</li> <li>Up to 6 yards of rock included. Any additional rock to be charged at</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9. Other <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <ol> <li>Up to 6 yards of rock included. Any additional room to be and a second se</li></ol> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| \$_ <u></u> per yard.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| OWNER RESPONSIBILITIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DECKING SPECIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1 Approve pool elevation and verify location of property lines.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. Install Sq. Ft. Decking Yes 21No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <ul> <li>Devices resputing the overhead or underground utilities when required.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Type Color                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ol> <li>Pay for any additional costs incurred due to underground obstacles, rock</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2. Cantilever deck on bond beam Yes SNo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| or water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ol> <li>Pay any additional costs incurred due to soil with inadequate bearing</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3. Footers Ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4. Control/expansion joints                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <ol> <li>Pay for electrical panel change or addition of sub panel if required by local</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5. Deck-O-Drain Ft Ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| code or if existing service is inadequate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6 Top existing patio Sq. Ft Yes 2No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

7. Risers Туре\_

6. Top existing patio \_\_\_\_

8. Other DECKING By ComMERCIAL Const. Div.

#### SPA SPECIFICATIONS

| 1.      | SizeDan                                      | n wall length        | Ft. D.Yes | <b>D</b> No |
|---------|----------------------------------------------|----------------------|-----------|-------------|
| '.<br>2 | Spa connected to pool an                     | d plumbing equipment | DYes      | E No        |
| 2.      | Install Hydro th                             | erapy jets           | Yes       | C No        |
| J.      | Install air blower                           |                      |           | No          |
| 4.      | Install air blower                           | watt                 | volt Ves  | ⊡rNo        |
| 5.      | Install light under bench                    | Inches               | <br>      | <b>D</b> No |
|         |                                              | 110165               |           |             |
| 6.      | Install light under bench<br>Raised<br>Other | watt<br>Inches       | voltD Yes |             |

#### SCREEN SPECIFICATIONS

|    | SUREEN SPECIFICATION                         |                  |
|----|----------------------------------------------|------------------|
| 1. | Screen enclosure                             | Yes No           |
|    | Size Wall Height                             |                  |
| 3. | Roof type — 🗇 Mansard 🗇 Dome 🕞 Gable         | Other            |
| 4. | Aluminum frame color — 🗌 White 🛛 Bronze      |                  |
| 5. | Screen door (s) Dog Door Size                | 🗆 Medium 🛛 Large |
| 6. | Aluminum Roof — 🗇 Non-Insulated 🛛 🗍 Insulate | d Size           |
| 7. | Gutter and Downspout(s) - CYes No            | Ft.              |

| 11. Pool Interior finish: Plaster Pebble Tec Other<br>Color Selection Hite PEARL Pools by Andrews                     | 8. Other                        |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 12. Other                                                                                                             | D by the Poor By ANDREW         |
| ADDITIONAL SPECIFICATIONS ZAVOICE REGULTE<br>to Commerciae Construction by the<br>Construction To pay Pools By ANDREW | * 25th of the month, Commercine |
| CONSTRUCTION TO PAY POOLS BY ANDREWS                                                                                  |                                 |

NOTICE

Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained with the pro-ceeds hereof. Recovery hereunder by the debtor shall not exceed amounts paid by the debtor hereunder. 16 C.F.R. §433.2(b)

Owner acknowledges receipt of "Notice of Consumer Rights."

code or if existing service is inadequate.

8. Provide fencing to meet municipality codes. 9. Provide pool maintenance after completion.

2. Normal excavation with standard equipment .....

3. Remove from pool site on day of excavation only:

7. Standard waterline tile: Selection

12" Raised Bond Beam

18" Raised Bond Beam

\_\_\_\_ Raised Bond Beam

9. Border: Type Bull NOSE

6" Raised Bond Beam \_

PLASTER AS INSTRUCTED.

1. Access walls or fence to be:

Removed by

Replaced by \_\_\_\_

Other debris \_

6. Hand rail .....

Selection

8. Other tile

4. Gunite-concrete loveseat

6. WATER CURE GUNITE-CONCRETE SHELL 7 DAYS MINIMUM.

7. FILL POOL WITH WATER IMMEDIATELY AFTER PLASTER AND BRUSH

GENERAL CONSTRUCTION SPECIFICATIONS

NIA

Normal excavation with limited access equipment...... Yes PMo

Stumps\_\_\_\_ Yes INo Removed by Owner Opools by Andrews Concrete \_\_\_\_ Yes 2No Removed by Owner Deols by Andrews

. Ft..

BRICK

10. Andrews Advantage under water light 75 watt 12 volt Eres INo

Owner D Pools by Andrews

\_ Owner D Pools by Andrews

\_ Owner D Pools by Andrews

\_ Ladder B Swimout

......DYes 🛃No

Ft..... Yes CNo

Ft..... Yes PNo

\_ Ft..... 🖸 Yes 🛛 🗹 No

.....DYes 🗗 No

\_DYes 🗗 Yes

\_Pools by Andrews

\_ Pools by Andrews

\_ Ft. ..... Yes 🖉 No

Meres INO

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

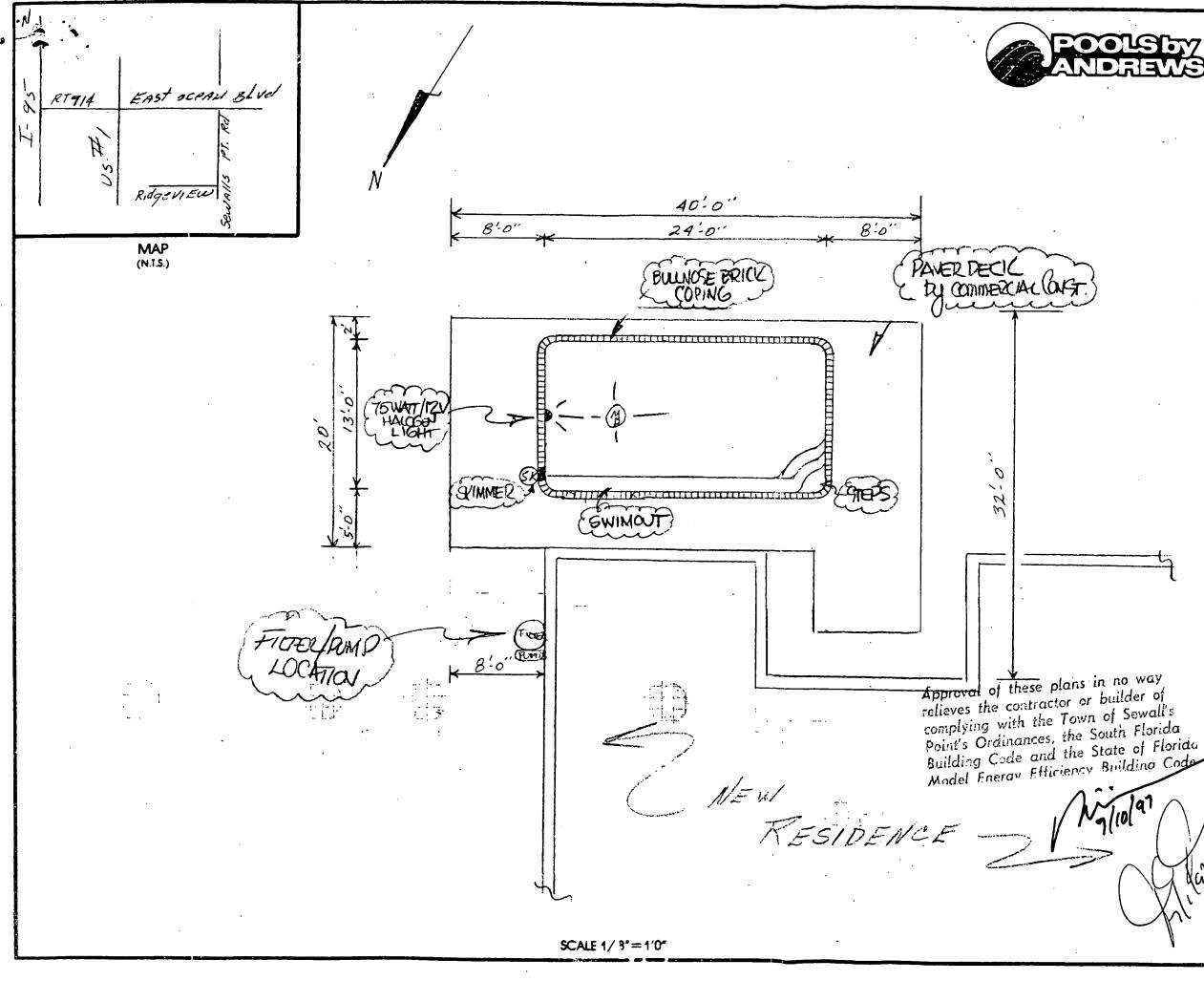
\_Dollars Owner agrees to pay the sum of \$\_12,146 350.00 \_the receipt of which is hereby acknowledged. Balance less deposit: 40% day of excavation, 40% day of gunite-concrete installation, 15% day of deck form (if decking is not included in contract 15% payment is due day of coping and tile), 5% balance due prior to plaster/pebble/interior tinish. Down payment \$ \_ Payment is to be from: Owners funds (cash) Bank financing 26 Th 19<u>7</u> day of JUNC Accepted this \_ Any amounts indicated on other contracts with this corpoany and in addition to this contract amount. y Wise Contractor

X\_\_\_\_\_ Owner/Prime Contractor

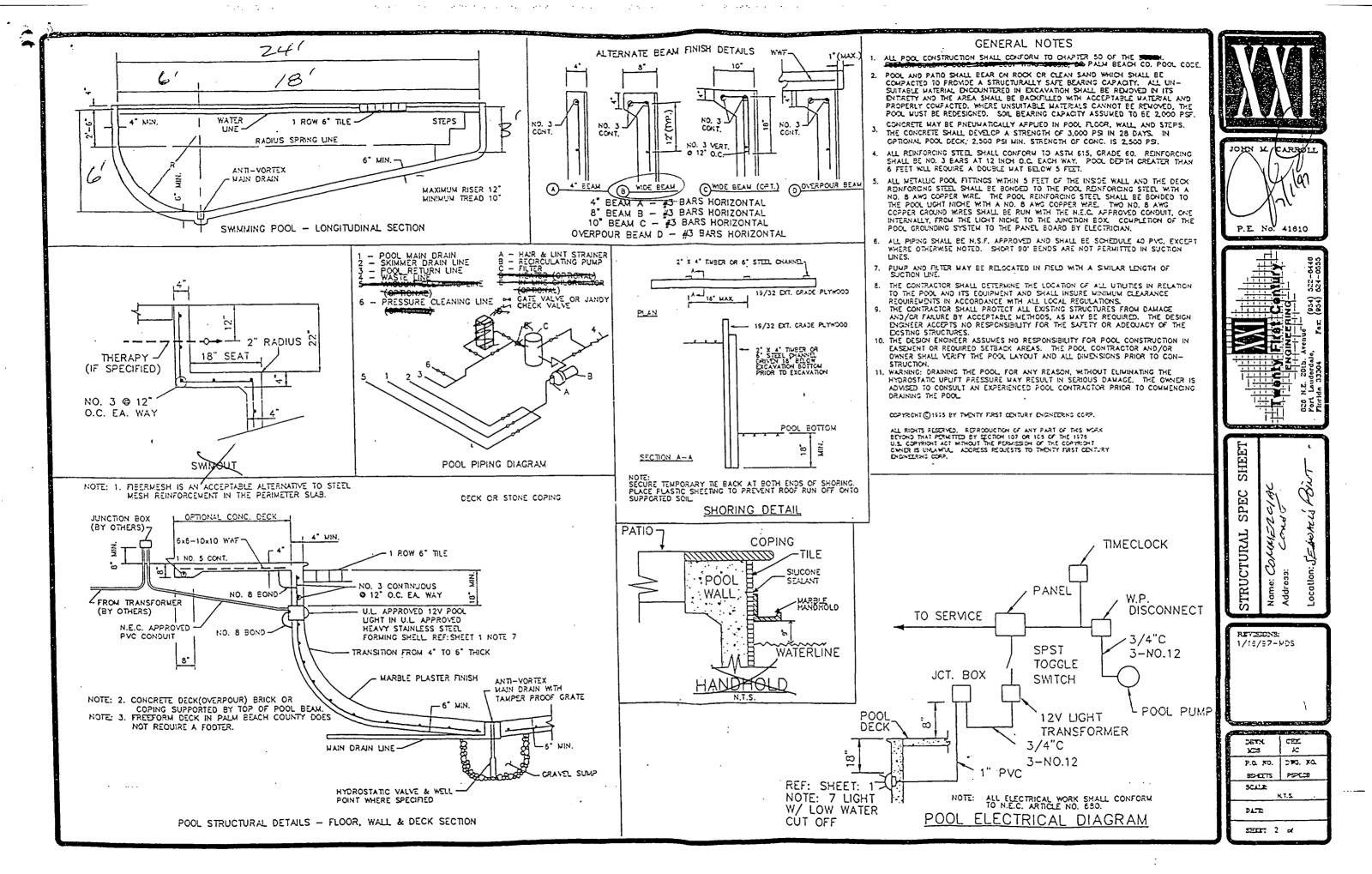
#### **BUYER'S RIGHT TO CANCEL**

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



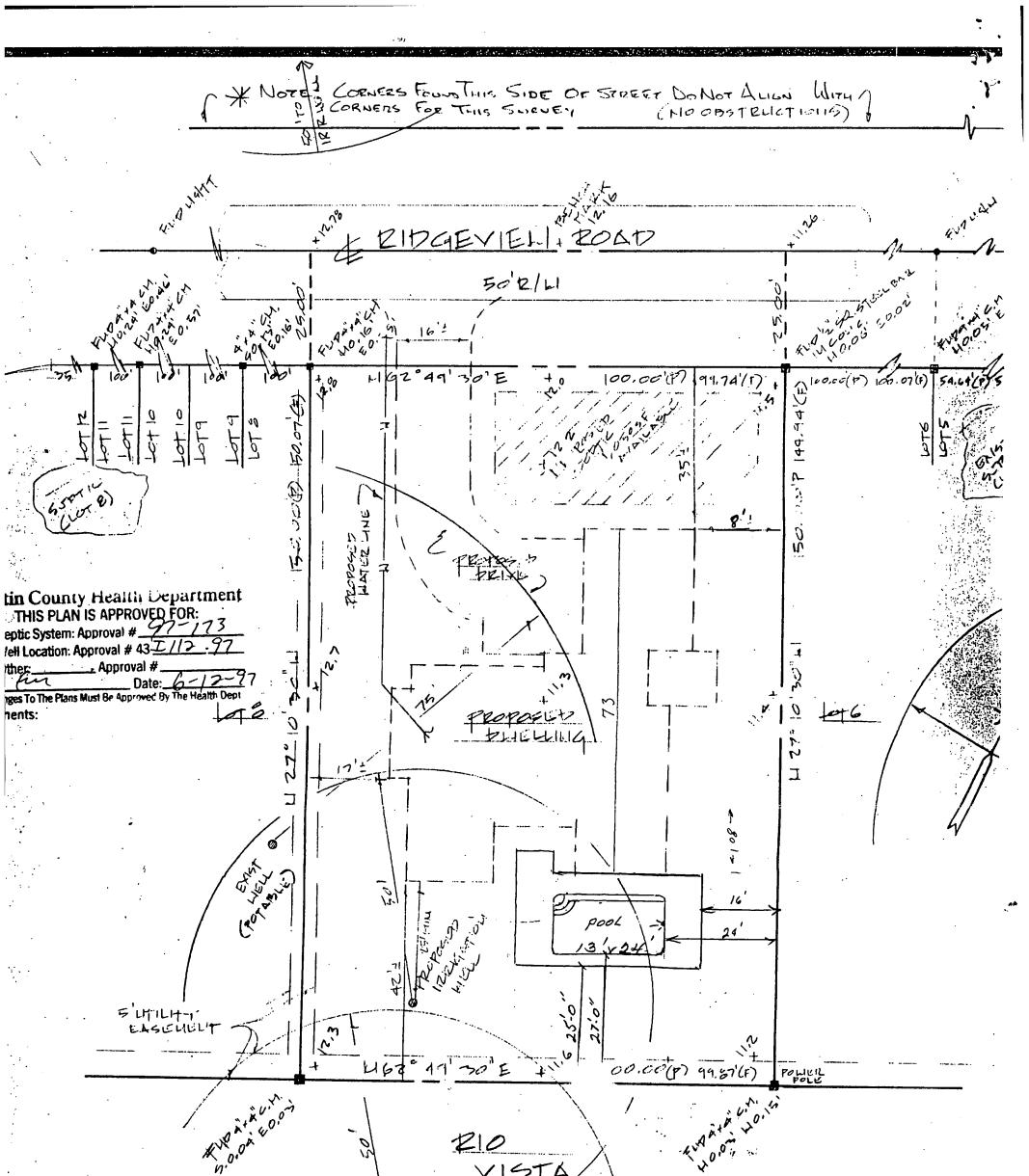


**GENERAL SPECIFICATIONS** DOBNO.297.153.6 SHAPE RECTANGLE 3 106 SIZE 13'X 24' DEPTH SF 3/24 PER. 74 TEMP NO. CUSTOR POOL CAPACITY 10,530 + -GALS DE PUMP H.P. 2H1 FILTER 59. FL 48 TILE 6" WATER INE BRICK BUIL NOSE DECKING NONE - PAVERS BY SO.FT. FOOTERS NONE D.O.D. NONE LIGHT ONE - HALDYEN - 75 WATTS /21 SWIMOUT ONE (1) 18"x20-0 LADDER NONE HANDRAIL NONE SKIMMER ONE(1)01/2 MAIN DRAIN ONE RETURN LINES: OTV. ONLY TYPE: PCC 2000 ELECTRICAL HOOKUP NONE - BY COMMERCIA UNDERWATER VACUUM W/HOSE NONE SEWALLS POINT, TOULOF MUNICIPALITY SET BACKS: SIDE 15 TO DECK REAR 25 TO DECK HOUSE NOTES: OPCC2000 FLOOR System 2) WHITE PEARL Rebble TEE SENG. PLANS & PERMITS 4) PRE-TREAT WATER @ INTIALC JALL ELECTRICAL HOOK-UP a COMPONETS by comm. Const. DESIGNER HARRY WISE DATE 5-20-41 SWIMMING POOL COMMERCIAL CONSTRUCTON Address: LCT # 7 RIdge VIEW ST City Securils POINT Phone 288-0296 STEVE @ COMM. CONST-220.3488 LEGAL DESCRIPTION SUB\_"HOME WOOD BLK . BOOK 3 PAGE 35 LOCATION TOWN OF SEWALL'S POINT



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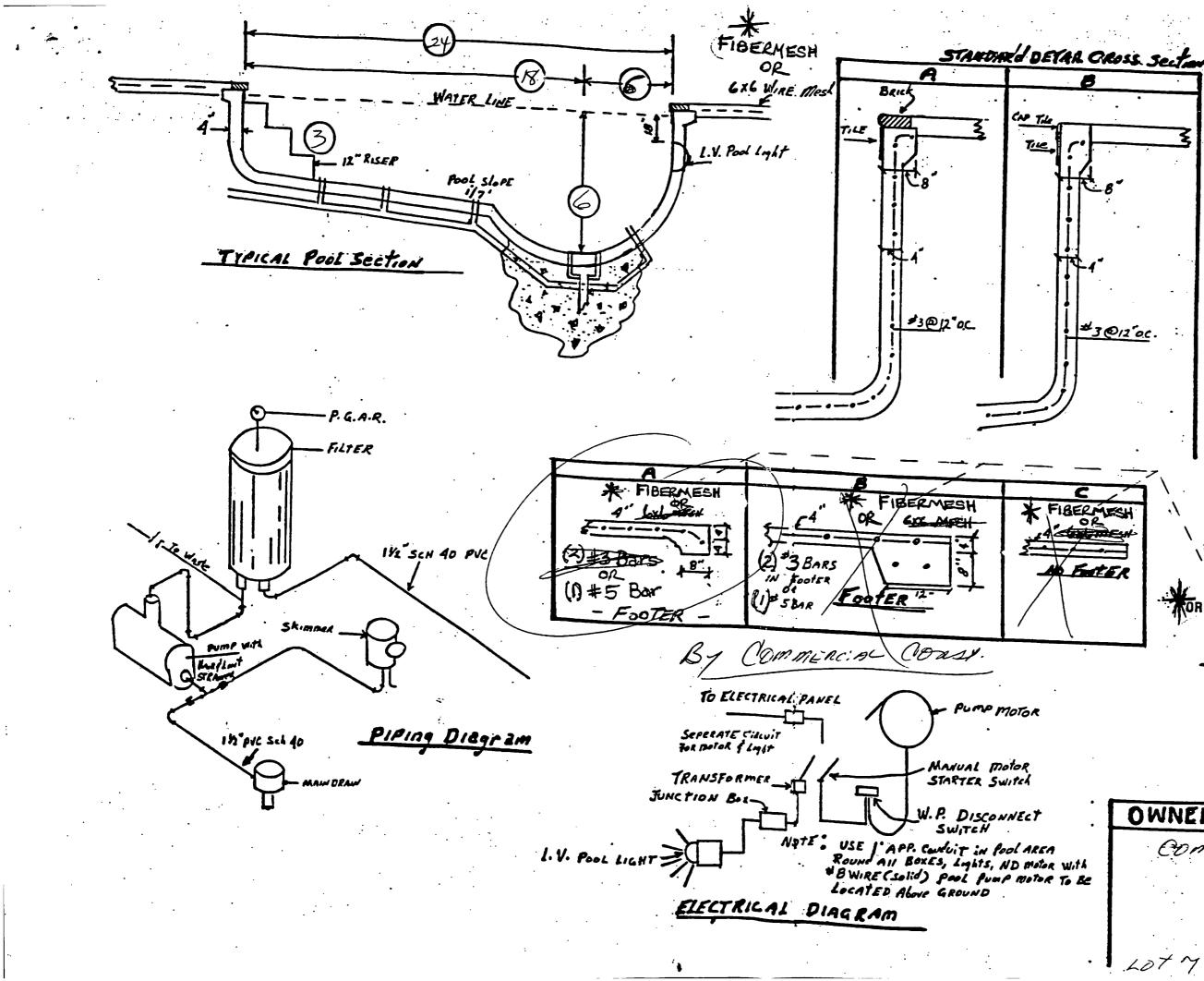
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CERTIFIED TO: ROBERT SCOTT & KATHRYN J. KRAMER AMERICAN PIONEER TITLE INSURANCE COMPANY KRAMER, SEWELL & SOPKO, P.A. ► NTES =

1. Survey of description as furnished by Client.

- 2. Lands shown hereon were not abstracted for easem and/or rights-of-way of record.
- (P) Denotes distance or bearing by description as furni
  (F) Denotes measured distance or bearing.
  (C) Denotes measured distance or bearing.
- (C) Denotes calculated distance or bearing.
- 3. All bearings are referenced to the instrument of reco as shown hereon, unless otherwise noted.
- Elevations shown hereon are relative to National Geo Vertical Datum of 1929, and are based on bench mc
   There are no above ground encroachments, unless otherwise s

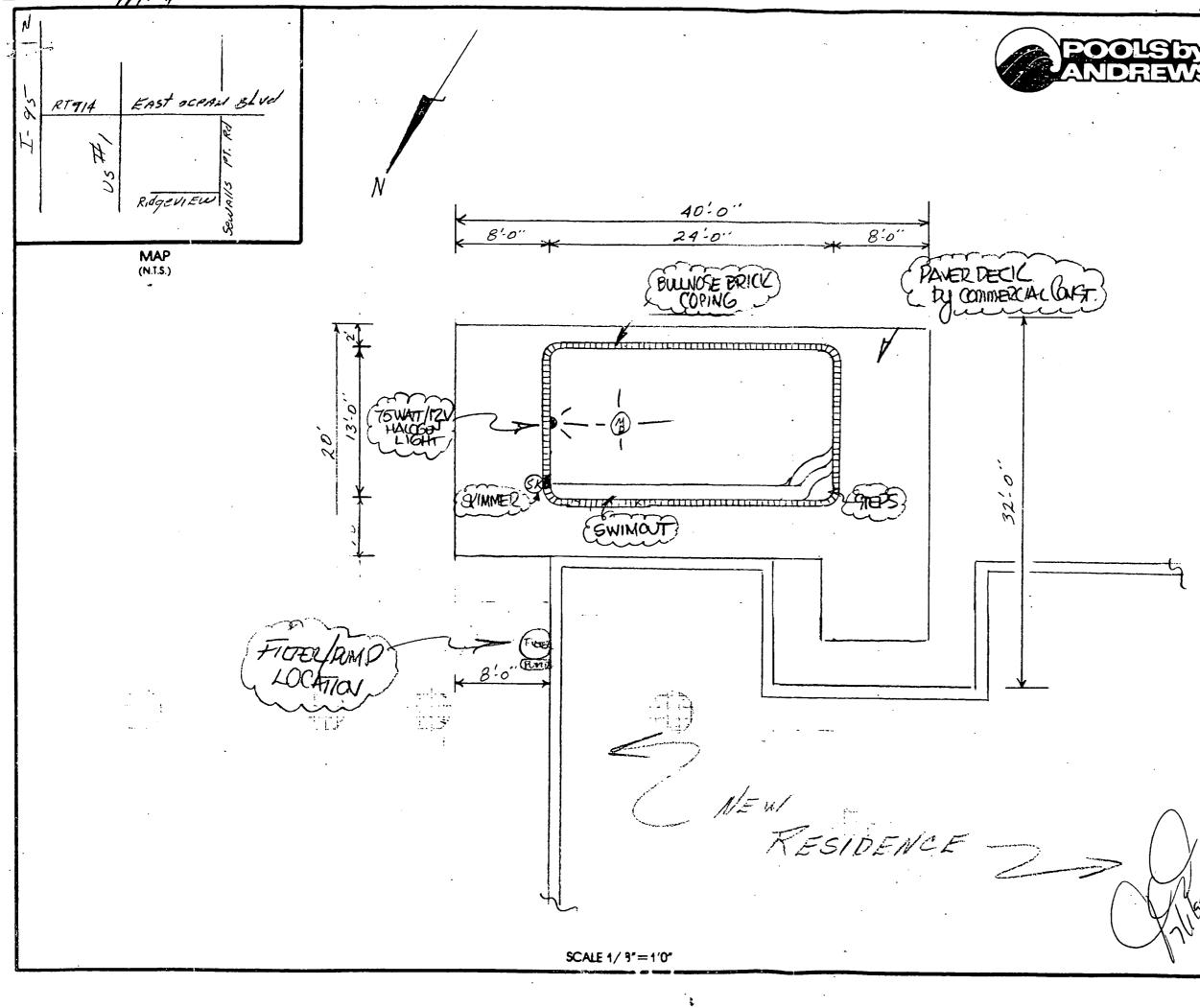
| SET I.B SET 5/8 IRON BAR<br>FND FOUND OBJECT | & CAP #4049         |
|----------------------------------------------|---------------------|
| I.P JRON PIPE                                | OHW - OVERHEAD WIRE |
| C.H CONCRETE MONUMENT                        | - DRAINAGE FI       |
| I.B IRON BAR                                 | M H _ MANUAL DESIGN |



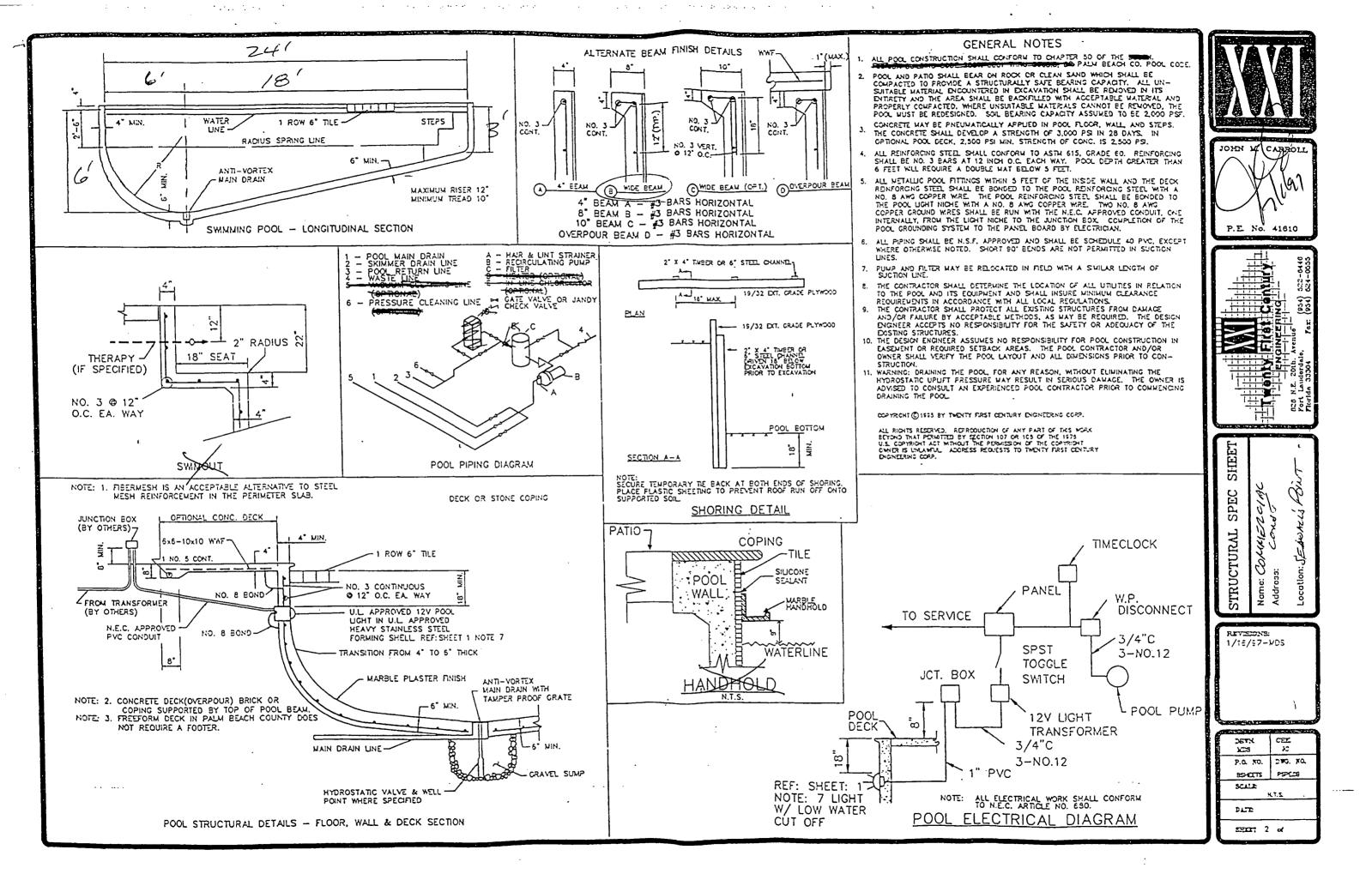
#### GENERAL NOTES

- 1. Pool floor and walls shall be made of pneumatically placed concrete with a compressive strength of 3000 PSI in 28 days.
- 2. All reinforcing steel shall be intermediate of hard grade deformed bars of new billet-steel conforming to A.S.T.M.A. -15 and shall be bent, lapped and placed in accordance with ACI stds and specifications.
- 3. For pool plan, size of slabs, and special details, note, please refer to sheet # 2.
- 4. All pool piping shall bear the MSF Seal.
- 5. Main sump shall have a free area four times the area of suction line.
- 6. Backwash or eleaning shall be in accordance with each municipalities code requirements.
- 7. Water supply and disposal shall be arranged so that there is no erosus connection with a domestic water supply or disposal system.
- 8. Grading shall confine ponding of pool water within lot line.

ROA Fibermesh/Filement RBERNESH COSPARY 4019 INDUSTRY DRIVE . CHATTANOOGA, TN 37416 FIBERMESH 615-892-7243 FIBERMESH"OR FIBERMIX WILL BE ADDED TO THE CONCRETE ON THIS JOB IN ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS AND NER-284 FOR FIBERMESH® OR NER-414 FOR FIBERMIX®. MIXCERTIFIEDBY\_ WALCHER DOW DO OWNER COMMERCIAL Corst. (KRAMER)

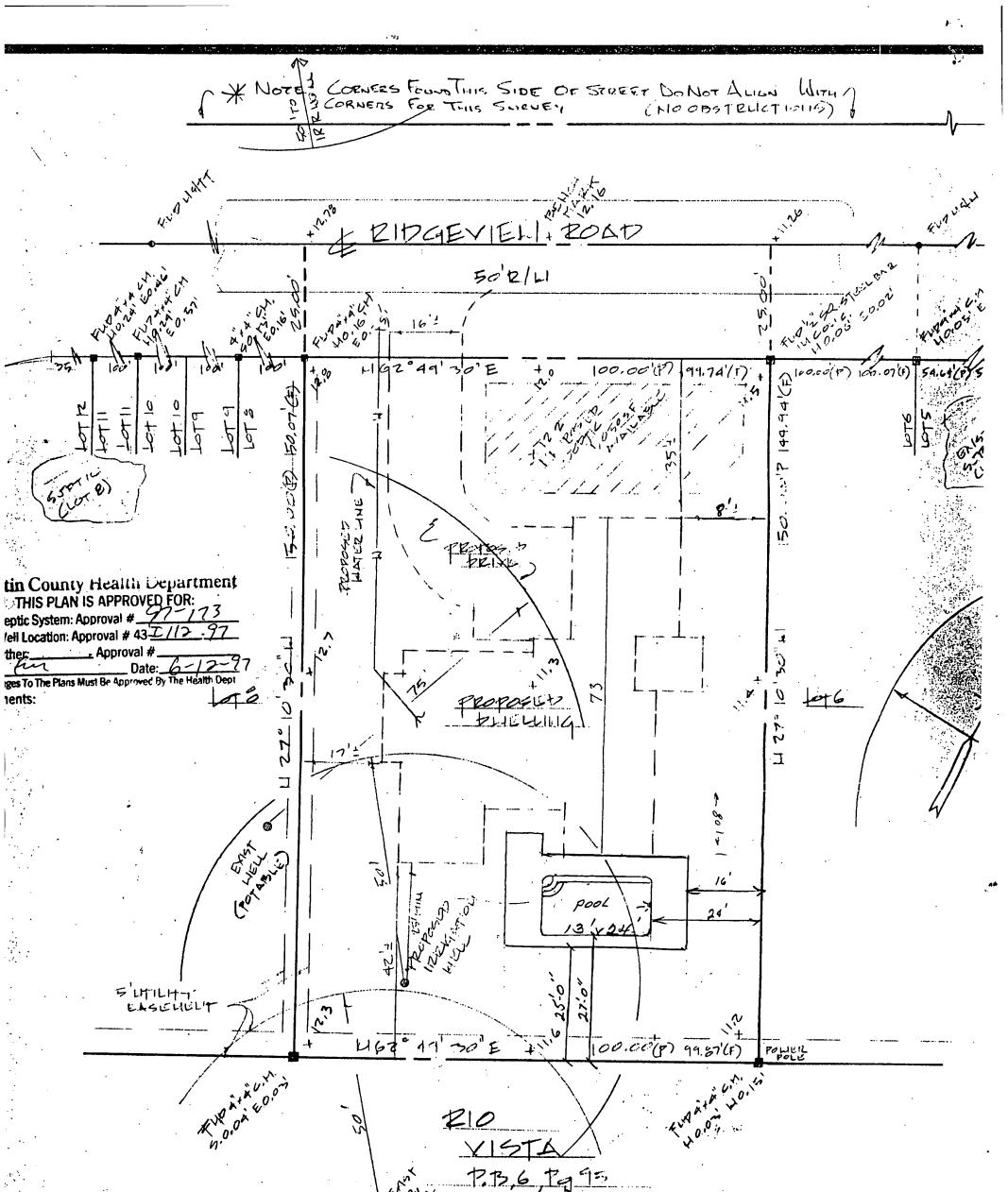


**GENERAL SPECIFICATIONS** JOB NO 297-153 . 6 SHAPE RECTANGLE 3 106 SIZE 13' X 24' DEPTH 3125 PER. 74 TEMP NO. CUSTOR SF POOL CAPACITY 10,530 + -GALS FILTER DE 59.FT. 48 PUMPH.P. 2HI TILE 6" WATER INE BRICK BUIL NOSE DECKING NONE - PAVERS BY, SO.FT. FOOTERS NONE D.O.D. NONE LIGHT ONE - HALDJEN' - 75 WATTS /21 SWIMOUT ONE (1) 18" x20-0 LADDER NONE HANDRAIL NONE SKIMMER ONE(1) 01/2" MAIN DRAIN ONE RETURN LINES: OTY PLOOR TYPE: PCC 2000 ELECTRICAL HOOKUP NONE - BY COMMERCIAL UNDERWATER VACUUM W/HOSE NONE MUNICIPALITY SEWALLS POINT, TOULOF SET BACKS: SIDE 15 TODECK REAR 25' TO DECK HOUSE NOTES: OPCC2000 FLOOR System 2) WHITE PEARL Rebble Tee 3) ENG. PLANS & PERMits 4) PRE-TREAT WATER @ INTIAL 5) ALL ELECTRICAL HOOK-UP OMPONETS by comm. Con ST. DESIGNER HARRY WISE DATE 5-20-97 SWIMMING POOL COMMERCIAL CONSTRUCTION (RESIDENCE Address: LOT # 7 RIdge VIEW ST City Securits FOINT Phone 288-0296 STEVE @ COMM. CONST-220.3488 LEGAL DESCRIPTION SUB\_"HOME WOOD LOT \_\_\_\_ BLK BOOK 3 PAGE 35 LOCATION TOWAL OF SEWALL'S POINT



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PROPERTY LOCATED WITHIN FLOOD ZONE: "<" PROPERTY ADDRESS: RIDGEVIEW ROAD

CERTIFIED TO: ROBERT SCOTT & KATHRYN J. KRAMER AMERICAN PIONEER TITLE INSURANCE COMPANY KRAMER, SEWELL & SOPKO, P.A.

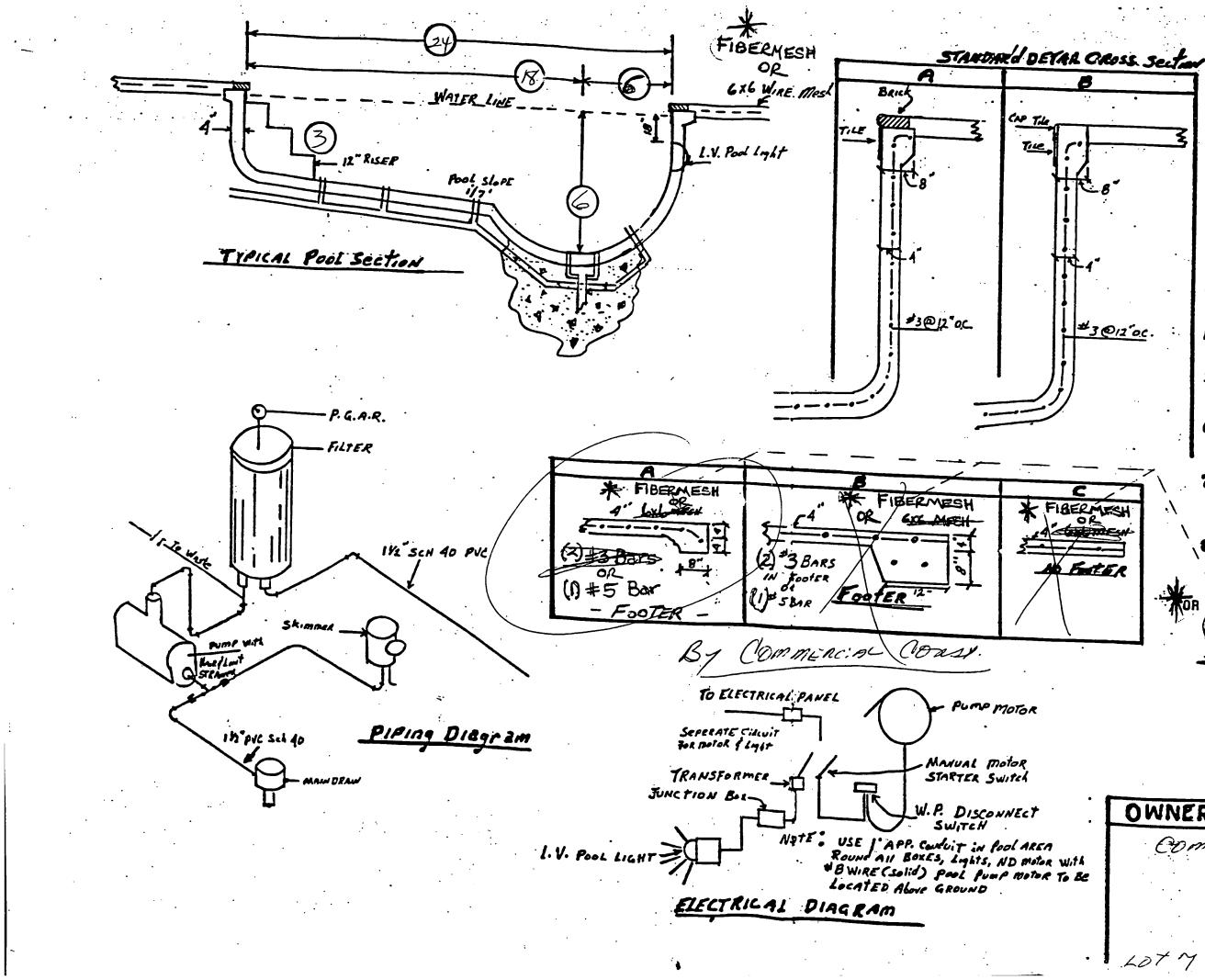
#### NOTES '

TRUCTIONS

1. Survey of description as furnished by Client.

- 2. Londs shown hereon were not abstracted for easem and/or rights-of-way of record.
- (P) Denotes distance or bearing by description as furni
   (F) Denotes measured distance or bearing.
- (C) Denotes calculated distance or bearing.
- 3. All bearings are referenced to the instrument of reco as shown hereon, unless otherwise noted.
- Elevations shown hereon are relative to National Geo Vertical Datum of 1929, and are based on bench me
   There are no above ground encroachments, unless otherwise is

SET I.B. - SET 5/8 IRON BAR & CAP #4049 FND. - FOUND OBJECT I.P. - IRON PIPE C.M. - CONCRETE MONUMENT I.B. - IRON BAR M U



#### GENERAL NOTES

- 1. Pool floor and walls shall be made of pneumatically placed concrete with a compressive strength of 3000 PSI in 28 days.
- 2. All reinforcing steal shall be intermediate of hard grade deformed bars of new billet-steel conforming to A.S.T.N.A. -15 and shall be bent, lapped and placed in accordance with ACI stds and specifications.
- 3. For pool plan, size of slabs; and special details, note, please refer to sheet # 2.
- 4. All pool piping shall bear the MSF Seal.
- 5. Main sump shall have a free area four times the area of suction line.
- 6. Backwash or cleaning shall be in accordance with each municipalities code requirements.
- Water supply and disposal shall be arranged so that there is no erosul connection with a domestic water supply or disposal system.

8. Grading shall confine ponding of pool water within lot line.

TOR /Fibermesh/File REFAILED CORNEY 4019 INDUSTRY DRIVE CHATTANOOGA, TN 37416 FIBERMESH 615-892-7243 FIBERMESHOOR FIBERMIX WILL BE ADDED TO THE CONCRETE ON THIS JOB IN ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS AND NER-284 FOR FIBERMESH® OR NER-414 FOR FIBERMIX®. FINISHEDBY - Renker Acho 17 MIXCERTIFIED BY\_ HEX CONTRACT BY (DONCHETE C OWNER : COMMERCIAC Corsp. (KRAMER)

LOT M

# TOWN OF SEWALL'S POINT BUILDING PERMIT

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

| OWNER ROG'T & Kal | ty Kramer      |
|-------------------|----------------|
| CONTRACTOR Parl   | les andrews    |
| LOT 7 BLOCK       | SUB Homewood   |
| NO. 11 South      | Ridgeview load |

|   | REQUIRED INSPECTIONS | INSPECTOR'S FINDING | INSPECTOR'S SIGNATURE |
|---|----------------------|---------------------|-----------------------|
|   | ROOF:                |                     |                       |
|   | A. TIN TAG           |                     |                       |
|   | B. FINAL             |                     |                       |
| > | POOL:                |                     |                       |
|   | A. STEEL & GROUND    | approve             | m 8/18/97             |
|   | B. DECK              | On                  | 1/13/98               |
|   | C. FINAL             |                     |                       |
|   | DOCK:                |                     | • // /                |
|   | A. PILINGS           |                     | AAAJ IG               |
|   | B. FINAL             | A                   | 7111                  |
|   | FENCE:               |                     |                       |
| , | STORM SHUTTERS:      |                     | /                     |
|   | OTHER:               |                     |                       |

DO NOT REMOVE UNTIL JOB IS COMPLETED

DATE ISSUED NO. SPECTIONS CALL 287-2455 FROM 00 NOON AND 1:00 P.M. - 4:00 P.M.

- REQUESTS FOR INSPECTIONS REQUIRE AT LEAST 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.
- WORKING HOURS ARE FROM 8:00 A.M. TO 5:00 P.M. MONDAY THRU SATURDAY.

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TO CONSTRUCT

REMARKS:

# <u>5722</u> FENCE

.

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

# TOWN OF SEWALL'S POINT

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| Date 3/14/02                                                                                                                                                                                             | BU                                                                                                                                                                                                    | ILDING PERMIT NO. $5722$                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Building to be erected for <u>ROBE</u>                                                                                                                                                                   | RT KRAMER TV                                                                                                                                                                                          | pe of Permit _ FENCE                                                                                                                                                    |
|                                                                                                                                                                                                          |                                                                                                                                                                                                       | tractor) Building Fee 30,00                                                                                                                                             |
| Subdivision HOMEWOOD                                                                                                                                                                                     |                                                                                                                                                                                                       |                                                                                                                                                                         |
| Address 11 S. RIDGEVIEU                                                                                                                                                                                  |                                                                                                                                                                                                       | $\mathbf{h}$                                                                                                                                                            |
|                                                                                                                                                                                                          |                                                                                                                                                                                                       |                                                                                                                                                                         |
| Type of structure                                                                                                                                                                                        | ······································                                                                                                                                                                | A/C Fee                                                                                                                                                                 |
|                                                                                                                                                                                                          |                                                                                                                                                                                                       | Electrical Fee                                                                                                                                                          |
| Parcel Control Number:                                                                                                                                                                                   |                                                                                                                                                                                                       | Plumbing Fee                                                                                                                                                            |
| 013841006005                                                                                                                                                                                             | 000000000                                                                                                                                                                                             | Roofing Fee                                                                                                                                                             |
| Amount Paid_ <u>#30.00</u> Check                                                                                                                                                                         | # <u>4515</u> Cash                                                                                                                                                                                    | Other Fees ( )                                                                                                                                                          |
| Total Construction Cost \$ 2,000                                                                                                                                                                         | .00                                                                                                                                                                                                   | TOTAL Fees \$30.00                                                                                                                                                      |
|                                                                                                                                                                                                          |                                                                                                                                                                                                       |                                                                                                                                                                         |
| Signed                                                                                                                                                                                                   | Signed M                                                                                                                                                                                              | Lene Simmons / rela                                                                                                                                                     |
| Applicant                                                                                                                                                                                                |                                                                                                                                                                                                       | Town Building Official                                                                                                                                                  |
| / /                                                                                                                                                                                                      |                                                                                                                                                                                                       | <u> </u>                                                                                                                                                                |
|                                                                                                                                                                                                          | PERMIT                                                                                                                                                                                                |                                                                                                                                                                         |
|                                                                                                                                                                                                          |                                                                                                                                                                                                       |                                                                                                                                                                         |
| <ul> <li>PLUMBING</li> <li>DOCK/BOAT LIFT</li> </ul>                                                                                                                                                     | ROOFING     DEMOLITION                                                                                                                                                                                | FENCE                                                                                                                                                                   |
| SCREEN ENCLOSURE     FILL                                                                                                                                                                                | TEMPORARY STRUCTURE                                                                                                                                                                                   | GAS                                                                                                                                                                     |
|                                                                                                                                                                                                          |                                                                                                                                                                                                       |                                                                                                                                                                         |
|                                                                                                                                                                                                          | <ul> <li>HURRICANE SHUTTERS</li> <li>STEMWALL</li> </ul>                                                                                                                                              | <ul><li>RENOVATION</li><li>ADDITION</li></ul>                                                                                                                           |
|                                                                                                                                                                                                          |                                                                                                                                                                                                       |                                                                                                                                                                         |
| UNDERGROUND PLUMBING                                                                                                                                                                                     | STEMWALL                                                                                                                                                                                              |                                                                                                                                                                         |
|                                                                                                                                                                                                          | STEMWALL  INSPECTIONS UNDERGRO UNDERGRO                                                                                                                                                               |                                                                                                                                                                         |
| UNDERGROUND PLUMBING<br>UNDERGROUND MECHANICAL<br>STEMWALL FOOTING                                                                                                                                       | STEMWALL  INSPECTIONS UNDERGRO UNDERGRO FOOTING                                                                                                                                                       | ADDITION  DUND GAS DUND ELECTRICAL                                                                                                                                      |
| UNDERGROUND PLUMBING<br>UNDERGROUND MECHANICAL<br>STEMWALL FOOTING<br>SLAB                                                                                                                               | STEMWALL  INSPECTIONS UNDERGRO UNDERGRO FOOTING TIE BEAM/0                                                                                                                                            | ADDITION     ADDITION     DUND GAS     DUND ELECTRICAL     COLUMNS                                                                                                      |
| UNDERGROUND PLUMBING<br>UNDERGROUND MECHANICAL<br>STEMWALL FOOTING<br>SLAB<br>ROOF SHEATHING                                                                                                             | STEMWALL  INSPECTIONS UNDERGRO UNDERGRO FOOTING                                                                                                                                                       | ADDITION     ADDITION     DUND GAS     DUND ELECTRICAL     COLUMNS                                                                                                      |
| UNDERGROUND PLUMBING<br>UNDERGROUND MECHANICAL<br>STEMWALL FOOTING<br>SLAB                                                                                                                               | STEMWALL  INSPECTIONS UNDERGRO UNDERGRO FOOTING TIE BEAM/0 WALL SHE                                                                                                                                   | ADDITION         OUND GAS         OUND ELECTRICAL         COLUMNS         ATHING                                                                                        |
| UNDERGROUND PLUMBING<br>UNDERGROUND MECHANICAL<br>STEMWALL FOOTING<br>SLAB<br>ROOF SHEATHING<br>TRUSS ENG/WINDOW/DOOR BUCKS                                                                              | STEMWALL  INSPECTIONS UNDERGRO UNDERGRO FOOTING TIE BEAM/A WALL SHE LATH ROOF-IN-P                                                                                                                    | ADDITION         OUND GAS         OUND ELECTRICAL         COLUMNS         ATHING                                                                                        |
| UNDERGROUND PLUMBING<br>UNDERGROUND MECHANICAL<br>STEMWALL FOOTING<br>SLAB<br>ROOF SHEATHING<br>TRUSS ENG/WINDOW/DOOR BUCKS<br>ROOF TIN TAG/METAL                                                        | STEMWALL  INSPECTIONS UNDERGRO UNDERGRO FOOTING TIE BEAM/A WALL SHE LATH ROOF-IN-P                                                                                                                    | ADDITION         DUND GAS         DUND ELECTRICAL         COLUMNS         ATHING         ROGRESS         AL ROUGH-IN                                                    |
| UNDERGROUND PLUMBING<br>UNDERGROUND MECHANICAL<br>STEMWALL FOOTING<br>SLAB<br>ROOF SHEATHING<br>TRUSS ENG/WINDOW/DOOR BUCKS<br>ROOF TIN TAG/METAL<br>PLUMBING ROUGH-IN                                   | STEMWALL  INSPECTIONS  UNDERGRO UNDERGRO FOOTING TIE BEAM/O WALL SHE LATH ROOF-IN-P ELECTRIC GAS ROUC                                                                                                 | ADDITION         DUND GAS         DUND ELECTRICAL         COLUMNS         ATHING         ROGRESS         AL ROUGH-IN                                                    |
| UNDERGROUND PLUMBING<br>UNDERGROUND MECHANICAL<br>STEMWALL FOOTING<br>SLAB<br>ROOF SHEATHING<br>TRUSS ENG/WINDOW/DOOR BUCKS<br>ROOF TIN TAG/METAL<br>PLUMBING ROUGH-IN<br>MECHANICAL ROUGH-IN            | STEMWALL         INSPECTIONS         UNDERGRO         UNDERGRO         FOOTING         TIE BEAM/O         WALL SHE         LATH         ROOF-IN-P         ELECTRIC         GAS ROUC         FINAL ELE | ADDITION         OUND GAS         OUND ELECTRICAL         COLUMNS         ATHING         ROGRESS         AL ROUGH-IN         SH-IN         WER RELEASE         SCTRICAL |
| UNDERGROUND PLUMBING<br>UNDERGROUND MECHANICAL<br>STEMWALL FOOTING<br>SLAB<br>ROOF SHEATHING<br>TRUSS ENG/WINDOW/DOOR BUCKS<br>ROOF TIN TAG/METAL<br>PLUMBING ROUGH-IN<br>MECHANICAL ROUGH-IN<br>FRAMING | STEMWALL         INSPECTIONS         UNDERGRO         UNDERGRO         FOOTING         TIE BEAM/O         WALL SHE         LATH         ROOF-IN-P         ELECTRIC         GAS ROUC         EARLY PO  | ADDITION  ADDITION  DUND GAS DUND ELECTRICAL  COLUMNS ATHING  ROGRESS AL ROUGH-IN GH-IN WER RELEASE CTRICAL  CULUADA                                                    |

| Town of Sewall's Point                                                    |                                                                       |  |  |  |  |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------|--|--|--|--|
| BUILDING PERMIT APPLICATION                                               |                                                                       |  |  |  |  |
| Owner or Titleholder Name: RODERT KRANPR                                  | City: Scouls Point State: 11. Zip:                                    |  |  |  |  |
|                                                                           | Parcel Number 0138-41-006 005 0007000000                              |  |  |  |  |
| Location of Job Site: 11 S. RIDAPVIEW Rd T                                | pe of Work To Be Done: TENCE.                                         |  |  |  |  |
|                                                                           |                                                                       |  |  |  |  |
| CONTRACTOR/Company Name: QUALITY FRACE                                    | Phone Number: 879 - 9126                                              |  |  |  |  |
| CONTRACTOR/Company Name: QUALITY FRACE<br>Street 498 SW VOLTAIT TAVACE    | city: fort St. Lur R state: FL Zip: 34984                             |  |  |  |  |
| State Registration Number: <u>SP0 2 4 7 0</u> State Certification Number  | rSB2420 Martin County License Number: 200 2470                        |  |  |  |  |
|                                                                           | Phone Number:                                                         |  |  |  |  |
| Street:                                                                   | City:State:Zip:                                                       |  |  |  |  |
|                                                                           |                                                                       |  |  |  |  |
| ENGINEER:                                                                 | Phone Number:                                                         |  |  |  |  |
| Street:                                                                   | City:State:Zip:                                                       |  |  |  |  |
|                                                                           |                                                                       |  |  |  |  |
| AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living:                            | _Garage:Covered Patios:ScreenedPorch:                                 |  |  |  |  |
| Carport: Total Under Roof Wood Deck                                       | Accessory Building:                                                   |  |  |  |  |
| Type Sewage:Septic Tank Permit Number Fr                                  | om Health DepartWell Permit Number:                                   |  |  |  |  |
| FLOOD HAZARD INFORMATION Flood Zone:                                      | Minimum Report Floor (PFF)                                            |  |  |  |  |
| Proposed First Floor Habitable Floor Finished Elevation:                  |                                                                       |  |  |  |  |
|                                                                           | NGVD (Minimum 1 Foot Above BFE)                                       |  |  |  |  |
| COST AND VALUES Estimated Cost of Construction or Improvements:           | Stimated Fair Market Value (FMA) Prior                                |  |  |  |  |
| To Improvements:If Improvement, is Cost Greater Than                      |                                                                       |  |  |  |  |
|                                                                           |                                                                       |  |  |  |  |
| SUBCONTRACTOR INFORMATION                                                 |                                                                       |  |  |  |  |
| Electrical:                                                               |                                                                       |  |  |  |  |
| Mechanical:                                                               | State:License Number:                                                 |  |  |  |  |
| Plumbing:                                                                 | State:License Number                                                  |  |  |  |  |
| Roofing:                                                                  | State:License Number:                                                 |  |  |  |  |
| understand that a separate permit from the Town may be required for ELECT | RICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNANCE, BOILERS,              |  |  |  |  |
| HEATERS, TANKS, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSO               | RY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND TREE              |  |  |  |  |
| REMOVAL AND RELOCATIONS.                                                  |                                                                       |  |  |  |  |
|                                                                           |                                                                       |  |  |  |  |
| CODE EDITIONS IN EFFECT AT TIME OF APPLICATION                            |                                                                       |  |  |  |  |
| Florida Building Code (Structural, Mechanical, Plumbing, Gas)Sout         | h Florida Building Code (Structural, Mechanical, Plumbing, Gas)       |  |  |  |  |
| National Electrical CodeFlorida Energy Code                               |                                                                       |  |  |  |  |
| Florida Accessibility Code                                                | HIS ADDI ICATION IS THUS AND CONDECT TO THE BERT OF MY                |  |  |  |  |
| KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODE                  | -1                                                                    |  |  |  |  |
| OWNER OR AGENT SIGNATURE (Required)                                       | CONTRACTOR SIGNATURE (Required) Long The                              |  |  |  |  |
| State of Florida, County of Mavhn                                         | On State of Florida, County of: MH. AFW                               |  |  |  |  |
| This the the day of Neuron 200 2                                          | This the 7th day of march 2002                                        |  |  |  |  |
| by Callance who is personally                                             | by James Kierstens who is personally                                  |  |  |  |  |
| known towne or produced                                                   | known to me or produced                                               |  |  |  |  |
| as identification. DOMN, POMOLU                                           | As identification. A tarm. Marchen                                    |  |  |  |  |
| Joan H. Batrow<br>MY COMMISSION CURISSAS EXPIRES                          | Notary Public                                                         |  |  |  |  |
| My Commissional Values November 50, 2004                                  | My Commission Expires: <u>4/.13/05</u>                                |  |  |  |  |
| BONDED THRU TROY FAIN INSURANCE, INC.                                     |                                                                       |  |  |  |  |
| Seal                                                                      | STAR M. GARDNER<br>MY COMMISSION CC 996402<br>EXPIRES: April 13, 2005 |  |  |  |  |
|                                                                           | 2010 Tork Donded Thru Netary Public Underwritert                      |  |  |  |  |

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| TO BE COMPLETED WHEN CONSTRUCTION                                                                   | VALUE EXCEEDS \$                    | \$2500.0      | 00                                                                                         |
|-----------------------------------------------------------------------------------------------------|-------------------------------------|---------------|--------------------------------------------------------------------------------------------|
| PERMIT # 7                                                                                          | TAX FOLIO #                         |               |                                                                                            |
|                                                                                                     | NOTICE OF COM                       |               |                                                                                            |
| STATE OF                                                                                            |                                     |               | COUNTY OF                                                                                  |
| THE UNDERSIGNED HEREBY GIVES NOTIC<br>IN ACCORDANCE WITH CHAPTER 713, FLOP<br>TICE OF COMMENCEMENT. | E THAT IMPROVEN<br>RIDA STATUTES, T | MENT<br>HE FC | WILL BE MADE TO CERTAIN REAL PROPERTY, AND<br>DLLOWING INFORMATION IS PROVIDED IN THIS NO- |
| LEGAL DESCRIPTION OF PROPERTY(INC                                                                   | LUDE STREET AD                      | DRES          | S IF AVAILABLE):                                                                           |
| GENERAL DESCRIPTION OF IMPROVEME                                                                    | NT:                                 |               |                                                                                            |
|                                                                                                     |                                     |               |                                                                                            |
| ADDRESS:                                                                                            |                                     |               |                                                                                            |
| PHONE #:                                                                                            |                                     |               |                                                                                            |
| CONTRACTOR:                                                                                         |                                     |               |                                                                                            |
| ADDRESS:                                                                                            |                                     |               |                                                                                            |
| PHONE #:                                                                                            |                                     |               |                                                                                            |
| SURETY COMPANY(IF ANY)                                                                              |                                     |               |                                                                                            |
| ADDRESS:                                                                                            |                                     |               |                                                                                            |
| PHONE #                                                                                             |                                     |               |                                                                                            |
| BOND AMOUNT:                                                                                        |                                     |               |                                                                                            |
| LENDER:                                                                                             |                                     |               |                                                                                            |
| ADDRESS:                                                                                            |                                     |               |                                                                                            |
| PHONE #:                                                                                            | F                                   | 'AX #:_       |                                                                                            |
| PERSONS WITHIN THE STATE OF FLORIDA<br>MAY BE SERVED AS PROVIDED BY SECTION                         |                                     |               | IER UPON WHOM NOTICES OR OTHER DOCUMENTS STATUTES:                                         |
| NAME:                                                                                               |                                     |               |                                                                                            |
| ADDRESS:                                                                                            | <u></u>                             |               |                                                                                            |
| PHONE #:                                                                                            | F                                   | 'AX #:_       |                                                                                            |
| IN ADDITION TO HIMSELF, OWNER DESIGN                                                                | ATES                                |               | THE LENADE NOTE AS PROTOED IN CRETIN                                                       |
| 07 10 1<br>713.13(1)(B), FLORIDA STATUTES.<br>PHONE #:                                              | F                                   | 'AX #:_       | THE LIENOR'S NOTICE AS PROVIDED IN SECTION                                                 |
| EXPIRATION DATE OF NOTICE OF COMMEN<br>THE EXPIRATION DATE IS ONE (1) YEAR F<br>ABOVE.              | ICEMENT:<br>ROM THE DATE C          | )F REG        | CORDING UNLESS A DIFFERENT DATE IS SPECIFIED                                               |
| SIGNATURE OF OWNER                                                                                  |                                     |               |                                                                                            |
| SWORN TO AND SUBSCRIBED BEFORE ME                                                                   |                                     | OF            |                                                                                            |
| 19BY                                                                                                | •                                   | OR            | PERSONALLY KNOWN<br>PRODUCED ID<br>TYPE OF ID                                              |
| NOTARY SIGNATURE                                                                                    |                                     |               |                                                                                            |
| /data/gmd/bzd/bldg_forms/Noc.aw                                                                     |                                     |               | . 12/01/9                                                                                  |

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

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

#### **DISCLOSURE STATEMENT**

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

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

| Name:         | Date:    |  |
|---------------|----------|--|
| Signature:    | ·····    |  |
| Address:      | <u></u>  |  |
| City & State: | <u> </u> |  |
| Permit No     |          |  |
|               |          |  |

This form is for all permits except electrical.

### PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR A FENCE

**IMPORTANT NOTICE**: All items listed below must accompany your permit application. <u>No</u> application will be accepted unless all items that are applicable are submitted.

Application form must contain the following information:

- 1. Property Appraisers Parcel Number or Property Control Number
- 2. Legal Description of property (Can be found on your deed survey or Tax Bill)
- 3. Contractors name, address, phone number and license numbers.
- 4. Name all sub-contractors (properly licensed)
- 5. Architects or Engineers name, address, & phone number.
- 6. Estimated cost of construction.
- 7. Original signature of owner and notarized
- 8. Original signature of Contractor and notarized.

#### Submittals (2 copies)

- 1. Current survey (boundary & topographic) containing the following information:
  - a. Legal Description of Lot
  - b. Lot dimensions and bearings
  - c. Street and Waterway names
  - d. Easements
  - e. ROW's
  - f. Canals, Ponds, or Riverfront locations
  - g. Location of existing and proposed fences
  - h. Description of type and height of fence at all locations
- 2. Statement of Fact (owner/builder affidavit)
- 3. Proof of ownership (deed or tax recpt.)
- 4. Letter from Home Owners or Subdivision Associations stating design is per their deed restriction or covenants
- 5. Application for tree removal or relocation (attach tree survey and removal or relocation plan
- 6. A certified copy of the Notice of Commencement for any work over \$2500.00
- 7. Copy of License (either Martin County Certificate of Competency or State Certified or Registered Contractor License)
- 8. Copy of Workmen's Compensation
- 9. Copy of Liability Insurance

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

(SIGNATURE OF APPLICANT)

DATE SUBMITTED:

-

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#### CRITIQUE

**Owner: Robert Kramer Contractor: Quality Fence** Contractor's Phone Number: 879-9126 Date: March 12, 2002 Contact Person: Plan Reviewer: Gene Simmons

# PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITALS FOR A FENCE LOCATED AT 11 S. RIDGEVIEW ROAD

Application form must contain the following information:

Property Appraisers Parcel Number or Property Control Number i. , 2. Legal Description of property (Can be found on your deed survey or Tax Bill)

#### Submittals (2 copies)

- Current survey containing the following information: (ONE MORE REQUIRED) 1.
  - Location of fence marked with marker a.
    - Height of fence for all areas b.
    - Type fence being installed С.
- Copy of tax receipt or copy of deed 2.

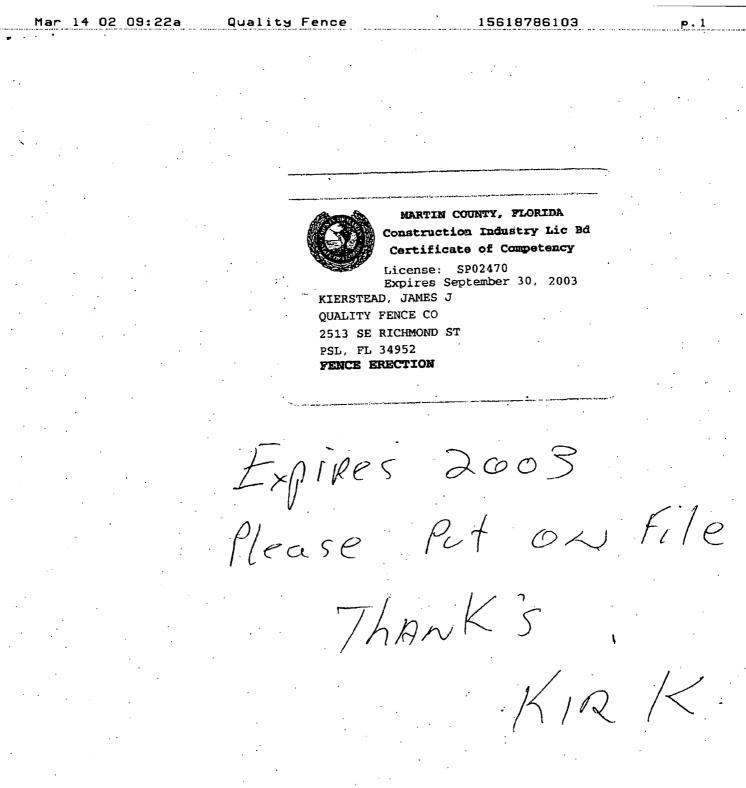
# 0138-410060050007000000 Howewood Lot 7 Block E 1.D.#

| ACORD CERTIFICATE JF LIABILITY INSURANC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     |                                                                                | DATE (MM/DD/YY)<br>9/6/01                  |                                       |  |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|--|
| ĸ                                       | PRODUCER<br>FRODUCER<br>Kearns Agency of Florida, Inc.<br>P 0 Box 1849<br>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION<br>ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE<br>HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR<br>ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.                                                                                                                                                                             |                                       |                                     |                                                                                |                                            |                                       |  |
| J                                       | ensen Beach, F1. 349                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 58                                    |                                     | INSURERS                                                                       | AFFORDING COVERA                           | GE                                    |  |
| INSU                                    | RED                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | licity                                | INSURER A:                          | INSURER A: Auto Owners Insurance Company                                       |                                            |                                       |  |
| Q                                       | uality Fence Contract                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ors Inc.                              | INSURER B:                          | uto Owners                                                                     | Insurance Comp                             | any                                   |  |
| -                                       | ames Kierstead                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       | INSURER C:                          |                                                                                |                                            |                                       |  |
|                                         | 513 SE Richmond St.<br>ort St. Lucie, Fl.                                                                                                                                                                                                                                                                                                                                                                                                                                  | 34952                                 | INSURER D:                          |                                                                                | SEP 1 0 20                                 | · · · · · · · · · · · · · · · · · · · |  |
|                                         | VERAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>14772</u>                          | INSURER E.                          |                                                                                | DV.                                        |                                       |  |
| Al<br>M                                 | THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING<br>ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE<br>MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH<br>POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |                                       |                                     |                                                                                |                                            |                                       |  |
| INSR                                    | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                          | POLICY NUMBER                         | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY)                                           | LIM                                        | ITS                                   |  |
|                                         | GENERAL LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                     |                                                                                | EACH OCCURRENCE                            | \$ 1,000,000                          |  |
| A                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | 5 /00 /01                           | 5 100 100                                                                      | FIRE DAMAGE (Any one tire)                 | <u>\$ 50,000</u>                      |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 20533955                              | 5/22/01                             | 5/22/02                                                                        | MED EXP (Any one person)                   | s 5,000                               |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     |                                                                                | PERSONAL & ADV INJURY<br>GENERAL AGGREGATE | <u>\$ 1,000,000</u><br>\$ 2,000,000   |  |
|                                         | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                     |                                                                                | PRODUCTS - COMP/OP AGG                     |                                       |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     |                                                                                |                                            | - 1,000,000                           |  |
|                                         | AUTOMOBILE LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 42-519-238-00                         | 10/12/01                            | 10/12/02                                                                       | COMBINED SINGLE LIMIT<br>(Ea accident)     | <sup>s</sup> 1,000,000                |  |
| B                                       | ALL OWNED AUTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 42-313-230-00                         | 1,07;1,2,7 01                       | 10/12/02                                                                       | BODILY INJURY<br>(Per person)              | \$                                    |  |
|                                         | X HIRED AUTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                                     | •                                                                              | BODILY INJURY<br>(Per accident)            | \$                                    |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     |                                                                                | PROPERTY DAMAGE<br>(Per accident)          | \$                                    |  |
|                                         | GARAGE LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                     |                                                                                | AUTO ONLY - EA ACCIDENT                    |                                       |  |
|                                         | ANY AUTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                     |                                                                                | OTHER THAN EA ACC                          |                                       |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | ·                                   |                                                                                | EACH OCCURRENCE                            | s                                     |  |
|                                         | OCCUR CLAIMS MADE                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                     |                                                                                | AGGREGATE                                  | \$                                    |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     |                                                                                |                                            | S                                     |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     |                                                                                |                                            | \$                                    |  |
|                                         | RETENTION \$                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                     |                                                                                | WC STATU                                   | \$                                    |  |
| 1                                       | WORKERS COMPENSATION AND<br>EMPLOYERS' LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                     |                                                                                | TORY LIMITS EF                             | 1                                     |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     |                                                                                | E.L. EACH ACCIDENT                         | \$                                    |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     |                                                                                | E.L. DISEASE - EA EMPLOY                   |                                       |  |
| <u> </u>                                | OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                                     | -                                                                              |                                            | <u> </u>                              |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     |                                                                                | 1                                          |                                       |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     |                                                                                |                                            |                                       |  |
| DES                                     | CRIPTION OF OPERATIONS/LOCATIONS/VI                                                                                                                                                                                                                                                                                                                                                                                                                                        | EHICLES/EXCLUSIONS ADDED BY ENDORSEME | NT/SPECIAL PROVISIO                 | INS                                                                            |                                            |                                       |  |
|                                         | Sales and Install                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ation of Fences - State               | of Florida                          | 1                                                                              |                                            |                                       |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     |                                                                                |                                            |                                       |  |
| CE                                      | RTIFICATE HOLDER                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DITIONAL INSURED; INSURER LETTER:     | CANCELLA                            |                                                                                |                                            |                                       |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     |                                                                                | BED POLICIES BE CANCELLE                   |                                       |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     |                                                                                | ER WILL ENDEAVOR TO MA                     |                                       |  |
| Town of Sewalls Point                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     | NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL |                                            |                                       |  |
|                                         | 1 South Sewalls Po                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                     | IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR  |                                            |                                       |  |
| Sewalls Point, FL. 34990                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     |                                                                                |                                            |                                       |  |
|                                         | fax #220-4765 Lawrence Lawrence                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                     |                                                                                |                                            |                                       |  |
| AC                                      | ACORD 25-S (7/97) © ACORD CORPORATION 1988                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                     |                                                                                |                                            |                                       |  |

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| (                                                                                                                                                                                                                                                                         | Client#: 13204                                                                                                                              |                                                           | AYSEN                                                                                                                                                       | MC                                              |                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------|--|
|                                                                                                                                                                                                                                                                           | IFICATE OF LIAE                                                                                                                             | <b>BILITY IN</b>                                          | ISURAN                                                                                                                                                      | CE                                              | DATE (MM/DD/YY)<br>06/14/01 |  |
| Lown & Brown, Inc.<br>1401 Forum Way<br>Suite 600<br>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION<br>ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE<br>HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR<br>ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |                                                                                                                                             |                                                           |                                                                                                                                                             |                                                 |                             |  |
| West Palm Beach, FI                                                                                                                                                                                                                                                       | 33401                                                                                                                                       |                                                           |                                                                                                                                                             | FORDING COVERAC                                 | ЭЕ                          |  |
|                                                                                                                                                                                                                                                                           | AYS Employee Leasin                                                                                                                         | 9 INSURER A: COI                                          | ntinental                                                                                                                                                   | RECEN                                           | TED                         |  |
| Vero Beach, FL 329                                                                                                                                                                                                                                                        |                                                                                                                                             | INSURER C:                                                |                                                                                                                                                             | JUN 1 8 2                                       | 001                         |  |
|                                                                                                                                                                                                                                                                           |                                                                                                                                             | INSURER D:                                                | <u> </u>                                                                                                                                                    |                                                 |                             |  |
| COVERAGES                                                                                                                                                                                                                                                                 |                                                                                                                                             |                                                           |                                                                                                                                                             | BY: X                                           |                             |  |
| ANY REQUIREMENT, TERM OR COM<br>MAY PERTAIN, THE INSURANCE AFF                                                                                                                                                                                                            | D BELOW HAVE BEEN ISSUED TO THE<br>NDITION OF ANY CONTRACT OR OTHE<br>ORDED BY THE POLICIES DESCRIBED<br>N MAY HAVE BEEN REDUCED BY PAID CL | R DOCUMENT WITH<br>HEBEIN IS SUBJECT                      | RESPECT TO WHIC                                                                                                                                             | CH THIS CERTIFICATE                             | MAY BE ISSUED OR            |  |
| INSR TYPE OF INSURANCE                                                                                                                                                                                                                                                    | POLICY NUMBER                                                                                                                               | POLICY EFFECTIVE POLICY EFFECTIVE POLICY EFFECTIVE POLICY | OLICY EXPIRATION<br>DATE (MM/DD/YY)                                                                                                                         | LIMI                                            | ſS                          |  |
| GENERAL LIABILITY                                                                                                                                                                                                                                                         |                                                                                                                                             |                                                           |                                                                                                                                                             | ACH OCCURRENCE                                  | \$                          |  |
| COMMERCIAL GENERAL LIABILITY                                                                                                                                                                                                                                              |                                                                                                                                             |                                                           |                                                                                                                                                             | RE DAMAGE (Any one fire)                        | \$                          |  |
|                                                                                                                                                                                                                                                                           |                                                                                                                                             |                                                           |                                                                                                                                                             | ED EXP (Any one person)<br>ERSONAL & ADV INJURY | s<br>s                      |  |
|                                                                                                                                                                                                                                                                           |                                                                                                                                             |                                                           |                                                                                                                                                             | ENERAL AGGREGATE                                | \$                          |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:                                                                                                                                                                                                                                        |                                                                                                                                             |                                                           | PF                                                                                                                                                          | ODUCTS - COMP/OP AGG                            | \$                          |  |
| POLICY PRO-<br>JECT LOC                                                                                                                                                                                                                                                   |                                                                                                                                             |                                                           | co                                                                                                                                                          |                                                 |                             |  |
| ANY AUTO<br>ALL OWNED AUTOS                                                                                                                                                                                                                                               |                                                                                                                                             |                                                           | (E                                                                                                                                                          | a accident)                                     | \$                          |  |
| SCHEDULED AUTOS                                                                                                                                                                                                                                                           |                                                                                                                                             |                                                           | (P)                                                                                                                                                         | er person)                                      | \$                          |  |
| NON-OWNED AUTOS                                                                                                                                                                                                                                                           |                                                                                                                                             |                                                           |                                                                                                                                                             | DDILY INJURY<br>er accident)                    | \$                          |  |
|                                                                                                                                                                                                                                                                           |                                                                                                                                             |                                                           | (P                                                                                                                                                          | ROPERTY DAMAGE<br>er accident)                  | S                           |  |
| GARAGE LIABILITY<br>ANY AUTO                                                                                                                                                                                                                                              |                                                                                                                                             |                                                           |                                                                                                                                                             | THER THAN EA ACCIDENT                           | \$\$                        |  |
|                                                                                                                                                                                                                                                                           | <u> </u>                                                                                                                                    |                                                           | AL                                                                                                                                                          | JTO ONLY: AGG                                   |                             |  |
| EXCESS LIABILITY                                                                                                                                                                                                                                                          |                                                                                                                                             |                                                           |                                                                                                                                                             |                                                 | s<br>s                      |  |
|                                                                                                                                                                                                                                                                           |                                                                                                                                             |                                                           |                                                                                                                                                             | GREGATE                                         | \$                          |  |
| DEDUCTIBLE                                                                                                                                                                                                                                                                |                                                                                                                                             |                                                           |                                                                                                                                                             |                                                 | \$                          |  |
| A WORKERS COMPENSATION AND                                                                                                                                                                                                                                                | WC138199238                                                                                                                                 | 06/15/01 0                                                | 06/15/02                                                                                                                                                    | WC STATU- OTH-                                  | \$                          |  |
| EMPLOYERS' LIABILITY                                                                                                                                                                                                                                                      |                                                                                                                                             |                                                           |                                                                                                                                                             | EACH ACCIDENT                                   | \$500,000                   |  |
|                                                                                                                                                                                                                                                                           |                                                                                                                                             |                                                           |                                                                                                                                                             | DISEASE - EA EMPLOYE                            |                             |  |
|                                                                                                                                                                                                                                                                           |                                                                                                                                             |                                                           | E.L                                                                                                                                                         | DISEASE - POLICY LIMIT                          | \$500,000                   |  |
| OTHER                                                                                                                                                                                                                                                                     |                                                                                                                                             |                                                           |                                                                                                                                                             |                                                 |                             |  |
| DESCRIPTION OF OPERATIONS/LOCATIONS/                                                                                                                                                                                                                                      | EHICLES/EXCLUSIONS ADDED BY ENDORSEME                                                                                                       | I IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII                    | IS                                                                                                                                                          |                                                 |                             |  |
| Coverage is provide of:                                                                                                                                                                                                                                                   | ed for only those em                                                                                                                        | ployees le                                                | ased to bu                                                                                                                                                  | it not subco                                    | ontractors                  |  |
| Quality Fence Company 2513 SE Richmond St Ft Pierce Fl 34952 Client #1200                                                                                                                                                                                                 |                                                                                                                                             |                                                           |                                                                                                                                                             |                                                 |                             |  |
|                                                                                                                                                                                                                                                                           |                                                                                                                                             |                                                           |                                                                                                                                                             |                                                 |                             |  |
|                                                                                                                                                                                                                                                                           | DTIONAL INSURED; INSURER LETTER:                                                                                                            |                                                           |                                                                                                                                                             | OLICIES BE CANCELLED E                          | EFORE THE EXPIRATION        |  |
| The Town of Sewells                                                                                                                                                                                                                                                       |                                                                                                                                             |                                                           |                                                                                                                                                             |                                                 |                             |  |
|                                                                                                                                                                                                                                                                           |                                                                                                                                             |                                                           | DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 3.0. DAYS WRITTEN<br>NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL |                                                 |                             |  |
|                                                                                                                                                                                                                                                                           | South Sewell Point Rd IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS                                            |                                                           |                                                                                                                                                             |                                                 |                             |  |
| Stuart, FL 34996                                                                                                                                                                                                                                                          | Stuart, FL 34996 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE                                                                        |                                                           |                                                                                                                                                             |                                                 |                             |  |
|                                                                                                                                                                                                                                                                           | ACORD 25.5 (797) 1 of 2 #5210589 (M210436 KAA @ ACORD CORPORATION 1988                                                                      |                                                           |                                                                                                                                                             |                                                 |                             |  |
| ACORD 25-S (7/97) 1 of 2 #S210589/M210436 KAA @ ACORD CORPORATION 1988                                                                                                                                                                                                    |                                                                                                                                             |                                                           |                                                                                                                                                             |                                                 |                             |  |



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|                   | Finspection: 🗆 Mon 🎘 Wed | • Fri <u>APRIL</u> | , 2                                   | 0017; Page <u>1</u> of <u>2</u> |
|-------------------|--------------------------|--------------------|---------------------------------------|---------------------------------|
| PERMIT            | OWNER/ADDRESS/CONTR.     | INSPECTION TYPE    | RESULTS                               | NOTES/COMMENTS:                 |
| 5627              | SADLER                   | FINAL-             | Rapid                                 |                                 |
| $\bigcirc$        | 9 RIVERVIEW DR           | ALL PLUMBING       |                                       |                                 |
| $\bigcirc$        | OIB                      | + ELECTRICAL       |                                       |                                 |
| PERMIT            | OWNER/ADDRESS/CONTR.     | INSPECTION TYPE    | RESULTS                               | NOTES/COMMENTS:                 |
| 4978              |                          | FINAL FOR          |                                       |                                 |
| $(\overline{1}2)$ | 29 S. RIVER RD.          | C0                 |                                       | ١                               |
| $\bigcirc$        | LEAR                     |                    | · · ·                                 | INSPECTOR:                      |
| PERMIT            | OWNER/ADDRESS/CONTR.     |                    | RESULTS                               | NOTES/COMMENTS:                 |
| 5673              | MCCARTHEY                | FENCE -FENAL       | -fersod                               |                                 |
| (i)               | 3 KINGSTON RD.           |                    | •                                     |                                 |
| $\bigcirc$        | QUALITY FENCE            |                    |                                       |                                 |
| PERMIT            | OWNER/ADDRESS/CONTR.     | INSPECTION TYPE    | RESULTS                               | NOTES/COMMENTS:                 |
| 5721              | JOHNSON                  | FENCE -            | Argal                                 | · · · ·                         |
| $\bigcirc$        | 2 OAK HILL WAY           | FINAL              |                                       |                                 |
| Ċ                 | QUALITY                  |                    | •                                     |                                 |
| PERMIT            | OWNER/ADDRESS/CONTR.     | INSPECTION TYPE    | RESULTS                               | NOTES/COMMENTS:                 |
| 5722              | KRAMER                   | FENCE -            | Passod?                               |                                 |
| 6                 | 11 S. RIDGEVIEW          | FINAC              | • .                                   |                                 |
| (پی)              | QUALITY                  |                    |                                       |                                 |
| PERMIT            | OWNER/ADDRESS/CONTR.     | INSPECTION TYPE    | RESULTS                               | NOTES/COMMENTS:                 |
| 5688              | WHALEN                   | DECK INSP.         | failed                                |                                 |
| $(\mathbf{r})$    | 9 KNOWLES-ED.            | (POOL)             | · · · · · · · · · · · · · · · · · · · |                                 |
|                   | TWIN POOLS               |                    |                                       |                                 |
| PERMIT            | OWNER/ADDRESS/CONTR.     | INSPECTION TYPE    | RESULTS                               | NOTES/COMMENTS:                 |
| 5739              | GASIOREK                 | PRE-POUR-SLAB      | ragel                                 |                                 |
|                   | 67 N. RIVER RD.          | ·                  |                                       |                                 |
| $\checkmark$ .    | CONWAY                   |                    |                                       |                                 |

# <u>9257</u> GAS TANK & LINES

| Date:       Date:       Differential Statution of Statutiono                                                              | <i>.</i> <b>.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          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| OWNERTITLE BOOLDER NAME       TOD TAKLE       Phone (Day)       TTOD 30 \$8 000 \$800 \$100 \$100 \$100 \$100 \$100 \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ola.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FOUN OF SING                                                                                                                                                                                                                                                              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CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Europy Code: 2007, Florida Ecorport Covered Pational Electrical Code: 2005, 2005, Anon 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 2005, 20                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                 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| Carport:Total under.RoofElevaled Deck:Enclosed area below BFE:<br>*Enclosed non-habitable areas below the Base Flood Elevation greater than 300 st. It. require a Non-Conversion Covenari Agreement.<br>CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007<br>National Electrical Code: 2005(2008 after 6/1/09)Florida Energy Code: 2007, Florida Accessibility Code;2007, Florida Fire Prevention Code 2007<br>NOTICES TO OWNERS AND CONTRACTORS:<br>1. YOUR FAILure TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR<br>PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LEDVER OR RAY ATORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.<br>2. There Are Some PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR<br>PROPENTY WHEN FINANCINCL'S POINT, THEME RAY BE ADDITIONAL PERMITS REQUIRED FROM WHET YOUR ROPERTY MAY<br>ENCIMPERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF<br>MARTIN COUNTY OR THE TOWN OF SEMALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER QOVERNIMENTAL<br>ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.<br>3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES ARE VALUE FOR<br>4. THIS PERMIT WILL EGCORE MULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMITS IN CONCENCED WITHIN 180 DAYS, OR IF<br>WORK IS SUSPENDED OR ABANDONED FOR A PERMIT TO DO THE WORK AND INSTALLATIONS AS SPECIFICALLY INDICATED AGENCIE<br>4. THIS PERMIT WILL EGCORES NULL LAND VOID. REF. FBC 2004 W 2006 REVISIONS SECT. 105.4.1, 105.4.1, 1.5.<br>2. SUBLING OR SIGNATURE (Fraguired)<br>MARY DERMITS HOR DOWN OR INSTALLATION HAS COMMENCED PRIOR TO HER BUILDING PERMITS TO SOME Y WAY<br>AND ADDITIONAL PERMIT THAT BECOMES OF THE OWN OF SEWALL'S POINT DURING THE BUILDING PERMITS.<br>A SUBLE OF ANY PERMIT THAT BECOMES NULL AND VOID. REF. 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| APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS SPECIFICALLY INDICATED ABOVE II<br>CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION<br>HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KMWLEDGE. I AGREE TO COMPLY WAY 44<br>APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DYRING THE BUILDING PROCESS.<br>OWNER SIGNATURE: (required)<br>WR OWNERS LEAVE, AUTHORIZED AGENT OF POOF REQURED)<br>State of Florida, County of:<br>This the 2014 day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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ADDITIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2007<br>vention Code 2007<br>O YOUR<br>IMENCEMENT.<br>AY LIMIT OR<br>ITY IS<br>RECORDS OF<br>NMENTAL<br>S ARE VALID FOR<br>DAYS, OR IF<br>DNAL FEES WILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| AR OWNERS LEGAL AUTHORIZED ASPANT REPOOP REQUIRED<br>State of Florida, County of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CODE EDITIONS IN<br>National Electrical O<br>NOTICES TO<br>1. 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| SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER<br>APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) – PLEASE PICK UP YOUR PERMIT PROMPTLYI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CODE EDITIONS IN<br>National Electrical C<br>NOTICES TO<br>1. 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RENEWAL FEES WILL<br>BECOME <i>NULL AND VO</i><br>ED OR ABANDONED FOR /<br>ANY PERMIT THAT BECOME<br>WORK OR INSTALLATION<br>ON THIS APPLICATION IS<br>ES, LAWS, AND ORDINAN<br>SIGNATURE: (required)<br>AUTHORIZS ASENT PROOF RE<br>AUTHORIZS ASENT PROOF RE<br>ON THIS APPLICATION S<br>INTHON THIS APPLICATION S<br>INTHOMAS AND ORDINAN<br>SIGNATURE: (required)<br>AUTHORIZS ASENT PROOF RE<br>ON THIS APPLICATION S<br>INTHOMAS AND ORDINAN<br>SIGNATURE: (REQUIRED)<br>NOTATION OF THE AUTHORIZS ASENT PROOF RE<br>ON THIS APPLICATION S<br>INTHOMAS AND ORDINAN<br>SIGNATURE: (REQUIRED)<br>NOTATION OF THE AUTHORIZS ASENT PROOF RE<br>ON THIS APPLICATION S<br>INTHOMAS ASENT PROOF RE<br>AUTHORIZS ASENT PROOF RE<br>ON THIS APPLICATION S<br>INTHOMAS ASENT PROOF RE<br>AUTHORIZS ASENT PROOF RE<br>ON THIS APPLICATION S<br>INTHOMAS ASENT PROOF RE<br>AUTHORIZS ASENT PROOF RE<br>AUTHORIZED ASENT PROOF RE<br>AUTHORIZE        | ION: Florida Build<br>(09)Florida Energy<br>CONTRACT<br>COMMENCEMENT<br>COMMENCEMENT<br>COMMENCEMENT<br>COMMENCEMENT<br>COMMENCEMENT<br>COMMENCEMENT<br>COMMENCEMENT<br>COMMENCEMENT<br>COMMENCEMENT<br>COMMENCEMENT<br>COMMENCEMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMEN  | ding Code (Struc<br>y Code:2007, Flor<br>ORS:<br>T-MAY RESULT IN<br>OR AN ATTORNEY<br>STRICTIONS RECO<br>TI SYOUR RESS<br>IPPLICABLE TO TH<br>AY BE ADDITION.<br>GENCIES, OR FEI<br>SUBSTANTIAL IM<br>AFTER 24 MONTA<br>AUTHORIZED BY T<br>DAYS AT ANY TIM<br>D. 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|                                                                                                                                                    | Martin County, Florida<br>Laurel Kelly, C.F.A                                                                                                                                                                           |                                                                                                                           | Site Provideo<br>governmax.o    | •                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------|
| S                                                                                                                                                  | Summary                                                                                                                                                                                                                 | print _                                                                                                                   | 1                               | Owner<br>12 of 22     |
| Parcel Info<br>Summary<br>Land                                                                                                                     | Parcel ID         Unit Address           01-38-41-006-         11 S RIDGEVIEW ROAD           005-00070-0         11 S RIDGEVIEW ROAD                                                                                    | SerialIndex Cou<br>ID Order<br>17675Owner                                                                                 | <b>mmercial Resi</b><br>0       | i <b>dential</b><br>1 |
| Residential<br>Improvement<br>Commercial<br>Image<br>Sales & Transfers<br>Assessments →<br>Taxes →<br>Exemptions →<br>Parcel Map →<br>Full Legal → | SummaryProperty Location 11 S RIDGEVIEW RO/<br>Tax District2200 Sewall's PointAccount #17675Land Use101 0100 Single FamilNeighborhood120400Acres0.343Legal Description<br>Property Information<br>HOMEWOOD, LOT 7 BLK E |                                                                                                                           |                                 |                       |
| Search By<br>Parcel ID<br>Owner<br>Address<br>Account #<br>Use Code<br>Legal Description<br>Neighborhood<br>Sales<br>Map ➡                         | Owner Information<br>Owner Information<br>KRAMER, ROBERT S & KATHRYN J<br>Assessment Info<br>Front Ft. 0.00                                                                                                             | Mail Information<br>11 S RIDGEVIEW R<br>STUART FL 34996-6<br>Market Land Value<br>Market Impr Value<br>Market Total Value | \$450<br>\$242,250<br>\$463,080 |                       |
| Site Functions<br>Property Search<br>Contact Us<br>On-Line Help<br>County Home<br>Site Home<br>County Login                                        | Recent Sale<br>Sale Amount \$76,000                                                                                                                                                                                     | Sale Date 4/2/1997<br>Book/Page 1229 11                                                                                   |                                 |                       |

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Legal disclaimer / Privacy Statement

Data updated on 08/13/2009





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TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One S. Sewall's Point Road

# **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

| ERMIT NUMBER: 9257                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                     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<u>ALL</u>                                                                                                          | ECORDING YOUR<br>COMMENCEMENT<br>INSPECTION.<br>HIS PERMIT, THERE<br>IN PUBLIC RECORI<br>ERNMENTAL ENTIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NOTICE OF COMI<br>MUST BE SUBMIT<br>MAY BE ADDITION<br>DS OF THIS COUNT<br>TES SUCH AS WATE<br>OCUMENTS MUST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MENCEMENT. 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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DLI<br>AD<br>KR<br>PA<br>ER:<br>R O<br>F T<br>SPR<br>CS PR<br>CS PS CS PS C | PAULIE PRO<br>DL NUMBER:<br>ADDRESS:<br>KRAMER<br>PAUL DRAGHI<br>ER: YOUR FAILU<br>IMPROVEMEN<br>R OR AN ATTOI<br>F THE RECORD<br>OR TO THE FIRS<br>N TO THE REQU<br>SPROPERTY THA<br>CS REQUIRED FOR<br>ENCIES, OR FED<br>QUIRED FOR INS<br>:00AM TO 4:00 | PAULIE PROPANE         DL NUMBER:       013841006-005         ADDRESS:       11 S RIDGEVIEW         KRAMER       11 S RIDGEVIEW         KRAMER       PAUL DRAGHI         ER: YOUR FAILURE TO RECORD       RECORDED NOTICE OF CONTROL         R OR AN ATTORNEY BEFORE READER OR AN ATTORNEY BEFORE READED NOTICE OF CONTROL       REQUIRED FOR NOTICE OF CONTROL         N TO THE RECORDED NOTICE OF CONTROL       REQUIRED FROM OTHER GOVERNOWN OF THE REQUIRED FROM OTHER GOVERNOWN OF THE REQUIRED FROM OTHER GOVERNOWN OF THE REDUCTIONS – ALL         (00AM TO 4:00PM       INSPECTIONS – ALL         NG       INCAL         ING       INCAL         ING       INCAL | PAULIE PROPANE         DL NUMBER:       013841006-005-000700         ADDRESS:       11 S RIDGEVIEW RD         KRAMER       CONTACT PHO         PAUL DRAGHI       CONTACT PHO         ER: YOUR FAILURE TO RECORD A NOTICE OF COD         RIMPROVEMENTS TO YOUR PROPERTY. IF YOU I         R OR AN ATTORNEY BEFORE RECORDING YOUR         F THE RECORDED NOTICE OF COMMENCEMENT         OR TO THE FIRST REQUESTED INSPECTION.         NTO THE FIRST REQUESTED INSPECTION.         NTO THE REQUIREMENTS OF THIS PERMIT, THERE         OPPOPERTY THAT MAY BE FOUND IN PUBLIC RECORD         SPROPERTY THAT MAY BE FOUND IN PUBLIC RECORD         SPROPENTY THAT MAY BE FOUND IN PUBLIC RECORD         SPROPENTY THAT MAY BE FOUND IN SPECTIONS         QUIRED FOR INSPECTIONS – ALL CONSTRUCTION D         :00AM TO 4:00PM       INSPECTIONS &: 30AM TO 12:0         INSULATIO       INSULATIO         INSULATIO       INSULATIO         INSULATIO       INSULATIO         INSULATIO       INSULATIO         INSULATIO       INSULATIO         INSULATI | PAULIE PROPANE         DL NUMBER:       013841006-005-000700       SUBDIVISION         ADDRESS:       11 s RIDGEVIEW RD         KRAMER       KRAMER         PAUL DRAGHI       CONTACT PHONE NUMBER:         ER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT M.         RIMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN         R OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT MUST BE SUBMIT         PR OT THE FIRST REQUESTED INSPECTION.         NT OTHE FREQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITION         PR TO THE FIRST REQUESTED INSPECTION.         NT OTHE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITION         PROPERTY THAT MAY BE FOUND IN PUBLIC RECORDS OF THIS COUNT         PROPERTY THAT MAY BE FOUND IN PUBLIC RECORDS OF THIS COUNT         VIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATE         EEQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATE         SURAL GAS         QUIRED FOR INSPECTIONS – <u>ALL CONSTRUCTION DOCUMENTS MUST</u> :::00AM TO 4:00PM       INSPECTIONS 8:30AM TO 12:00PM - MONDAY, W         NG       UNDERGROUND ELECTRICAL         FOOTING       THE BEAM/COLUMINS         WALL SHEATHING       INSULATION         LATH       ROOF THE IN-PROGRESS         ELECTRICAL ROUGH-IN       GAS ROUGH-IN         METER FINAL <td< td=""></td<> |  |

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.

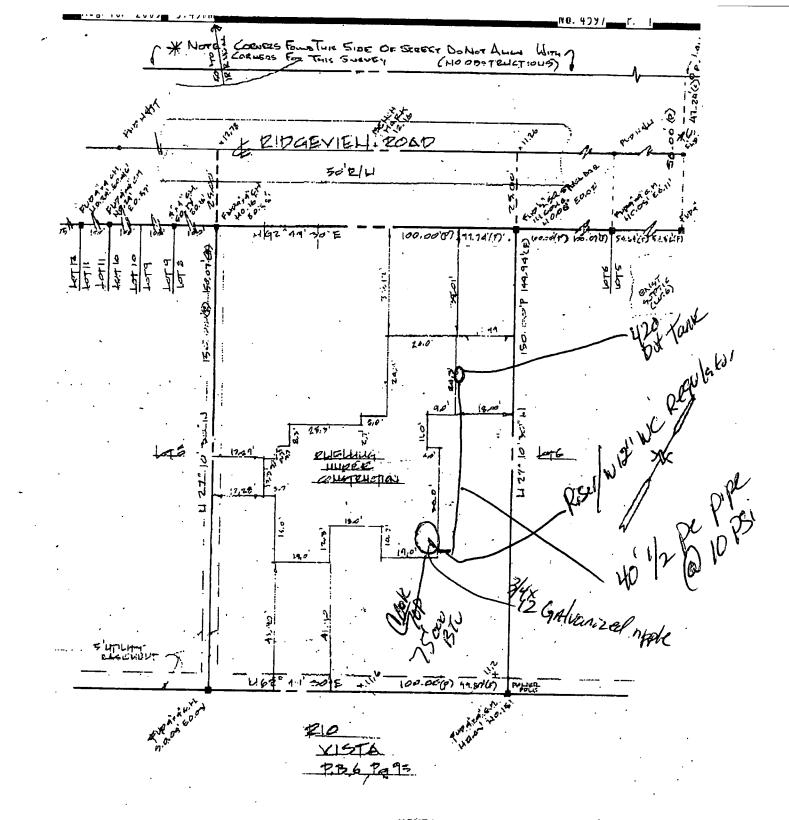
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TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel 772-287-2455 Fax 772-2204765

| GA<br>COMPLIANT TO 2004 FBC W/2006 REV                 | S CHECH<br>ISIONS/FU |                  | CODE &       | t NFPA           | 54 & 58                    |
|--------------------------------------------------------|----------------------|------------------|--------------|------------------|----------------------------|
| USE:                                                   |                      |                  |              |                  |                            |
| RESIDENTIAL: COMMERCIAL:                               |                      |                  |              |                  |                            |
| HOOK UP: /                                             |                      |                  |              |                  |                            |
| TANK METERED UTILITY GAS:                              | OTHER:               |                  |              |                  |                            |
| TANK SPECS:                                            |                      |                  |              |                  | ,                          |
| SIZE: 120 GALS ABOVE GROUND: 1                         | NDERGRO              | JND:             |              |                  |                            |
| TANK TYPL: D.O.T ASME: 1/ OTHF                         |                      |                  |              |                  |                            |
| TANK DISTANCE: (MINIMUM)                               |                      |                  |              |                  |                            |
| SOURCE OF IGNITION: 10 FT. BUILDING C                  | PENINGS:             | <u>//)</u> Fr. 1 | JUILDING     | G: 10            | FT.                        |
| PROPOSED SETBACKS FROM LOT LINE:                       |                      |                  | -            |                  |                            |
| FRONT:FT. SIDE 1:FT. SIDE 2:                           | FT. REA              | R:F              |              |                  | FILE COPY                  |
| GAS SPECS: (SEE FBC/FUEL GAS TABLES 40                 | 2)                   |                  | TOW          | N OF             | SEWALL'S POINT             |
| NATURAL: LP: V OTHER:                                  | · •                  |                  | Т            | HESE             | PLANS HAVE BEEN            |
| NATURAL: LP: OTHER:<br>GAS PRESSURE OFpsi AND PRESSURE | DROP OF_             |                  | REVIE        | WED F            | OR CODE CONFLIANCE         |
| BASED ON A SPECIFIC GRAVITY GAS                        |                      | 2                | DAIE         |                  | 0 2.                       |
| PIPE/TUBING SPECS: (CHECK ALL THAT AF                  | PPLY)                |                  |              |                  | DING OFFICIAL              |
| IRON SCH. 40 V SEMI-RIGID                              | CSST                 | COPPER_          |              | UILL             |                            |
| POLYETHYLENE PLASTIC / S. S.:                          | OTHER:               |                  |              |                  |                            |
| COMBUSTION AIR:                                        | 2                    |                  |              | $\boldsymbol{c}$ |                            |
| REQUIRED: YES:NO:                                      | $\sim$               | <i>i</i> 1       |              | ′ <sub>1</sub> ] | $\backslash$               |
| METHOD FOR SUPPLYING COMBUSTION AN                     | *: <u> </u>          | 1 othe           | 5            | Had              |                            |
| WHO PROVIDED THE COMBUSTION AIR CAL                    | LCS?                 |                  |              |                  | COMBUSTION AIR             |
| ARCHITECT/ENGINEER OF RECORD: G                        | AS COMPA             | NY:              | -            |                  | must be provided for all   |
| OTHER:                                                 |                      |                  |              |                  | Indoor fuei gas appliances |
| GAS APPLIANCE SPECS: (LIST APPLIANCE                   |                      |                  |              |                  | Sect. M1701 - 3 FBC(R)     |
| APPLIANCE #1: Cook TopB                                | TU <u>75 ar</u>      | PDIA. PIP        | c <u>40'</u> | _FTLE            | NGTH                       |
| APPLIANCE #2:B                                         |                      |                  |              |                  |                            |
| APPLIANCE #3:B                                         | τυ                   | *DIA. PIPI       | C            | _FTLE            | NGTH                       |
| APPLIANCE #4:B                                         | TU                   | *DIA. PIPI       | E            | _FTLE            | NGTH                       |
| APPLIANCE #5:8                                         | τυ                   | *DIA. PIPI       | E            | _FTLE            | NGTH                       |
| APPLIANCE #6: B                                        | τU                   | *DIA. PJPI       | E            | _FTLE            | NGTII                      |
| (LENGTH BASED ON THE TOTAL PIPE LENG                   | TH FROM T            | HE GAS S         | OURCE T      | O THE /          | APPLIANCE)                 |
| •THE ABOVE PIPE SIZES WERE TAKEN FROM 1                | 004 FBC W/           | 2006 REVIS       | SIONS/FUI    | EL GAS 1         | FABLE NO                   |

5000 گ Olsen Peris 200 'n -coh Kise 0 EGASI A A  $\overline{}$ B t 01 Regulation p" we shut Nalve Shut Nalve S Q 30 COMBUSTION AIR must be provided for all indoor fuel gas appliances Sect. M1701 - 3 FBC(R)



)PERTY LOCATED WITHIN FLOOD ZONE: "" PERTY ADDRESS: RIDGEVIEW ROAD

TIFIED TO: ROBERT S. & KATHRYN J. KRAMER SUNTRUST BANK SOUTH FLORIDA, N.A. AMERICAN PIONEER TITLE INSURANCE COMPANY KRAMER, SEWELL & SOPKO, P.A.

#### NOTES

1. Survey of description as furnished by Client

2. Lands shown hereon were not abstracted for coscients and/ar rights\_of\_way of record.

(P) Denotes distance or bearing by description as turnished.

(F) Denotes measured distance or bearing.

- (C) Dénotes cilicalated distance or bearing.
- 3. All bearings are referenced to the instrument of record os shown hereon, unless otherwise noted.
- 4. Elevations shown hereon are relative to National Geodetic
- Vertical Datum of 1929, and ere based on bench mark. There are no abave ground encroactenents, unless otherwise show

ONW - OVERHEAD WRE

 BET I.B. - SET 5/8 IRON BAR & CAP #4049

 FND. - FOUND CODECT

 I.P. - IRON DEPE

 C.M. - CONCRETE MONUMENT

 T.P. - TROM DAD

- DRAINARE FLOW

TOWN OF SEWALLS POINT BUILDING DEPARTMENT - INSPECTION LOG Fri 92 2009 Page of Date of Inspection **X** Mon Tue Wed Thur PERMIT # OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE COMMENTS 68 ONNE EHighPt INSPECTOR RESULTS COMMENTS OWNER/ADDRESS/CONTRACTOR PERMIT# HAR MWS MANCH ARE NO rog, 111 INSPECTOR INSPECTION TYPE PERMIT # OWNER/ADDRESS/CONTRACTOR COMMENT 62 rougener disoro ruralls INSPECTOR OWNER/ADDRESS/CONTRACTOR COMMENTS PERMIT # ug-cables 4029 F1-1 SSPRCRivVista toNSPR Doniela And CLOSE INSPECTOR4 PERMIT # OWNER/ADDRESS COMMENTS 906 UG-cables 1758 LOSE AMarqueito INSPECTOR RESULTS COMMENTS PERMIT # OWNER/ADDRESS/CONTRACTOR INSPECTION TYPE UG ( stE. Ocean A58 NSE INSPECTOR PERMIT # OWNER/ADDRESS/CONTRACTOR RESULTS COMMENTS **INSPECTION TYPE** Noushug NEEDS FINAL A D-M-INSPECTOR

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| Date of in |                          | DEPARTMENT - INSPEC | ETION LOG | _2009 Pageof |
| PERMIT#    | OWNER/ADDRESS/CONTRACTOR |                     | RESULTS   | GOMMENTS     |
| 9188       | LERNER                   | FRAM MG 4           |           |              |
|            | 37E AIGA F.              | TRADES              | (VASS)    |              |
| AMI        | OB                       | RE INSPECTION       |           |              |
| PERMIT#    | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE     | RESULTS   | COMMENTS/    |
| 9256       | RAAC                     | A/c                 |           | $\cap$       |
| BEFARE     | 22 SIMARA ST.            | FINAL               | NASS      | LOSE         |
| NODAS      | NISAIR                   |                     | <u> </u>  |              |
| PERMIT #   | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE     | RESULTS   | COMMENTS     |
| 9-251      | Cense Cast State         |                     | 1997.<br> | EBUE 54075   |
| ·2 p.m.    | 11 S. Ridquien Rd.       | ß                   | EME .     |              |
| Ň          |                          |                     |           | INSPECTOR    |
| PERMIT #   | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE     | RESULTS   | COMMENTS     |
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| PERMIT #   | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE     | RESULTS   | COMMENTS     |
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| PERMIT.#   | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE     | RESULTS   | COMMENTS     |
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| PERMIT #   | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE     | RESULTS   | COMMENTS     |
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| ۰.<br>'    |                          |                     |           |              |
|            |                          |                     |           | INSPECTOR    |

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| Date of In                                         | spection       | nMon                     | n XTue                                      | Wed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ]Thur [               | Fri <b>1]ID</b>                                                                                  | 2009 Page                                | of <b></b>         |
| PERMIT#                                            | OWNE           | R/ADDRESS                | /CONTRACTOR                                 | INSPECTIONITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PE                    | RESULTS                                                                                          | COMMENTS                                 |                    |
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| DCDMIT#                                            | OWNE           | P//ADDRESS               | /contractor                                 | INSPECTION TYP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | neisiet               | RESULTS                                                                                          |                                          |                    |
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| PERMIT #                                           | OWNE           | R/ADDRESS                | CONTRACTOR                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       | RESULTS                                                                                          |                                          |                    |
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| PERMIT #                                           | OWNER          | ₹/ADDRESS                | CONTRACTOR                                  | INSPECTION TYP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>}E</u>             | RESULTS                                                                                          | COMMENTS                                 |                    |
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# <u>9739</u> DECK



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

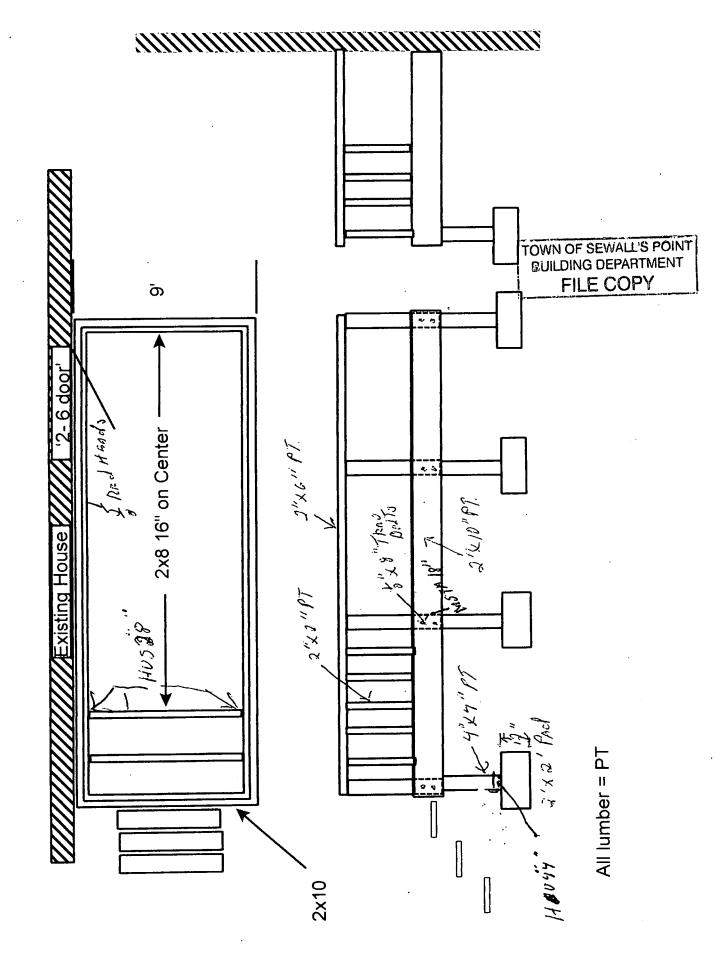
| PERMIT NUMBER:                                                                                                                                                                                                                                                          | 9739                                                                                                                    |                                                                                                                                                            | DATE ISSUED:                                                                                              | MARCH 11, 2011                                                                                               | ······································                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| SCOPE OF WORK:                                                                                                                                                                                                                                                          | REAR DECK                                                                                                               |                                                                                                                                                            |                                                                                                           | <u> </u>                                                                                                     |                                                                |
| CONDITIONS:                                                                                                                                                                                                                                                             |                                                                                                                         |                                                                                                                                                            |                                                                                                           | 2                                                                                                            |                                                                |
| CONTRACTOR:                                                                                                                                                                                                                                                             | SCHILLING                                                                                                               | & PAULICK                                                                                                                                                  |                                                                                                           |                                                                                                              |                                                                |
| PARCEL CONTROL                                                                                                                                                                                                                                                          | NUMBER:                                                                                                                 | 013841006005-0                                                                                                                                             | 000700                                                                                                    | SUBDIVISION                                                                                                  | HOMEWOOD, L7, BL E                                             |
| CONSTRUCTION A                                                                                                                                                                                                                                                          | DDRESS:                                                                                                                 | 11 S RIDGEVIEW                                                                                                                                             | V RD                                                                                                      |                                                                                                              |                                                                |
| OWNER NAME: K                                                                                                                                                                                                                                                           | RAMER                                                                                                                   |                                                                                                                                                            |                                                                                                           |                                                                                                              |                                                                |
| QUALIFIER: M                                                                                                                                                                                                                                                            | ARK SCHILLIN                                                                                                            | 4G                                                                                                                                                         | CONTACT PHO                                                                                               | NE NUMBER:                                                                                                   | 260-0711                                                       |
| WITH YOUR LENDER<br>CERTIFIED COPY OF<br>DEPARTMENT PRIOR<br>NOTICE: IN ADDITION<br>APPLICABLE TO THIS F<br>ADDITIONAL PERMITS<br>DISTRICTS, STATE AGE                                                                                                                  | OR AN ATTO<br>THE RECORD<br>TO THE FIRS<br>TO THE REQU<br>PROPERTY THA<br>REQUIRED FR<br>NCIES, OR FEE<br>UIRED FOR INS | RNEY BEFORE R<br>ED NOTICE OF (<br>TREQUESTED I<br>JIREMENTS OF TH<br>AT MAY BE FOUNT<br>OM OTHER GOVE<br>DERAL AGENCIES.<br>SPECTIONS - <u>ALL</u><br>DPM | ECORDING YOUR<br>COMMENCEMENT I<br>NSPECTION.<br>HIS PERMIT, THERE<br>IN PUBLIC RECORD<br>ERNMENTAL ENTIT | NOTICE OF COMI<br>MUST BE SUBMIT<br>MAY BE ADDITION<br>DS OF THIS COUNT<br>TES SUCH AS WATE<br>OCUMENTS MUST | TED TO THE BUILDING<br>MAL RESTRICTIONS<br>Y, AND THERE MAY BE |
| UNDERGROUND PLUMBING<br>UNDERGROUND MECHANIE<br>STEM-WALL FOOTING<br>SLAB<br>ROOF SHEATHING<br>TIE DOWN /TRUSS ENG<br>WINDOW/DOOR BUCKS<br>ROOF DRY-IN/METAL<br>PLUMBING ROUGH-IN<br>MECHANICAL ROUGH-IN<br>FRAMING<br>FINAL PLUMBING<br>FINAL MECHANICAL<br>FINAL ROOF |                                                                                                                         |                                                                                                                                                            | UNDERGRO<br>UNDERGRO<br>FOOTING<br>TIE BEAM/C<br>WALL SHEA<br>INSULATIO<br>LATH                           | UND GAS<br>UND ELECTRICAL<br>COLUMNS<br>THING<br>N<br>N-PROGRESS<br>ROUGH-IN<br>H-IN<br>AL<br>TRICAL         |                                                                |

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.

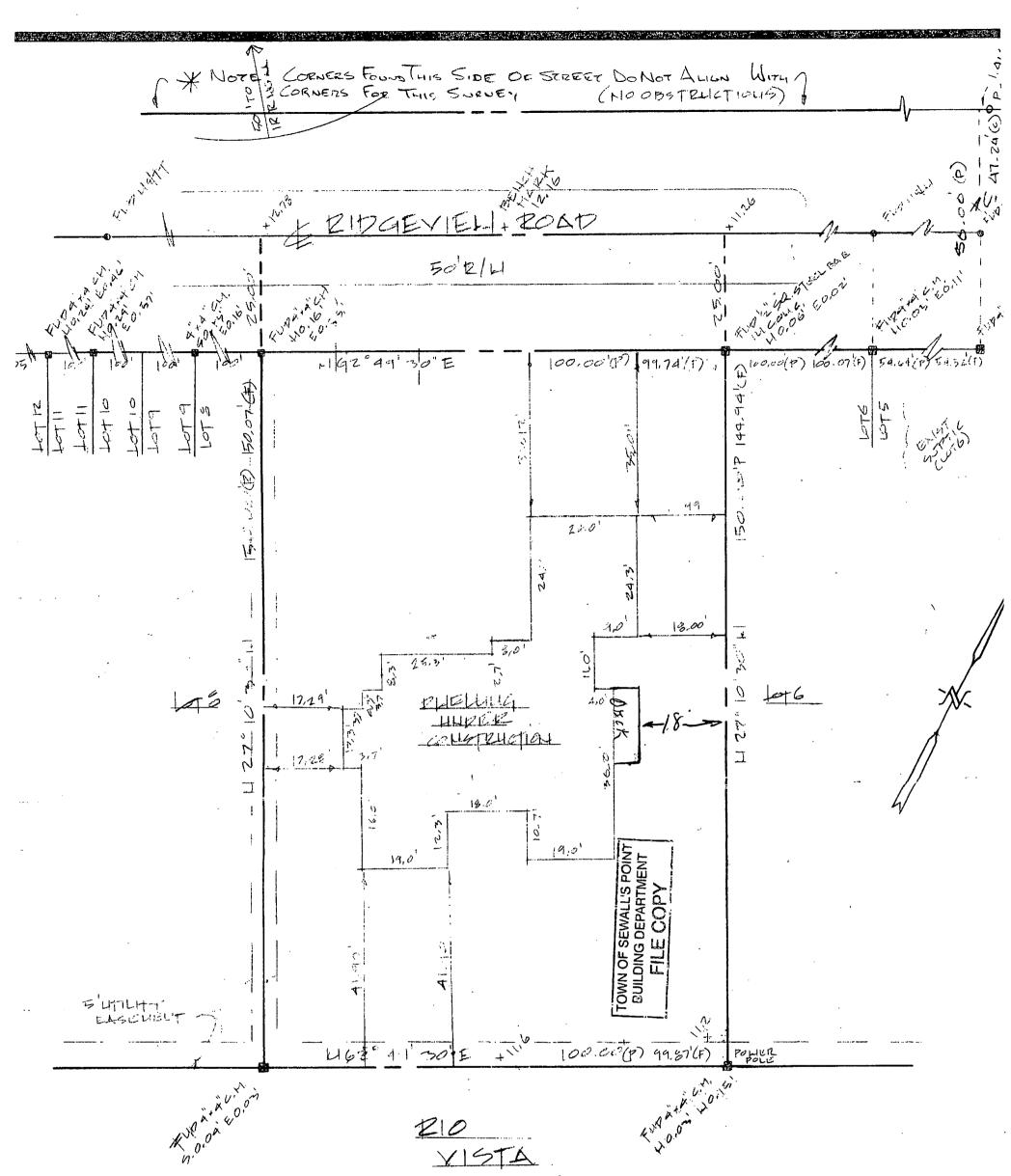
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of Sewall's Point<br>SPERMIT APPLICATION Permit Number: 9739                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OWNER/TITLEHOLDER NAME: ROLEAT KRAMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Phone (Day) <u>772-600 - 3138</u> (Fax)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City: SEWMINS BURGHE FL. Zip: 34996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Parcel Control Number: 01-38-000-005-00090-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Owner Address (if different):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City:State: Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SCOPE OF WORK (PLEASE BE SPECIFIC): 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| WILL OWNER BE THE CONTRACTOR?<br>(If yes, Owner Builder questionnaire must accompany application)<br>YES NO                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>COST AND VALUES</u> : (Required on ALL permit applications)<br>Estimated Value of Improvements: $\$ 9400,00$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Has a Zoning Variance ever been granted on this property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)<br>Is subject property located in flood hazard area? VE10AE9AE8X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| YES (YEAR) NO<br>(Must include a copy of all variance approvals with application)                                                                                                                                                                                                                                                                                                                                                                                                                                              | FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:<br>Estimated Fair Market Value prior to improvement: \$<br>(Fair Market Value of the Primary Structure only, Minus the land value)<br>PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Construction Company: Schilling & Pashick Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Qualifiers name MALK Jah. Lhia Street P.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D. Box 1260 City: Palm C. A. State: F. Zip: 34991                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| State License Number: CBC 1513 674 OR: Municipa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ality:License Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| LOCAL CONTACT: WALTER Park. to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Phone Number: 212-260-0211                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| DESIGN PROFESSIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fla Liče BECEIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Street:City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State:Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| AREAS SQUARE FOOTAGE: Living:Garage:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Covered Ratios/ Porches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Carport:Total:underiRoofElevate<br>Enclosed non-habitable areas below the Base Flood Eleva                                                                                                                                                                                                                                                                                                                                                                                                                                     | ed Deck 147 Bey Enclosed area pelow BFE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CODE EDITIONS IN EFFECT THIS APPLICATION. Florida Build                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER'O<br>THERE ARE SOME PROPERTIES THAT MAY HAVE DEED REST<br>PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. I<br>ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS AP<br>MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MA<br>ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AG<br>3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND S<br>A PERIOD OF 24 MONTHS. RENEWAL FESS WILL BE ASSESSED A<br>4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AU | MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR<br>R AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.<br>IRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR<br>IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS<br>PLICABLE TO THIS PROPERTY MAY BEFOUND IN THE PUBLIC RECORDS OF<br>YER ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL<br>ENCIES, OR FEDERAL AGENCIES.<br>UBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR<br>IFTER 24 MONTHS PER TOWN ORDINANCE 50-95.<br>IFTER 24 MONTHS PER TOWN ORDINANCE 50-95.<br>INFORZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF<br>AYS ATANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL |
| *****A FINAL INSPECTION IS RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY<br>TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE<br>O THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL<br>N OF SEWALL'S POINT DURING THE BUILDING PROCESS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S.)<br>OR OWNERS LEGAL AUTHORIZED ÀGENT (PROOF REQUIRED)                                                                                                                                                                                                                                                                                                                                                                                                                    | CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| X_/C/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | X////                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| State of Florida/County of:ANIE A SC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | On This the 10 day of March 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| by <u>Robert S. Kramere</u> who is pasonay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | by Mark Exhilling who is personally                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| known to me or produced #EE 062283                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | As identification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Notant Bistell Balls Under                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | / DD0706197                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| My Commission Expires: Stephanau Cations MUST BE ISSUED                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | My Commission Expires 2/25/2011<br>WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.374) ADD WITHIN 30 DAYS OF APPROVAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R 180 DAYS (FBC 105.3.2) – PLEASE PICK UP YOUR PERMIT PROMPTLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

2

|                                                            | Martin County, 1<br>Laurel Kelly, C.F.A |                         |                                        |                   | e Provided by<br>governmax.com <sub>I.11</sub> |
|------------------------------------------------------------|-----------------------------------------|-------------------------|----------------------------------------|-------------------|------------------------------------------------|
| NAX <b>CERE</b> XIAL & N                                   | Summary                                 |                         |                                        | <b>•</b>          | Owner<br>2 of 25                               |
| Tabs                                                       | Parcel ID Acc                           | ount #                  | Unit Address                           | Market T<br>Value | <sup>otal</sup> Data as of                     |
| Summary<br>Print View                                      | 01-38-41-006-005-<br>00070-0            | 75                      | 11 S RIDGEVIEW ROAD, SEW<br>POINT      |                   | 3/5/2011 8                                     |
| Land<br>Improvements                                       |                                         |                         | Owner Information                      |                   |                                                |
| Assessments &                                              | Owner(Current)                          |                         | KRAMER ROBERT S & KATH                 | RYN J             |                                                |
| Exemptions                                                 | Owner/Mail Address                      |                         | 11 S RIDGEVIEW RD                      |                   |                                                |
| Sales<br>Taxes 🔿                                           |                                         |                         | STUART FL 34996-6450                   |                   |                                                |
| Parcel Map 🔿                                               | Sale Date                               |                         | 04/02/1997                             |                   |                                                |
| Trim Notice 🔿                                              | Document Number                         |                         |                                        |                   |                                                |
| 0                                                          | Document Reference                      | NO.                     | 1229 1179                              |                   |                                                |
| Searches<br>Parcel ID                                      | Sale Price                              |                         | 76000                                  |                   |                                                |
| Owner                                                      |                                         |                         | Location/Description                   |                   |                                                |
| Address                                                    | Account # 176                           | 75                      |                                        | Map Page No.      | SP-04                                          |
| Account #<br>Use Code                                      | Tax District 220                        |                         |                                        | Legal Description | -                                              |
| Legal Description                                          | Parcel Address 11 S                     |                         | W ROAD, SEWALL'S POINT                 | g                 | LOT 7 BLK E                                    |
| Neighborhood<br>Sales                                      | Acres .343                              |                         |                                        |                   |                                                |
| Maps 🔿                                                     |                                         | Parcel <sup>-</sup>     | Туре                                   |                   |                                                |
| Functions<br>Property Search<br>Contact Us<br>On-Line Help |                                         | 100 Single<br>20400 Hmw | Family<br>vd,Palm Ro,Kngstn,Okwd, Pine |                   |                                                |
| County Home<br>Site Home                                   |                                         |                         | Assessment Information                 |                   |                                                |
| County Login                                               | Market Land Value                       |                         | \$178,000                              |                   |                                                |
|                                                            | Market Improvment \                     | /alue                   | \$313,130                              |                   |                                                |
|                                                            | Market Total Value                      |                         | \$491,130                              |                   |                                                |
|                                                            |                                         |                         |                                        |                   |                                                |
|                                                            |                                         |                         |                                        |                   |                                                |
|                                                            |                                         | Prir                    | nt Back to List First Previous N       | ext Last          |                                                |
|                                                            |                                         |                         | Legal Disclaimer / Privacy Statemer    | nt                |                                                |
|                                                            |                                         |                         | MANATRON.                              |                   |                                                |
|                                                            |                                         |                         |                                        |                   |                                                |



,· ``



VISTA P.B.6 Pag 95

## )PERTY LOCATED WITHIN FLOOD ZONE "C" )PERTY ADDRESS: RIDGEVIEW ROAD

TIFIED TO: ROBERT S. & KATHRYN J. KRAMER SUNTRUST BANK SOUTH FLORIDA, N.A. AMERICAN PIONEER TITLE INSURANCE KRAMER, SEWELL & SOPKO, COMPANY P.A.

### NOTES:

- I. Survey of description as furnished by Client
- 2. Lands shown hereon were not abstracted for easements and/or rights-of-way of record.
- (P) Denotes distance or bearing by description as furnished.
- (F) Denotes measured distance or bearing.
- (C) Denotes calculated distance or bearing.
- 3. All bearings are referenced to the instrument of record as shown hereon, unless otherwise noted.
- 4. Elevations shown hereon are relative to National Geodetic Vertical Datum of 1929, and are based on bench mark.
- 5. There are no above ground encroachments, unless otherwise shown.

SET I.B. - SET 5/8 IRON BAR & CAP #4049 FND. - FOUND OBJECT I.P. - IRON PIPE OHW - OVERHEAD WIRE - DRAINAGE FLOW C.M. - CONCRETE MONUMENT .. .. 

Walt Paulick



1

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

NOTICE OF ACCEPTANCE (NOA)

Nan Ya Plastics Corporation USA 8909 North Loop East, Suite 800 Houston, TX 77029

#### SCOPE:

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

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

**DESCRIPTION:** Inswing Fiberglass Door – L.M.I.

**APPROVAL DOCUMENT:** Drawing No. NAYT0002, titled "Fiberglass Double Inswing Doors XXX and XX", sheets 1 through 7 of 7, dated 04/03/06, with revision B dated 7/25/06, prepared by PTC, LLC, signed and sealed by Luis R. Lomas, P.E., bearing the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division.

#### MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

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

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

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

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

**INSPECTION:** A copy of this entire NOA shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official. This NOA consists of this page 1 and evidence pages E-1 and E-2, as well as approval document mentioned above.

The submitted documentation was reviewed by Manuel Perez, P.E.



NOA No 06-0411.05 Expiration Date: August 31, 2011 Approval Date: August 31, 2006 Page 1

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

www.buildingcodeonline.com

#### NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

#### A. DRAWINGS

1

- **1.** Manufacturer's die drawings and sections.
- 2. Drawing No NAYT2002, Sheets 1 through 7 of 7, titled "Fiberglass Double Inswing Doors XXX and XX", dated 04/03/06 with revision B dated 7/25/06, prepared by PTC, LLC, signed and sealed by Luis R. Lomas, P.E.

#### B. TESTS

1. Test reports on 1) Uniform Static Air Pressure Test, Loading per FBC TAS 202-94

2) Large Missile Impact Test per FBC, TAS 201-94

3) Cyclic Wind Pressure Loading per FBC, TAS 203-94

along with marked-up drawings and installation diagram of fiberglass double door inswing, prepared by Certified Testing Laboratories, Inc., Test Report No. CTLA-1420W, dated 12/27/05-01/03/06, and addendum letter dated 07/18/06, and amended pages 1, 5, 6 and 7 of 12 dated 07/25/06, all signed and sealed by Ramesh C. Patel, P.E.

#### C. CALCULATIONS

1. Anchor verification calculations and structural analysis, complying with FBC-2004, dated 04/06/06, prepared by PTC Engineering, Inc., signed and sealed by Luis R. Lomas, P.E.

Complies with ASTM E1300-98

#### D. QUALITY ASSURANCE

1. Miami Dade Building Code Compliance Office (BCCO).

#### E. MATERIAL CERTIFICATIONS

- 1. Notice of Acceptance No. 03-0421.01 issued to Solutia, Inc., for their "Saflex HP a polyvinyl butyral interlayer for lamination of glass", approved on 05/22/03 and expiring on 04/14/08.
- Test Report No. ETC-06-255-17412.0, prepared by ETC Laboratories, issued to Nan Ya Plastics Corp., dated 04/25/06, for their product: *Phenolic Foam Board / ETC06013*, tested per ASTM E 84-05 "Standard Test Methods for Surface Burning Characteristics of Building Materials", signed and sealed by Joseph Labora Doldan, P.E.

Manuel Perez, P.

Product Control Examiner NOA No 06-0411.05 Expiration Date: August 31, 2011 Approval Date: August 31, 2006

#### Nan Ya Plastics Corporation, Inc.

#### NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

- 3. Test Report No. ETC-05-255-17144.0, prepared by ETC Laboratories, issued to Nan Ya Plastics Corp., dated 01/04/06, for their product: *Rigid PVC / ETC06024*, tested per ASTM D 1929-96 "Standard Test Method for Ignition Properties of Plastics"; ASTM D635-98 "Rate of Burning and/or Extent and Time of Burning of Self-Supporting Plastics in a Horizontal Position", ASTM D638-03 "Standard Test Methods for Tensile Properties of Plastics"; ASTM D2843-99 "Standard Test Methods Density of Smoke from the Burning or Decomposition of Plastics"; all signed and sealed by Joseph L. Doldan, P.E.
- 4. Test Report No. ETC-05-255-17144.0, prepared by ETC Laboratories, issued to Nan Ya Plastics Corp., dated 04/26/06, for their product: Cellular PVC / ETC05034, tested per ASTM D 1929-96 "Standard Test Method for Ignition Properties of Plastics"; ASTM D635-98 "Rate of Burning and/or Extent and Time of Burning of Self-Supporting Plastics in a Horizontal Position", ASTM D638-03 "Standard Test Methods for Tensile Properties of Plastics"; ASTM D2843-99 "Standard Test Methods Density of Smoke from the Burning or Decomposition of Plastics"; all signed and sealed by Joseph L. Doldan, P.E.
- 5. Test Report No. ETC-05-255-16776.0, prepared by ETC Laboratories, issued to Nan Ya Plastics Corp., dated 01/04/06, for their product: SMC / ETC05033, tested per ASTM D 1929-96 "Standard Test Method for Ignition Properties of Plastics"; ASTM D635-98 "Rate of Burning and/or Extent and Time of Burning of Self-Supporting Plastics in a Horizontal Position", ASTM D638-03 "Standard Test Methods for Tensile Properties of Plastics"; ASTM D2843-99 "Standard Test Methods Density of Smoke from the Burning or Decomposition of Plastics"; all signed and sealed by Joseph L. Doldan, P.E.
- 6. Test Report No. ETC-05-255-16776.1, prepared by ETC Laboratories, issued to Nan Ya Plastics Corp., dated 07/06/06, for their product: SMC Fiberglass Material / ETC05033, tested per ASTM D 1929-96 "Standard Test Method for Ignition Properties of Plastics"; ASTM D635-98 "Rate of Burning and/or Extent and Time of Burning of Self-Supporting Plastics in a Horizontal Position", ASTM D638-03 "Standard Test Methods for Tensile Properties of Plastics"; ASTM D2843-99 "Standard Test Methods Density of Smoke from the Burning or Decomposition of Plastics"; all signed and sealed by Joseph L. Doldan, P.E.

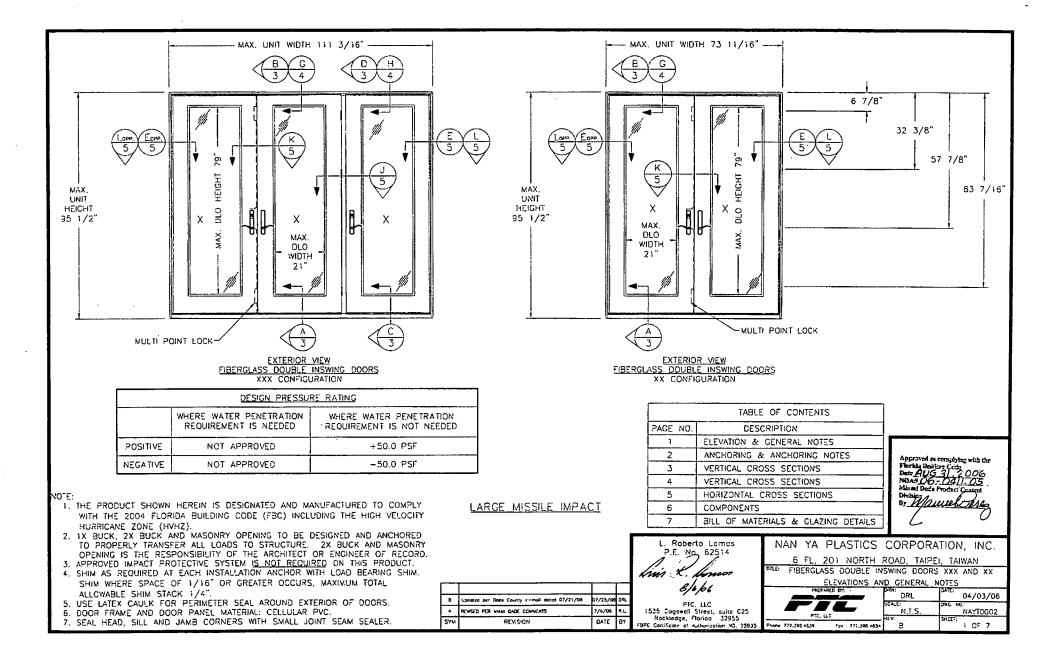
#### F. STATEMENTS

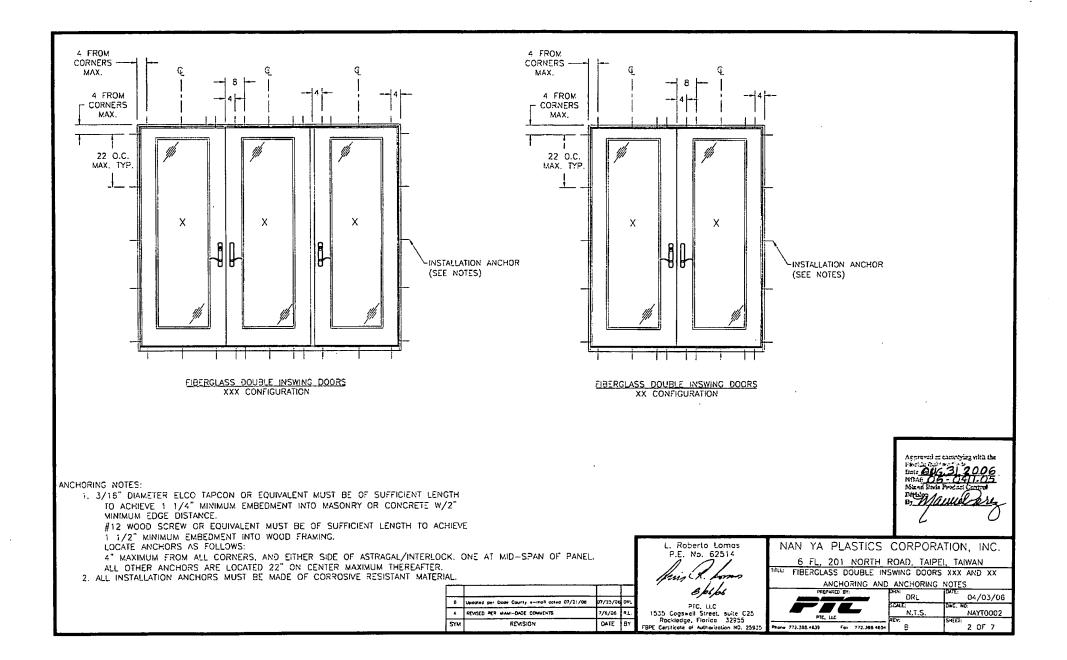
- 1. Statement letter of conformance and no financial interest, dated April 6, 2006, signed and sealed by Luis R. Lomas, P.E.
- G. OTHER

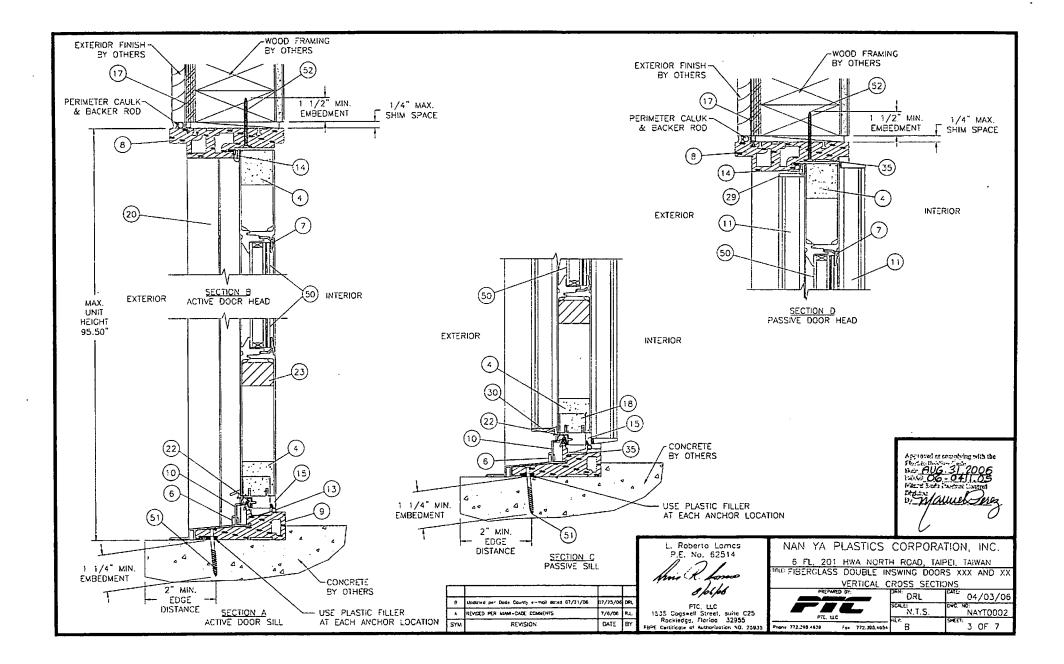
1. None.

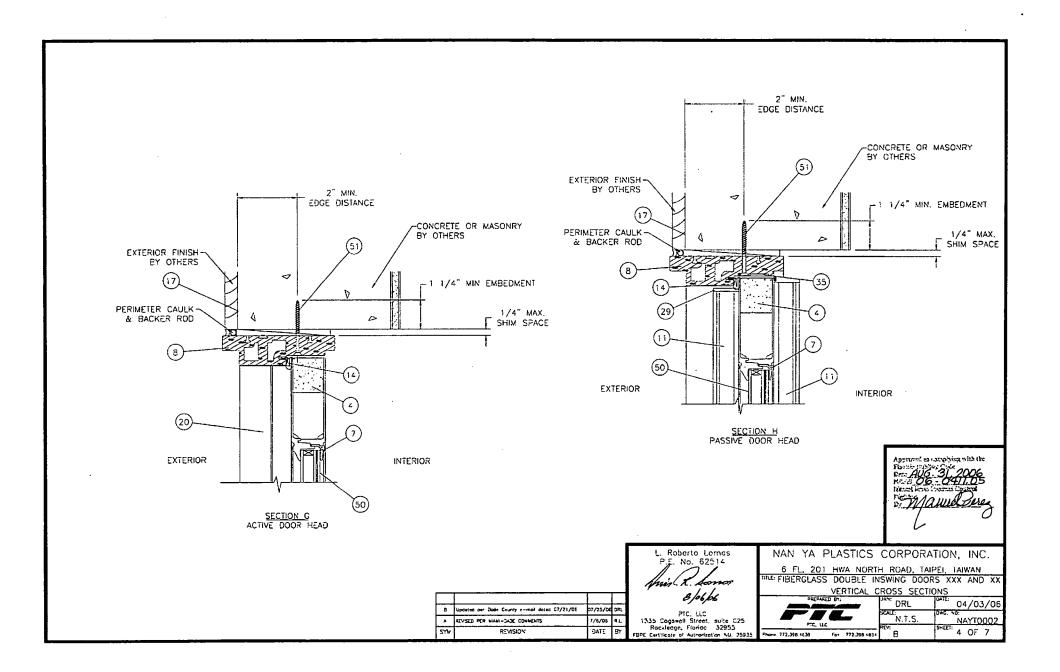
Manuel Perez-P

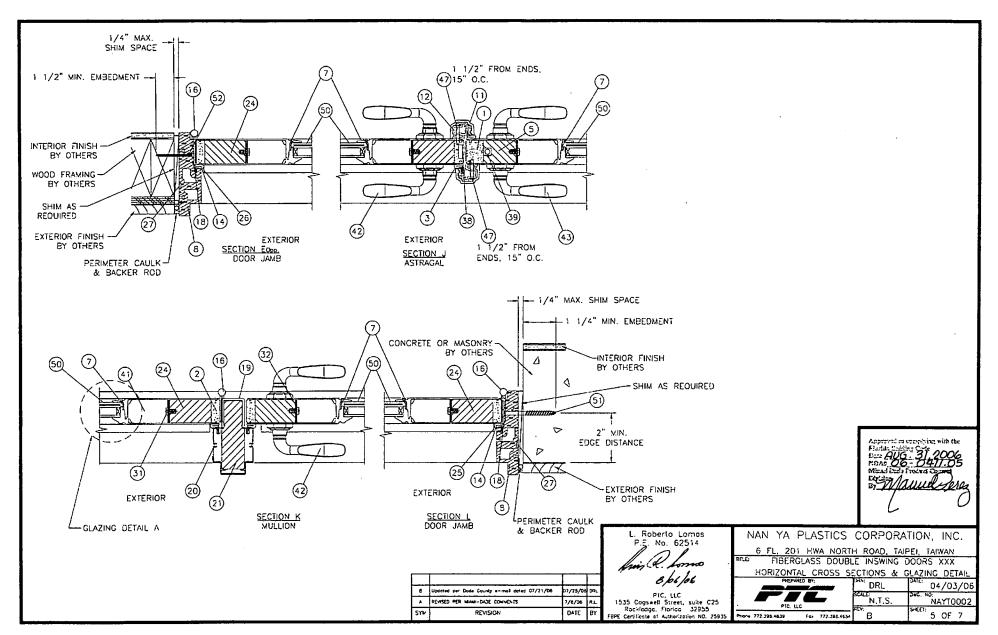
Product Control Examiner NOA No 06-0411.05 Expiration Date: August 31, 2011 Approval Date: August 31, 2006





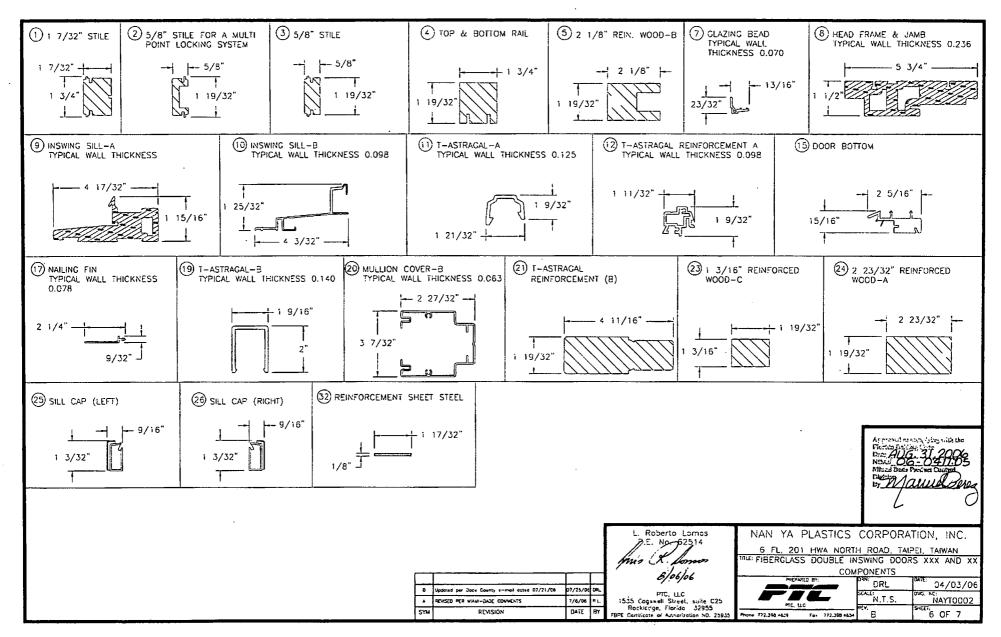






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|                               | BILL OF MATERIALS                                                    | ······                                    |                                                       |                 |                                                                                                                                                                                                                                                                                        |
|-------------------------------|----------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NO   OTY                      |                                                                      | MATERIAL                                  | VENDOR                                                |                 |                                                                                                                                                                                                                                                                                        |
|                               | 1 7/32" STILE                                                        | FOAM PVC                                  | NAN YA PLASTICS CORP.                                 |                 |                                                                                                                                                                                                                                                                                        |
| 2(3) + 3                      | 5/8" STILE (ONE FOR MULTI-POINT LOCK)                                | FOAM PVC                                  | NAN YA PLASTICS CORP.                                 |                 |                                                                                                                                                                                                                                                                                        |
| 4 4                           | TOP/ BOTTOM RAIL<br>2 1/8" REIN. WOOD-B                              | WHITE PINE                                | NAN YA PLASTICS CORP.<br>DAN-CHANG ENTERPRISE CO      |                 | - ·                                                                                                                                                                                                                                                                                    |
| 6 6                           | WEEP HOLE COVER                                                      | NYLON                                     | DAN-CHANG ENTERPRISE CO                               |                 |                                                                                                                                                                                                                                                                                        |
|                               | GLAZING BEAD                                                         | PVC                                       | NAN YA PLASTICS CORP.                                 |                 | <b>-</b>                                                                                                                                                                                                                                                                               |
|                               | HEAD FRAME & JAMB                                                    | FOAM PVC CO-EX                            | NAN YA PLASTICS CORP.                                 |                 |                                                                                                                                                                                                                                                                                        |
| 9 1                           | INSWING SILL-A                                                       |                                           | NAN YA PLASTICS CORP.                                 |                 | 0.625" GLASS BITE                                                                                                                                                                                                                                                                      |
| 10 1                          | INSWING SILL-B                                                       |                                           | SHANG YIH DAR ALUM. CO.,                              | LTD.            | 0.023 GLASS BILE -                                                                                                                                                                                                                                                                     |
| $\frac{11}{12}$ $\frac{2}{2}$ | T-ASTRAGAL (A)<br>T-ASTRAGAL REINFORCEMENT (A)                       | FOAM PVC                                  | NAN YA PLASTICS CORP.<br>SHANG YIH DAR ALUM, CO.,     | 110             | 0.09 PVB LAMINATE                                                                                                                                                                                                                                                                      |
| $\frac{12}{13}$ 2             | WEATHERSTRIP (A)                                                     | PP & TPF                                  | ULTRAFAE INC                                          | <u>L</u> 10.    | - BY SOLUTIA - I                                                                                                                                                                                                                                                                       |
| 14 5                          | IQLON WEATHERSTRIP (B)                                               | FOAM PU, PE FILM                          | ULTRAFAƏ, INC.<br>SCHLEGAL SYSTEMS, INC.              |                 |                                                                                                                                                                                                                                                                                        |
|                               | DOOR BOTTOM                                                          | FOAM & RIGID PVC                          | NAN YA PLASTICS CORP.                                 |                 | (2) $1/8''$ ANN. CLASS 50 INTERIOR                                                                                                                                                                                                                                                     |
|                               |                                                                      | STEEL                                     | WENZHOU LONGTAL HINGES (                              | <u>CO., LTD</u> |                                                                                                                                                                                                                                                                                        |
| 17 3                          |                                                                      |                                           | NAN YA PLASTICS CORP.                                 |                 |                                                                                                                                                                                                                                                                                        |
| 18 2                          | CORNER PAD                                                           |                                           | ENDURA PRODUCTS, INC.                                 |                 |                                                                                                                                                                                                                                                                                        |
| 20 1                          | INULLION COVER (B)                                                   | ALUMINUM                                  | SHANG YIH DAR ALUM. CO.,                              | LTD.            |                                                                                                                                                                                                                                                                                        |
| 21                            |                                                                      | WHITE PINE                                | DAN-CHANG ENTERPRISE CO                               | LTD.            |                                                                                                                                                                                                                                                                                        |
|                               | WEATHERSTRIP (C)                                                     |                                           | DAN-CHANG ENTERPRISE CO<br>MAXEST INDUSTRIAL INCORP.  |                 |                                                                                                                                                                                                                                                                                        |
| 24 2                          | 1 3/16" REIN. WOOD-C                                                 | WHITE PINE                                | DAN-CHANG ENTERPRISE CO                               | LTD.            |                                                                                                                                                                                                                                                                                        |
| 24 3                          |                                                                      |                                           | DAN-CHANG ENTERPRISE CO                               |                 |                                                                                                                                                                                                                                                                                        |
| 25 1                          | SILL CAP (LEFT)<br>SILL CAP (RIGHT)                                  | NYLON<br>NYLON                            | DAN-CHANG ENTERPRISE CO<br>DAN-CHANG ENTERPRISE CO    |                 | 0.125" LOE2 SERIES TEMPERED GLASS                                                                                                                                                                                                                                                      |
|                               | ICORNER KEY                                                          | DIE CAST                                  | NINGEC MICOTA LOCKS CO.                               |                 | OUTSIDE, 0.500 ARGON FILLED AIRSPACE,                                                                                                                                                                                                                                                  |
|                               | DRIVE BAR PLATE                                                      | STAINLESS STEEL                           | JAM-YUAN ENTERPRISES CO                               | TD.             | 0.125 ANNEALED GLASS, 0.090 LAMINATE PVB,                                                                                                                                                                                                                                              |
| 29 2                          | T-ASTRAGAL (3) TOP CAP                                               | RIGID PVC                                 | DAN-CHANC ENTERPRISE CO                               | LTD.            | 0.125" ANNEALED GLASS BY CARDINAL GLASS                                                                                                                                                                                                                                                |
| 30 2                          | IT-ASTRAGAL (B) BOTTOM CAP                                           | RIGID PVC                                 | DAN-CHANC ENTERPRISE CO                               |                 |                                                                                                                                                                                                                                                                                        |
| 31 24,3                       |                                                                      | NYLON 66                                  | DAN-CHANG ENTERPRISE CO                               | <u>, LTD.</u>   |                                                                                                                                                                                                                                                                                        |
| 32 4,6                        | REINFORCEMENT SHEET STEEL                                            | SPHC<br>STAINLESS STEEL                   | KOU-YA STAINLESS CO., LTD<br>NINGBO MICOTA LOCKS CO., | ).              | 1/8" LOE2 SERIES 172<br>TEMP. GLASS                                                                                                                                                                                                                                                    |
|                               | HOOK KEEPER<br>SLAB MULTI-POINT LOCK KEEPER                          | STAINLESS STEEL                           | JAM-YUAN ENTERPRISES CO                               |                 | BY CARDINAL -                                                                                                                                                                                                                                                                          |
|                               | ITOP BOTTOM BAR KEEPER                                               | STAINLESS STELL                           | JAM-YUAN ENTERPRISES CO.<br>JAM-YUAN ENTERPRISES CO.  | LTD.            | BT CANDINAL                                                                                                                                                                                                                                                                            |
| 36 2                          | HOOK KEEPER (E)                                                      | STAINLESS STEEL                           | NINGBO MICOTA LOCKS CO.,                              | LTD.            |                                                                                                                                                                                                                                                                                        |
| 37   1                        | ISLAS MULTI-POINT LOCK KEEPER (B)                                    | STAINLESS STEEL                           | NINGEO MICOTA LOCKS CO.                               | LTD.            |                                                                                                                                                                                                                                                                                        |
| 38 1,2                        | IMULTI-POINT LOCKING SYSTEM                                          | STAINLESS STEEL, DIE CAST                 | JAM-YUAN ENTERPRISES CO.<br>JAM-YUAN ENTERPRISES CO.  | <u>. LID.</u>   | <u>GLAZING DETAIL A</u>                                                                                                                                                                                                                                                                |
| 39 1                          | ITOP/ BOTTOM DRIVE BAR SYSTEM                                        | SHEET MOLDING COMPOUND                    | NAN VA PLASTICS CORP.                                 | . נוט.          |                                                                                                                                                                                                                                                                                        |
|                               | PU FOAM                                                              | NA                                        | NAN YA PLASTICS CORP.                                 |                 |                                                                                                                                                                                                                                                                                        |
| 42 1 1 2                      | ROYAL SERIES HANDLE SET FOR MULTI-POINT PANEL                        | DIE CAST, SATIN NICKEL                    | NINGBO MICOTA LOCKS CO.,                              | LTD.            |                                                                                                                                                                                                                                                                                        |
| 43 1                          | ROYAL SERIES HANDLE SET FOR PASSIVE PANEL                            | DIE CAST, SATIN NICKEL                    | NINGBO MICOTA LOCKS CO.,                              | LTD.            |                                                                                                                                                                                                                                                                                        |
| 44 12                         | #10 X 2 1/2" PHILLIPS FLAT HEAD                                      | SHEET METAL                               | JOHN CHEN SCREW IND. CO                               | LID.            |                                                                                                                                                                                                                                                                                        |
| 45 36                         | 1#9 X 7/8" PHILLIPS FLAT HEAD                                        | SHEET METAL<br>SHEET METAL<br>SHEET METAL | JOHN CHEN SCREW IND. CO<br>JOHN CHEN SCREW IND. CO    | LID.            |                                                                                                                                                                                                                                                                                        |
| 46 B,20<br>47 30,5            | 2 #9 X 1 1/8" PHILLIPS FLAT HEAD<br>2 #9 X 1 1/2" PHILLIPS FLAT HEAD | SHEET METAL                               | JOHN CHEN SCREW IND. CO                               | 170             |                                                                                                                                                                                                                                                                                        |
| 48 36.5                       | 21#9 X 2" PHILUPS FLAT HEAD                                          | SHEET METAL                               | JOHN CHEN SCREW IND. CO                               | LTD.            |                                                                                                                                                                                                                                                                                        |
|                               | #8 X 1" PHILLIPS FLAT HEAD                                           | SHEET METAL                               | JOHN CHEN SCREW IND. CO                               |                 |                                                                                                                                                                                                                                                                                        |
|                               | T LAMINATED GLASS CONSISTING OF .125" LOE2                           |                                           |                                                       |                 | (Basel Reds Events Cooped                                                                                                                                                                                                                                                              |
| 50                            | SERIES TEMPERED GLASS OUTSIDE, .500" ARGON                           | SOLUTIA                                   | CARDINAL GLASS                                        |                 | Ex TAQUUEL Spres                                                                                                                                                                                                                                                                       |
| 50                            | FILLED AIRSPACE, 125" ANNEALED GLASS,                                | SAFLEX HP                                 | CHILDINAL OLAGO                                       |                 | w. pr formation and                                                                                                                                                                                                                                                                    |
|                               | .090" LAMINATE PVB, .125" ANNEALED GLASS                             | N.O.A. 03-0421.01                         |                                                       |                 |                                                                                                                                                                                                                                                                                        |
|                               | 3715 DIA. ELCO TAPCON INSTALLATION ANCHOR                            |                                           |                                                       |                 |                                                                                                                                                                                                                                                                                        |
|                               | 1#10 PHILLIPS FLAT HEAD WOOD SCREW                                   |                                           | ······································                |                 |                                                                                                                                                                                                                                                                                        |
| 52                            | INSTALLATION ANCHOR                                                  |                                           |                                                       |                 | L. Roberto Lomos NAN YA PLACTICS CORP.                                                                                                                                                                                                                                                 |
|                               |                                                                      |                                           |                                                       |                 | 9.E. No. 62514                                                                                                                                                                                                                                                                         |
|                               |                                                                      |                                           |                                                       |                 | 6FL. 201 TUNG HWA N. RD. TAIPEI, TAIWAN                                                                                                                                                                                                                                                |
|                               | NG ITEMS ARE USED BUT NOT SHOWN:                                     |                                           |                                                       |                 | INSWING PRENCH PARIO LOOK                                                                                                                                                                                                                                                              |
| 28, 33,                       | 34, 36, 37, 40 44, 45, 46, 47, 48 AND 49                             | r <del>1</del> 1                          | ···                                                   |                 |                                                                                                                                                                                                                                                                                        |
| 1                             |                                                                      | <u>}</u> ∔_                               |                                                       |                 | B 66/06.                                                                                                                                                                                                                                                                               |
| 1                             |                                                                      |                                           |                                                       | 07/25/00 DR.    | PTC, LLC                                                                                                                                                                                                                                                                               |
|                               |                                                                      |                                           |                                                       | 7/6/05 R.L.     | L 1535 Cogswell Street, suite C25<br>Rockledge, Florido 32955                                                                                                                                                                                                                          |
|                               |                                                                      | SYM                                       | REVISION                                              | CATE BY         | Rockledge, Florido         32255         PTC. LLC         HTV:         SFET:         SFET:         7         0.F         7           FB3E Certificate of Authorization NO. 25935         Phone 772,398.4539         Fax         772,398.4534         B         7         0.F         7 |
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| Date of Ins                             |                                                                                                                 | LDING DEPARTMENT -                                                |                                                      | 25-1 Page / of / |
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| 9-134                                   | SH MG                                                                                                           |                                                                   | 2000 10 CONSTRUCTION                                 |                  |
|                                         | 12 11600                                                                                                        | BALCONY<br>GARAGANY                                               | Anne                                                 |                  |
|                                         | Marchin                                                                                                         | FRAM ING                                                          | <u> </u>                                             | A                |
| PERMIT#                                 | OWNER/ADDRESS/CONTRAC                                                                                           |                                                                   | RESULTS                                              |                  |
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| No.                                     | HER ALARAMOS                                                                                                    |                                                                   |                                                      |                  |
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| PERMIT:#                                | OWNER/ADDR-SS/CONTRAC                                                                                           | TOR                                                               |                                                      |                  |
| 9683                                    | SHART                                                                                                           | PARTIA                                                            |                                                      |                  |
|                                         | 73NSPR                                                                                                          | DWAY                                                              | //AJX                                                | · · ·            |
|                                         | Mosley                                                                                                          | 110- 0-                                                           | A l                                                  |                  |
| PERMIT #                                | OWNER/ADD RESS/CONTRAC                                                                                          | TORM INSPECTION TYPE                                              |                                                      | COMMENTS         |
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| Date of In | Buildi                                 | WN OF SEWALLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PECTION LOG                                    | 5-1 Page / of                         |
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| PERMIT#    | OWNER/ADDRESS/CONTRACTO                | R INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RESULTS 7                                      | COMMENTS                              |
| 9703       | SHAMF1                                 | SITE ELETA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                       |
|            | 13NSPR                                 | SITE ELETA<br>FINAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MARI                                           | (201218                               |
|            | Canom Elec                             | LANDSCAPE LIGK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 200                                            |                                       |
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|            | 101 N SAT RD                           | INVEST WATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | No USUES                                       |                                       |
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| ERMIT#     | OWNER/ADDRESS/CONTRACTO                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS                                        |                                       |
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| <u>,</u>   | 2000 De PL                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N/Ta-                                          |                                       |
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| ERMIT#     | OWNER/ADDRESS/CONTRACTOR               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS                                        |                                       |
| MRA.       | Ramep                                  | STATISTICS IN STATISTICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                       |
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| DAUT #     | WAT PAULIZ<br>OWNER/ADDRESS/CONTRACTOR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                       |
|            | Saanen/Address/connikacilor            | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS                                        | COMMENTS                              |
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| RMIT#      | OWNER/ADDRESS/GONTRACTOR               | INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESULTS                                        | COMMENTS                              |
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| RMIT#      | DWNER/ADDRESS/CONTRACTOR               | INSPECTION TYPE COLOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RESULTIS                                       | COMMENTS                              |
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# <u>9881</u> <u>A/C CHANGEOUT</u>



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 NUMBE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | R:        | 9881        |                | DATE ISSUED:                                  | SEPTEMBER 27, 2                                             | 2011     |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|----------------|-----------------------------------------------|-------------------------------------------------------------|----------|-------------|
| SCOPE OF WORK: AC CHANG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | AC CHANGE   | OUT            | · · · · · · · · · · · · · · · · · · ·         | J                                                           |          |             |
| CONTRACTOR: PARAGON I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |             | NDOOR AIR QUAI | LITY                                          |                                                             |          |             |
| PARCEL CONTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OL        | NUMBER:     | 013841006-005  | -000700                                       | SUBDIVISION                                                 | HOMEWOOD | , L7, BLK E |
| CONSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AD        | DRESS:      | 11 S RIDGEVIEV | V RD                                          |                                                             | ·        | 6 (A        |
| OWNER NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | KR        | AMER        |                |                                               |                                                             |          |             |
| QUALIFIER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>KE</b> | VIN SHARKEY | Y              | CONTACT PHO                                   | NE NUMBER:                                                  | 220-2487 |             |
| PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT         WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A         CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE BUILDING         DEPARTMENT PRIOR TO THE FIRST REQUESTED INSPECTION.         NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS         APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE         ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT         DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.         24 HOUR NOTICE REQUIRED FOR INSPECTIONS – <u>ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE</u> CALL 287-2455 - 8:00AM TO 4:00PM       INSPECTIONS: 9:00AM TO 3:00PM – MONDAY THROUGH FRIDAY         UNDERGROUND PLUMBING       UNDERGROUND GAS         UNDERGROUND MECHANICAL       UNDERGROUND ELECTRICAL         STEM-WALL FOOTING       FOOTING         SLAB       TIE BEAM/COLUMNS |           |             |                |                                               |                                                             |          |             |
| ROOF SHEATHING<br>TIE DOWN /TRUSS ENG<br>WINDOW/DOOR BUCKS<br>ROOF DRY-IN/METAL<br>PLUMBING ROUGH-IN<br>MECHANICAL ROUGH-IN<br>FRAMING<br>FINAL PLUMBING<br>FINAL MECHANICAL<br>FINAL ROOF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |             |                | WALL SHEA<br>INSULATIO<br>LATH<br>ROOF TILE S | ATHING<br>IN-PROGRESS<br>L ROUGH-IN<br>H-IN<br>AL<br>TRICAL |          |             |

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.

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sewall's Point<br>ERMIT APPLICATION Permit Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| OWNER/TITLEHOLDER NAME: KRAMER ROBERT S & KA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Job Site Address: S RIDGEVIEW RD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | City: <u>STUART</u> State: FL Zip: 34996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Legal Description 11 S RIDGEVIEW ROAD, SEWALL'S POINT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Parcel Control Number: 01-38-41-006-005-00070-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Owner Address (if different):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City:State:Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Scope of work (please be specific): A C MAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | a Each The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| WILL OWNER BE THE CONTRACTOR?<br>(If yes, Owner Builder questionnaire must accompany application)                                                                                                                                                                                                                                                                                                                                                                                                                                                        | COST AND VALUES: (Required on ALL permit applications)<br>Estimated Value of Improvements: \$5097,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| YES NO (r<br>Has a Zoning Variance ever been granted on this property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)<br>s subject property located in flood hazard area? VE10AE9AE8X<br>OR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Estimated Fair Market Value prior to improvement: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| CONTRACTOR/Company: PÁRAGON INDOOR AIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| Street: 7862 SW ELLIPSE WAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | City:STUARTState:FL zip:34997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| State License Number: CAC0492891 OR: Municipality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The second se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| LOCAL CONTACT: KEVIN SHARKEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DE C 5 772-260-0179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| DESIGN PROFESSIONAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NG E C E I V resolute Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| Street:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City: State: Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| AREAS SQUARE FOOTAGE: Living: Garage:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Covered Patios/ Florches:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| Carport: Total under Root Elevated D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Enclosed area below BFE :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Contraction of the second seco |  |  |  |
| PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OF A<br>2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRIC<br>PROHIBIT THE WORK APPLIED, FOR IN YOUR BUILDING PERMIT. IT IS<br>ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLI<br>MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY<br>ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGEN<br>3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUB<br>A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFT<br>4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTH | Y RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR<br>IN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.<br>CTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR<br>SYOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS<br>ICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF<br>BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL<br>ICIES, OR FEDERAL AGENCIES.<br>STANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR<br>TER 24 MONTHS PER TOWN ORDINANCE 50-95.<br>IORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF<br>S AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| A FINAL INSPECTIÓN IS REQ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UIRED ON ALL BUILDING PERMITS******                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS SPECIFICALLY INDICATED ABOVE. I<br>CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I<br>HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE LAGREE TO COMPLY WITH ALL<br>APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| OWNER SIGNATURE: (required)<br>OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CONTRACTOR SIGNATURE: (required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| State of Florida, County of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | On State of Florida, County of: MARTIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| This the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | This the <u>26TH</u> day of <u>AUGUST</u> 20 11<br>by <u>KEVIN SHARKEY</u> who is personally 20 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| bywho is personally known to me of produced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| as identification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | My commission Evolution: $(100) (9.20) (2.3 = 0)$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | THIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER<br>180 DAYS (FBC 105.3.2) – PLEASE PICK UP YOUR PERMIT PROMPTLYI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |

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

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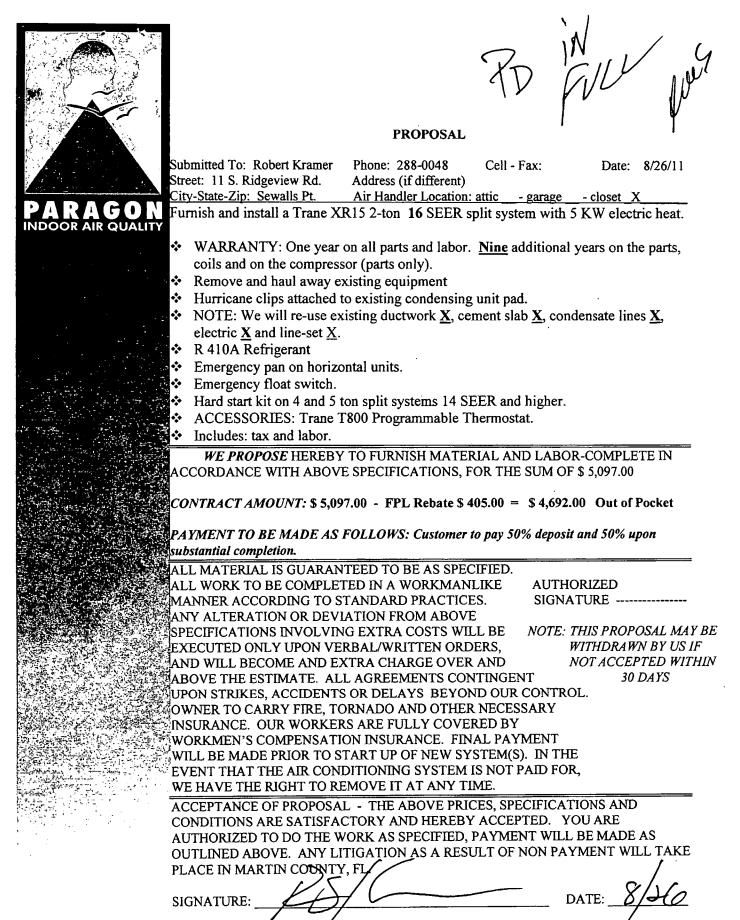
Page 1 of 1

| Parcel ID<br>01-38-41-006-005-<br>00070-0 | Account #<br>17675 | <b>Unit Address</b><br>11 S RIDGEVIEW ROAD, SE<br>POINT | EWALL'S    | Mark<br>Value<br>\$481, | -     | Data as of<br>8/27/2011 |
|-------------------------------------------|--------------------|---------------------------------------------------------|------------|-------------------------|-------|-------------------------|
|                                           |                    | 0                                                       |            |                         |       |                         |
| Owner(Current)                            |                    | Owner Information<br>KRAMER ROBERT S & KATH             |            |                         |       |                         |
| Owner/Mail Addr                           | ess                | 11 S RIDGEVIEW RD<br>STUART FL 34996-6450               |            |                         |       |                         |
| Sale Date<br>Document Book/Page           |                    | 4/2/1997                                                |            |                         |       |                         |
|                                           |                    | 1229 1179                                               |            |                         |       |                         |
| Document No.                              |                    |                                                         |            |                         |       |                         |
| Sale Price                                |                    | 76000                                                   |            |                         |       |                         |
|                                           |                    | Location/Descriptior                                    | 1          |                         |       |                         |
| Account #                                 | 17675              |                                                         | Map Page N | lo.                     | SP-04 |                         |
| Tax District                              | 2200               |                                                         | • •        |                         | HOME  | NOOD, LOT 7             |
| Parcel Address                            | 11 S RIDGEVI       | EW ROAD, SEWALL'S POINT                                 | -          | -                       | BLK E |                         |
| Acres                                     | .3430              |                                                         |            |                         |       |                         |
|                                           | Parcel             | Туре                                                    |            |                         |       |                         |
| Use Code                                  | 0100 Single        | Family                                                  |            |                         |       |                         |
| Neighborhood                              | -                  | wd,Palm Ro,Kngstn,Okwd, Pine                            |            |                         |       |                         |
|                                           |                    |                                                         |            |                         |       |                         |
|                                           |                    | Assessment Informati                                    | on         |                         |       |                         |
| Market Land Valu                          | ue                 | \$175,000                                               |            |                         |       |                         |
| Market Improven                           |                    | \$306,180                                               |            |                         |       |                         |
| Market Total Valu                         |                    | \$481,180                                               |            |                         |       |                         |

page 3

| Conversion of the second secon | Change out Affidavit                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Package Unit Yes X No (Use Condenser sid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e of form below for equipment listing)                                                                                                                                                                                                                                                           |
| Duct Replacement Yes Y No - Refrigerant li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |
| Flushing Existing Refrigerant lines Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |
| Rooftop A/C Stand Installation Yes 📉 No - (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |
| Smoke Detector in Supply (over 2000 CFM) Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | X No                                                                                                                                                                                                                                                                                             |
| One form required for each A/C system installed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |
| REPLACEMENT SYS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |
| Air handler: Mfg: Trane       Model# GAM5A0A18M111         Volts 208/230 CFM's 800       Heat Strip 5         Min. Circuit Amps 4       Wire gauge 8         Max. Breaker size 30       Min. Breaker size         Ref. line size: Liquid 3/8       Suction 3/4         Refrigerant type 410A       Location: Existing New         Attic/Garage/Closet (specify) closet       Access:         (Contractor must provide ladder if required)       EXISTING SYSTER         Air handler: Mfg: Rheem       Model#         Volts 208_CFM's 800       Heat Strip 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min. Circuit Amps 9 Wire gauge 10<br>Max. Breaker size 15 Min. Breaker size 15<br>Ref. line size: Liquid 3/8 Suction 3/4<br>Refrigerant type 410A<br>Location: Existing New<br>Left/Righ/Rear/Front/Roof Left<br>Condensate Location East Side - Ground<br>M COMPONENTS<br>Condenser: Mfg Model# |
| Min. Circuit Amps Wire gauge8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Min. Circuit Amps Wire gauge                                                                                                                                                                                                                                                                     |
| Max. Breaker size Min. Breaker size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Max. Breaker size Min. Breaker size                                                                                                                                                                                                                                                              |
| Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>                                                                                                                                                                                                                                             |
| Refrigerant type <u>R22</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Refrigerant type <u>R22</u>                                                                                                                                                                                                                                                                      |
| Location: Ext. X New                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Location: Ext. X New                                                                                                                                                                                                                                                                             |
| Attic/Garage/Closet (specify) closet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Left/Right/Rear/Front/Roof                                                                                                                                                                                                                                                                       |
| Access:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Condensate Location                                                                                                                                                                                                                                                                              |
| Certification:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                            |
| I herby certify that the information entered on this form a further affirm that this equipment is considered matched a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date .                                                                                                                                                                                                                                                                                           |

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\*If you are purchasing a system that meets the criteria for an energy tax rebate, you could be eligible to receive an energy tax rebate up to \$ 300, or the total 2011 tax liability, whichever is less.

7862 SW Ellipse Way Stuart, Florida 34997 Phone: 772-220-2487 Fax: 772-220-3787 CAC049289



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011.

# **Certificate of Product Ratings**

AHRI Certified Reference Number: 4150904

Date: 8/26/2011

Product: Split System: Air-Cooled Condensing Unit, Coil with Blower Outdoor Unit Model Number: 4TTR5024E1 Indoor Unit Model Number: GAM5A0A18M11

Manufacturer: TRANE

Trade/Brand name: XR15

Manufacturer responsible for the rating of this system combination is TRANE

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:

| EER Rating (Cooling): 14.00<br>SEER Rating (Cooling): 16.75 |
|-------------------------------------------------------------|
|                                                             |
|                                                             |
|                                                             |

AHRI does not endorse the product(s) listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the product(s) listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

#### TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

#### 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

**CERTIFICATE NO.:** 

129588493035740000

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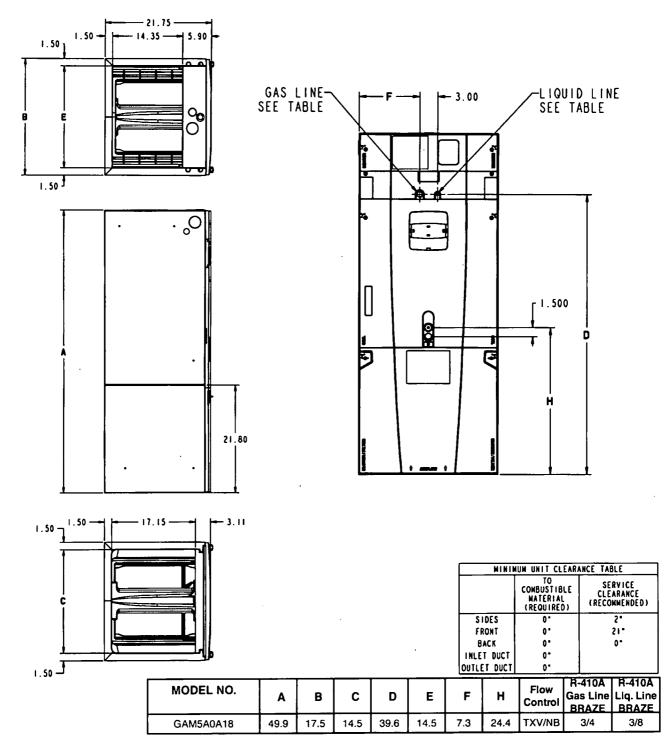


TAG: \_

GAM5A0A18-SUB-1B

# **Submittal**

# 1-1/2 Ton Convertible Air Handler GAM5A0A18M11SA



#### PRODUCT SPECIFICATIONS

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| PRODUCT SPEC                      | CIFICATIONS               |
|-----------------------------------|---------------------------|
| MODEL                             | GAM5A0A18M11SA            |
| RATED VOLTS/PH/HZ.                | 208-230/1/60              |
| RATINGS ①                         | See O.D. Specifications   |
| INDOOR COIL — Type                | Plate Fin                 |
| Rows — F.P.I.                     | 3 - 14                    |
| Face Area (sq. ft.)               | 3.67                      |
| Tube Size (in.)                   | 3/8                       |
| Refrigerant Control               | EEV                       |
| Drain Conn. Size (in.) ③          | 3/4 NPT                   |
| DUCT CONNECTIONS                  | See Outline Drawing       |
| INDOOR FAN — Type                 | Centrifugal               |
| Diameter-Width (In.)              | 11 X 8                    |
| No. Used                          | 1                         |
| Drive - No. Speeds                | Direct - 5                |
| CFM vs. in. w.g.                  | See Fan Performance Table |
| No. Motors — H.P.                 | 1 - 1/3                   |
| Motor Speed R.P.M.                | 1050                      |
| Volts/Ph/Hz                       | 208-230/1/60              |
| F.L. Amps                         | 2.8                       |
| FILTER                            |                           |
| Filter Furnished?                 | No                        |
| Type Recommended                  | Throwaway                 |
| NoSize-Thickness                  | 1 - 16 X 20 - 1 in.       |
| REFRIGERANT                       | <u>R-410A</u>             |
| Ref. Line Connections             | Brazed                    |
| Coupling or Conn. Size — in. Gas  | 3/4                       |
| Coupling or Conn. Size — in. Liq. | 3/8                       |
| DIMENSIONS                        | HxWxD                     |
| Crated (In.)                      | 51-3/8 x 20-1/2 x 25-3/4  |
| Uncrated                          | 49-7/8 x 17-1/2 x 21-3/4  |
| WEIGHT                            |                           |
| Shipping (Lbs.)/Net (Lbs.)        | 126/120                   |

① These Air Handlers are A.H.R.I. certified with various Split System Air Conditioners and Heat Pumps (AHRI STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

③ 3/4" Male Plastic Pipe (Ref.: ASTM 1785-76)



| GAM5A0A18M                           | 11SAA MINIMUM HEATER   | AIRFLOW CFM       |
|--------------------------------------|------------------------|-------------------|
| Heater                               | Minimum A              | ir Speed Tap      |
|                                      | With Heat Pump         | Without Heat Pump |
| BAYEAAC05BK1AA<br>BAYEAAC05LG1AA     | Tap 4                  | Tap 3             |
| BAYEAAC08BK1AA<br>BAYEAAC08LG1AA     | Tap 4                  | Tap 3             |
| BAYEAAC10BK1AA ①<br>BAYEAAC10LG1AA ① | Tap 5                  | Tap 4             |
| BAYEABC15BK1AA                       | -                      | •                 |
| BAYEABC20BK1AA                       | -                      | -                 |
|                                      | AMEPLATE OR PRODUCT DA |                   |

# AIRFLOW PERFORMANCE

#### GAM5A0A18M11SAA

| EXTERNAL STATIC<br>(in. w.g.) |      |          |           |       | AIRFLO | W (CFM) |       |           |              |     |
|-------------------------------|------|----------|-----------|-------|--------|---------|-------|-----------|--------------|-----|
|                               |      | Speed Ta | aps - 230 | VOLTS |        |         | Speed | Taps - 20 | <b>VOLTS</b> |     |
|                               | 5    | 4        | 3         | 2     | 1      | 5       | 4     | 3         | 2            | 1   |
| 0                             | 1081 | 977      | 930       | 862   | 556    | 1078    | 974   | 927       | 858          | 553 |
| 0.1                           | 1044 | 922      | 850       | 806   | 379    | 1038    | 916   | 844       | 800          | 373 |
| 0.2                           | 995  | 880      | 787       | 702   | 202    | 987     | 871   | 778       | 693          | 193 |
| 0.3                           | 956  | 830      | 738       | 621   | -      | 944     | 819   | 727       | 610          | -   |
| 0.4                           | 914  | 788      | 692       | 562   | -      | 900     | 774   | 677       | 548          | -   |
| 0.5                           | 872  | 749      | 646       | 502   | -      | 855     | 732   | 629       | 485          | -   |
| 0.6                           | 838  | 707      | 590       | 445   | -      | 819     | 687   | 570       | 425          | -   |
| 0.7                           | 802  | 650      | 528       | 389   | -      | 779     | 628   | 505       | 367          | -   |
| 0.8                           | 755  | 598      | 478       | 327   | -      | 730     | 573   | 453       | 302          | -   |
| 0.9                           | 708  | 539      | 420       | -     | -      | 680     | 512   | 392       | -            | -   |

NOTES:

1. Values are with wet coil and without filters.

2. Contact your particular filter manufacturer for pressure drop data.

3. Electric heater pressure drop is negligible and is included within the airflow data.

4. Tap 1 is a continuous fan speed tap.

|                        |                       |          |       |                | WIRING             | G DATA              |          |       |                |                    |                     |
|------------------------|-----------------------|----------|-------|----------------|--------------------|---------------------|----------|-------|----------------|--------------------|---------------------|
|                        |                       |          |       |                | GAM5A0A            | 18M11SAA            |          |       |                |                    |                     |
|                        |                       |          |       | 240 V          | OLT                |                     |          |       | 208 V          | OLT                |                     |
| Heater<br>Model<br>No. | No.<br>of<br>Circuits | Capacity |       | Heater<br>Amps | Minimum<br>Circuit | Maximum<br>Overload | j Capaci |       | Heater<br>Amps | Minimum<br>Circuit | Maximum<br>Overload |
|                        |                       | kW       | BTUH  | per<br>Circuit | Ampacity           | Protection          | kW       | втин  | per<br>Circuit | Ampacity           | Protection          |
| No Heater              | -                     | -        | -     | 2.8*           | 4                  | 15                  | -        | •     | 2.8*           | 4                  | 15                  |
| BAYEAAC05++            | 1                     | 4.80     | 16400 | 20             | 29                 | (30)                | 3.60     | 12300 | 17.30          | 25                 | 25                  |
| BAYEAAC08++            | 1                     | 7.68     | 26200 | 32             | 44                 | 45                  | 5.76     | 19700 | 27.70          | 38                 | 40                  |
| BAYEAAC10++            | 1                     | 9.60     | 32800 | 40             | 54                 | 60                  | 7.20     | 24600 | 34.60          | 47                 | 50                  |

Notes:

1. See Product Data or Air Handler nameplate for approved combinations of Air Handlers and Heaters

2. Heater model numbers may have additional suffix digits.

# **Mechanical Specifications**

- Air-Tite II<sup>™</sup> cabinet
  - 2% or less air leakage
  - Precision applied durable door seals
  - Specially designed air seal around refrigerant, condensate and conduit connections
  - Double wall foamed cabinet system
  - $\ge R-4.2$  insulating value
  - No loose fiber design
  - Smooth cleanable interior design
  - Sweat eliminating design
  - Composite foamed cabinet doors
  - Water proof cabinet design
  - Integrated horizontal drain pans
  - Modular cabinet with 5/16" allen wrench "quick latch" design
- Multi-position up/down flow horizontal left/right
- Side return option
- Control board protection pocket built into cabinet wall
- Alert port to view control board codes without door removal
- 10 alert codes
- Low voltage terminal connection point
- Quarter turn phillips head door fasteners
- Vortica® blower with polarized plug connections and integrated slide deck for easy removal

• Aluminum coil with integrated slide deck for easy removal and polarized plug connections on coil EEV

- Patented enhanced coil fin
- Electronic Expansion Valve (EEV) with low ambient and low superheat compressor protection
- Dual refrigerant compatible as shipped
- Slide in electric heaters with polarized plug
- connections (sold as accessory)
- UVC light kit with safety switch and polarized plug connections (sold as accessory)
- Labeled panels and connections
- Molded in 1" standard filter rail
- High efficiency ECM motor
- Soft start fan motor operation
- Built in fan delay modes
- Maximum width of 23.5"
- Compact 20.8" depth with doors removed
- Two tone color
- Fused 24v power
- · Safety door switch
- 1-year warranty
- 10-year warranty registered
- Optional extended warranty available



**Trane** 6200 Troup Highway Tyler, TX 75707

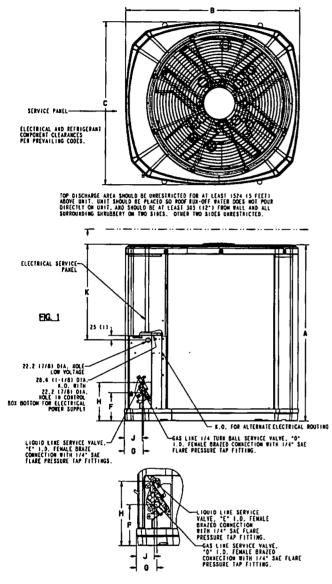
The manufacturer has a policy of continuous product and product data improvement and it reserves the right to change design and specification without notice.



# 4TTR5024-SUB-101.02

#### TAG:

#### NOTE: All dimensions are in mm/inches.



## EIG. 2

| MODELS    | BASE | A               | B               | C               | D   | E   | F       | G      | н              | J             | ĸ        |
|-----------|------|-----------------|-----------------|-----------------|-----|-----|---------|--------|----------------|---------------|----------|
| 4TTR5024E | 3    | 730<br>(28-3/4) | 829<br>(32-5/8) | 756<br>(29-3/4) | 3/4 | 3/8 | 127 (5) | 76 (3) | 197<br>(7-3/4) | 57<br>(2-1/4) | 508 (20) |

# SUBMITTAL

# 2 Ton Split System Cooling - 1 Ph 4TTR5024E

| OUTDOOR UNIT ①③         4TTR5024E1000A           POWER CONNS. — V/PH/HZ ③         208/230/1/60           MIN. BRCH. CIR. AMPACITY         9           BR. CIR. PROT. RTG. – MAX. (AMPS)         15           COMPRESSOR         CLIMATUFF®           NO. USED - NO. SPEEDS         1 - 1           VOLTS/PH/HZ         200/230/1/60           R.L. AMPS ③ - L.R. AMPS         6.8 - 38.6           FACTORY INSTALLED         5           START COMPONENTS ④         YES           INSULATION/SOUND BLANKET         YES           COMPRESSOR HEAT         NO           OUTDOOR FAN         PROPELLER           DIA. (IN.) - NO. USED         23 - 1           TYPE DRIVE - NO. SPEEDS         DIRECT - 1           CFM @ 0.0 IN. W.G. ①         2690           NO. MOTORS - HP         1 - 1/8           MOTOR SPEED R.P.M.         850           VOLTS/PH/HZ         200/230/1/60           FL. AMPS         0.74           OUTDOOR COIL — TYPE         SPINE FINTM           ROWS - F.P.I.         1 - 24           FACE AREA (SQ. FT.)         16.25           TUBE SIZE (IN.)         3/8           REFRIGERANT         10°F           LINE SIZE - IN. O.D. GAS ④         3/4 </th <th>Product Specificat</th> <th>ions</th> | Product Specificat             | ions                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------|
| MIN. BRCH. CIR. AMPACITY9BR. CIR. PROT. RTG. – MAX. (AMPS)15COMPRESSORCLIMATUFF®NO. USED - NO. SPEEDS1 - 1VOLTS/PH/HZ200/230/1/60R.L. AMPS $©$ - L.R. AMPS6.8 - 38.6FACTORY INSTALLEDSTART COMPONENTS $©$ START COMPONENTS $©$ YESINSULATION/SOUND BLANKETYESCOMPRESSOR HEATNOOUTDOOR FANPROPELLERDIA. (IN.) - NO. USED23 - 1TYPE DRIVE - NO. SPEEDSDIRECT - 1CFM $@$ 0.0 IN. W.G. $©$ 2690NO. MOTORS - HP1 - 1/8MOTOR SPEED R.P.M.850VOLTS/PH/HZ200/230/1/60FL. AMPS0.74OUTDOOR COIL — TYPESPINE FINTMROWS - F.P.I.1 - 24FACE AREA (SQ. FT.)16.25TUBE SIZE (IN.)3/8REFRIGERANTJASLBS. — R-410A (O.D. UNIT) $©$ 6 LBS., 3 OZ.FACTORY SUPPLIEDYESLINE SIZE - IN. O.D. GAS $©$ 3/8CHARGING SPECIFICATION3/8SUBCOOLING10°FDIMENSIONSH X W X DCRATED (IN.)34 x 30.1 x 33WEIGHTSHIPPING (LBS.)201                                                                                                                                                                                                                                                                                                                                                                                                                                    | OUTDOOR UNIT 10                | 4TTR5024E1000A        |
| BR. CIR. PROT. RTG MAX. (AMPS)15COMPRESSORCLIMATUFF*NO. USED - NO. SPEEDS1 - 1VOLTS/PH/HZ200/230/1/60R.L. AMPS $©$ - L.R. AMPS6.8 - 38.6FACTORY INSTALLEDSTART COMPONENTS $©$ START COMPONENTS $©$ YESINSULATION/SOUND BLANKETYESCOMPRESSOR HEATNOOUTDOOR FANPROPELLERDIA. (IN.) - NO. USED23 - 1TYPE DRIVE - NO. SPEEDSDIRECT - 1CFM $@$ 0.0 IN. W.G. $©$ 2690NO. MOTORS - HP1 - 1/8MOTOR SPEED R.P.M.850VOLTS/PH/HZ200/230/1/60FL. AMPS0.74OUTDOOR COIL — TYPESPINE FINTMROWS - F.P.I.1 - 24FACE AREA (SQ. FT.)16.25TUBE SIZE (IN.)3/8 <b>REFRIGERANT</b> LINE SIZE (IN.)LBS. — R-410A (O.D. UNIT) $©$ 6 LBS., 3 OZ.FACTORY SUPPLIEDYESLINE SIZE - IN. O.D. GAS $©$ 3/4LINE SIZE - IN. O.D. LIQ. $©$ 3/8CHARGING SPECIFICATION3/8SUBCOOLING10°FDIMENSIONSH X W X DCRATED (IN.)34 x 30.1 x 33WEIGHTSHIPPING (LBS.)201                                                                                                                                                                                                                                                                                                                                                                                                          | POWER CONNS V/PH/HZ 3          | 208/230/1/60          |
| COMPRESSOR         CLIMATUFF®           NO. USED - NO. SPEEDS         1 - 1           VOLTS/PH/HZ         200/230/1/60           R.L. AMPS ① - L.R. AMPS         6.8 - 38.6           FACTORY INSTALLED         YES           START COMPONENTS ①         YES           INSULATION/SOUND BLANKET         YES           COMPRESSOR HEAT         NO           OUTDOOR FAN         PROPELLER           DIA. (IN.) - NO. USED         23 - 1           TYPE DRIVE - NO. SPEEDS         DIRECT - 1           CFM @ 0.0 IN. W.G. ①         2690           NO. MOTORS - HP         1 - 1/8           MOTOR SPEED R.P.M.         850           VOLTS/PH/HZ         200/230/1/60           FL. AMPS         0.74           OUTDOOR COL — TYPE         SPINE FIN <sup>TM</sup> ROWS - F.PI.         1 - 24           FACE AREA (SQ. FT.)         16.25           TUBE SIZE (IN.)         3/8           REFRIGERANT         JA8           LINE SIZE - IN. O.D. UNIT) ③         6 LBS., 3 OZ.           FACTORY SUPPLIED         YES           LINE SIZE - IN. O.D. GAS ⑤         3/4           LINE SIZE - IN. O.D. GAS ⑤         3/4           LINE SIZE - IN. O.D. GAS ⑤         3/8                                                      | MIN. BRCH. CIR. AMPACITY       | 9                     |
| NO. USED - NO. SPEEDS $1 - 1$ VOLTS/PH/HZ $200/230/1/60$ R.L. AMPS $\textcircled{O}$ - L.R. AMPS $6.8 - 38.6$ FACTORY INSTALLEDYESSTART COMPONENTS $\textcircled{O}$ YESINSULATION/SOUND BLANKETYESCOMPRESSOR HEATNOOUTDOOR FANPROPELLERDIA. (IN.) - NO. USED $23 - 1$ TYPE DRIVE - NO. SPEEDSDIRECT - 1CFM $\textcircled{O}$ 0.0 IN. W.G. $\textcircled{O}$ 2690NO. MOTORS - HP $1 - 1/8$ MOTOR SPEED R.P.M.850VOLTS/PH/HZ200/230/1/60FL. AMPS $0.74$ OUTDOOR COIL — TYPESPINE FINTMROWS - F.PI. $1 - 24$ FACE AREA (SQ. FT.) $16.25$ TUBE SIZE (IN.) $3/8$ REFRIGERANTYESLINE SIZE (IN.) $3/4$ LINE SIZE - IN. O.D. GAS $\textcircled{O}$ $3/4$ LINE SIZE - IN. O.D. LIQ. $\textcircled{O}$ $3/4$ CHARGING SPECIFICATION $30/4 \times 30.1 \times 33$ WEIGHTSHIPPING (LBS.) $201$                                                                                                                                                                                                                                                                                                                                                                                                                                             | BR. CIR. PROT. RTG MAX. (AMPS) | 15                    |
| VOLTS/PH/HZ200/230/1/60R.L. AMPS $\textcircled{O}$ - L.R. AMPS6.8 - 38.6FACTORY INSTALLEDSTART COMPONENTS $\textcircled{O}$ START COMPONENTS $\textcircled{O}$ YESINSULATION/SOUND BLANKETYESCOMPRESSOR HEATNOOUTDOOR FANPROPELLERDIA. (IN.) - NO. USED23 - 1TYPE DRIVE - NO. SPEEDSDIRECT - 1CFM $\textcircled{O}$ 0.0 IN. W.G. $\textcircled{O}$ 2690NO. MOTORS - HP1 - 1/8MOTOR SPEED R.P.M.850VOLTS/PH/HZ200/230/1/60F.L. AMPS0.74OUTDOOR COIL — TYPESPINE FINTMROWS - F.P.I.1 - 24FACE AREA (SQ. FT.)16.25TUBE SIZE (IN.)3/8REFRIGERANTJ3/8LINE SIZE - IN. O.D. UNIT) $\textcircled{O}$ 6 LBS., 3 OZ.FACTORY SUPPLIEDYESLINE SIZE - IN. O.D. LIQ. $\textcircled{O}$ 3/8CHARGING SPECIFICATION3/8SUBCOOLING10°FDIMENSIONSH X W X DCRATED (IN.)34 x 30.1 x 33WEIGHT201                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COMPRESSOR                     | CLIMATUFF®            |
| R.L. AMPS $\textcircled{O}$ - L.R. AMPS6.8 - 38.6FACTORY INSTALLEDSTART COMPONENTS $\textcircled{O}$ YESINSULATION/SOUND BLANKETYESCOMPRESSOR HEATNOOUTDOOR FANPROPELLERDIA. (IN.) - NO. USED23 - 1TYPE DRIVE - NO. SPEEDSDIRECT - 1CFM @ 0.0 IN. W.G. $\textcircled{O}$ 2690NO. MOTORS - HP1 - 1/8MOTOR SPEED R.P.M.850VOLTS/PH/HZ200/230/1/60FL. AMPS0.74OUTDOOR COIL - TYPESPINE FINTMROWS - F.P.I.1 - 24FACE AREA (SQ. FT.)16.25TUBE SIZE (IN.)3/8REFRIGERANTYESLINE SIZE - IN. O.D. GAS $\textcircled{O}$ 3/4LINE SIZE - IN. O.D. LIQ. $\textcircled{O}$ 3/8CHARGING SPECIFICATION3/8CHARGING SPECIFICATION34 x 30.1 x 33WEIGHTSUBCOLING201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO. USED - NO. SPEEDS          | 1 - 1                 |
| FACTORY INSTALLED<br>START COMPONENTS (************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VOLTS/PH/HZ                    | 200/230/1/60          |
| START COMPONENTS ( $)$ YESINSULATION/SOUND BLANKETYESCOMPRESSOR HEATNOOUTDOOR FANPROPELLERDIA. (IN.) - NO. USED23 - 1TYPE DRIVE - NO. SPEEDSDIRECT - 1CFM ( $@$ 0.0 IN. W.G. ( $)$ 2690NO. MOTORS - HP1 - 1/8MOTOR SPEED R.P.M.850VOLTS/PH/HZ200/230/1/60F.L. AMPS0.74OUTDOOR COIL - TYPESPINE FINTMROWS - F.P.I.1 - 24FACE AREA (SQ. FT.)16.25TUBE SIZE (IN.)3/8REFRIGERANTYESLINE SIZE - IN. O.D. GAS ( $)$ 3/8CHARGING SPECIFICATION3/8SUBCOOLING10°FDIMENSIONSH X W X DCRATED (IN.)34 x 30.1 x 33WEIGHTSHIPPING (LBS.)201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | R.L. AMPS ⑦ - L.R. AMPS        | 6.8 - 38.6            |
| INSULATION/SOUND BLANKET         YES           COMPRESSOR HEAT         NO           OUTDOOR FAN         PROPELLER           DIA. (IN.) - NO. USED         23 - 1           TYPE DRIVE - NO. SPEEDS         DIRECT - 1           CFM @ 0.0 IN. W.G. @         2690           NO. MOTORS - HP         1 - 1/8           MOTOR SPEED R.P.M.         850           VOLTS/PH/HZ         200/230/1/60           FL. AMPS         0.74           OUTDOOR COIL — TYPE         SPINE FINTM           ROWS - F.P.I.         1 - 24           FACE AREA (SQ. FT.)         16.25           TUBE SIZE (IN.)         3/8           REFRIGERANT         YES           LINE SIZE - IN. O.D. UNIT) ③         6 LBS., 3 OZ.           FACTORY SUPPLIED         YES           LINE SIZE - IN. O.D. GAS ⑤         3/4           LINE SIZE - IN. O.D. LIO. ⑥         3/8           CHARGING SPECIFICATION         3/4           SUBCOOLING         10°F           DIMENSIONS         H X W X D           CRATED (IN.)         34 x 30.1 x 33           WEIGHT         201                                                                                                                                                                            | FACTORY INSTALLED              |                       |
| COMPRESSOR HEATNOOUTDOOR FANPROPELLERDIA. (IN.) - NO. USED $23 \cdot 1$ TYPE DRIVE - NO. SPEEDSDIRECT - 1CFM @ 0.0 IN. W.G. ③2690NO. MOTORS - HP1 - 1/8MOTOR SPEED R.P.M.850VOLTS/PH/HZ200/230/1/60FL. AMPS0.74OUTDOOR COIL — TYPESPINE FINTMROWS - F.PI.1 - 24FACE AREA (SQ. FT.)16.25TUBE SIZE (IN.)3/8REFRIGERANTYESLINE SIZE - IN. O.D. GAS ⑤3/4LINE SIZE - IN. O.D. LIO. ⑨3/8CHARGING SPECIFICATION30 - 10°FDIMENSIONSH X W X DCRATED (IN.)34 x 30.1 x 33WEIGHTSHIPPING (LBS.)201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                       |
| OUTDOOR FANPROPELLERDIA. (IN.) - NO. USED $23 \cdot 1$ TYPE DRIVE - NO. SPEEDSDIRECT - 1CFM @ 0.0 IN. W.G. ①2690NO. MOTORS - HP $1 \cdot 1/8$ MOTOR SPEED R.P.M.850VOLTS/PH/HZ200/230/1/60FL. AMPS $0.74$ OUTDOOR COIL — TYPESPINE FINTMROWS - F.PI. $1 \cdot 24$ FACE AREA (SQ. FT.) $16.25$ TUBE SIZE (IN.) $3/8$ REFRIGERANTLINE SIZE (IN.)LINE SIZE - IN. O.D. UNIT) ③ $6$ LBS., $3$ OZ.FACTORY SUPPLIEDYESLINE SIZE - IN. O.D. LIQ. ④ $3/4$ LINE SIZE + IN. O.D. LIQ. ④ $3/8$ CHARGING SPECIFICATION $50$ CHARGING SPECIFICATIONSUBCOOLING $10^{\circ}$ FDIMENSIONSH X W X DCRATED (IN.) $34 \times 30.1 \times 33$ WEIGHTSHIPPING (LBS.) $201$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                       |
| DIA. (IN.) - NO. USED       23 - 1         TYPE DRIVE - NO. SPEEDS       DIRECT - 1         CFM @ 0.0 IN. W.G. ①       2690         NO. MOTORS - HP       1 - 1/8         MOTOR SPEED R.P.M.       850         VOLTS/PH/HZ       200/230/1/60         FL. AMPS       0.74         OUTDOOR COIL — TYPE       SPINE FIN <sup>TM</sup> ROWS - F.PI.       1 - 24         FACE AREA (SQ. FT.)       16.25         TUBE SIZE (IN.)       3/8         REFRIGERANT       LINE SIZE (IN.)         LINE SIZE (IN.)       3/4         LINE SIZE - IN. O.D. GAS ⑥       3/4         LINE SIZE - IN. O.D. LIQ. ⑧       3/8         CHARGING SPECIFICATION       SUBCOOLING         SUBCOOLING       10°F         DIMENSIONS       H X W X D         CRATED (IN.)       34 x 30.1 x 33         WEIGHT       SHIPPING (LBS.)       201                                                                                                                                                                                                                                                                                                                                                                                                        | COMPRESSOR HEAT                | NO                    |
| TYPÈ DRIVE - NO. SPEEDS       DIRECT - 1         CFM @ 0.0 IN. W.G. $\odot$ 2690         NO. MOTORS - HP       1 - 1/8         MOTOR SPEED R.P.M.       850         VOLTS/PH/HZ       200/230/1/60         FL. AMPS       0.74         OUTDOOR COIL — TYPE       SPINE FIN <sup>TM</sup> ROWS - F.PI.       1 - 24         FACE AREA (SQ. FT.)       16.25         TUBE SIZE (IN.)       3/8         REFRIGERANT       JS8         LINE SIZE - IN. O.D. UNIT) ⑤       6 LBS., 3 OZ.         FACTORY SUPPLIED       YES         LINE SIZE - IN. O.D. GAS ⑥       3/4         LINE SIZE - IN. O.D. LIQ. ⑥       3/8         CHARGING SPECIFICATION       34 x 30.1 x 33         WEIGHT       SHIPPING (LBS.)       201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OUTDOOR FAN                    | PROPELLER             |
| $\begin{array}{cccccccc} {\sf CFM} @ 0.0 \mbox{ IN} \ {\sf W.G.} \textcircled{0} & 2690 \\ {\sf NO} \ {\sf MOTORS} - {\sf HP} & 1 - 1/8 \\ {\sf MOTOR SPEED R.P.M.} & 850 \\ {\sf VOLTS/PH/HZ} & 200/230/1/60 \\ {\sf F.L. \ AMPS} & 0.74 \\ \hline \\ {\sf OUTDOOR \ COIL - TYPE} & {\sf SPINE \ FIN^{TM}} \\ {\sf ROWS} - {\sf F.P.I.} & 1 - 24 \\ {\sf FACE \ AREA \ (SO. \ FT.)} & 16.25 \\ {\sf TUBE \ SIZE \ (IN.)} & 3/8 \\ \hline \\ {\sf REFRIGERANT} & \\ {\sf LBS R-410A \ (O.D. \ UNIT) \ \textcircled{0}} & 6 \ {\sf LBS., 3 \ OZ.} \\ {\sf FACTORY \ SUPPLIED} & {\sf YES} \\ {\sf LINE \ SIZE - IN. \ O.D. \ LIQ. \ \textcircled{0}} & 3/4 \\ {\sf LINE \ SIZE - IN. \ O.D. \ LIQ. \ \textcircled{0}} & 3/8 \\ \hline \\ {\sf CHARGING \ SPECIFICATION} & \\ {\sf SUBCOOLING} & 10^{\circ}{\sf F} \\ \hline \\ {\sf DIMENSIONS} & {\sf H \ X \ W \ X \ D} \\ {\sf CRATED \ (IN.)} & 34 \times 30.1 \times 33 \\ \hline \\ {\sf WEIGHT} \\ {\sf SHIPPING \ (LBS.)} & 201 \\ \hline \end{array}$                                                                                                                                                                                                                   |                                |                       |
| NO. MOTORS - HP $1 - 1/8$ MOTOR SPEED R.P.M.       850         VOLTS/PH/HZ       200/230/1/60         FL. AMPS       0.74         OUTDOOR COIL — TYPE       SPINE FIN <sup>TM</sup> ROWS - F.P.I. $1 - 24$ FACE AREA (SQ. FT.)       16.25         TUBE SIZE (IN.)       3/8         REFRIGERANT       JSS         LBS. — R-410A (O.D. UNIT) ⑤       6 LBS., 3 OZ.         FACTORY SUPPLIED       YES         LINE SIZE - IN. O.D. GAS ⑥       3/4         LINE SIZE - IN. O.D. LIQ. ⑧       3/8         CHARGING SPECIFICATION       SUBCOOLING         SUBCOOLING       10°F         DIMENSIONS       H X W X D         CRATED (IN.)       34 x 30.1 x 33         WEIGHT       SHIPPING (LBS.)       201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                       |
| MOTOR SPEED R.P.M.         850           VOLTS/PH/HZ         200/230/1/60           FL. AMPS         0.74           OUTDOOR COIL — TYPE         SPINE FINTM           ROWS - F.P.I.         1 - 24           FACE AREA (SQ. FT.)         16.25           TUBE SIZE (IN.)         3/8           REFRIGERANT         JS8           LBS. — R-410A (O.D. UNIT) ⑤         6 LBS., 3 OZ.           FACTORY SUPPLIED         YES           LINE SIZE - IN. O.D. GAS ⑥         3/4           LINE SIZE - IN. O.D. LIQ. ⑥         3/8           CHARGING SPECIFICATION         3/8           CHARGING SPECIFICATION         SUBCOOLING           SUBCOOLING         10°F           DIMENSIONS         H X W X D           CRATED (IN.)         34 x 30.1 x 33           WEIGHT         201                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                       |
| VOLTS/PH/HZ         200/230/1/60           F.L. AMPS         0.74           OUTDOOR COIL — TYPE         SPINE FINTM           ROWS - F.P.I.         1 - 24           FACE AREA (SQ. FT.)         16.25           TUBE SIZE (IN.)         3/8           REFRIGERANT         JS           LBS. — R-410A (O.D. UNIT) ③         6 LBS., 3 OZ.           FACTORY SUPPLIED         YES           LINE SIZE - IN. O.D. GAS ⑥         3/4           LINE SIZE - IN. O.D. LIQ. ⑥         3/8           CHARGING SPECIFICATION         SUBCOOLING           SUBCOOLING         10°F           DIMENSIONS         H X W X D           CRATED (IN.)         34 x 30.1 x 33           WEIGHT         SHIPPING (LBS.)         201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                       |
| F.L. AMPS $0.74$ OUTDOOR COIL — TYPESPINE FINTMROWS - F.P.I. $1 - 24$ FACE AREA (SQ. FT.) $16.25$ TUBE SIZE (IN.) $3/8$ REFRIGERANT $16.25$ LBS. — R-410A (O.D. UNIT) ③ $6$ LBS., $3$ OZ.FACTORY SUPPLIEDYESLINE SIZE - IN. O.D. GAS ⑤ $3/4$ LINE SIZE - IN. O.D. LIQ. ⑥ $3/8$ CHARGING SPECIFICATION $10^{\circ}$ FDIMENSIONSH X W X DCRATED (IN.) $34 \times 30.1 \times 33$ WEIGHTSHIPPING (LBS.) $201$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                       |
| OUTDOOR COIL — TYPESPINE FINTMROWS - F.P.I. $1 - 24$ FACE AREA (SQ. FT.) $16.25$ TUBE SIZE (IN.) $3/8$ REFRIGERANTLBS. — R-410A (O.D. UNIT) ③LBS. — R-410A (O.D. UNIT) ③ $6$ LBS., $3$ OZ.FACTORY SUPPLIEDYESLINE SIZE - IN. O.D. GAS ⑤ $3/4$ LINE SIZE + IN. O.D. LIQ. ⑥ $3/8$ CHARGING SPECIFICATIONSUBCOOLINGSUBCOOLING $10^{\circ}$ FDIMENSIONSH X W X DCRATED (IN.) $34 \times 30.1 \times 33$ WEIGHTSHIPPING (LBS.)201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                       |
| ROWS - F.P.I.       1 - 24         FACE AREA (SQ. FT.)       16.25         TUBE SIZE (IN.)       3/8         REFRIGERANT       3/8         LBS R-410A (O.D. UNIT) ③       6 LBS., 3 OZ.         FACTORY SUPPLIED       YES         LINE SIZE - IN. O.D. GAS ⑤       3/4         LINE SIZE - IN. O.D. LIQ. ⑥       3/8         CHARGING SPECIFICATION       SUBCOOLING         DIMENSIONS       H X W X D         CRATED (IN.)       34 x 30.1 x 33         WEIGHT       SHIPPING (LBS.)       201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                       |
| FACE AREA (SQ. FT.)       16.25         TUBE SIZE (IN.)       3/8         REFRIGERANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                       |
| TUBE SIZE (IN.)         3/8           REFRIGERANT         IBS R-410A (O.D. UNIT) ③         6 LBS., 3 OZ.           FACTORY SUPPLIED         YES           LINE SIZE - IN. O.D. GAS ④         3/4           LINE SIZE - IN. O.D. LIQ. ④         3/8           CHARGING SPECIFICATION         3/8           SUBCOOLING         10°F           DIMENSIONS         H X W X D           CRATED (IN.)         34 x 30.1 x 33           WEIGHT         201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                       |
| REFRIGERANT           LBS. — R-410A (O.D. UNIT) ③         6 LBS., 3 OZ.           FACTORY SUPPLIED         YES           LINE SIZE - IN. O.D. GAS ⑥         3/4           LINE SIZE - IN. O.D. LIQ. ⑥         3/8           CHARGING SPECIFICATION         3/8           SUBCOOLING         10°F           DIMENSIONS         H X W X D           CRATED (IN.)         34 x 30.1 x 33           WEIGHT         SHIPPING (LBS.)         201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                       |
| LBS. — R-410A (O.D. UNIT) ③         6 LBS., 3 OZ.           FACTORY SUPPLIED         YES           LINE SIZE - IN. O.D. GAS ⑥         3/4           LINE SIZE - IN. O.D. LIQ. ⑥         3/8           CHARGING SPECIFICATION         3/8           SUBCOOLING         10°F           DIMENSIONS         H X W X D           CRATED (IN.)         34 x 30.1 x 33           WEIGHT         SHIPPING (LBS.)         201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | 3/8                   |
| FACTORY SUPPLIED         YES           LINE SIZE - IN. O.D. GAS (a)         3/4           LINE SIZE - IN. O.D. LIQ. (a)         3/8           CHARGING SPECIFICATION         3/8           SUBCOOLING         10°F           DIMENSIONS         H X W X D           CRATED (IN.)         34 x 30.1 x 33           WEIGHT         SHIPPING (LBS.)           201         201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                       |
| LINE SIZE - IN. O.D. GAS (*)         3/4           LINE SIZE - IN. O.D. LIQ. (*)         3/8           CHARGING SPECIFICATION         3/8           SUBCOOLING         10°F           DIMENSIONS         H X W X D           CRATED (IN.)         34 x 30.1 x 33           WEIGHT         SHIPPING (LBS.)           201         201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                       |
| LINE SIZE - IN. O.D. LIQ. (1)         3/8           CHARGING SPECIFICATION         10°F           SUBCOOLING         10°F           DIMENSIONS         H X W X D           CRATED (IN.)         34 x 30.1 x 33           WEIGHT         SHIPPING (LBS.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                       |
| CHARGING SPECIFICATION         10°F           SUBCOOLING         10°F           DIMENSIONS         H X W X D           CRATED (IN.)         34 x 30.1 x 33           WEIGHT         201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                       |
| SUBCOOLING         10°F           DIMENSIONS         H X W X D           CRATED (IN.)         34 x 30.1 x 33           WEIGHT         SHIPPING (LBS.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | 3/8                   |
| DIMENSIONS         H X W X D           CRATED (IN.)         34 x 30.1 x 33           WEIGHT         201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                | 1005                  |
| CRATED (IN.)         34 x 30.1 x 33           WEIGHT         SHIPPING (LBS.)         201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |                       |
| WEIGHT<br>SHIPPING (LBS.) 201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                       |
| SHIPPING (LBS.) 201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CRATED (IN.)                   | <u>34 x 30.1 x 33</u> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                       |
| NET (LBS.) 174                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NET (LBS.)                     | 174                   |

Certified in accordance with the Air-Source Unitary Air-conditioner Equipment certification program, which is based on AHRI standard 210/240.

is based on AHRI standard 210240. 9 Reted in accordance with AHRI standard 270. 9 Calcutated in accordance with Natl. Elec. Codes. Use only HACR circuit breakers or fuses. 9 Standard Air – Dry Coil – Outdoor 9 This value approximate. For more precise value see unit nameplate. 9 Max finear length 60 ft; Max fift - Suction 60 ft; Max fift - Liquid 60 ft. 9 For greater length consult relingerant piping software Pub. No. 32-3312-0° 1' dinorates talsat revision].

(\* denotes tatest revision).
 This value shown for compressor RLA on the unit nameplate and on this specification sheet is used to compute minimum branch circuit selection

current. O No means no start components. Yes means quick start kit components. PTC means positive temperature coefficient starter.

## A-weighted Sound Power Level [dB(A)]

From Dwg. D156010

|            | SOUND POWER   | A-WEIGHT | ED FULL C | OCTAVE S | OUND POV | VER LEVE | L dB - [dB( | A)] High S | Stage |
|------------|---------------|----------|-----------|----------|----------|----------|-------------|------------|-------|
| MODEL      | LEVEL [dB(A)] | 63       | 125 ·     | 250      | 500      | 1000     | 2000        | 4000       | 8000  |
| 4TTR5024E1 | 75            | 23       | 45.4      | 57       | 70.9     | 74.2     | 70.5        | 62.9       | 52.6  |

Note: Rated in accordance with AHRI Standard 270-2008

# Mechanical Specification Options

#### General

The 4TTR5 is fully charged from the factory for up to 15 feet of piping. This unit is designed to operate at outdoor ambient temperatures as high as 115°F. Cooling capacities are matched with a wide selection of air handlers and furnace coils that are AHRI certified. The unit is certified to UL 1995. Exterior is designed for outdoor application.

#### Casing

Unit casing is constructed of heavy gauge, G90 galvanized steel and painted with a weather-resistant powder paint

on all louvers, panels, prepaint on all other panels. Corrosion and weatherproof CMBP-G30 DuraTuff™ base.

#### **Refrigerant Controls**

Refrigeration system controls include condenser fan and compressor contactor. High and low pressure controls are inherent to the compressor. A factory installed liquid line drier is standard.

#### Compressor

The Climatuff® compressor features internal over temperature and pressure protection and total dipped hermetic motor. Other features include: roto lock suction and discharge refrigerant connections, centrifugal oil pump and low vibration and noise.

#### **Condenser Coil**

The outdoor coil provides low airflow resistance and efficient heat transfer. The coil is protected on all four sides by louvered panels.

#### Low Ambient Cooling

As manufactured, this unit has a cooling capability to 55°F. The addition of an evaporator defrost control with TXV permits low ambient cooling to 30° F.

#### Accessories

Thermostats — Cooling only and heat/ cooling (manual and automatic changeover). Sub-base to match thermostat and locking thermostat cover.

11/10

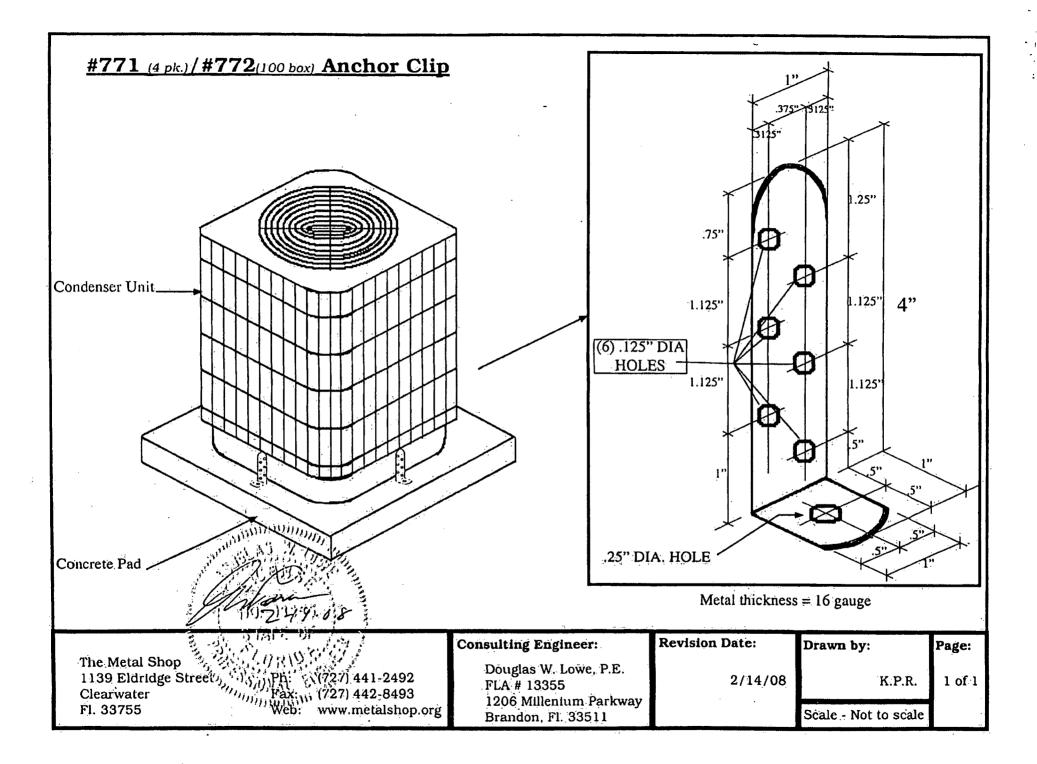




Trane www.trane.com

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Trane has a policy of continuous product and product data improvement and it reserves the right to change design and specifications without notice.





# WARNING: HAZARDOUS VOLTAGE DISCONNECT POWER BEFORE SERVICING

#### PART NUMBER

#771 (4 pk) #772 (100 box) #770 (4 pk including hardware)

#### **CONSTRUCTION**

16 gauge galvanized steel, G-90 rated for corrosion coastal applications.

#### **PACKAGING DETAILS**

All anchor clips are supplied as per package quantities described above.

#### **INSTALLATION**

Minimum of 4 clips required per condenser unit. Minimum of 2 #14 x 3/4" screws with neoprene washer required o fasten clip to condenser unit.  $1/4" \times 1 3/4"$  Tapcon screw required to fasten clip

to condenser pad. Locate the anchor clips to fit comfortably between condenser unit and pad.

Adjust clip accordingly to fit on condenser unit and screw together, at the same time ensuring that the base of the clip is still in contact with the pad. All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit. Suitable for ground mounted units. Anchor clip design meets requirements of The Florida Building Code 2007 (Building)

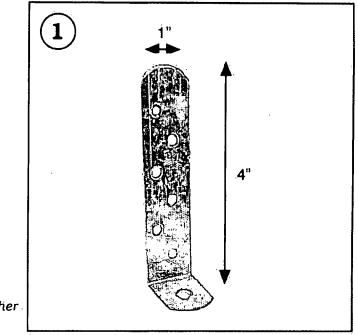
chapter 301.12 for wind resistance up to 140 MPH.

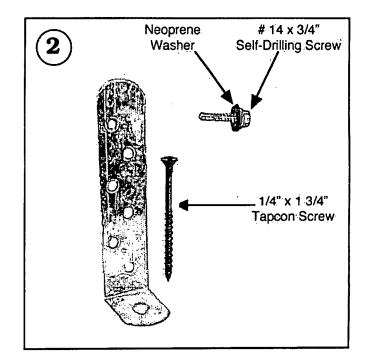
#### **FEATURES**

The use of "sized to fit" screw holes compared to slots means that security is never comprimised. A tight, secure fit between pad and condenser ensures security for the condenser and offers great assurance during extreme weather conditions.

#### NOTE

Above installation instruction suitable for up to 5 ton units.





|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N OF SEWADLS                   |                                             |                    |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|--------------------|
| Date₊of In                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                             | - <b>/3</b> Pageof |
| RERMIT#                                | OWNER/ADDRESS/CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                | RESULTS                                     | COMIMENTS          |
| 0254                                   | Welcont                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Final                          | ~                                           |                    |
| 721                                    | 955 River                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AC                             | Priss                                       | CLONE              |
|                                        | DUNNS AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | INCOCOTION TVOE                | RESULTS                                     |                    |
| 10425                                  | Bartle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tile in-progres                | S PRODUCTION OF COMPANY OF PROPERTY AND THE | COMMENTS F         |
| <u></u>                                | 3 St Lucie Ct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                | CARCE                                       | For MONDAM         |
| -                                      | HA-Taylor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                             |                    |
| <u>Le naturate</u>                     | OMMERVADDRES9/CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Bi 6 NS                        | RESULTS                                     | COMMENTS           |
| ······································ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INVESTIGATE                    | gn-                                         |                    |
| 10:30                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                             | INSPECTOR          |
| 5.1997 - 1999 - 2.24 CLEW 12           | OWNER/ADDRESS/CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | INSPECTION TYPE IN STATE       | RESULTS                                     | COMMENTS           |
| 0337                                   | Kobinson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LATTRE                         | A                                           |                    |
|                                        | 173 S. Riven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PREA CELING                    | (YASS                                       |                    |
|                                        | Emil Laviola                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                             |                    |
| ERMIT#                                 | and the second se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | RESULTS                                     | COMMENTS           |
| 9991                                   | Burkard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C.O. FINK                      | FAIL                                        |                    |
| Dn                                     | 106 5. S. PTRD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | · .                            | FAIL<br>NOT REA                             | 10y                |
| FIII                                   | Diftwood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                             | INSPECTOR OF       |
| PERMIT #                               | OWNER/ADDRESS/CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | INSPECTION TYPE                | RESULTS                                     | COMMENTS           |
|                                        | BENETHANA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INVESTIGATE                    |                                             |                    |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INVESTIGATE<br>HEDGE ALONG ALA |                                             |                    |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                                             | o<br>INSPECTOR     |
| - interret                             | the state of the s | INSRECTION TYPE                | RESULTS                                     | COMMENTS           |
|                                        | AND MILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the first                      |                                             |                    |
| ofter!                                 | 1 Shildwin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                             | E CORE             |
| PM                                     | taragon ()in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | $\sim$                                      | INSPECTOR          |

# <u>10438</u> SHUTTERS



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 CONSPICTOUS PLACE IN PLAIN MEW FROM THE STREET PRIOR TO BEGINNING ANY WORK

A AFINAL INSPECTION IS REQUIRED FOR ALL PERMITS A

| PERMIT NUMBE        | R:   | 10438       |                                       | DATE ISSUED:        | MAY 1, 2013             |                                            |
|---------------------|------|-------------|---------------------------------------|---------------------|-------------------------|--------------------------------------------|
| SCOPE OF WORK       | ζ:   | STORM PAN   | EL FOR 3 OPENIN                       | NGS                 | I                       |                                            |
| CONTRACTOR:         |      | GULFSTREA   | MALUM                                 |                     |                         |                                            |
| PARCEL CONTRO       | OL   | NUMBER:     | 013841006005-                         | 000700              | SUBDIVISION             | HOMEWOOD, L 7, BL E                        |
| CONSTRUCTION        | IAD  | DRESS:      | 11 S RIDGEVIEV                        | V RD                |                         | •                                          |
| OWNER NAME:         | KR   | AMER        | · · · · · · · · · · · · · · · · · · · | <u></u>             |                         |                                            |
| QUALIFIER:          | 10   | HN O'BRIEN  |                                       | CONTACT PHO         | NE NUMBER:              | 287-6476                                   |
|                     |      |             |                                       |                     |                         | AY RESULT IN YOUR<br>IN FINANCING, CONSULT |
| WITH YOUR LEND      |      |             |                                       |                     |                         | MENCEMENT. A<br>FTED TO THE BUILDING       |
| DEPARTMENT PRI      | OR   | TO THE FIRS | TREQUESTED                            | INSPECTION.         |                         |                                            |
| NOTICE: IN ADDITI   |      |             |                                       |                     |                         |                                            |
| ADDITIONAL PERM     |      |             |                                       |                     |                         | Y, AND THERE MAY BE<br>R MANAGEMENT        |
| DISTRICTS, STATE A  |      |             |                                       |                     |                         |                                            |
|                     |      |             |                                       |                     | CULANENITS ANUST        | BE AVAILABLE ON SITE                       |
| CALL 287-2455 -     |      |             |                                       | IONS: 9:00AM TO 3:0 |                         |                                            |
|                     |      |             |                                       |                     |                         |                                            |
|                     |      |             | <u>11</u>                             | NSPECTIONS          |                         |                                            |
| UNDERGROUND PLUME   |      |             |                                       | UNDERGRO            |                         |                                            |
| UNDERGROUND MECHA   | ANIC | AL          |                                       | FOOTING             | UND ELECTRICAL          |                                            |
| STEM-WALL FOOTING   |      |             |                                       | TIE BEAM/           |                         |                                            |
| ROOF SHEATHING      |      |             |                                       | WALL SHEA           |                         |                                            |
| TIE DOWN /TRUSS ENG |      |             |                                       | INSULATIO           |                         |                                            |
| WINDOW/DOOR BUCKS   |      |             |                                       | LATH                |                         |                                            |
| ROOF DRY-IN/METAL   |      |             |                                       | ROOF TILE           | IN-PROGRESS             |                                            |
| PLUMBING ROUGH-IN   |      |             |                                       | ELECTRICAL          | . ROUGH-IN              |                                            |
| MECHANICAL ROUGH-IN | N    |             |                                       | GAS ROUG            | H-IN                    |                                            |
| FRAMING             |      |             |                                       | METER FIN           | AL                      |                                            |
| FINAL PLUMBING      |      |             |                                       | FINAL ELEC          | TRICAL                  |                                            |
| FINAL MECHANICAL    |      | <del></del> |                                       | FINAL GAS           |                         |                                            |
| FINAL ROOF          |      |             |                                       | BUILDING F          | INAL                    | <u> </u>                                   |
|                     |      |             |                                       |                     |                         |                                            |
| ALL RE-INSPECTION   | N FE | ES AND ADDI | TIONAL INSPECT                        | TON REQUESTS WIL    | L BE CHARGED TO         | THE PERMIT HOLDER.                         |
| THE CONTRACTOR      | OR ( | OWNER /BUI  | LDER MUST SCHE                        | EDULE A FINAL INSF  | <b>YECTION. FAILURE</b> | TO RECEIVE A SUCCESSFUL                    |

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.

|                                                                                                                          | of Sewall's Point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date: 4-23-13 BUILDING                                                                                                   | G PERMIT APPLICATION Permit Number: 10436                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| OWNER/LESSEE NAME: Cobut + Kamy Kramer                                                                                   | Phone (Day) 293-0296 (Fax) NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Job Site Address: 11 S Riaganian Ly                                                                                      | City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                          | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| City: State: Zip:                                                                                                        | _ Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                          | 3 STORM Panel Openings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| WILL OWNER BE THE CONTRACTOR?                                                                                            | <u>COST AND VALUES</u> : (Required on ALL permit applications)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (If yes, Owner Builder guestionnaire must accompany application)                                                         | Estimated Value of Improvements: \$ 1,288 >                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| YES NOX<br>Has a Zoning Variance ever been granted on this property?                                                     | (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)<br>Is subject property located in flood hazard area? VE10AE9AE8X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                          | FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| YES (YEAR) NOX<br>(Must include a copy of all variance approvals with application)                                       | Estimated Fair Market Value prior to improvement: \$<br>(Feir Market Value of the Primary Structure only, Minus the land value)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                          | PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                          | 1 Shuttar Phone: 297-6476 Fax: 297-9740                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Qualifiers name: 20hm L. O'Brinn Street: 30                                                                              | 1 St Gran R. Way City: Strent State: FL Zip: 34997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| State License Number:CACOS8017OR: Municip                                                                                | Dality: License Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| LOCAL CONTACT: Brian Hose                                                                                                | Phone Number: CHI-091                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| DESIGN PROFESSIONAL:                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                          | Ca ucense#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Street:City:                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| AREAS SQUARE FOOTAGE: Living: Garage:                                                                                    | Covered Paties Parches: Enclosed Storage:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Carport: Total under Roof Eleva                                                                                          | ted Decky Enclosed area baby APE ;<br>vation greater man SQU sq. ft. require a Mon-Conversion Covenant Agreement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Buil<br>National Electrical Code: 2008, Florida Energy Code: 2010, Flo | ding Code (Structural, Mechanical, Plumbing, Eristing, Gas): 2010<br>rida Accessibility Code: 2010, Florida Fire Prevention Code: 2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMEN                                                                        | TORS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER<br>NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTE                  | OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROP                                                                   | ERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                          | IC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE<br>RNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| AGENCIES, OR FEDERAL AGENCIES.                                                                                           | SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED                                                                     | AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                          | AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF<br>DAYS AT ANY TIME AFTER THE WORK IS COMMENCED, ADDITIONAL FEES WILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOI                                                                      | D. REF. FBC 2007 SECT. 105.4.1, 105.4.1.15.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| *****A FINAL INSPECTION IS R                                                                                             | EQUIRED ON ALL BUILDING PERMITS******                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                          | ERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| THAT NO WORK OR INSTALLATION HAS COMMENCED PRIO<br>FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT                     | R TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE<br>TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOW                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| OWNER /AGENT/LESSEE NOTARIZED SIGNATURE                                                                                  | CONTRACTORILICE NOTABUZED SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| () KASHI KLANCE                                                                                                          | A Show I have I |
| State of Florida, County of:                                                                                             | State of Florida, County of: MARCH ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| On This the Z3rs day of April 2013                                                                                       | On This he Z Dro day of April \$ 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| by Korny Kraman who is personally                                                                                        | by Dan L. U. Brien whole Brissingh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| known to me or produced                                                                                                  | known to me or produced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| As identification.                                                                                                       | As identification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| My Commission Expires:                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| SINGLE FAMILY PERMIT APPLICATIONS MUST BE SEVEL<br>APPLICATIONS WILL BE CONSIDERED ABANDONED AFT                         | DWITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ABOOTHER<br>EN 180 DAYS (FBC 105.3.2) – PLEASE PICK UP YOUR PERMIT ROMPTLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| lartin Count<br>aurel Kelly, (                |               | S                                         | jenerated on                                                                                                   | 4/22/2                                         | 2013 9:0 | 94:31 AM ED                                   |
|-----------------------------------------------|---------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------|-----------------------------------------------|
| ummary                                        |               |                                           |                                                                                                                |                                                |          |                                               |
| Parcel ID                                     | Account #     | Unit Address                              |                                                                                                                | Mark<br>Value                                  |          | Website<br>Updated                            |
| 01-38-41-006-005-<br>00070-0                  | 17675         | 11 S RIDGEVIEW ROAD, S<br>POINT           | SEWALL'S                                                                                                       | \$455,                                         | -        | 4/20/2013                                     |
|                                               |               | Owner Information                         | ı                                                                                                              |                                                |          |                                               |
| Owner(Current)                                |               | KRAMER ROBERT S & KAT                     | THRYN J                                                                                                        |                                                |          |                                               |
| Owner/Mail Addre                              | ess           | 11 S RIDGEVIEW RD<br>STUART FL 34996-6450 |                                                                                                                |                                                |          |                                               |
| Sale Date                                     |               | 4/2/1997                                  |                                                                                                                |                                                |          |                                               |
| Document Book/F                               | Page          | 1229 1179                                 |                                                                                                                |                                                |          |                                               |
| Document No.                                  |               |                                           |                                                                                                                |                                                |          |                                               |
| Sale Price                                    |               | 76000                                     |                                                                                                                |                                                |          |                                               |
|                                               |               | Location/Description                      | o <b>n</b>                                                                                                     |                                                |          |                                               |
| Account #                                     | 17675         |                                           | Map Page N                                                                                                     | lo.                                            | SP-04    |                                               |
| Tax District                                  | 2200          | •                                         |                                                                                                                |                                                |          | NOOD, LOT 7                                   |
| Parcel Address                                | 11 S RIDGEVIE | W ROAD, SEWANDS POINT                     | 7                                                                                                              | •                                              | BLK E    |                                               |
| Acres                                         | .3430         |                                           | -                                                                                                              |                                                |          |                                               |
|                                               | Parcel 1      | Гуре                                      | والمعاولة والمراجع و |                                                |          |                                               |
| Use Code                                      | 0100 Single   | Family                                    |                                                                                                                |                                                |          |                                               |
| Neighborhood                                  | -             | vd,Palm Ro,Kngstn,Okwd, Pin               | e                                                                                                              |                                                |          |                                               |
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|                                               |               | Assessment Informat                       | tion                                                                                                           |                                                |          |                                               |

|                          | Assessment Information |
|--------------------------|------------------------|
| Market Land Value        | \$175,000              |
| Market Improvement Value | \$280,220              |
| Market Total Value       | \$455,220              |

|                                                   |                                                |                    |                                  |                                             | iorida 34<br>AX (772)                         |                                         | 40                                                 |                                            | · · ·                                       | Pn                             | otected                          | i by                                  |                                                   |                                              | Page of                                                                                                                                                                                                                             |
|---------------------------------------------------|------------------------------------------------|--------------------|----------------------------------|---------------------------------------------|-----------------------------------------------|-----------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------|--------------------------------|----------------------------------|---------------------------------------|---------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                   |                                                | Mail: sa<br>www.   | les@gulf<br>gulfshutt<br>se #CRC | shutters.<br>ers.com                        | com                                           |                                         | <sup>40</sup><br>FOR                               | <b>с</b><br>м                              | G                                           | ulf                            |                                  | SHUTTER                               | CORP<br>Vince 1979                                |                                              | Key<br>Storm Panets - SP<br>Accordions - AC<br>Bahamas - BA<br>Colonial - CO                                                                                                                                                        |
| Name                                              | Name CATHY KRAmmen Date 4-17-13                |                    |                                  |                                             |                                               |                                         |                                                    |                                            |                                             |                                |                                  |                                       |                                                   |                                              | Rollups - RU<br>Lexan - LX                                                                                                                                                                                                          |
| Address 11 5. RIDGELIEW RD. Subdivision SEWALL PT |                                                |                    |                                  |                                             |                                               |                                         |                                                    |                                            |                                             |                                |                                  |                                       |                                                   | Garage Brace - GB                            |                                                                                                                                                                                                                                     |
|                                                   |                                                |                    |                                  |                                             |                                               |                                         |                                                    |                                            | ۷                                           |                                |                                  | 1895                                  | *                                                 |                                              | Application Key<br>Wood - W                                                                                                                                                                                                         |
| Phone (                                           | (Home) _(                                      | 678.               | - 1158                           | 2(                                          | Work)                                         | 88-                                     | 0286                                               | Ap                                         | proximate                                   | Installati                     | on                               | 1 mk                                  | <u>ſ</u>                                          | . <u> </u>                                   | Block - B<br>Stucco Over - SO                                                                                                                                                                                                       |
| OPG<br>#                                          | TYPE                                           | OPENING<br>WIDTH   | opening<br>Height                | TRACK                                       | COLOR<br>PANEL/SLAT                           | GAUGE                                   | STACK                                              | LOCK //0                                   | REMOVABLE                                   | BUILD                          | MOTOR/<br>CRANK                  | STORM BARS                            | APPLICATION                                       | FLOOR                                        |                                                                                                                                                                                                                                     |
| +-2                                               | 50                                             | 95                 | ·                                |                                             | MALL.                                         | 070/                                    |                                                    |                                            |                                             |                                |                                  |                                       | R                                                 | 1                                            | #1288-                                                                                                                                                                                                                              |
| 3                                                 | 17                                             | 3                  | 35                               | 11                                          | 10                                            |                                         |                                                    | · · · ·                                    |                                             |                                | 3 H-F                            | <u> </u>                              |                                                   | 1                                            | DEPOSIT                                                                                                                                                                                                                             |
|                                                   |                                                |                    |                                  |                                             |                                               |                                         |                                                    |                                            |                                             |                                |                                  | <u> </u>                              |                                                   |                                              | #600-<br>BALANCE ON                                                                                                                                                                                                                 |
|                                                   |                                                |                    |                                  |                                             |                                               | ·                                       |                                                    |                                            |                                             |                                |                                  |                                       |                                                   |                                              | COMPLETION # GOT                                                                                                                                                                                                                    |
|                                                   |                                                |                    |                                  |                                             | ··                                            |                                         |                                                    |                                            |                                             |                                |                                  | <u></u>                               |                                                   |                                              | It is understood that there are no verbal<br>agreements and all items discussed are                                                                                                                                                 |
|                                                   |                                                |                    |                                  |                                             |                                               |                                         |                                                    |                                            |                                             |                                |                                  |                                       | ·                                                 |                                              | covered by this written contract. This is<br>a proposal until signed by an officer of                                                                                                                                               |
|                                                   | · ·                                            |                    |                                  |                                             |                                               |                                         |                                                    |                                            |                                             |                                | · · ·                            |                                       |                                                   |                                              | the corporation at which time it<br>becomes an executed contract.<br>Acceptance by owner must be within                                                                                                                             |
|                                                   |                                                |                    |                                  |                                             |                                               |                                         |                                                    |                                            |                                             |                                |                                  |                                       | · · · · ·                                         |                                              | 30 days of proposal date. Buyer may cancel this contract within 3 working                                                                                                                                                           |
| <del> </del>                                      |                                                |                    |                                  |                                             |                                               |                                         |                                                    |                                            |                                             |                                |                                  | · · · · · · · · · · · · · · · · · · · |                                                   |                                              | days after signing. No changes in<br>measurements will be allowed except                                                                                                                                                            |
|                                                   |                                                |                    |                                  |                                             |                                               |                                         |                                                    |                                            |                                             | •                              |                                  | <u> </u>                              |                                                   | <u>.                                    </u> | at prices mutually agreed upon, at the<br>time these changes are made. Any<br>ohysical or verbal changes after signing                                                                                                              |
|                                                   |                                                |                    |                                  |                                             |                                               |                                         |                                                    |                                            |                                             |                                |                                  |                                       |                                                   |                                              | must be approved in writing by both<br>parties. All agreements are contingent                                                                                                                                                       |
|                                                   |                                                |                    |                                  |                                             |                                               |                                         |                                                    |                                            |                                             |                                |                                  |                                       |                                                   |                                              | upon strikes, lockouts, accidents, acts<br>of God, weather, fire, carrier delays,<br>delay or failure to receive raw material                                                                                                       |
|                                                   |                                                |                    |                                  | <u> </u>                                    |                                               |                                         |                                                    |                                            |                                             |                                |                                  |                                       |                                                   |                                              | deliveries, or by other causes, whether<br>of like or different nature beyond our                                                                                                                                                   |
| NOT SH<br>Test - Buye                             | GN THIS (<br>er agrees to p<br>osts of collect | CONTRAC<br>aya1½%p | er month inter<br>ent full payme | YOU HAVI<br>rest charge o<br>nt as outlined | E READ AI<br>In any unpaid<br>I herein is not | LL CONDI<br>balances. Ci<br>made within | <b>TIONS OF</b><br>aste of Caller<br>10 days of th | F THIS AG<br>ctico - Buyer<br>e completion | REEMENT<br>agrees to be r<br>of the work or | esponsible fi<br>Idined herein | or seller's atto<br>. Acceptance | ney's fees (<br>of Proposi            | an addition<br>both trial and a<br>at - The above | appeal)<br>prices,                           | control. Owner to carry fire, tomado<br>and other necessary insurance. Our<br>workers are fully covered by<br>Workmen's Compensation Insurance.<br>All material is property of Gulfstream<br>until final payment and can be removed |

page 2

APR 19,2013 04:38A

P. 002/002

| Contraction of the contract of | 3001 S.E. Gran Park Way, Stuart, Florida 34997<br>(772) 287 • 6476 • (800) 244 • 4143<br>FAX (772) 287 • 9740<br>E-Mail: jobrien@gulfshutters.com<br>www.gulfshutters.com<br>Lic. #MC00231, SL 1211, PB# U-17051, CRC58017<br>LAYOUT SHEET | Page of<br>Storm Panels - SP Rollups - RU<br>Accordions - AC Windows/Doors - WD<br>Bahamas - BA Retractable Awnings - RA<br>Colonials - CO Ultra Lattice - UL |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Special Instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                            | TOWN OF SEWALL'S POINT<br>BUILDING DEPARTMENT<br>FILE COPY                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ate Salesperson Guilstreem Ajuminum and Shu                                                                                                                                                                                                | Date <u>41771</u>                                                                                                                                             |



DEPARTMENT OF PERMITTING, ENVIRONMENT, AND REGULATORY AFFAIRS (PERA) BOARD AND CODE ADMINISTRATION DIVISION

## **NOTICE OF ACCEPTANCE (NOA)**

Eastern Metal Supply, Inc. 4268 Westroads Drive West Palm Beach, Florida 33407

#### MIAMI-DADE COUNTY PRODUCT CONTROL SECTION

11805 SW 26 Street, Room 208

Miami, Florida 33175-2474 T (786) 315-2590 F (786) 315-2599 <u>WWW.ttilamidade.gov/building</u>

## SCOPE:

1

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

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

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

## DESCRIPTION: 0.050° Solid Bentha Aluminum Storm Panels Shitter

**APPROVAL DOCUMENT:** Drawing No. 11-117, titled "0.050" Bertha Aluminum Storm Panel", sheets 1 through 15 of 15, and 1A of 15, prepared by Tilteco, Inc., last revision #1 dated November 15, 2011, signed and sealed by Walter A. Tillit Jr., P.E. on November 23, 2011, bearing Miami-Dade County Product Control revision stamp with the Notice of Acceptance number and expiration date by Miami-Dade County Product Control Section.

# MISSILE IMPACT RATING: Large and Small Missile Impact Resistant

**LABELING:** Each panel shall bear a permanent label with the manufacturer's name or logo, city, state, the following statement: "Miami-Dade County Product Control Approved", and NOA number, per TAS-201, TAS-202, and TAS-203, unless otherwise noted herein.

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

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

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

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

This NOA revises NOA # 08-0623.06 and consists of this page 1, evidence submitted pages E-1, E-2, E-3, & E-4 as well as approval document mentioned above.

The submitted documentation was reviewed by Helmy A. Makar, P.E., M.S.



HelyA. Hele 05/10/2012

Expiration Date: 05/10/2013 Approval Date: 05/10/2012 Page 1

## Eastern Metal Supply, Inc.

# **NOTICE OF ACCEPTANCE:** EVIDENCE SUBMITTED

## 1. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL #96-1203.08 A. DRAWINGS

1. Drawing Number 96-331, Eastern Metal Supply, Inc., 0.050" Bertha Storm Panel, sheets 1 through 8 of 8, prepared by Tilteco, Inc., revision 2, dated 07/15/97 signed and sealed by Walter A. Tillit Jr., P.E.

#### **B. TESTS**

1. Test report on Large Missile Impact Test, Cyclic Wind Pressure Test and Uniform Static Air Pressure Test on 0.050" aluminum storm panels, prepared by American Test Lab of South Florida, Test Report No. ATL #1022.01-96 dated 11/08/96, signed and sealed by William R. Mehner, P.E.

#### C. CALCULATIONS

- 1. Comparative Analysis and Anchor Analysis, dated 10/21/96, pages 1 through 15, prepared by Tilteco, Inc., signed and sealed by Walter A. Tillit Jr., P.E.
- 2. Calculations for revised anchor schedule, dated 05/02/97, pages 1 through 33, prepared by Tilteco, Inc., signed and sealed by Walter A. Tillit Jr., P.E.

## **D. MATERIAL CERTIFICATIONS**

- 1. Mill Certified Inspection Report of coils, dated 01/23/96, for Aluminum Alloy 5052-H32 by Barmet Aluminum Corporation with chemical composition and physical properties.
- 2. Certified Tensile Test Report by Certified Testing Laboratories Report No. CTL #846B dated 10/31/96, for Aluminum Alloy, signed and sealed by Ramesh Patel, P.E.

# 2. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL #98-0817.16

## A. DRAWINGS

1. Drawing No. 98-172, titled "0.050" Bertha Storm Panel", prepared by Tilteco, Inc., dated July 7, 1998, last revision #1 dated July 7, 1998, sheets 1 through & of 8, signed and sealed by Walter A. Tillit Jr., P.E.

#### B. TESTS

1. None.

#### C. CALCULATIONS

1. None.

#### **D.** MATERIAL CERTIFICATIONS

1. Mill Certified Test Report issued by Nichols Aluminum dated 05/28/98, with chemical composition and mechanical properties of the 3004-H34 Aluminum Alloy panel.

Herny A. Makar, P.E., M.S. PERA, Product Control Unit Supervisor NOA No. 12-0209.06 Expiration Date: 08/07/2013 Approval Date: 05/10/2012

## **NOTICE OF ACCEPTANCE:** EVIDENCE SUBMITTED

# 3. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL #00-0602.04

A. DRAWINGS

1. None.

#### B. TESTS

1. None.

C. CALCULATIONS

1. None.

D. MATERIAL CERTIFICATIONS 1. None.

# 4. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL #01-0516.06

#### A. DRAWINGS

1. Drawing No. 01-058, titled "0.050" Solid Bertha Aluminum Storm Panel", sheets 1 through 15 of 15, prepared by Tilteco, Inc., dated August 27, 2001, signed and sealed by Walter A. Tillit Jr., P.E.

## **B. TESTS**

- 1. Test reports on 1) Uniform Static Air Pressure Test, per SFBC PA 202-94
  - 2) Large Missile Impact Test per SFBC, PA 201-94

3) Cyclic Wind Pressure Loading per SFBC, PA 203-94

along with marked-up drawings and installation diagram of 0.050" Solid Aluminum Storm Panels Shutter, prepared by ATL of South Florida, Test Report No. 0221.01-01, dated 05/02/01, signed and sealed by Henry Hattem, P.E.

- 2. Addendum to ATL of South Florida, Test Report No. 0221.01-01, dated 10/12/01, signed and sealed by Henry Hattem, P.E.
- 3. Addendum to ATL of South Florida, Test Report No. 0221.01-01, dated 02/04/02, signed and sealed by Henry Hattem, P.E.

#### C. CALCULATIONS

1. Anchor Analysis, dated 09/10/01, pages 1 through 53, prepared by Tilteco, Inc., signed and sealed by Walter A. Tillit Jr., P.E.

## D. MATERIAL CERTIFICATIONS

- 1. Mill Certified Inspection Report of coils, dated 04/24/01, for Aluminum Alloy 3004 -H34 by NA Nichols Aluminum with chemical composition and physical properties.
- 2. Certified Tensile Test Report by QC Metallurgical, Inc., Report No. 1CM-384, dated 03/26/01, signed and sealed by frank Grate, P.E.

Hélmy A. Makar, P.E., M.S. PERA, Product Control Unit Supervisor NOA No. 12-0209.06 Expiration Date: 08/07/2013 Approval Date: 05/10/2012

# NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED

# 5. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL # 03-0707.02 A. DRAWINGS

1. Drawing No. 03-141, titled "0.050" Solid Bertha Aluminum Storm Panel", sheets 1 through 15 of 15, prepared by Tilteco, Inc., dated July 02, 2003, last revision #1 dated July 02, 2003, signed and sealed by Walter A. Tillit Jr., P.E.

#### B. TESTS

1. None.

C. CALCULATIONS

1. None.

## D. MATERIAL CERTIFICATIONS

1. None.

## **E.** OTHERS

1. Letter from Tilteco, Inc., dated July 03, 2003, signed and sealed by Walter A. Tillit Jr., P.E., stating that the only change from the previous approved drawing # 01-058 are the general notes #1 & #11 to reference the Florida Building Code and the ASCE 7-98

# 6. EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL # 05-0926.03

## A. DRAWINGS

 Drawing No. 05-073, titled "0.030" Thick Galvanized Bertha Steel Storm Panel", sheets 1 through 9 of 9, and 1A of 9, prepared by Tilteco, Inc., dated 04/25/2005, last revision #1 dated 04/25/2005 signed and sealed by Walter A. Tillit Jr., P.E. on 09/15/2005

## B. TESTS

1. Test report on Large Missile Impact Test and Cyclic Wind Pressure Test of Galvanized Steel Storm Panels, prepared by American Test Lab of South Florida, Report No. ATLSF 0616.01-05, dated September 15, 2005, signed and sealed by William R. Mehner, P.E.

## C. CALCULATIONS

1. Storm panel shutter Calculations, sheets 1 through 91 by Tilteco, Inc., signed and sealed by Walter A. Tillit Jr., P.E. on 09/13/2005.

#### D. QUALITY ASSURANCE

1. By Miami-Dade County Building Code Compliance Office.

## E. MATERIAL CERTIFICATIONS

1. Tensile Test Report from QC Metallurgical, Inc., Job No. 51M-926, dated September 20, 2005, tested per ASTM E8-93, signed and sealed by Frank Grate, P.E.

**Heimy A. Makar, P.E., M.S.** PERA, Product Control Unit Supervisor NOA No. 12-0209.06 Expiration Date: 08/07/2013 Approval Date: 05/10/2012

#### **NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED**

#### **EVIDENCE SUBMITTED UNDER PREVIOUS APPROVAL # 08-0623.06** 7.

A. **DRAWINGS** 

1. None.

#### TESTS B.

1. None.

С. **CALCULATIONS** 1. None.

- D. **QUALITY ASSURANCE** By Miami-Dade County Building Code Compliance Office. 1.
- E. MATERIAL CERTIFICATIONS 1.
  - None.

#### **NEW EVIDENCE SUBMITTED** 7.

#### Α. DRAWINGS

- Drawing No. 11-117, titled "0.050" Bertha Aluminum Storm Panel", sheets 1 through 15 1. of 15, and 1A of 15, prepared by Tilteco, Inc., last revision #1 dated November 15, 2011, signed and sealed by Walter A. Tillit Jr., P.E. on November 23, 2011.
- B. TESTS

None. 1.

С. **CALCULATIONS** 1. None.

#### D. **QUALITY ASSURANCE**

- By Miami-Dade County Department of Permitting, Environment, and Regulatory 1. Affairs (PERA).
- Е. **MATERIAL CERTIFICATIONS** 1. None.

#### F. **OTHERS**

Letter from Tilteco, Inc., dated January 13, 2012, signed and sealed by Walter A. Tillit Ι. Jr., P.E., stating that the drawing number 11-117 is in compliance with the 2010 Edition of the Florida Building Code.

Helmy A. Makar, P.E., M.S. PERA, Product Control Unit Supervisor NOA No. 12-0209.06 Expiration Date: 08/07/2013 Approval Date: 05/10/2012

#### GENERAL NOTES:

1. STORU PANEL SHOWN ON THIS PRODUCT APPROVAL DOCUMENT (P.A.D.) HAS BEEN VERIFIED FOR COMPLIANCE IN ACCORDANCE WITH THE

DESIGN WIND LOADS SHALL BE DETERMINED AS PER SECTION 1620 OF THE ABOVE MENTIONED CODES, USING

DESIGN WING LOUDS SPALL BE UPLEMAINED AS PER SECTION ISED OF THE ABOVE MENTIONED CODES, USING ASCE 7-05 STANDARD FOR WSTALLITONS UNDER 2007 FBC & ASCE 7-10 FOR INSTLATIONS UNDER 2010 FBC AND SHALL NOT EXCRED THE MAXMUM (A.S.D.) DESIGN PRESSURE RATINGS INDICATED ON SHELTS 9 THRU 15. IN ORDER TO VERYT THE ABOVE CONDITION, UTHATE DESIGN WIND LAADS DETERMINED PER ASCE 7-10 SHALL DE FIRST REPLOED TO ASLL DESIGN WIND LOUDS BY KALTIFITION THEM BY GO BY CAMER TO COMMANE THESE W, MAX. (AS.D.) DESIGN PRESSURE RATINGS MERCATED ON SHEATS 9 THRU 18.

IN ORDER TO VERIFY THAT COMPONENTS AND ANCHORS ON THIS P.A.D. AS TESTED WERE NOT OVER STRESSED, A 33% INCREASE IN ALLOWABLE STRESS FOR WIND LOADS WAS NOT USED IN THEIR ANALYSIS. FASTENERS SPACING TO WOOD HAS BEEN DETERMINED IN ACCORDANCE WITH N.D.S. 2005

STORM PANEL'S ADEQUACY FOR IMPACT AND FATIGUE RESISTANCE HAS BEEN VERIFIED IN ACCORDANCE WITH SECTION 1826 OF THE ABOVE MENTIONED CODE AS PER ATL REPORTS # 1022.01-01, # 0221.01 AND # 0818.02-05, AS PROTOCOLS TAS-201, TAS-202 AND

2. ALL ALLIMMUM SHEET METAL PANELS, SHALL HAVE 5052-H32 OR 3004-H34 ALLOY.

3. ALL ALUMINUM EXTRUSIONS SHALL BE ALUMINUM ASSOCIATION 6063-TE ALLOY & TEMPER UNLESS OTHERMISE NOTED.

4. ALL SCREWS TO BE STAINLESS STEEL JO4 OR J16 AISI SERIES OR CORROSION RESISTANT COATED CARBON STEEL AS PER DIN 30018 W/ 50 kai YIELD STRENGTH AND 90 kai TENSILE STRENGTH AND SHALL COMPLY W/ FBC SECTION 2411.3.3.4.

5. BOLTS TO BE ASTM A-307 CALVANIZED STEEL OR ANSI 304 SERIES STAINLESS STEEL, WITH 35 Km MINIMUM YIELD STRENGTH

6. ANCHORS TO WALL SHALL BE AS FOLLOWS: (UNLESS OTHERWISE NOTED)

#### (A) TO EXISTING POURED CONCRETE:

- 1/4" # TAPCON ANCHORS AS MANUFACTURED BY LI.W. BUILDEX. (REGULAR OR 410 S.S.)
- 1/4" & CRETE-FLEX SS4 ANCHORS AS MANUFACTURED BY ELCO CONSTRUCTION PRODUCTS.
- 1/4" & CF TAP-GRIP ANCHORS (BERTHA STUD-CON), AS MANUFACTURED BY JRU-FAST CORPORATION,
- 1/4" & ZAMAC NAILIN ANCHORS AS MANUFACTURED. BY POWER FASTENERS, INC.
- 1/4 \* \* 7/8 CALK-IN ANCHORS OR ELCO MODA & LONDA THILDENT AS MANUFACTURED BY POWER FASTENERS, INC. AND ELCO CONSTRUCTION: PRODUCTS, RESPECTIVELY,
- 1/4" # x 3/4" ALL POINTS SOLID-SET ANCHORS AS DISTRIBUTED BY ALL POINTS SCREW, BOLT & SPECIALTY COMPANY.

NOTES

- ADI-3: A.1) MINIMUM EMBEDMENT INTO POURED CONCRETE OF TAPCON ANCHORS OR CRETE-FLEX SS4 IS 1 3/4°, FOR ZAMIC NALLIN ANCHORS IS 1 3/8°, FOR ELCO PANELMATE ANCHORS IS 1 3/4°, AND FOR CF TAP-GRIP ANCHORS IS 1 1/4".

A.2) 7/8" CALK-IN ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE POURED CONCRETE. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4"-20 SCREWS USED SHALL BE 1 1/2" LONG MWIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO

A.3) MINIMUM ENBEDMENT OF 1/4"# x 3/4" ALL POINTS SOLD-SET ANCHORS SHALL BE 7/8" INTO THE POURED CONCRETE. NO ENDEDMENT INTO STUGGO SHALL BE PERMITTED. 1/4" 0-20 S.S. MACHINE SCREW USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO STUCCO.

A.4) IN CASE THAT PRECAST STONE, PRECAST CONCRETE PANELS, OR PAVERS BE FOUND ON THE EXISTING WALL OR FLOOR; ANCHORS SHALL BE LONG ENOUGH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS, ANCHORAGE SHALL BE AS INDICATED ON NOTES A 1) &

#### (B) TO EXISTING CONCRETE BLOCK WALL:

- 1/4" . TAPCON ANCHORS AS MANUFACTURED BY LT.W. BUILDEX. (REGULAR OR 410 S.S.)
- 1/4" & CRETE-FLEX SSA ANCHORS AS MANUFACTURED BY ELCO CONSTRUCTION PRODUCTS:
- 1/4" & CF TAP-GRUP ANCHORS (BERTHA STUD-CON), AS MANUFACTURED BY TRU-FAST CORPORATION.
- 1/4" & ZAMAC MAILIN ANCHORS AS MANUFACTURED BY POWER FASTENERS, INC.
- 1/4" & x 7/8" CALK-IN ANCHORS OR ELCO mole & lemole "PANELMATE" AS LUNUFACTURED BY POWER FASTENERS, INC. AND ELCO CONSTRUCTION PRODUCTS, RESPECTIVELY,

- 1/4" & x 3/4" ALL POINTS SOLID-SET ANCHORS AS DISTRIBUTED BY ALL POINTS SCREW, BOLT & SPECIALTY COMPANY.

#### NOTES

B.1) MINIMUM EMBEDMENT OF TAPCON, ELCO PANELMATE, CF TAP-ORIP AND CRETE-FLEX SS4 ANCHORS INTO CONCRETE BLOCK UNIT SHALL BE 1 1/4" 1 3/8" FOR ZAMAC NAILIN ANCHORS.

B.2) 7/8" CALK-W ANCHORS SHALL BE ENTIRELY EMBEDDED INTO THE CONCRETE BLOCK UNIT. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4"9-20 SCREWS USED SHALL BE 1 1/2" LONG MINIMARIA SHOULD STUCCO EXIST, AND 1" MINIMUM FOR WALLS WITH NO

B.J) MINIMUM EMBEDMENT OF 1/4" × 3/4" ALL POINTS SOLID-SET ANCHORS SHALL BE 7/8" INTO THE CONCRETE BLOCK. NO EMBEDMENT INTO STUCCO SHALL BE PERMITTED. 1/4" P-20 S.S. MACHINE SCREW USED SHALL BE 1 1/2" LONG MINIMUM SHOULD STUCCO EXIST, AND I' MINIMUM FOR WALLS WITH NO STUCCO.

B.4)-IN CASE THAT PRECAST STONE-OR PRECAST CONCRETE PANELS BE FOUND ON THE EXISTING WALL, ANCHORS SHALL BE LONG ENDUCH TO REACH THE MAIN STRUCTURE BEHIND SUCH PANELS. ANCHORAGE SHALL BE AS INDICATED ON NOTES IN B.1) AND B.2) ABOVE.

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

7. PANELS MAY ALSO BE INSTALLED HORIZONTALLY FOLLOWING INSTALLATION DETAILS SHOWN ON SECTIONS I THRU 16 (SHEET 3 & 7 OF 15) EXCEPT THAT HEADERS 2, 3 & 4 SHALL NOT BE USED.

8. IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE SOUNDNESS OF THE STRUCTURE WHERE SHUTTER IS TO BE ATTACHED TO INSURE PROPER ANCHORAGE. THIS SHUTTER SHALL ONLY BE ATTACHED TO CONCRETE, BLOCK OR WOOD FRAME BUILDINGS.

9. THE INSTALLATION CONTRACTOR IS TO SEAL/CAULK ALL SHUTTER COMPONENT EDGES WHICH REMAIN IN CONTINUOUS CONTACT WITH THE BUILDING TO PREVENT WIND/RAIN INTRUSION, CAULK AND SEAL SMUTTER TRACKS ALL AROUND FULL LENGTH.

10. STORM PANEL INSTALLATION SHALL COMPLY WITH SPECS INDICATED IN THIS DRAWING PLUS ANY BUILDING AND ZONING REGULATIONS PROVIDED BY THE JURISDICTION WHERE PERMIT IS APPLIED TO.

11. (a) THIS PRODUCT APPROVAL DOCUMENT (P.A.D.) PREPARED BY THIS ENGINEER IS GENERIC AND DOES NOT PROMDE INFORMATION FOR A SITE SPECIFIC PROJECT; I.B. WHERE THE SITE. CONDITIONS DEVINTE FROM THE "P.A.D.

(b) CONTRACTOR TO BE RESPONSIBLE FOR THE SELECTION; PURCHASE AND INSTALLATION INCLUDING LIFE SAFETY OF THIS PRODUCT BASED ON THIS P.A.D. PROVIDED HE/SHE DOES NOT DEVATE FROM THE CONDITIONS DETAILED ON THIS DOCUMENT, CONSTRUCTION SAFETY\_AT SITE IS THE, CONTRACTOR'S RESPONSIBILITY.

.(c) THIS\_PRODUCT APPROVAL DOCUMENT WILL BE CONSIDERED INVALID IF -MODIFIED.

7/1

(d) SITE SPECIFIC PROJECTS SHALL BE PREPARED BY A FLORIDA REGISTERED ENGINEER OR ARCHITECT WHICH WILL BECOME THE ENCINEER OF RECORD (E.O.R.) FOR THE PROJECT AND WHO WILL BE RESPONSIBLE FOR THE PROPER USE OF THE P.A.D. ENGINEER OF RECORD, ACTIVE AS A DELEGATED ENGINEER TO THE P.A.D. ENGINEER, SMALL SUBMIT TO THIS LATTER THE SITE SPECIFIC DRAWINGS FOR REVIEW,

(e) THIS P.A.D. SHALL BEAR THE DATE AND ORIGINAL SEAL AND SIGNATURE OF THE PROFESSIONAL ENGINEER OF RECORD

12. SNUTTER MANUFACTURER'S LABEL SHALL BE PLACED ON A READILY AND VISIBLE LOCATION AT PANEL. ONE LABEL SHALL BE PLACED FOR EVERY OPENING. LABEL SHALL READ AS FOLLOWS: EASTERN METAL SUPPLY, INC. WEST FALM BEACH, FL. MIAMI-DADE COUNTY PRODUCT CONTROL APPROVED.

PRODUCT REVISED as complying with the Florida ling Code Acceptance No 12-0209.06 nation Date 08/07/2 013

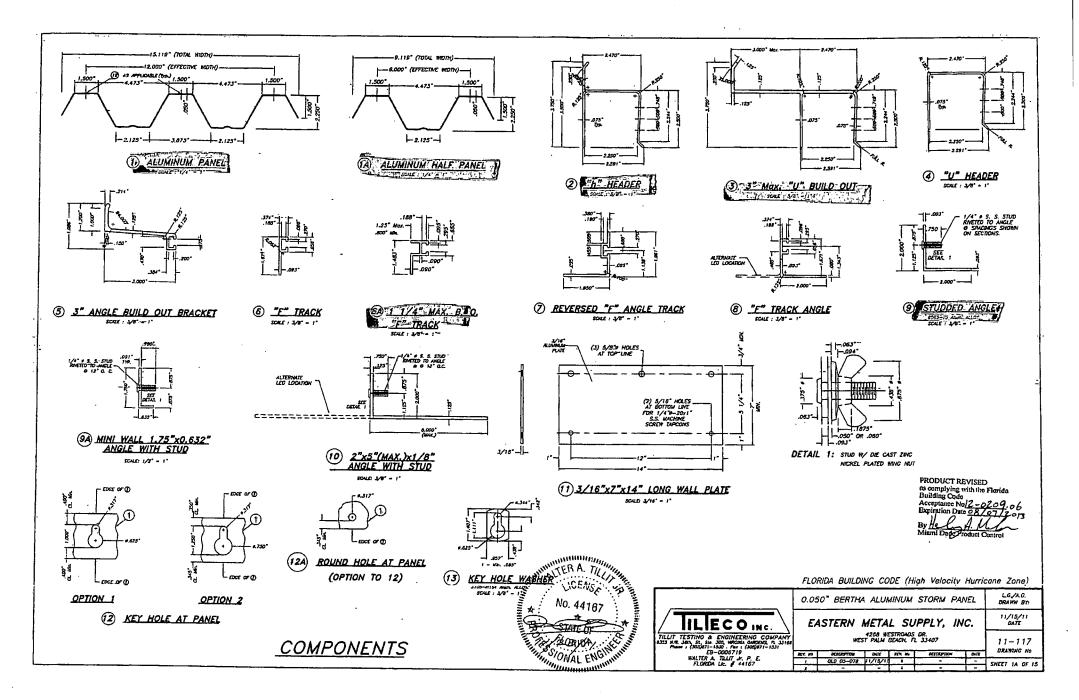


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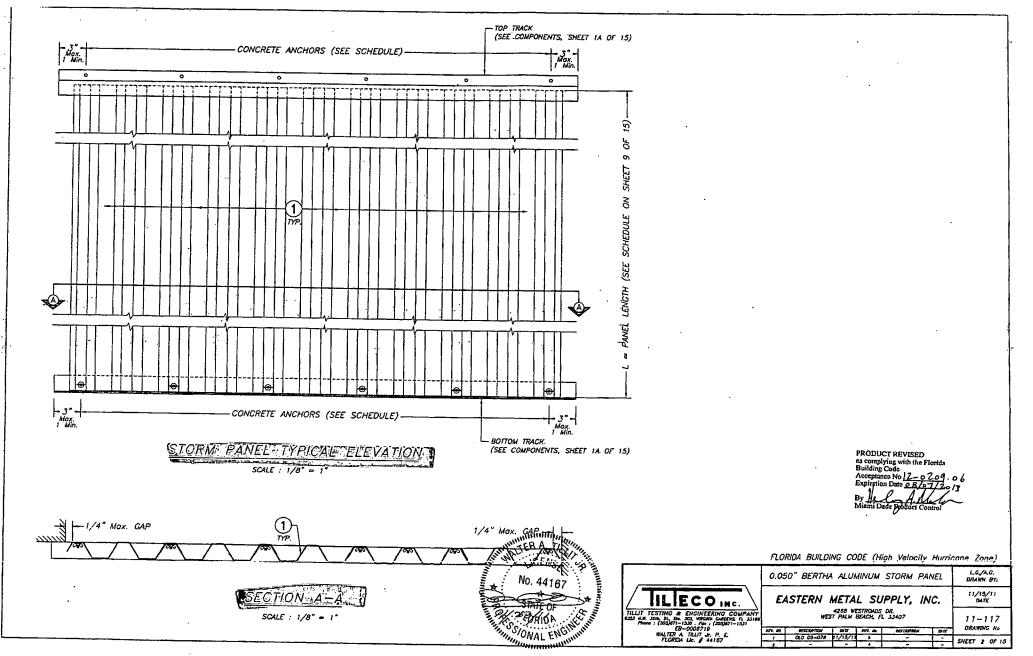
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| TILLECO INC.                                                                                                                              | Ε       | 11/15/11<br>DATE |          |                       |            |     |               |
| LIT TESTING & ENGINEERING COMPANY<br>5 KW Min SI, SI, 303, WACHI GNOCHI, 7, 33148<br>Amon , COSTIT-1330 . Am , CESTIFT-1331<br>EB-0000719 |         | \$T.S            |          | 11-117                |            |     |               |
| WALTER A TALIT Jr. P. C.                                                                                                                  | ACY. NO | MISCIPTION       | AIN      | ATR #0                | ATTACANTON | MIT | ORANTING NO   |
| FLORIDA LIC. \$ 44167                                                                                                                     |         | OLD 63-078       | 11/15/11 | -                     |            | -   | SHEET I OF 15 |
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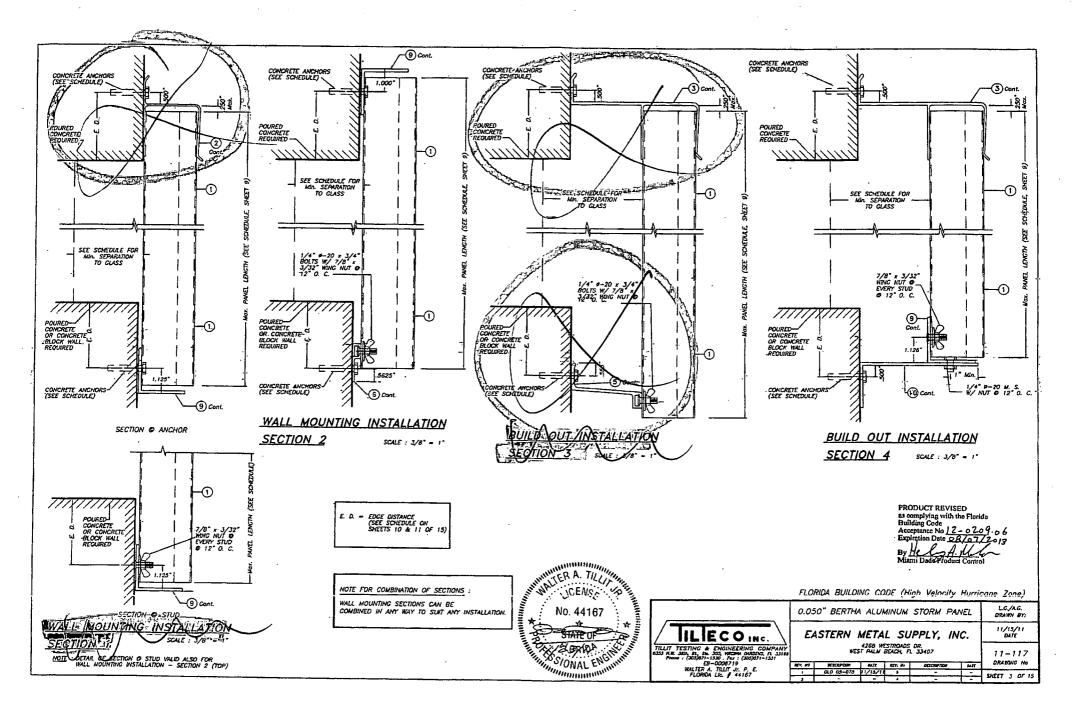


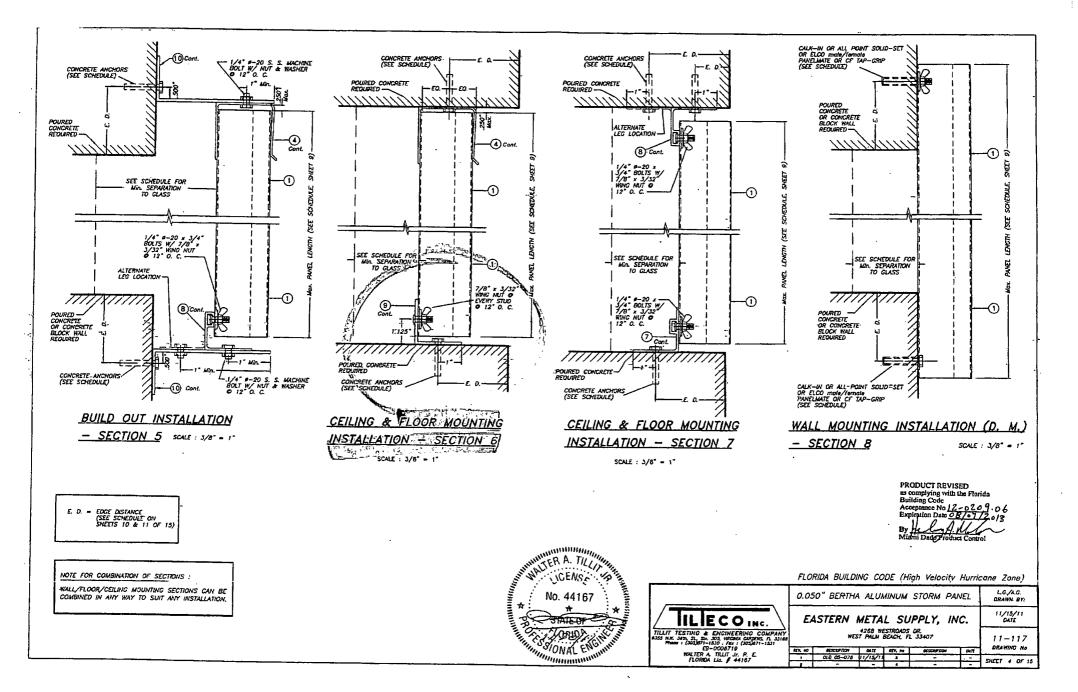
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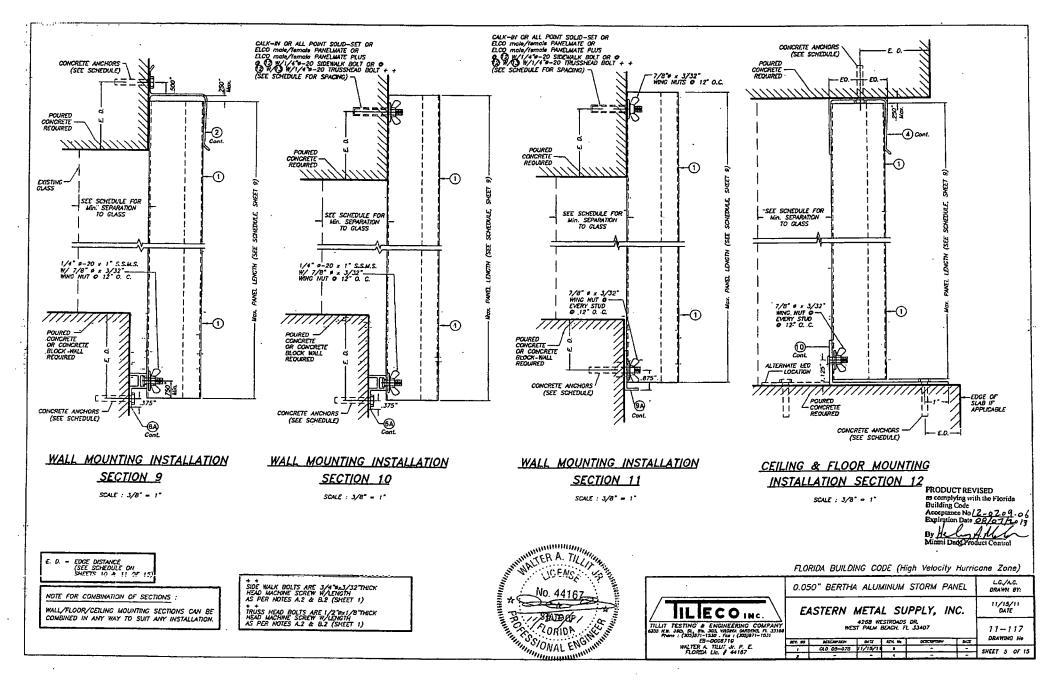
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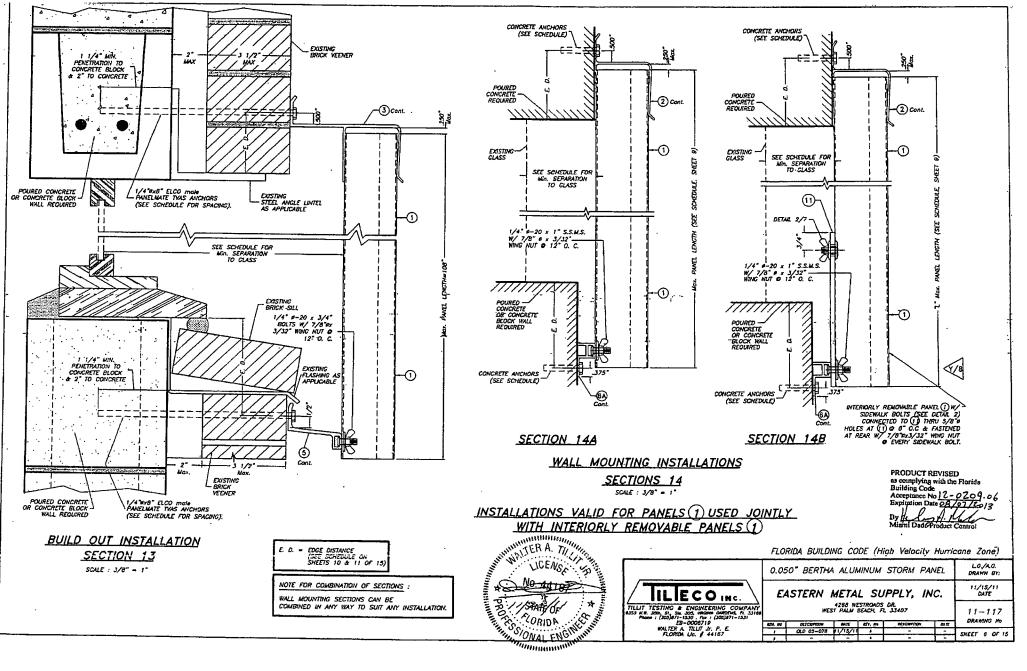
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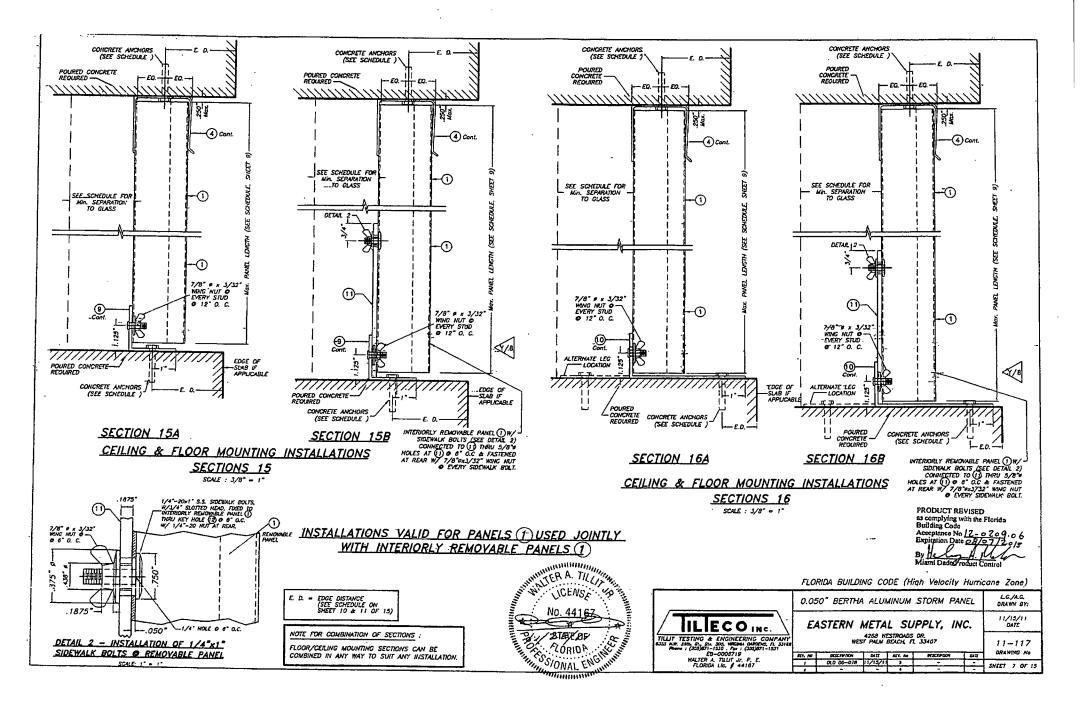


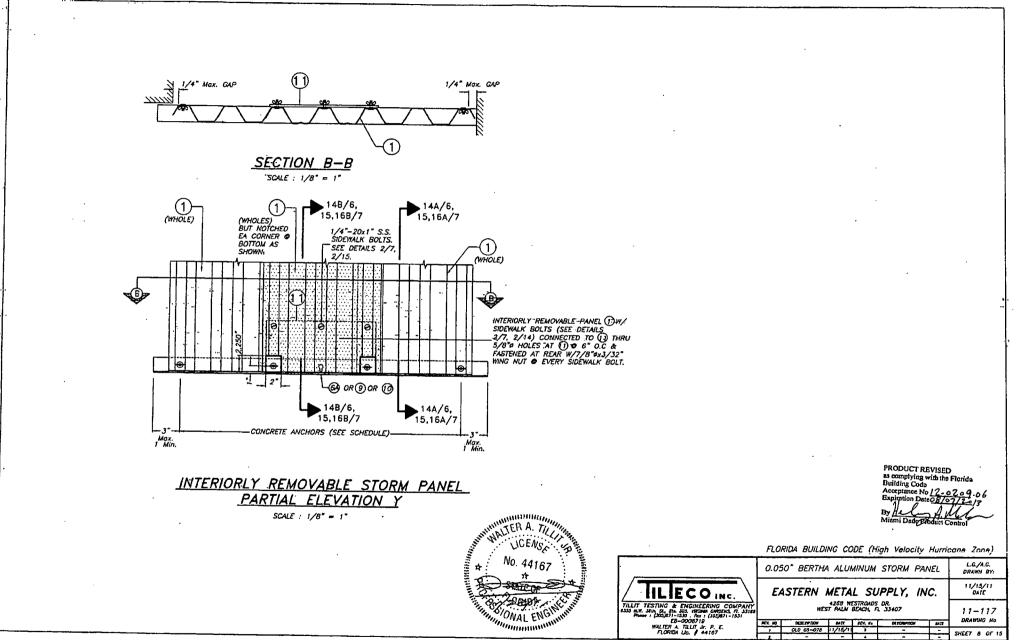
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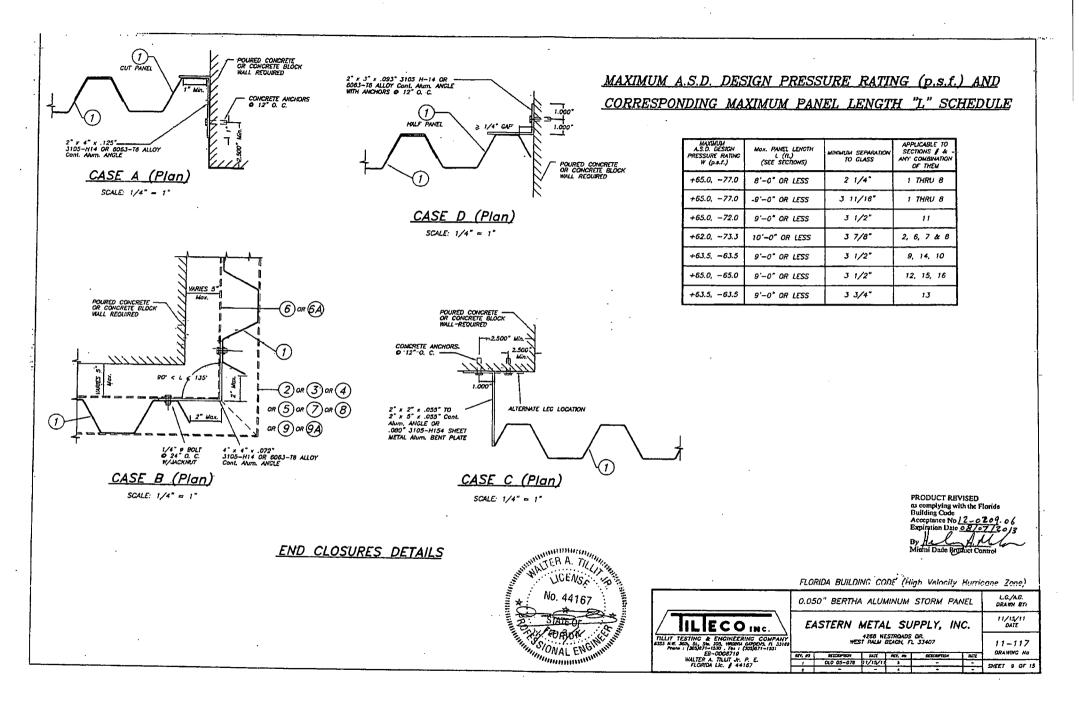
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1/2"         N/A         N/A         N/A         N/A           N/A         112"         N/A         N/A         N/A         N/A         N/A         N/A           N/A         N/A         N/A         N/A         N/A         N/A</th> <th>N/A         N/A         N/A         10         10         N/A         12         B         N/A         N/A         N/A           6"         N/A         N/A         10"         N/A         12"         12"         N/A         N/A           6"         N/A         N/A         10"         N/A         12"         17"         9"         N/A         N/A           8"         N/A         N/A         10"         7 1/2"         12"         9"         N/A         N/A           8"         N/A         N/A         10"         7 1/2"         12"         N/A         N/A           8"         N/A         N/A         10"         7 1/2"         17"         N/A         N/A           112"         N/A         5 1/2"         N/A         7 1/2"         N/A         N/A           N/A         112"         N/A         5 1/2"         N/A         7 1/2"         N/A         N/A           N/A         111 1/2"         N/A         5 1/2"         N/A         N/A         12"         N/A         N/A           N/A         N/A         N/A         N/A         N/A         N/A         12"         12"         12"<th>N/A         N/A         N/A         10         N/A         12         N/A         N/A         12           0"         N/A         N/A         10"         N/A         12"         N/A         N/A         12"           0"         N/A         N/A         10"         1/2"         12"         0"         N/A         N/A         12"           0"         N/A         N/A         10"         1/2"         12"         0"         N/A         12"           0"         N/A         N/A         10"         7 1/2"         12"         0"         N/A         12"           0"         N/A         N/A         10"         7 1/2"         11"         0"         N/A         12"           0"         N/A         11"         N/A         5 1/2"         N/A         7 1/2"         N/A         N/A         11"           112"         N/A         5 1/2"         N/A         7 1/2"         N/A         N/A         10 1/2"         N/A         6 12"           110"         N/A         N/A         N/A         N/A         N/A         N/A         N/A         N/A           12"         N/A         N/A         N/A</th><th>N/A         N/A         10         1/A         12         B         N/A         N/A         12<sup>*</sup>         N/A           0"         N/A         N/A         10"         N/A         11"         N/A         N/A         N/A         11"         N/A           0"         N/A         N/A         110"         2 1/2"         11"         0"         N/A         N/A         N/A         11"         N/A           0"         N/A         N/A         10"         2 1/2"         11"         0"         N/A         11"         N/A           0"         N/A         N/A         10"         7 1/2"         11"         0"         N/A         11"         11"         N/A         5"         N/A         7"/A"         11"         N/A         6"         N/A         11"         N/A         5"         N/A         7"/A         N/A         10"/A"         N/A         11"         N/A         N/A         11"         11"         N/A         N/A         N/A         11"         11"         12"         N/A         N/A</th><th>N/A         N/A         10         1/2         12         6         N/A         N/A         12         6'         11'           6'         N/A         N/A         10'         N/A         11'         N/A         N/A         11'         N/A         11'           6'         N/A         N/A         10'         1'/A'         12'         N/A         N/A         12'         N/A         11'           6'         N/A         N/A         10'         1'/A'         12'         N/A         N/A         12'         N/A         11'           6'         N/A         N/A         10'         7 1/2'         17'         0'         N/A         N/A         12'         N/A         11'/2'           N/A         11'/2'         N/A         5 1/2'         N/A         7 1/2'         N/A         M/A         N/A         11'/2'         N/A         11'/2'         N/A         11'/2'         N/A         11'/2'         N/A         11'/2'         N/A         10'/2'         N/A         0'/2'         N/A         11'/2'         N/A         11'/2'         N/A         11'/2'         N/A         10'/2'         N/A         11'/2'         N/A         10'/2'</th><th>N/A         N/A         <thn a<="" th=""> <thn a<="" th=""> <thn a<="" th=""></thn></thn></thn></th><th>N/A         N/A         N/A         10         I/V         I/Z         V         N/A         N/A         I/Z         V/A         N/A         I/Z         N/A         N/A         I/Z         N/A         N/A         I/Z         N/A         N/A         I/Z         N/A         N/A         N/A         I/Z         N/A         N/A         N/A         I/Z         N/A         N/A         N/A         I/Z         N/A         N/A         I/Z         N/A         N/A         I/Z         <thn a<="" th=""> <thi th="" z<=""> <thn a<="" th=""></thn></thi></thn></th><th>NA         NA         <thna< th="">         NA         NA         NA&lt;</thna<></th><th>NA         NA         NA         II         III         IIII         IIIII         IIII         IIII         IIII         IIII         IIII         IIIII         IIIII         IIIII</th><th>NA         NA         IV         <thiv< th="">         IV         IV         IV&lt;</thiv<></th><th>NA         NA         <thna< th="">         NA         NA         NA<!--</th--><th>MA         NA         <thna< th="">         NA         NA         NA<!--</th--><th>No.         No.         <thno.< th=""> <thno.< th=""> <thno.< th=""></thno.<></thno.<></thno.<></th></thna<></th></thna<></th></th> | N/A         N/A         N/A         10         1/12         12         0         N/A           0"         N/A         N/A         10"         N/A         112"         N/A         N/A           0"         N/A         N/A         10"         N/A         112"         N/A         N/A           0"         N/A         N/A         10"         7 1/2"         12"         0"         N/A           0"         N/A         N/A         10"         7 1/2"         12"         0"         N/A           0"         N/A         N/A         10"         7 1/2"         12"         0"         N/A           0"         N/A         12"         N/A         5 1/2"         N/A         7 1/2"         N/A         N/A           N/A         112"         N/A         5 1/2"         N/A         7 1/2"         N/A         N/A           N/A         112"         N/A         5 1/2"         N/A         N/A         N/A         N/A           N/A         112"         N/A         N/A         N/A         N/A         N/A         N/A           N/A         N/A         N/A         N/A         N/A         N/A | N/A         N/A         N/A         10         10         N/A         12         B         N/A         N/A         N/A           6"         N/A         N/A         10"         N/A         12"         12"         N/A         N/A           6"         N/A         N/A         10"         N/A         12"         17"         9"         N/A         N/A           8"         N/A         N/A         10"         7 1/2"         12"         9"         N/A         N/A           8"         N/A         N/A         10"         7 1/2"         12"         N/A         N/A           8"         N/A         N/A         10"         7 1/2"         17"         N/A         N/A           112"         N/A         5 1/2"         N/A         7 1/2"         N/A         N/A           N/A         112"         N/A         5 1/2"         N/A         7 1/2"         N/A         N/A           N/A         111 1/2"         N/A         5 1/2"         N/A         N/A         12"         N/A         N/A           N/A         N/A         N/A         N/A         N/A         N/A         12"         12"         12" <th>N/A         N/A         N/A         10         N/A         12         N/A         N/A         12           0"         N/A         N/A         10"         N/A         12"         N/A         N/A         12"           0"         N/A         N/A         10"         1/2"         12"         0"         N/A         N/A         12"           0"         N/A         N/A         10"         1/2"         12"         0"         N/A         12"           0"         N/A         N/A         10"         7 1/2"         12"         0"         N/A         12"           0"         N/A         N/A         10"         7 1/2"         11"         0"         N/A         12"           0"         N/A         11"         N/A         5 1/2"         N/A         7 1/2"         N/A         N/A         11"           112"         N/A         5 1/2"         N/A         7 1/2"         N/A         N/A         10 1/2"         N/A         6 12"           110"         N/A         N/A         N/A         N/A         N/A         N/A         N/A         N/A           12"         N/A         N/A         N/A</th> <th>N/A         N/A         10         1/A         12         B         N/A         N/A         12<sup>*</sup>         N/A           0"         N/A         N/A         10"         N/A         11"         N/A         N/A         N/A         11"         N/A           0"         N/A         N/A         110"         2 1/2"         11"         0"         N/A         N/A         N/A         11"         N/A           0"         N/A         N/A         10"         2 1/2"         11"         0"         N/A         11"         N/A           0"         N/A         N/A         10"         7 1/2"         11"         0"         N/A         11"         11"         N/A         5"         N/A         7"/A"         11"         N/A         6"         N/A         11"         N/A         5"         N/A         7"/A         N/A         10"/A"         N/A         11"         N/A         N/A         11"         11"         N/A         N/A         N/A         11"         11"         12"         N/A         N/A</th> <th>N/A         N/A         10         1/2         12         6         N/A         N/A         12         6'         11'           6'         N/A         N/A         10'         N/A         11'         N/A         N/A         11'         N/A         11'           6'         N/A         N/A         10'         1'/A'         12'         N/A         N/A         12'         N/A         11'           6'         N/A         N/A         10'         1'/A'         12'         N/A         N/A         12'         N/A         11'           6'         N/A         N/A         10'         7 1/2'         17'         0'         N/A         N/A         12'         N/A         11'/2'           N/A         11'/2'         N/A         5 1/2'         N/A         7 1/2'         N/A         M/A         N/A         11'/2'         N/A         11'/2'         N/A         11'/2'         N/A         11'/2'         N/A         11'/2'         N/A         10'/2'         N/A         0'/2'         N/A         11'/2'         N/A         11'/2'         N/A         11'/2'         N/A         10'/2'         N/A         11'/2'         N/A         10'/2'</th> <th>N/A         N/A         <thn a<="" th=""> <thn a<="" th=""> <thn a<="" th=""></thn></thn></thn></th> <th>N/A         N/A         N/A         10         I/V         I/Z         V         N/A         N/A         I/Z         V/A         N/A         I/Z         N/A         N/A         I/Z         N/A         N/A         I/Z         N/A         N/A         I/Z         N/A         N/A         N/A         I/Z         N/A         N/A         N/A         I/Z         N/A         N/A         N/A         I/Z         N/A         N/A         I/Z         N/A         N/A         I/Z         <thn a<="" th=""> <thi th="" z<=""> <thn a<="" th=""></thn></thi></thn></th> <th>NA         NA         <thna< th="">         NA         NA         NA&lt;</thna<></th> <th>NA         NA         NA         II         III         IIII         IIIII         IIII         IIII         IIII         IIII         IIII         IIIII         IIIII         IIIII</th> <th>NA         NA         IV         <thiv< th="">         IV         IV         IV&lt;</thiv<></th> <th>NA         NA         <thna< th="">         NA         NA         NA<!--</th--><th>MA         NA         <thna< th="">         NA         NA         NA<!--</th--><th>No.         No.         <thno.< th=""> <thno.< th=""> <thno.< th=""></thno.<></thno.<></thno.<></th></thna<></th></thna<></th> | N/A         N/A         N/A         10         N/A         12         N/A         N/A         12           0"         N/A         N/A         10"         N/A         12"         N/A         N/A         12"           0"         N/A         N/A         10"         1/2"         12"         0"         N/A         N/A         12"           0"         N/A         N/A         10"         1/2"         12"         0"         N/A         12"           0"         N/A         N/A         10"         7 1/2"         12"         0"         N/A         12"           0"         N/A         N/A         10"         7 1/2"         11"         0"         N/A         12"           0"         N/A         11"         N/A         5 1/2"         N/A         7 1/2"         N/A         N/A         11"           112"         N/A         5 1/2"         N/A         7 1/2"         N/A         N/A         10 1/2"         N/A         6 12"           110"         N/A         N/A         N/A         N/A         N/A         N/A         N/A         N/A           12"         N/A         N/A         N/A | N/A         N/A         10         1/A         12         B         N/A         N/A         12 <sup>*</sup> N/A           0"         N/A         N/A         10"         N/A         11"         N/A         N/A         N/A         11"         N/A           0"         N/A         N/A         110"         2 1/2"         11"         0"         N/A         N/A         N/A         11"         N/A           0"         N/A         N/A         10"         2 1/2"         11"         0"         N/A         11"         N/A           0"         N/A         N/A         10"         7 1/2"         11"         0"         N/A         11"         11"         N/A         5"         N/A         7"/A"         11"         N/A         6"         N/A         11"         N/A         5"         N/A         7"/A         N/A         10"/A"         N/A         11"         N/A         N/A         11"         11"         N/A         N/A         N/A         11"         11"         12"         N/A         N/A | N/A         N/A         10         1/2         12         6         N/A         N/A         12         6'         11'           6'         N/A         N/A         10'         N/A         11'         N/A         N/A         11'         N/A         11'           6'         N/A         N/A         10'         1'/A'         12'         N/A         N/A         12'         N/A         11'           6'         N/A         N/A         10'         1'/A'         12'         N/A         N/A         12'         N/A         11'           6'         N/A         N/A         10'         7 1/2'         17'         0'         N/A         N/A         12'         N/A         11'/2'           N/A         11'/2'         N/A         5 1/2'         N/A         7 1/2'         N/A         M/A         N/A         11'/2'         N/A         11'/2'         N/A         11'/2'         N/A         11'/2'         N/A         11'/2'         N/A         10'/2'         N/A         0'/2'         N/A         11'/2'         N/A         11'/2'         N/A         11'/2'         N/A         10'/2'         N/A         11'/2'         N/A         10'/2' | N/A         N/A <thn a<="" th=""> <thn a<="" th=""> <thn a<="" th=""></thn></thn></thn> | N/A         N/A         N/A         10         I/V         I/Z         V         N/A         N/A         I/Z         V/A         N/A         I/Z         N/A         N/A         I/Z         N/A         N/A         I/Z         N/A         N/A         I/Z         N/A         N/A         N/A         I/Z         N/A         N/A         N/A         I/Z         N/A         N/A         N/A         I/Z         N/A         N/A         I/Z         N/A         N/A         I/Z         N/A         I/Z <thn a<="" th=""> <thi th="" z<=""> <thn a<="" th=""></thn></thi></thn> | NA         NA <thna< th="">         NA         NA         NA&lt;</thna<> | NA         NA         NA         II         III         IIII         IIIII         IIII         IIII         IIII         IIII         IIII         IIIII         IIIII         IIIII | NA         NA         IV         IV <thiv< th="">         IV         IV         IV&lt;</thiv<> | NA         NA <thna< th="">         NA         NA         NA<!--</th--><th>MA         NA         <thna< th="">         NA         NA         NA<!--</th--><th>No.         No.         <thno.< th=""> <thno.< th=""> <thno.< th=""></thno.<></thno.<></thno.<></th></thna<></th></thna<> | MA         NA         NA <thna< th="">         NA         NA         NA<!--</th--><th>No.         No.         <thno.< th=""> <thno.< th=""> <thno.< th=""></thno.<></thno.<></thno.<></th></thna<> | No.         No. <thno.< th=""> <thno.< th=""> <thno.< th=""></thno.<></thno.<></thno.<> |

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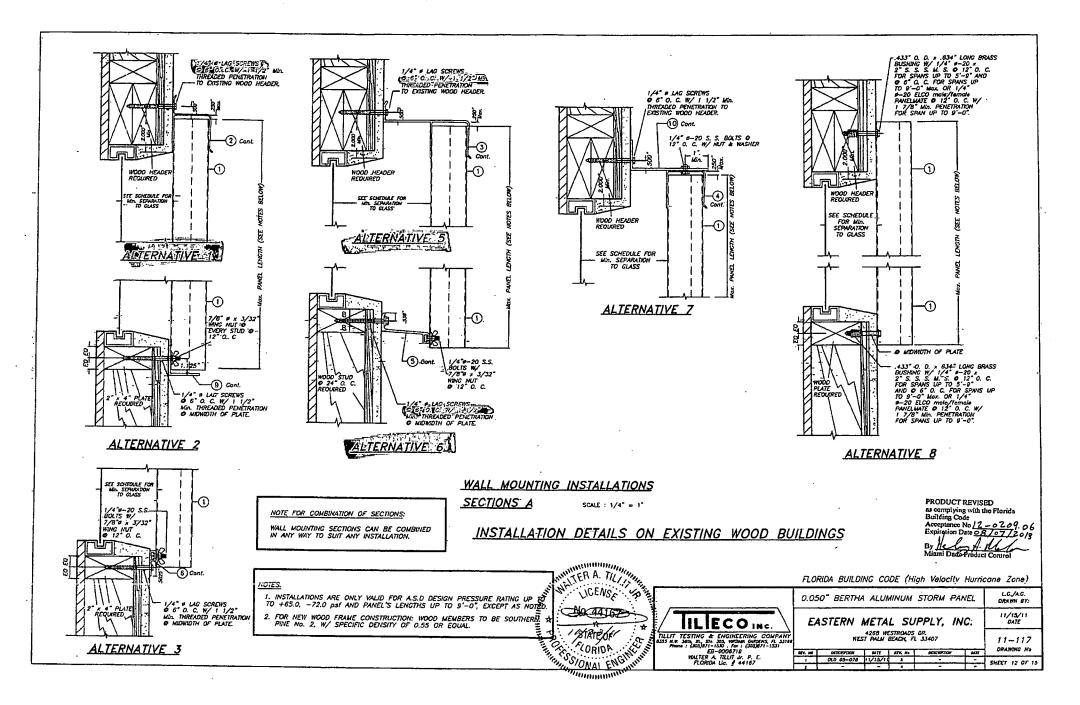
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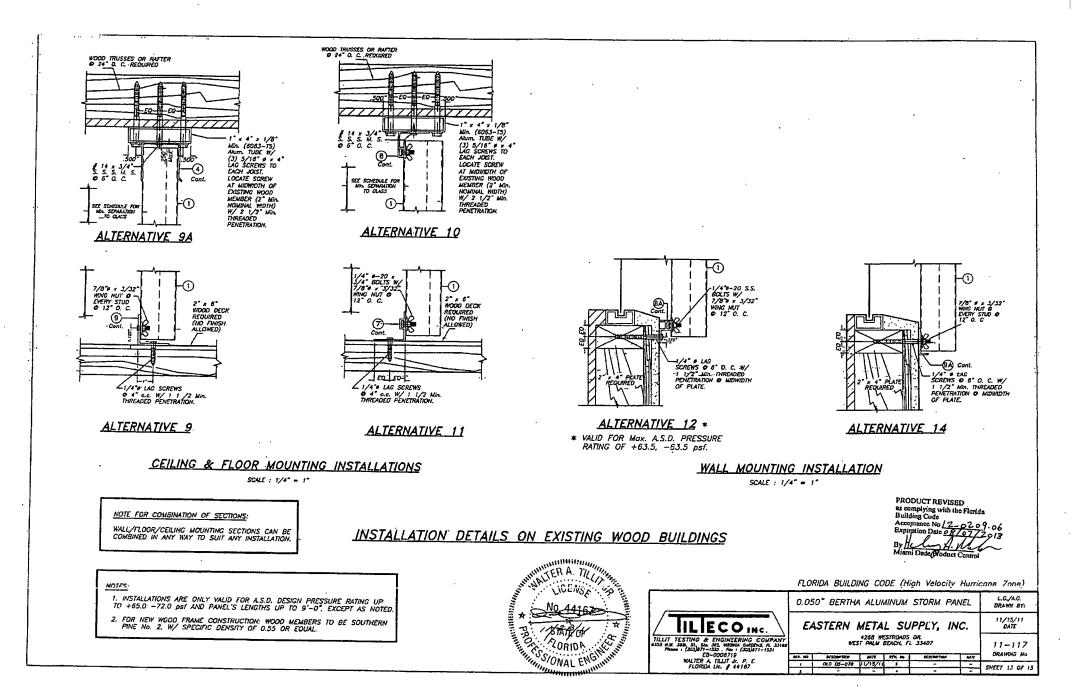
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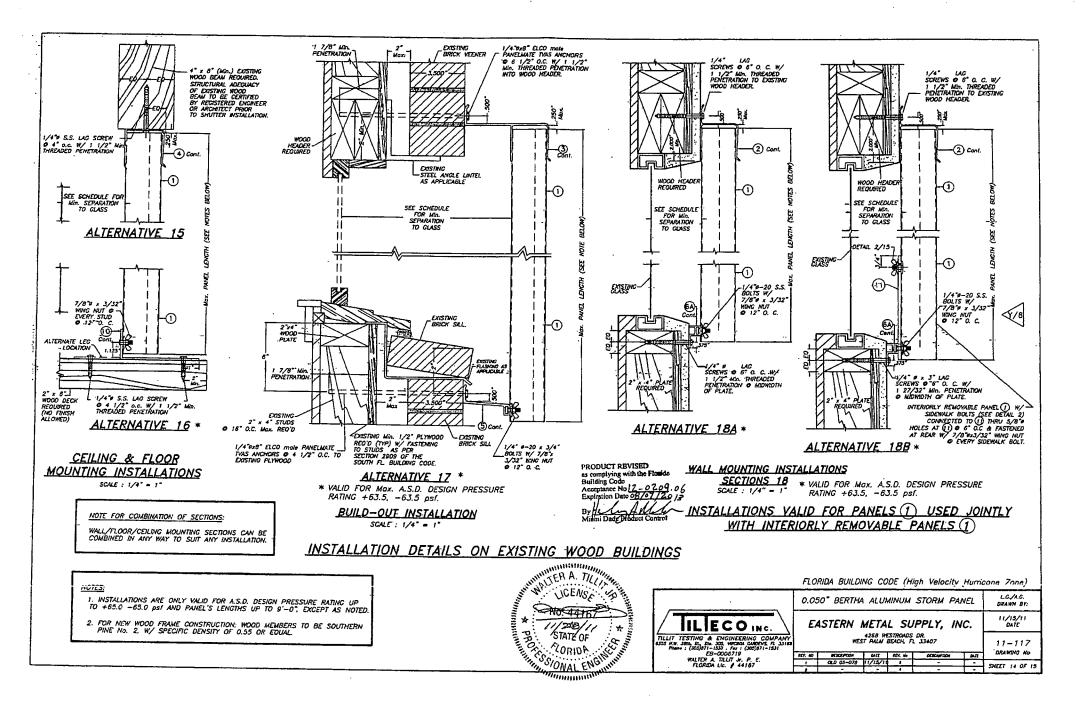
| A.S.D. DESIGN              | L      |                 |      |            |        |            | МАХТИЦЬ    | ANCHORS SPA | CING FOR E. D | 3 1/2" +   |             |            |             |             |             |            |                                       | •          | APPLICABLE TO                   | · · · · · · · · · · · · · · · · · · · |                    |
|----------------------------|--------|-----------------|------|------------|--------|------------|------------|-------------|---------------|------------|-------------|------------|-------------|-------------|-------------|------------|---------------------------------------|------------|---------------------------------|---------------------------------------|--------------------|
| PRESSURE<br>MILHO (D.S.I.) |        | REGULAR TAPCONS |      | E-FLEX SSI | ZAMAC  |            |            | K-01        | SOL           | D-SET      | OF 14       | ନ-ପର୍ଚ୍ଚ   | PANE        | 1.84123     | PANELAN     | IT PLUS    | 410 S.S.                              | TAPCON     | SECTIONS # &<br>ANY COMEDIATION | MUXANUM PANEL<br>LENGTH 2° (IL)       |                    |
| ····                       |        |                 |      |            |        | TO MASONRY |            | TO MASONRY  | TO CONCRETE   | TO MASOMRY | TO CONCRETE | TO MUSONAY | TO CONCRETE | TO MASCHIRY | TO CONCRETE | TO MASONRY | TO CONCRETE                           | TO MASONRY | OF THEY                         |                                       | E. D. = EDGE DISTA |
|                            | 6*     | N/A             | N/A  | N/A        | 3.     | N/A        | 6"         | N/A         | N/A           | N/A        | 3 1/2"      | N/A        | 2 1/2       | N/A         | N/A         | N/A        | N/A                                   | N/A        | t (TOP)                         |                                       |                    |
|                            | 12*    | 5*              | N/A  | N/A        | 10-    | 5"         | 12*        | 7 1/2"      | N/A .         | N/A        | - 12"       | 6".        | 8 1/2"      | 9 1/2"      | N/A         | N/A        | N/A                                   | N/A        | 1 (воттоы)                      | 1                                     |                    |
|                            | 12*    | N/A             | N/A  | N/A        | 10"    | N/A        | 12*        | N/A         | N/A           | N/A        | 12*         | N/A        | 9 1/2-      | N/A         | N/A         | N/A        | N/A                                   | N/A        | 2 (TOP)                         | 1                                     |                    |
|                            | 12*    | 5"              | N/A  | N/A        | 10-    | 6-         | 12*        | 7 1/2"      | N/A           | N/A        | 12*         | 5 1/2"     | 8 1/2"      | 9°          | N/A         | N/A        | N/A                                   | N/A        | 2 (BOTTOM)                      | 1 [                                   |                    |
|                            | 12*    | N/A             | N/A  | N/A        | 10"    | N/A        | 12-        | N/A         | N/A           | N/A        | 12*         | N/A        | 9 1/2"      | N/A         | N/A         | N/A        | N/A                                   | N/A        | 3 (TOP)                         | 1 1                                   |                    |
| 1                          | 12*    | 5-              | N/A  | N/A        | .8*    | 5"         | 12"        | 7 1/2" .    | N/A ·         | N/A .      | 12*         | 6 1/2"     | 9 1/2"      | g•          | N/A         | N/A        | N/A                                   | N/A        | 3 (BOTTOM)                      | 1 ]                                   |                    |
| 65.0, -77.0                | 12*    | N/A             | N/A· | N/A        | 10*    | N/A        | 12* _      | N/A         | N/A           | · N/A      | 12"         | N/A        | 8 1/2"      | N/A         | N/A         | N/A        | -N,CA                                 | N/A        | 47(TOP)                         | 9'-0" OR LESS                         |                    |
|                            | 12"    | 5*              | N/A  | N/A        | 8"     | <i>6</i> * | 12*        | 7 1/2"      | N/A           | N/A        | 12"         | 6 1/2-     | 0 1/2"      | 9-          | N/A         | N/A        | N/A                                   | N/A        | 4 (воттом)                      | 1                                     |                    |
|                            | 12"    | N/A             | N/A  | N/A        | 8"     | N/A        | 12*        | N/A         | N/A           | N/A        | 12"         | N/A        | 9 1/2"      | N/A         | N/A         | N/A        | N/A                                   | N/A        | 5 (TOP)                         | 1 1                                   |                    |
|                            | 12*    | 4 1/2"          | N/A  | N/A        | 7      | ·5*        | 12*        | .6*         | N/A           | N/A        | 10"         | 5"         | 7 1/2-      | 7 1/2"      | N/A         | N/A        | N/A.                                  | N/A        | 5 (ВОТТОМ)                      | 1                                     |                    |
| [                          | 7      | N/A             | N/A  | N/A        | 4 1/2" | N/A        | 6*         | N/A         | N/A           | N/A        | 7.          | N/A        | .5"         | N/A         | N/A         | ·····      | N/A                                   |            | 6 (TOP)                         | 4 1                                   |                    |
| [                          | 7      | N/A             | N/A  | N/A        | 4 1/2" | N/A        | 6*         | NA          | <i>8</i> *    | N/A        | 7"          | N/A        | 5"          |             |             | N/A        | · · · · · · · · · · · · · · · · · · · | N/A        | · · · · ·                       | {                                     |                    |
| Γ                          | 5-     | N/A             | N/A  | N/A        | 4.     | N/A        | 5 1/2*     | N/A         | 8"            | N/A        | 6*          |            | 4 1/2"      | N/A         | N/A         | N/A        | N/A                                   | N/A        | 6 (BOTTOM)                      | {                                     |                    |
| ľ                          | N/A    | N/A             | N/A  | N/A        | N/A    | N/A        | 12"        | 5"          | 12*           | 12"        | 12*         | N/A<br>6*  |             | N/A         | N/A         | N/A        | N/A                                   | N/A        | 7 (ТОР/ВОТТОМ)                  | 4                                     |                    |
|                            | 6 1/2" | -N/A            | 12*  | N/A        | Nt/A   | N/A        | 5          | NA          | 0 1/2         | 12<br>N/A  |             |            | 6"          | 6*          | N/A         | N/A        | N/A                                   | N/A        | в (тор/воттом)                  |                                       |                    |
| 55.0, -72.0                | NA     | NA .            | N/A  | N/A        | NYA -  | N/A        | 12*        | 6           | 12"           |            | N/A         | N/A        | 9"          | N/A         | 9'          | N/A -      | 7.1/2" -                              | NjXA       | 7 (ТОР/ВОТТОМ)                  |                                       |                    |
| ,<br>T                     | 12*    | 5 1/2*          | 12"  | 10 1/2"    | NA     | N/A        | 12*        |             |               | 12"        | N/A         | N/A        | _ 12-       | 5_          | 12*         | 6*         | . N/A· ·                              | N/A-       | 11 (TOP).                       | 9'-0° OR LESS                         |                    |
|                            | 5      | N/A -           | N/A· | N/A        | 6"     | N/A        | 5"         |             | 12"           | 12-        | N/A         | N/A        | 12*         | 0 1/2"      | 12*         | 6 1/2*     | 12*                                   | 7"         | 11 (BOTTOM)                     | <u> </u>                              |                    |
|                            | 6-     | 5-              | N/A  | N/A        | 6"     | 5 1/2"     | 6°         | -N/A<br>6*  | 12<br>N/A     | 12*        |             | N/A        | <i>6</i> *  | : N/A       | N/A         | ₩/A        | N/A                                   | 'N/A ·     | · 2 (TOP)                       |                                       |                    |
| F                          | 6-     | NA              | N/A  | N/A        | 4.     | N/A        | 5<br>5"    |             |               | N/A        | 6-          | 87         | 6"          | 6°          | N/A         | N/A -      | -N/A                                  | N/A        | 2 (воттом)                      |                                       |                    |
| 2.073.3                    | 6.     | N/A             | N/A  | N/A        |        |            |            | N/A         | N/A           | N/A        | 6°          | N/A        | 5"          | N/A         | N/A         | N/A        | N/A                                   | N/A        | 6 (TOP)                         |                                       |                    |
|                            | 6-     | NA              | NA   | N/A        | 5'     | N/A        | 6*         | N/A         | 8*            | N/A        | 6-          | N/A        | 5"          | N/A         | N/A         | N/A        | N/A                                   | N/A        | 6 (воттом)                      | 9'-0" TO 10'-0"                       |                    |
| -                          | N/A    | N/A             | N/A  |            |        | N/A        | 6"         | N/A         | 8"            | N/A        | 5 1/2"      | N/A        | 4*          | N/A         | N/A         | N/A        | N/A                                   | N/A        | 7 (TOP/BOTTOM)                  | 1                                     |                    |
| F                          |        |                 | 10/4 | N/A        | N/A    | N/A        | <u>5</u> " | <i>a</i> *  | 12*           | 12"        | 6*          | 5"         | . 6"        | 5           | N/A         | N/A        | N/A                                   | N/A        | в (тор/воттом)                  | <u> </u>                              |                    |
|                            | N/A    | N/A             | N/A  | N/A        | N/A    | N/A        | N/A        | N/A         | 12.           | 12-        | N/A         | N/A        | NA          | N/A         | N/A         | N/A        | N/A                                   |            | I (ВОТТОМ)<br>10 (ТОР)          |                                       |                    |

#### MAXIMUM A.S.D. DESIGN PRESSURE RATING (D.S.L.) AND CORRESPONDING MAXIMUM ANCHOR SPACING SCHEDULE FOR INSTALLATIONS INTO CONCRETE AND CONCRETE BLOCK STRUCTURES

| • MAXIMUM A               | MCMOR SPACINGS WRE VALID FOR J 1/2" EDGE DISTANCE.<br>CHOR SPACING BY MULTIPLITING SPACING SHOWN ON SCHEL                                                                                             | FOR E. D. L | ESS THAN 3 1 | 72: 7       | ANCHORS_LEGEND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Min.                    |                                                                                                                                        | PRODUCT REVI<br>as complying with<br>Building Code<br>Acceptance No[2<br>Expiration Date 2 | the Florida            |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------|
| (NOTE: MIN.<br>FOR THIS ( | E. D. FOR CALK-IN MACHINE SPACING SHOWN ON SCHEL<br>E. D. FOR CALK-IN MACHINE IS 2 1/27<br>DEPERATION TO BE POSTELE, REDUCED SPACING OBTAINED US<br>MIMMUAN SPACING INDICATED FOR EACH ANCHOR TYPE AT | DUCE BY THE | FOLLOWING F  | ACTORS.     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SPACING                 |                                                                                                                                        | By He A                                                                                    | Malon                  |
| LESS THAN                 | MIMIMUM SPACING INDICATED FOR EACH ANCHOR TYPE AT                                                                                                                                                     | ANCHORS LEG | GEND.        | e l         | REGULAR TAPCON, 410 S.S. TAPCON, CRETE-FLEX SS4,<br>ZAMAC NATLING, CF TAP-GRIP, PANELMATE OR PANELMATE PLU.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3.0-                    |                                                                                                                                        | Mitani Dade Produ                                                                          | et Contrel             |
| 407744                    | FACTOR                                                                                                                                                                                                |             |              |             | CALK-IN ANTIMITATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2.5"                    |                                                                                                                                        |                                                                                            |                        |
|                           | REGULAR TAPCON, 410 S.S. TAPCON, CREE-FLEX S54,<br>ZAMAC NATLING, PANELMATE OR PANELMATE PLUS.                                                                                                        | CALK-IN     | SOLID-SET    | CF TAP-GRIP | SOLID-SET, MITEH A. TH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 14. 3.5"                |                                                                                                                                        | FLORIDA BUILDING CODE (High Velocity Hurrid                                                | 7000)                  |
| 2.                        | ವರ                                                                                                                                                                                                    | .75         | .78          | 1.00        | N. V. CEAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                                                                                                                                        | TEORIDA DOIEDING CODE (Thigh Velocity Hume                                                 | une Lone,              |
| 2 1/2'                    | .71                                                                                                                                                                                                   | .50         |              | .80         | JCENSK.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10                      |                                                                                                                                        | 0.050" BERTHA ALUMINUM STORM PANEL                                                         | L.G./A.G.<br>DRAWN BY: |
| 2*                        | .50                                                                                                                                                                                                   | -           |              | -           | × No. 441672                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | × ×                     |                                                                                                                                        |                                                                                            | 11/15/11               |
|                           |                                                                                                                                                                                                       | •           |              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | =                       |                                                                                                                                        | EASTERN METAL SUPPLY, INC.                                                                 | DATE                   |
|                           |                                                                                                                                                                                                       |             |              |             | 11 - STATE - 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . N                     | TILLIT TESTING & ENGINEERING COMPANY<br>4333 N.W. 340. S. S. JOJ. WERNA CARDIC, R. 33166<br>Phone 1 (305)871-1540, Fai 1 (335)871-1531 | 4288 WESTROADS DR.<br>WEST PALM BEACH, FL J3407                                            | 11-117                 |
|                           |                                                                                                                                                                                                       |             |              |             | TORIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | and and a second second | EB-0006719                                                                                                                             | RTV. RD DESSEMPTION DATE RIV. IN DESCEPTION ANT                                            | DRAWING No             |
| ·····                     |                                                                                                                                                                                                       |             |              |             | MINING ONAL ENG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IIII I                  | WALTER A TILLIT Jr. P. E.<br>FLORIDA LIG. # 44187                                                                                      | 1 040 03-078 11/18/11 3                                                                    | SHEET 11 OF 15         |
| •                         |                                                                                                                                                                                                       |             |              |             | and the second s |                         |                                                                                                                                        |                                                                                            |                        |

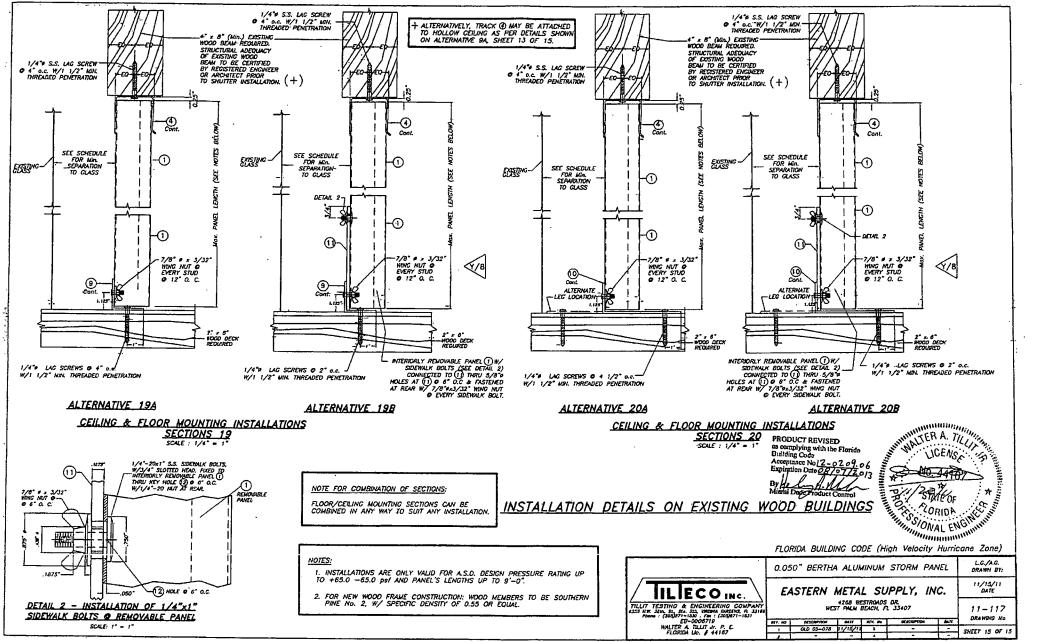






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#### FLORIDA ENERGY CONSERVATION CODE .

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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:                 | MRS BELL                                        | Contractor name:                                             | CENTURY AK                            |                |
|------------------------|-------------------------------------------------|--------------------------------------------------------------|---------------------------------------|----------------|
| Street address:        | 345. SELMI'SI                                   | PT, RD Jurisdiction:                                         |                                       |                |
| City:                  | STUANT                                          | Permit No.:                                                  | 10441                                 |                |
| Zip:                   | 34991                                           | Final inspection date:                                       |                                       |                |
| above and four         | id it complies with the rea                     | vork associated with the HVAC quirements of Section 101.4.7. | 1.1 as indicated below                | v:             |
| equivalent.            | ded, the existing ducts ha                      | ve been sealed using reinforced                              | a mastic or code-appr                 | oved           |
| Ducts are lo           | ocated within conditioned                       | d space. (Section 101.4.7.1.1 ex                             | (ception 1)                           |                |
| The joints of          | or seams are already seale                      | ed with fabric and mastic (Sect                              | ion 101.4.7.1.1 excep                 | tion 2)        |
| □ System was           | s tested (see below) and re                     | epairs were made as necessary                                | - (Section 101.4.7.1.                 | 1 exception 3) |
|                        | Ahuna                                           |                                                              | 1 1                                   |                |
| Signature:             | XMMN                                            | Date:                                                        | 5/03/13                               |                |
|                        | J J                                             | · · ·                                                        |                                       | . •            |
| $\mathcal{V}$          |                                                 |                                                              |                                       |                |
| Printed Name:          | GARY ROBERTS                                    | ·                                                            |                                       |                |
|                        |                                                 |                                                              |                                       | -              |
| о., , т.               | nse #:CAC0576                                   | nh                                                           |                                       |                |
| Contractor Lice        | $\operatorname{nse} \#: \underbrace{-0100}{10}$ | <u>, 70</u>                                                  |                                       |                |
| a                      |                                                 | ويوهبهم ويوويده مدد ببره دويد من عند ولين ومعدد              |                                       |                |
| T a satifical T bou    | e tostad the replaced air d                     | listribution system(s) reference                             | d by the nermit listed                | above at a     |
| pressure differe       | ntial of 25 Pascals (0.10 i                     | in. w.c.).                                                   | .u by me permit hated                 |                |
|                        |                                                 | •                                                            |                                       |                |
| Signature:             |                                                 | Date:                                                        |                                       | · .            |
|                        |                                                 | ·                                                            |                                       |                |
| Printed Name:          | ·                                               | •                                                            |                                       | · .            |
| erinieu Name: _        | · · · · · · · · · · · · · · · · · · ·           | · ····································                       | · · · · · · · · · · · · · · · · · · · |                |
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|                        |                                                 |                                                              |                                       |                |
|                        | • •                                             |                                                              |                                       | • .            |
|                        |                                                 |                                                              |                                       |                |
|                        |                                                 |                                                              | •*-                                   |                |
| orm revision date: Mar | ch 18, 2011<br>흔 함                              |                                                              | •                                     |                |
| •                      | - n                                             |                                                              |                                       | •              |

| an ann an an the section of   |                                          |                                                                                             |                                                                                                                     | and an on the second |
|-------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                               | n an | N OF SEWALLS<br>Department - Inspe                                                          |                                                                                                                     |                                                                                                                 |
| Date of In                    |                                          |                                                                                             |                                                                                                                     | - <b>/3</b> Page / of                                                                                           |
| <b>PERMIT</b> #               | OWNER/ADDRESS/CONTRACTOR                 | INSPECTION TYPE                                                                             | RESULTS                                                                                                             | COMMENTS                                                                                                        |
| 10433                         | gelbert                                  | Finalzo                                                                                     |                                                                                                                     |                                                                                                                 |
| ist                           | 29 Fieldway                              |                                                                                             | (YASS                                                                                                               | CLOSE                                                                                                           |
|                               | Honestair                                |                                                                                             | Townstation in construction of construction of the program                                                          | INSPECTOR ·                                                                                                     |
| PERMIES#                      | OWNER/ADDRESS/CONTRACTOR                 | INSPECTIONATYPE                                                                             | RESULTS                                                                                                             | COMMENTS                                                                                                        |
|                               | R Billinganing                           | musugate                                                                                    | ner                                                                                                                 |                                                                                                                 |
| YAM                           | Se estimation and                        | · · ·                                                                                       | <u> </u>                                                                                                            |                                                                                                                 |
| PERMIN                        | OWNER/ADDRESS/CONTRACTOR                 | INSPECTION TYPE                                                                             | RESULTS                                                                                                             | INSPECTOR                                                                                                       |
| 10438                         | KARAMARA                                 | - den al                                                                                    | Contraction of the second                                                                                           |                                                                                                                 |
| L.                            | H-S ligenen                              |                                                                                             | WASS.                                                                                                               | Clores                                                                                                          |
| and the second states and the | Gulfstream                               |                                                                                             | t                                                                                                                   | INSPECTOR                                                                                                       |
| PERMITE#                      |                                          |                                                                                             | RESULTS 4245                                                                                                        | COMMENTS                                                                                                        |
| 900                           | themes is                                | Planet                                                                                      |                                                                                                                     |                                                                                                                 |
|                               | TIS Caleeview                            |                                                                                             |                                                                                                                     |                                                                                                                 |
| PERMIT #                      | WNER/ADDRESS/CONTRACTOR                  | INSPECTION TYPE                                                                             | RESULTS                                                                                                             | INSPECTOR<br>COMMENTS                                                                                           |
| 10265                         | Morales                                  | tinal.                                                                                      |                                                                                                                     |                                                                                                                 |
| 39-00                         | 10 NRidgeview                            | addition                                                                                    | () NFBS                                                                                                             | CLOSE                                                                                                           |
| 91000                         | Grubben Const                            | call if not \$60                                                                            | -9106)                                                                                                              |                                                                                                                 |
| PERMIT.#                      | OWNER/ADDRESS/CONTRACTOR                 | INSPECTION TYPE                                                                             | RESULTS                                                                                                             | COMMENTS                                                                                                        |
|                               |                                          | WEEDS                                                                                       |                                                                                                                     | SENT                                                                                                            |
|                               | NEXT TO 2 PALM GT                        | DEAD VELETATUN                                                                              | Lener                                                                                                               |                                                                                                                 |
| PERMIT #                      | OWNER/ADDRESS/CONTRACTOR                 |                                                                                             | RESULTS                                                                                                             | INSPECTOR                                                                                                       |
| <u>WEINKEIGERMARKEITER I</u>  |                                          | a i tu setantekiten eta tutun eta antaria eta tutun eta | ila fallan kenalanta kenala tanan jangka barangan barangan barangan barangan barangan barangan barangan barang<br>I |                                                                                                                 |
|                               |                                          |                                                                                             |                                                                                                                     |                                                                                                                 |
|                               |                                          |                                                                                             |                                                                                                                     | INSPECTOR                                                                                                       |

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# <u>10485</u> <u>A/C CHANGEOUT</u>



## **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 NUMBE                                                                                                                                                                        | R:                                                         | 10485                                                                                                               | * <u>0.81.81.81</u> .81                                                                                                                                                | DATE IS                                                                                                        | SUED:                                                                                                 | JUNE 13, 2013                                                                                                                    |                                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|
| SCOPE OF WORK                                                                                                                                                                       | <u>.</u>                                                   | AC CHANGI                                                                                                           | OUT                                                                                                                                                                    |                                                                                                                |                                                                                                       |                                                                                                                                  | · · · · · · · · · · · · · · · · · · ·                                                                  |  |
| SCOLE OF WOR                                                                                                                                                                        | τ.                                                         |                                                                                                                     |                                                                                                                                                                        |                                                                                                                |                                                                                                       |                                                                                                                                  | :                                                                                                      |  |
| CONTRACTOR:                                                                                                                                                                         |                                                            | SHARKEY A                                                                                                           | IR                                                                                                                                                                     |                                                                                                                |                                                                                                       |                                                                                                                                  |                                                                                                        |  |
| PARCEL CONTR                                                                                                                                                                        | OL                                                         | NUMBER:                                                                                                             | 013841006-005                                                                                                                                                          | -000700                                                                                                        |                                                                                                       | SUBDIVISION                                                                                                                      | HOMEWOOD, L7, BL E                                                                                     |  |
| CONSTRUCTION                                                                                                                                                                        | AD                                                         | DRESS:                                                                                                              | 11 S RIDGEVIEV                                                                                                                                                         | W RD                                                                                                           |                                                                                                       | I                                                                                                                                | I                                                                                                      |  |
| OWNER NAME:                                                                                                                                                                         | KR                                                         | AMER                                                                                                                | J                                                                                                                                                                      |                                                                                                                |                                                                                                       |                                                                                                                                  |                                                                                                        |  |
| QUALIFIER:                                                                                                                                                                          | KE                                                         | VIN SHARKE                                                                                                          | Y                                                                                                                                                                      | CONTA                                                                                                          | CT PHO                                                                                                | NE NUMBER:                                                                                                                       | 220-2487                                                                                               |  |
| WITH YOUR LEND<br>CERTIFIED COPY OF<br>DEPARTMENT PRI<br>NOTICE: IN ADDITICA<br>APPLICABLE TO THE<br>ADDITIONAL PERM<br>DISTRICTS, STATE A<br>24 HOUR NOTICE R<br>CALL 287-2455 - 1 | ER C<br>DF 1<br>OR<br>IS PF<br>ITS I<br>GEN<br>EQU<br>8:00 | DR AN ATTO<br>THE RECORE<br>TO THE REQU<br>TO THE REQU<br>TO THE REQU<br>REQUIRED FH<br>VIRED FOR IN<br>DAM TO 4:00 | RNEY BEFORE F<br>DED NOTICE OF (<br>ST REQUESTED I<br>UIREMENTS OF TH<br>AT MAY BE FOUNI<br>ROM OTHER GOVI<br>DERAL AGENCIES<br>SPECTIONS – <u>ALL</u><br>DPM INSPECTI | RECORDIN<br>COMMENC<br>INSPECTIO<br>HIS PERMIT<br>D IN PUBLIC<br>ERNMENT<br>CONSTRU<br>IONS: 9:00/<br>NSPECTIO | G YOUR<br>EMENT<br>DN.<br>T, THERE<br>C RECORI<br>AL ENTITI<br>CTION D<br>AM TO 3:0<br>NS<br>INDERGRO | NOTICE OF COMI<br>MUST BE SUBMIT<br>MAY BE ADDITION<br>DS OF THIS COUNT<br>TES SUCH AS WATE<br>OCUMENTS MUST<br>OPM – MONDAY THI | TED TO THE BUILDING<br>IAL RESTRICTIONS<br>Y, AND THERE MAY BE<br>R MANAGEMENT<br>BE AVAILABLE ON SITE |  |
| UNDERGROUND MECHANICAL UNDERGROUND ELECTRICAL                                                                                                                                       |                                                            |                                                                                                                     |                                                                                                                                                                        |                                                                                                                |                                                                                                       |                                                                                                                                  |                                                                                                        |  |

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.

| NER/LESSEE NAME: KRAMER ROBERT S & KATHR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PERMIT APPLICATION Permit Number: 1070                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YN J Phone (Day) (772) 288-0296 (Fax)                                                                                                                                                                                                                                                                                                                                                                                                         |
| Site Address: <u>11 S RIDGEVIEW RD</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | City: <u>STUART</u> State; <u>F1</u> Zip: <u>34996-6</u><br>Parcel Control Number: <u>01-38-41-006-005-00070-0</u>                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| e Simple Holder Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| y:State:Zip:Te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | elephone:                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| COPE OF WORK (PLEASE BE SPECIFIC):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AC Changerut                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COST AND VALUES: (Required on ALL permit applications)                                                                                                                                                                                                                                                                                                                                                                                        |
| res, Owner Bullder questionnaire must accompany application)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Estimated Value of Improvements: \$ 7120.00<br>(Notee of Commencement required when over \$500 procto to the USpection, \$7,500 on HVAC change of                                                                                                                                                                                                                                                                                             |
| s a Zoning Variance ever been granted on this property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Is subject property located in flood hazard area? VE10 AE9 AE8 X                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FOR ADDITIONS, REMODEL'S AND RE-ROOF APPLICATIONS ONLY:                                                                                                                                                                                                                                                                                                                                                                                       |
| st include a copy of all variance approvals with application)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Fair Market Value of the Primary Structure only, Minus the land value)                                                                                                                                                                                                                                                                                                                                                                        |
| nstruction Company: SHARKEY AIR-LUC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Phone: 772-220-2487                                                                                                                                                                                                                                                                                                                                                                                                                           |
| alifiers name KEVIN M SHARKEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (1) 「日本市場地方」、「本学生に採用部務委員会に「「第一人子」、「入                                                                                                                                                                                                                                                                                                                                                                                                          |
| - 「「「「「「「」」」」「「「」」」「「」」「「」」」「「」」」」「「」」」」「「」」」」                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| te License Number: CAC1816853 // / OR: Municipalit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Phone Number: 7.72-260-0479                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CALCONTACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Phone Number: 772=260-0179                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SIGN PROFESSIONAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MAY 17- 2013-1 /                                                                                                                                                                                                                                                                                                                                                                                                                              |
| eet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Covered Patrices                                                                                                                                                                                                                                                                                                                                                                                                                              |
| port                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Peck Sewall S Point Town Faller                                                                                                                                                                                                                                                                                                                                                                                                               |
| pon: Ficlosed non-habitable areas below the Base Flood Elevation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Deck: Enclosed area below BLE:                                                                                                                                                                                                                                                                                                                                                                                                                |
| TERTING AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | g Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010                                                                                                                                                                                                                                                                                                                                                                                |
| Ilonal Electrical Code: 2008, Florida Energy Code: 2010, Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | a Accessibility Code: 2010, Florida Fire Prevention Code: 2010                                                                                                                                                                                                                                                                                                                                                                                |
| OPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR<br>DICE OF COMMENCEMENT MUST BE RECORDED AND POSTED<br>IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERT<br>REICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC F<br>AND TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC F<br>BUILDING PERMITS REPORT AND THE ROWERN<br>BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SU<br>PERIOD OF 24 MONTHS: RENEWAL FEES WILL BE ASSESSED AF<br>THIS PERMIT WILL BECOME WILL AND YOUD FTHE WORK AUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TVIS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS<br>RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE<br>MENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE<br>BSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FO<br>THE 24 MONTHS PER TOWN OR DINANCE 50-95<br>THORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS; OR IF<br>YS AT ANY TIME AFTER THE WORK IS COMMENCED ADDITIONAL FEES WILL |
| ***** A FINAL INSPECTION IS REC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UIRED ON ALL BUILDING PERMITS                                                                                                                                                                                                                                                                                                                                                                                                                 |
| AT NO WORK OR INSTALLATION HAS COMMENCED PRIOR T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| WNED AGENT/LESSEE - NOTARIZED SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CONTRACTOR/LICENSEE NOTABIZED SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                      |
| te of Florida, County of: Martin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State of Florida, County of: MARTIN                                                                                                                                                                                                                                                                                                                                                                                                           |
| This the $10^{\text{th}}$ day of $\underline{May}$ 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Robert S. Kramer who is personally                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | by KEVIN M. SHARKEY who is personally                                                                                                                                                                                                                                                                                                                                                                                                         |
| write me or produced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | known to me or produced KNOWN TO ME                                                                                                                                                                                                                                                                                                                                                                                                           |
| identification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | As identification.                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Notary Public 5/20/2619                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | My Commission Expires: <u>APRIL 14, 2016</u>                                                                                                                                                                                                                                                                                                                                                                                                  |
| WILL SISAMA LYSHERSAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TTUN 20 DAVE OF ADDROVAL MOTIFICATION (EDC 406 2 A) ALL OTHER                                                                                                                                                                                                                                                                                                                                                                                 |
| Single FAMILY APPANT SHEER TONSMUST BE ISSUED W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER<br>3 180 DAYS (FBC 105.3.2)                                                                                                                                                                                                                                                                                                                                                   |
| Compiliation of the second of | VITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER<br>180 DAYS (FBC 105.3.2 - FLEASE PICK OF YOUR PERMIT PROMPTLY<br>KATE MADELINE WIEGERINK<br>WIEGERINK<br>MY COMMISSION # EE179980                                                                                                                                                                                                                                            |

\* -3. <sup>3</sup> ...\*

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

#### generated on 5/22/2013 10:11:13 AM EDT

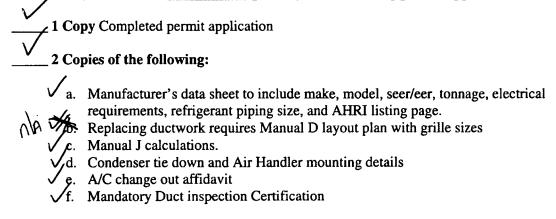
| Parcel ID                          | Account #    | Unit Address                              |           | Marke<br>Value |       | Website<br>Updated |  |
|------------------------------------|--------------|-------------------------------------------|-----------|----------------|-------|--------------------|--|
| )1-38-41-006-005<br>)0070-0        | 17675        | 11 S RIDGEVIEW ROAD, SE<br>POINT          | EWALL'S   | \$455,220      |       | 5/18/2013          |  |
|                                    |              | Owner Information                         |           |                |       |                    |  |
| Owner(Current)                     |              | KRAMER ROBERT S & KATH                    | IRYN J    |                |       |                    |  |
| Owner/Mail Add                     | ress         | 11 S RIDGEVIEW RD<br>STUART FL 34996-6450 |           |                |       |                    |  |
| Sale Date                          |              | 4/2/1997                                  |           |                |       |                    |  |
| Document Book                      | /Page        | 1229 1179                                 |           |                |       |                    |  |
| Document No.                       |              |                                           |           |                |       |                    |  |
| Sale Price                         |              | 76000                                     |           |                |       |                    |  |
|                                    |              | Location/Description                      | )         |                |       |                    |  |
| Account #                          | 17675        |                                           | Map Page  | No.            | SP-04 |                    |  |
| Tax District                       | 2200         |                                           | Legal Des | cription       |       | NOOD, LOT 7        |  |
| Parcel Address                     | 11 S RIDGEV  | IEW ROAD, SEWALL'S POINT                  |           |                | BLK E |                    |  |
| Acres                              | .3430        |                                           |           |                |       |                    |  |
|                                    | Parcel       | Туре                                      |           |                |       |                    |  |
| Use Code                           | 0100 Single  | e Family                                  |           |                |       |                    |  |
| Neighborhood                       | 120400 Hm    | wd,Palm Ro,Kngstn,Okwd, Pine              |           |                |       |                    |  |
|                                    |              |                                           |           |                |       |                    |  |
|                                    |              | Assessment Informati                      |           |                |       |                    |  |
| Market Land Val<br>Market Improver |              | \$175,000<br>\$280,220                    |           |                |       |                    |  |
| IVIATKEL IMDTOVE                   | INGIIL VAIUC | ψ200,220                                  |           |                |       |                    |  |



#### A/C PERMIT APPLICATION 2010 FLORIDA BUILDING CODE

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

Please make sure you have ALL required copies before submitting permit application



#### \*\*\*\*NOTE: LOCKING ACCESS PORT CAPS ARE REQUIRED FOR REFRIGERANT LINES LOCATED OUT DOORS PER FBC/R – M1411.6

#### COMMERCIAL APPLICATIONS ADDITIONALLY REQUIRE

**2** Copies A/C Stand NOA or Engineers letter to retrofit to existing mounts.

\_\_\_\_\_ Smoke Detectors in supply duct for units over 2000 CFM



#### Air Conditioning Change out Affidavit



Residential \_\_\_\_ Commercial \_\_\_\_

Package Unit \_\_\_\_ Yes \_\_ No (Use Condenser side of form below for equipment listing) Duct Replacement \_\_\_\_ Yes \_\_ No - Refrigerant line replacement \_\_\_\_ Yes \_\_ No Flushing Existing Refrigerant lines \_\_ Yes \_\_\_ No - Adding Refrigerant Drier \_\_ Yes \_\_\_ No Rooftop A/C Stand Installation \_\_\_\_ Yes \_\_ No - Curb Installation \_\_\_\_ Yes \_\_ No

Smoke Detector in Supply (over 2000 CFM) \_\_\_\_ Yes 🟒 No

#### One form required for each A/C system installed

## <u>REPLACEMENT</u> SYSTEM COMPONENTS

| Air handler: Mfg: RHEEM Model# RBHP24.111               | Condenser: Mfg Model#14AJM49A01                            |
|---------------------------------------------------------|------------------------------------------------------------|
| Volts208/240CFM's <u>1800</u> Heat Strip <u>10</u> Kw   | Volts <u>208-230</u> SEER/EER <u>16</u> BTU's <u>45500</u> |
| Min. Circuit Amps <u>51</u> Wire gauge <u>6</u>         | Min. Circuit Amps Wire gauge8                              |
| Max. Breaker size <u>60</u> Min. Breaker size <u>60</u> | Max. Breaker size <u>45</u> Min. Breaker size <u>35</u>    |
| Ref. line size: Liquid_3/8 Suction7/8                   | Ref. line size: Liquid_3/8 Suction                         |
| Refrigerant type                                        | Refrigerant type <u>410A</u>                               |
| Location: Existing <u>x</u> New                         | Location: Existing _x New                                  |
| Attic/Garage/Closet (specify)_OUTSIDE CLOSET            | Left/Right/Rear/Front/Roof_RIGHT_SIDE                      |
| Access:                                                 | Condensate Location                                        |

## NOTE: CONTRACTOR MUST SUPPLY A PROPER LADDER IF REQUIRED FOR INSPECTION

#### EXISTING SYSTEM COMPONENTS

| Condenser: Mfg Model# Model#                            |
|---------------------------------------------------------|
| Volts 208/230 SEER/EER UNKNOWNBTU's 44900               |
| Min. Circuit Amps <u>28</u> Wire gauge <u>8</u>         |
| Max. Breaker size <u>45</u> Min. Breaker size <u>40</u> |
| Ref. line size: Liquid <u>3/8</u> Suction <u>7/8</u>    |
| Refrigerant type <u>R22</u>                             |
| Location: Extx New                                      |
| Left/Right/Rear/Front/Roof                              |
| Condensate Location                                     |
|                                                         |

#### **Certification:**

I herby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC – R (N)1107 & 1108

Signature

5-16-13

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: 3930029

Date: 5/15/2013

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

**Outdoor Unit Model Number: 14AJM49** 

Indoor Unit Model Number: RBHP-24+RCHL-48A1

Manufacturer: RHEEM MANUFACTURING COMPANY

Trade/Brand name: RHEEM 14AJM SERIES

Manufacturer responsible for the rating of this system combination is RHEEM MANUFACTURING COMPANY

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):                                                                                                                                                                                                                  | 45500*                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EER Rating (Cooling):                                                                                                                                                                                                                     | 13.00*                                                                                                                                                                                                                                                                                                          |
| SEER Rating (Cooling):                                                                                                                                                                                                                    | 16.00 <sup>+</sup>                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                           | CERTFIED M                                                                                                                                                                                                                                                                                                      |
| " <u>«La l'and conditionne inde l'altra seconder en endrégense se précision d'altra d</u>                                                                                                                                                 | nen on en                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                 |
| * Ratings followed by an asterisk (*) indicate a voluntary rerate of previou                                                                                                                                                              | sly published data, unless accompanied with a WAS, which indicates an involuntary rerate.                                                                                                                                                                                                                       |
| the product(s) listed on this Certificate, AHRI expressly disclaims (                                                                                                                                                                     | d makes no representations, warranties or guarantees as to, and assumes no responsibility for,<br>all liability for damages of any kind arising out of the use or performance of the product(s), or the<br>atings are valid only for models and configurations listed in the directory at www.ahridirectory.org |
| TERMS AND CONDITIONS<br>This Certificate and its contents are proprietary products of AHRI.<br>The contents of this Certificate may not, in whole or in part, be rep<br>form or manner or by any means, except for the user's individual, | This Certificate shall only be used for individual, personal and confidential reference purposes.<br>roduced; copied; disseminated; entered into a computer database; or otherwise utilized, in any<br>personal and confidential reference.                                                                     |

#### **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

**CERTIFICATE NO.:** 

130131265071364358

©2013 Air-Conditioning, Heating, and Refrigeration Institute



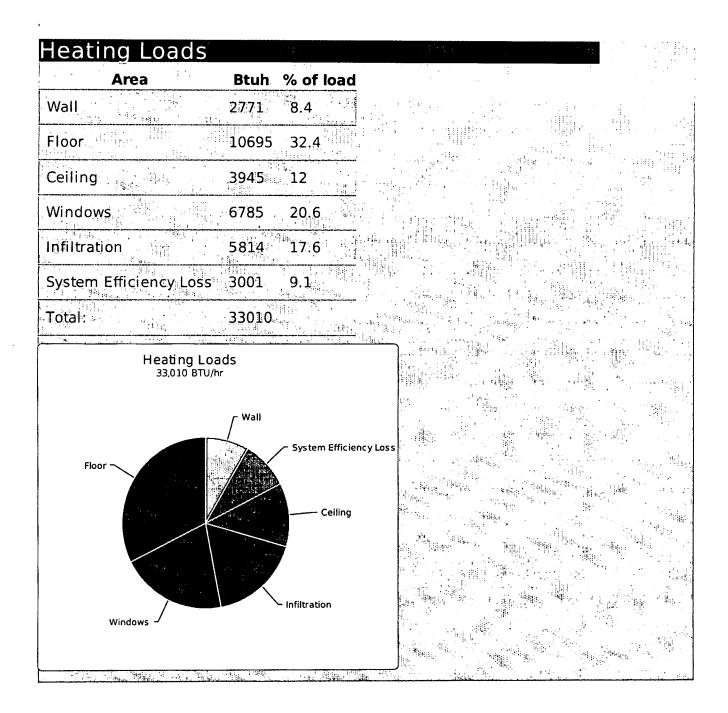
## DesignStar Load Calculation Results are intended for use with Rheem heating and cooling systems

The New Degree of Comfort™

| Cuctomor Inform:                                                                                               |                                         |         |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------|
| Customer Informa                                                                                               |                                         | 1.<br>1 |
| Street Address                                                                                                 | 11 S Ridgeview Rd, Stuart, FL 34996     |         |
| Latitude, Longitude                                                                                            | 26.6726°, -80.0706°                     |         |
| House Square Footage:                                                                                          | 2059 sq. ft.                            | ÷ .     |
| Name:                                                                                                          | Kramer                                  |         |
| Phone:                                                                                                         |                                         |         |
| Email:                                                                                                         |                                         |         |
|                                                                                                                |                                         |         |
| House Informatio                                                                                               | n an ann an Anna Anna Anna Anna Anna An |         |
| SHR. States and states | .75                                     |         |
| Number of residents                                                                                            | 2                                       | •       |
| Ceiling height                                                                                                 | 9<br>                                   |         |
| Wall U-value   R-value                                                                                         | 0.09   11                               | •       |
| Floor U-value   R-value                                                                                        | 0.2   5                                 |         |
| Ceiling U-value   R-value                                                                                      | 0.0833   12                             |         |
| Window U-value                                                                                                 | 1.0                                     | i -     |
| Window SHGF                                                                                                    | 0.85                                    |         |
| Moisture grains                                                                                                | 64                                      |         |
| Duct loss %                                                                                                    | 10                                      | • •     |
| Duct gain %                                                                                                    | 10                                      |         |
| Cooling infiltraction (ACH)                                                                                    | 0.6                                     |         |
| Heating infiltration (ACH)                                                                                     | 0.8                                     |         |
| Winter ventilation                                                                                             | Ο                                       |         |
| Summer ventilation                                                                                             | 0                                       |         |
| X                                                                                                              | DC 5/16/13                              |         |

| Design Conditions                 |                 |
|-----------------------------------|-----------------|
| Outdoor                           | Heating Cooling |
| Dry bulb (°F)                     | 47              |
| Daily range                       | M               |
| Relative humidity                 | 50%             |
| Moisture difference               | 64              |
| Indoor                            | Heating Cooling |
| Indoor temperature (°F)           | 70 75           |
| Design temperature difference(°F) | 23 15           |
|                                   |                 |

• •



| Cooling Loads          | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                       |
|------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------|
| Area                   | Btuh % of load                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                       |
| Wall                   | 3012 6.7                                                                                | [4] Boy Zh, and a set of the s |                             |                                                                       |
| Ceiling                | 8576 18.9                                                                               | na sina si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                                       |
| Nindows                | 15210 33.6                                                                              | andri (1996)<br>Handhio ann an Airtean<br>Airtean                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | isgurf,                     | s (Alberta)<br>Consellations and Miles<br>Consellations and Institute |
| Sensible Infiltration  | 2844 6.3                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                       |
| atent Infiltration     | 7500 16.6                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | n (1994)<br>Malakasa (1997) |                                                                       |
| System Efficiency Gai  |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                       |
| nternal                | 3500 7.7                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                       |
| ensible People Load    | 460 1                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                       |
| atent People Load      | . 460 1                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                       |
| lotal:                 | 45276                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                       |
| Sensible load          | 37316                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                       |
| atent load             | 7960                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                       |
| 5HR                    | 0.82                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                       |
| Capacity at .75 SHR    | 4.15 Tons                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                       |
| Cooling L<br>45,276 B1 | .oads<br>U/hr                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                       |
| Windows                | Latent People Load<br>Sensible People Load<br>Sensible Infiltration<br>Wall<br>Internal |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                       |
| Ceiling                | System Effic                                                                            | ;ienc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                       |
|                        |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                       |

.

## Adequate Exposure Diversity

| 20 | 000 · |     |     |      |      |      | AED             | Graph        |              | n <sup>*</sup> |     |     |     |     |
|----|-------|-----|-----|------|------|------|-----------------|--------------|--------------|----------------|-----|-----|-----|-----|
|    | 000 · |     |     |      |      |      |                 |              |              |                |     |     |     |     |
| p  | 000 · | /   |     |      |      |      |                 |              |              |                |     |     |     |     |
|    | 000 - |     |     |      |      |      |                 |              |              |                |     |     |     |     |
|    |       |     |     |      |      |      |                 |              |              |                |     |     |     |     |
|    | 0 -   | 8am | 9am | 10am | 11am | 12pm | 1pm<br>ly Loads | 2pm<br>— Ave | 3pm<br>erage | 4pm            | 5pm | 6pm | 7pm | 8pm |

## Equipment selection

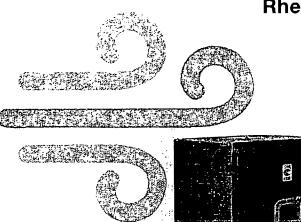
System equipment selection will be made using the following derived values.

| Glass (SE)                                                                                                                                                                 | 149 sq. ft.                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Glass (SW)                                                                                                                                                                 | 21 so. ft.                                                                    |
| Glass (NE)                                                                                                                                                                 | 21 sq. ft.                                                                    |
| Glass (NW)                                                                                                                                                                 | 104 sq. ft.                                                                   |
| Summer Outdoor                                                                                                                                                             | 90°F                                                                          |
| Summer Wet Bulb                                                                                                                                                            | 78°F                                                                          |
| Summer Indoor                                                                                                                                                              | 75°F                                                                          |
| Summer Design Grains                                                                                                                                                       | 50%                                                                           |
| Winter Outdoor                                                                                                                                                             | 47°F                                                                          |
| Winter Indoor                                                                                                                                                              | 70°F                                                                          |
| Sensible Cooling                                                                                                                                                           | 37,316 Btuh                                                                   |
| Latent Cooling                                                                                                                                                             | 7,960 Btuh                                                                    |
| Required Cooling Airflow                                                                                                                                                   | 1,696 CFM                                                                     |
| Sensible Heating                                                                                                                                                           | 33,010 Btuh                                                                   |
| Required Heating Airflow                                                                                                                                                   | 429 CFM                                                                       |
| All calculations are based upon approved hvac industry standards and p<br>state and federal code requirements. All computed results are Estimates<br>Systems and Idea Tree | procedures, and comply with all local,<br>. Product provided by Energy Design |





The new degree of comfort."



## Rheem High Efficiency Air Handler

#### RBHP- Series X-13 (ECM) Motor Efficiencies up to 16 SEER



- Industry Standard R-410A Refrigerant also Suitable for R-22
   Applications
- Models featuring Electric Heat without Indoor Cooling Coil
- Quiet and efficient X-13 (ECM) motor technology
- Only 35" tall and 4-way convertible for all those tight spaces
- Available from factory in upflow and horizontal configurations
- Nominal airflow up to 0.5" external static pressure with reduced airflow up to 1.0" external static pressure
- Factory installed MultiFlex<sup>®</sup> coils
- Sturdy steel construction with 1 inch [25.4 mm] of foil faced insulation for excellent sound and insulating characteristics

- Permanent, easily accessible and washable filter furnished standard
- Circuit breaker (standard on units with more than 11 kW) meets U.L. and cUL requirements for service disconnect
- Factory installed auxiliary electric heat provides exact heat for indoor comfort over a variety of applications
- Watt restrictors, standard on RBHP-17 models above 6 kW and on RBHP-21, RBHP-24 & RBHP-25 models above 11 kW, stage supplemental heat so that only the necessary amount is engaged to maintain comfort in the conditioned space
- Fan settings for selectable, customized cooling airflow over a wide variety of applications

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| •                           |     |

•

#### **Engineering Features**

**RBHP-Series** 

- Quiet, efficient X-13 (ECM) motor technology providing nominal airflow to 0.5 inch [12 kPa] of external static pressure.
- Field selectable airflow to meet the requirements of particular applications.
- Low continuous fan speed.
- The most compact unit design available.
- · Attractive pre-painted cabinet exterior.
- Rugged steel cabinet construction, designed for added strength and versatility.
- 1" foil faced insulation mechanically retained in blower compartment.
- · Four leg rubber insulated wire motor mount.
- Circuit breakers standard on models above 11 kW and optional on models with 11 kW or less.
- Models supplied with circuit breakers meet UL and cUL requirements as a service disconnect switch.
- Provisions for field electrical connections from either side of air handler cabinet.
- Tab lock blower housing with integrated electric heaters, controls, motor and blower. Slide out design for service and maintenance convenience.
- Exclusive dependable Incoloy sheath type electric heating elements located in the blower housing provide mixed warm air.
- Field convertible for vertical upflow, vertical downflow, horizontal left hand or right hand air supply.

 Common combustible floor base accessory fits all model sizes when required for downflow installations on combustible floors.

**Engineering Features** 

**RBHP Series** 

Air

- Durable framed cleanable air filter provided as standard in unit filter rack.
- MultiFlex<sup>®</sup> indoor coil design provides low air side pressure drop, high performance and extremely compact size. All coils come with PVC condensate elbow standard.
- · All indoor coils have copper tubing and aluminum fins.
- Molded polymer corrosion resistant condensate drain pan is provided on all indoor coils.
- Both supply and return duct flanges provided as standard on air handler cabinet.
- Connection points for both high voltage and low voltage control wiring inside air handler cabinet.
- Concentric knockouts are provided for power connection to cabinet. Installer may pull desired hole size up to 2 inches [51 mm] for 1<sup>1</sup>/<sub>2</sub> inch [38 mm] conduit.
- Patented watt restrictor on heat pump models to control electric heat during heating operation.
- Internal checked TX valves are used on the RCHJ & RCHL Heat Pump indoor coil for more quiet refrigerant metering.
- · Front refrigerant and drain connections.
- [ ] Designates Metric Conversions

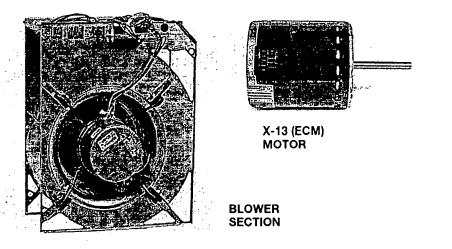
#### Watt-restrictor

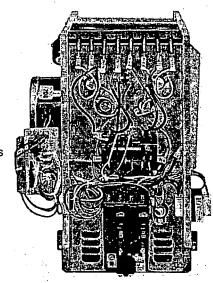
Supplemental heat, provided by electric heating elements may be necessary in some areas when heating requirements for indoor comfort exceed the capacity of the heat pump system. When supplemental heat is required, units with the Watt Restrictor will restrict the amount of supplemental electric heat that can be energized dependent on the heat output of the heat pump (temperature of the air leaving the indoor heat pump coil).

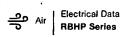
The Watt-restrictor utilizes sensing devices in the unit to sense the air temperature leaving the indoor coil and disengage unnecessary heating elements when that temperature is at least 85°F [29°C]. (In this mode your system is controlled by the first stage of the wall thermostat.) This occurs only when the second stage of the wall thermostat calls for heat.

Since the heat output of the heat pump is dependent upon the outdoor air temperature, this control performs the same function as a field installed outdoor thermostat.

An additional benefit of the Watt Restrictor is that it can sense a degradation in heat pump performance due to causes other than outdoor temperature and react accordingly to bring on more supplemental electric heat.







## Blower Motor Electrical Data: A Voltage (115V)

| Modei<br>Size/Elec.<br>Designation | Voltage | Phase | Hertz | HP (W)    | RPM      | Speeds | Circuit<br>Amps. | Minimum<br>Circuit<br>Ampacity | Maximum<br>Circuit<br>Protector |
|------------------------------------|---------|-------|-------|-----------|----------|--------|------------------|--------------------------------|---------------------------------|
| RBHP-17A00NH*                      | 115     | 1     | 60    | 1/3 [249] | 300-1100 | 5      | 3.3              | 5.0                            | 15                              |
| RBHP-21A00NH*                      | 115     | 1     | 60    | 1/2 [373] | 300-1100 | 5      | 5.0              | 7.0                            | 15                              |
| RBHP-24A00NH*                      | 115     | 1     | 60    | 3/4 [559] | 300-1100 | 5      | 5.8              | 8.0                            | 15                              |
| RBHP-25A00NH*                      | 115     | 1     | 60    | 3/4 [559] | 300-1100 | 5      | 7.7              | 10.0                           | 15                              |

#### Blower Motor Electrical Data: J Voltage (208/240V)

| Model<br>Size/Elec.<br>Designation | Voltage | Phase | Hertz | HP (W)    | RPM      | Speeds | Circuit<br>Amps. | Minimum<br>Circuit<br>Ampacity | Maximum<br>Circuit<br>Protector |
|------------------------------------|---------|-------|-------|-----------|----------|--------|------------------|--------------------------------|---------------------------------|
| RBHP-17A00NH*                      | 115     | 1     | 60    | 1/3 [249] | 300-1100 | 5      | 3.3              | 5.0                            | 15                              |
| RBHP-21A00NH*                      | 115     | 1     | 60    | 1/2 [373] | 300-1100 | 5      | 5.0              | 7.0                            | 15                              |
| RBHP-24A00NH*                      | 115     | 1     | 60    | 3/4 [559] | 300-1100 | 5      | 5.8              | 8.0                            | 15                              |
| RBHP-25A00NH*                      | 115     | 1     | 60    | 3/4 [559] | 300-1100 | 5      | 7.7              | 10.0                           | 15                              |

#### **Electric Heat Electrical Data**

| Model<br>Elec./KW<br>Designation | Heater<br>KW<br>Volts<br>208/240 | PH/HZ | Heater<br>No./KW & 240V | Type Supply Circuit<br>Single Circuit<br>Multiple Circuit | Circuit<br>Amps. | Minimum<br>Circuit<br>Ampacity | Maximum<br>Circult<br>Protector |
|----------------------------------|----------------------------------|-------|-------------------------|-----------------------------------------------------------|------------------|--------------------------------|---------------------------------|
| RBHP-17J06SH*                    | 3.7/4.9                          | 1/60  | 2/2.5                   | Single Circuit                                            | 19.8/22.4        | 25/29                          | 25/30                           |
| RBHP-17J07SH*                    | 5.3/7.0                          | 1/60  | 2/3.5                   | Single Circuit                                            | 27.5/31.2        | 35/39                          | 40/40                           |
| RBHP-17J11SH*                    | 7.5/10.0                         | 1/60  | 3/3.3                   | Single Circuit                                            | 38.1/43.7        | 48/55                          | 50/60                           |
| RBHP-21J06SH*                    | 3.7/4.9                          | 1/60  | 2/2.5                   | Single Circuit                                            | 20.9/23.5        | 27/30                          | 30/30                           |
| RBHP-21J07SH*                    | 5.3/7.0                          | 1/60  | 2/3.5                   | Single Circuit                                            | 28.6/32.3        | 36/41                          | 40/45                           |
| RBHP-21J11SH*                    | 7.5/10.0                         | 1/60  | 3/3.3                   | Single Circuit                                            | 39.2/44.8        | 49/56                          | 50/60                           |
|                                  | 10.5/14.0                        |       | 4/3.5                   | Single Circuit                                            | 54.1/61.4        | 68/77                          | 70/80                           |
| RBHP-21J14SH*                    | 5.3/7.0                          | 1/60  | 2/3.5                   | Multiple Ckt. 1                                           | 28.6/32.3        | 36/41                          | 40/45                           |
|                                  | 5.3/7.0                          |       | 2/3.5                   | Multiple Ckt. 2                                           | 25.5/29.2        | 32/37                          | 35/40                           |
| RBHP-24J06SH*                    | 3.7/4.9                          | 1/60  | 2/2.5                   | Single Circuit                                            | 22.0/24.6        | 28/31                          | 30/35                           |
| RBHP-24J07SH*                    | 5.3/7.0                          | 1/60  | 2/3.5                   | Single Circuit                                            | 29.7/33.4        | 38/42                          | 40/45                           |
| RBHP-24J11SH*                    | 7.5/10.0                         | 1/60  | 3/3.3                   | Single Circuit                                            | 40.3/45.9        | 51/58                          | 60/60                           |
|                                  | 10.5/14.0                        |       | 4/3.5                   | Single Circuit                                            | 55.2/62.5        | 69/79                          | 70/90                           |
| RBHP-21J14SH*                    | 5.3/7.0                          | 1/60  | 2/3.5                   | Multiple Ckt. 1                                           | 29.7/33.4        | 38/42                          | 40/45                           |
|                                  | 5.3/7.0                          |       | 2/3.5                   | Multiple Ckt. 2                                           | 25.5/29.2        | 32/37                          | 35/40                           |
|                                  | 13.2/17.5                        |       | 5/3.5                   | Single Circuit                                            | 67.7/77.1        | 85/97                          | 90/100                          |
| RBHP-21J18SH*                    | 5.3/7.0                          | 1/60  | 2/3.5                   | Multiple Ckt. 1                                           | 29.7/33.4        | 38/42                          | 40/45                           |
|                                  | 7.9/10.5                         |       | 3/3.5                   | Multiple Ckt. 2                                           | 38.0/43.8        | 48/55                          | 50/60                           |
| RBHP-25J11SH*                    | 7.5/10.0                         | 1/60  | 3/3.3                   | Single Circuit                                            | 41.8/47.4        | 53/60                          | 60/60                           |
| ·                                | 10.5/14.0                        |       | 4/3.5                   | Single Circuit                                            | 56.7/64.0        | 71/81                          | 80/90                           |
| RBHP-25J14SH*                    | 5.3/7.0                          | 1/60  | 2/3.5                   | Multiple Ckt. 1                                           | 31.2/34.9        | 39/44                          | 40/50                           |
|                                  | 5.3/7.0                          |       | 2/3.5                   | Multiple Ckt. 2                                           | 25.5/29.2        | 32/37                          | 35/40                           |
|                                  | 13.2/17.5                        |       | 5/3.5                   | Single Circuit                                            | 69.2/78.6        | 87/99                          | 90/100                          |
| RBHP-25J18SH*                    | 5.3/7.0                          | 1/60  | 2/3.5                   | Multiple Ckt. 1                                           | 31.2/34.9        | 39/44                          | 40/45                           |
|                                  | 7.9/10.5                         |       | 3/3.5                   | Multiple Ckt. 2                                           | 38.0/43.8        | 48/55                          | 50/60                           |
| ···                              | 15.0/20.0                        |       | 6/3.3                   | Single Circuit                                            | 77.8/89.0        | 98/112                         | 100/125                         |
| RBHP-25J21SH*                    | 7.5/10.0                         | 1/60  | 3/3.3                   | Multiple Ckt. 1                                           | 41.8/47.4        | 53/60                          | 60/70                           |
|                                  | 7.5/10.0                         |       | 3/3.3                   | Multiple Ckt. 2                                           | 36.1/41.7        | 46/53                          | 50/60                           |

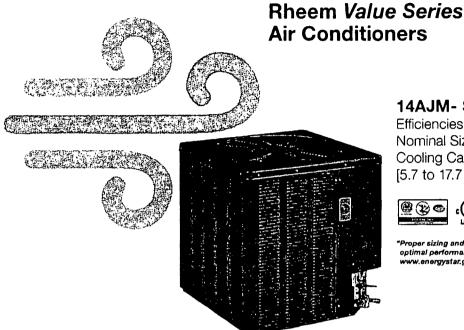
Supply circuit protective devices may be fuses or "HACR" type circuit breakers. Largest motor load is included in single circuit and circuit 1 multiple circuit. If non-standard fuse size is specified, use next size larger standard fuse size.





The new degree of comfort."

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#### **14AJM- Series**

Efficiencies up to 16 SEER/13 EER Nominal Sizes 11/2-5 Ton [5.28 to 17.6 kW] Cooling Capacities 17.3 to 60.5 kBTU [5.7 to 17.7 kW]



"Proper sizing and installation of equipment is critical to achieve optimal performance. Ask your Contractor for details or visit www.energystar.gov."

Note: Above image does not show deep drawn basepan.

- · Outdoor air conditioner designed for ground level or rooftop installations. These units offer comfort and dependability for single, multi-family and light commercial applications.
- · Painted louvered steel cabinet
- · Easily accessible control box

- · Condenser coils constructed with copper tubing and enhanced aluminum fins
- · Grille/Motor mount for quiet fan operation
- Filter Drier (shipped not installed)

## **Electrical and Physical Data**

|          | ·                                 |           | ELECT                            | RICAL                         |          |         |                               | PHYSICAL          |              |             |             |                   |        |     |               |     |                 |
|----------|-----------------------------------|-----------|----------------------------------|-------------------------------|----------|---------|-------------------------------|-------------------|--------------|-------------|-------------|-------------------|--------|-----|---------------|-----|-----------------|
| Model    | Phase                             |           |                                  | Fan Motor                     |          |         | r HACR                        | Outdoor Coil      |              |             | Refrig.     |                   |        | We  | eight         |     |                 |
|          | Frequency (Hz)<br>Voltage (Volts) |           | Locked Rotor<br>Amperes<br>(LRA) | Full Load<br>Amperes<br>(FLA) | Ampacity | Minimum | Breaker<br>Maximum<br>Amperes | Face #<br>Sq. Ft. | Area<br>[m²] | No.<br>Rows | CFM [L/s]   | Pe<br>Circ<br>Oz. | uit    |     | let<br>. (kg) | Shi | pping<br>. (kg) |
| Rev. 4/8 | 5/2013                            |           |                                  |                               |          |         |                               |                   |              |             | _           |                   |        |     |               |     |                 |
| 19       | 1-60-208/230                      | 9/9       | 46                               | 0.5                           | 12/12    | 15/15   | 20/20                         | 11.80             | [1.1]        | 1           | 2805 (1324) | 87                | [2466] | 140 | [63.5]        | 157 | [63.5]          |
| 24       | 1-60-208/230                      | 13.5/13.5 | 58.3                             | 0.8                           | 18/18    | 25/25   | 30/30                         | 16.39 [           | 1.52)        | 1           | 2805 [1324] | 105.6             | [2994] | 154 | [69.9]        | 171 | [69.9]          |
| 30       | 1-60-208/230                      | 12.8/12.8 | 64                               | 0.68                          | 18/18    | 25/25   | 30/30                         | 16.39 [           | 1.52]        | 1           | 2915 [1376] | 112               | [3175] | 157 | [71.2]        | 175 | [71.2]          |
| 36       | 1-60-208/230                      | 16.7/16.7 | 79                               | 1.9                           | 23/23    | 30/30   | 35/35                         | 21.85 [           | 2.03]        | 1           | 3435 [1621] | 130.4             | [3697] | 181 | [82.1]        | 201 | [82.1]          |
| 42       | 1-60-208/230                      | 17.9/17.9 | 112                              | 2.8                           | 26/26    | 30/30   | 40/40                         | 21.85 (           | 2.03]        | 1           | 3550 [1675] | 145.12            | [4114] | 205 | [93]          | 225 | [93]            |
| 48       | 1-60-208/230                      | 21.8/21.8 | 117                              | 2.8                           | 31/31    | 40/40   | 50/50                         | 21.85 [           | 2.03]        | 2           | 4310 [2034] | 216               | [6124] | 249 | 112.9]        | 269 | [112.9]         |
| 49       | 1-60-208/230                      | 19.9/19.9 | 109                              | 1.9                           | 27/27    | 35/35   | 45/45                         | 21.85 [           | 2.03]        | 2           | 3615 [1706] | 213               | [6039] | 249 | 112.9]        | 269 | [112.9]         |
| 56       | 1-60-208/230                      | 21.4/21.4 | 135                              | 1.9                           | 29/29    | 35/35   | 50/50                         | 21.85 [           | 2.03]        | 2           | 3615 [1706] | 241               | [6832] | 254 | 115.2]        | 274 | [115.2]         |
| 60       | 1-60-208/230                      | 26.4/26.4 | 134                              | 1.7                           | 36/36    | 45/45   | 60/60                         | 21.85 [           | 2.03]        | 2           | 4310 [2034] | 240               | [6804] | 254 | 115.2]        | 274 | [115.2]         |

NOTE: Factory Refrigerant Charge includes refrigerant for 15 feet of standard line set.

[ ] Designates Metric Conversions

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## **Condensing Unit Refrigerant Line Size Information**

|          | Liquid Line Sizing (R-410A) |             |                                      |               |                          |                |                |                |                                                   |               |               |                |                |                |
|----------|-----------------------------|-------------|--------------------------------------|---------------|--------------------------|----------------|----------------|----------------|---------------------------------------------------|---------------|---------------|----------------|----------------|----------------|
|          | Liquid Line                 |             |                                      |               | lze – Outdo<br>ly—Does n |                |                |                | Liquid Line Size – Outdoor Unit Below Indoor Coll |               |               |                |                |                |
|          | Connection                  | Line Size   | -                                    | Total         | Equivalent               | Length—Fe      | eet (m)        |                |                                                   | Total         | Equivalent i  | Length—F       | eet [m]        |                |
| Capacity | Size<br>(Inch I.D.)         |             | 25<br>[7.62]                         | 50<br>[15.24] | 75<br>[22.86]            | 100<br>[30.48] | 125<br>[38.10] | 150<br>[45.72] | 25<br>[7.62]                                      | 50<br>[15.24] | 75<br>[22.86] | 100<br>[30.48] | 125<br>[38.10] | 150<br>[45.72] |
|          |                             |             | Minimum Vertical Separation—Feet (m) |               |                          |                |                |                |                                                   | Maximur       | n Vertical S  | eparation-     | -Feet (m)      |                |
|          |                             | 1/4 [6.35]  | 0                                    | 0             | 0                        | 0              | 8 [2.44]       | 24 [7.32]      | 25 [7.62]                                         | 40 [12.19]    | 25 [7.62]     | 9 [2.74]       | N/A            | N/A            |
| 11/2 Ton | 3/8″<br>[9.53]              | 5/16 [7.94] | 0                                    | 0             | 0                        | 0              | 0              | 0              | 25 [7.62]                                         | 50 [15.24]    | 62 [18.90]    | 58 [17.68]     | 53 [16.15]     | 49 [14.94]     |
|          | [3.30]                      | 3/8* [9.53] | 0                                    | 0             | 0                        | 0              | 0              | 0              | 25 [7.62]                                         | 50 [15.24]    | 75 [22.86]    | 72 [21.95]     | 70 [21.34]     | 68 [20.73]     |
|          | _                           | 1/4 [6.35]  | 0                                    | 3 [0.91]      | 29 [8.84]                | 55 [16.76]     | 81 [24.69]     | 108 [32.92]    | 23 [7.01]                                         | N/A           | N/A           | N/A            | N/A            | N/A            |
| 2 Ton    | 3/8″<br>[9.53]              | 5/16 [7.94] | 0                                    | 0             | 0                        | 0              | 0              | 0              | 25 [7.62]                                         | 36 [10.97]    | 29 [8.84]     | 23 [7.01]      | 16 [4.88]      | 9 [2.74]       |
| [0:00]   | [0.00]                      | 3/8* [9.53] | 0                                    | 0             | 0                        | 0              | 0              | 0              | 25 [7.62]                                         | 50 [15.24]    | 72 [21.95]    | 70 [21.34]     | 68 [20.73]     | 65 [19.81]     |
|          |                             | 1/4 [6.35]  | 0                                    | 14 [4.27]     | 56 [17.07]               | 98 [29.87]     | N/A            | N/A            | 25 [7.62]                                         | N/A           | N/A           | N/A            | N/A            | N/A            |
| 21/2 Ton | 3/8″<br>[9.53]              | 5/16 [7.94] | 0                                    | 0             | 0                        | 0              | 0              | 0              | 25 [7.62                                          | 49 [14.94]    | 38 [11.58]    | 27 [8.23]      | 17 [5.18]      | 6 [1.83]       |
|          | [0.00]                      | 3/8* [9.53] | 0                                    | 0             | 0                        | 0              | 0              | 0              | 25 [7.62                                          | 50 [15.24]    | 68 [20.73]    | 65 (19.81)     | 62 [18.90]     | 58 [17.68]     |
| 0 Ten    | 3/8″                        | 5/16 [7.94] | 0                                    | 0             | 0                        | 0              | 0              | 9 [2.74]       | 25 (7.62                                          | 50 [15.24]    | 37 [11.28]    | 22 [6.71]      | 7 [2.13]       | N/A            |
| 3 Ton    | [9.53]                      | 3/8* [9.53] | 0                                    | 0             | 0                        | 0              | 0              | 0              | 25 [7.62]                                         | 50 [15.24]    | 68 [20.73]    | 63 [19.20]     | 58 [17.68]     | 53 [16.15]     |
| 01/ T.   | 3/8″                        | 5/16 [7.94] | 0                                    | 0             | 0                        | 16 [4.88]      | 35 [10.67]     | 54 [16.46]     | 25 (7.62)                                         | 23 [7.01]     | 4 [1.22]      | N/A            | N/A            | N/A            |
| 31/2 Ton | [9.53]                      | 3/8* [9.53] | 0                                    | 0             | 0                        | 0              | 0.             | 0              | 25 [7.62]                                         | 50 [15.24]    | 43 [13.11]    | 36 (10.97)     | 30 [9.14]      | 24 [7.32]      |
| 4 7.0    | 3/8″                        | 3/8* [9.53] | 0                                    | 0             | 0                        | 0              | 0              | 0              | 25 [7.62]                                         | 46 [14.02]    | 38 [11.58]    | 30 [9.14]      | 22 [6.71]      | 15 [4.57]      |
| 4 Ton    | [9.53]                      | 1/2 [12.57] | 0                                    | 0             | 0                        | 0              | 0              | 0              | 25 [7.62]                                         | 50 [15.24]    | 56 [17.07]    | 55 [16.76]     | 53 [16.15]     | 52 [15.85]     |
| 5 Ton    | 5 Top 3/8"                  | 3/8* [9.53] | 0                                    | 0             | 0                        | 0              | 0              | 0              |                                                   | 50 [15.24]    |               |                |                |                |
| 5 1011   | [9.53]                      | 1/2 [12.57] | 0                                    | 0             | . 0                      | 0              | 0              | 0              | 25 [7.62]                                         | 50 [15.24]    | 75 [22.86]    | 81 [24.69]     | 79 [24.08]     | 76 [23.16]     |

NOTES: \*Standard line size N/A = Application not recommended.

|                           |                                  |                                                           | Suction Line L                    | ength/Size versus Capacity Mult                                                                                                      | tiplier (R-410A)  |                                      |                                                                         |                   |
|---------------------------|----------------------------------|-----------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------|-------------------------------------------------------------------------|-------------------|
| Unit Si                   | Ze                               | 11/2 Ton                                                  | 2 Ton                             | 21/2 Ton                                                                                                                             | 3 Ton             | 31/2 Ton                             | 4 Ton                                                                   | 5 Ton             |
| Suction Line Con          | nection Size                     |                                                           |                                   | 3/4" [19.05] I.D.                                                                                                                    | ····              |                                      | 7/8" [22.23] I.D.                                                       |                   |
| Suction Line Run—Feet [m] |                                  | <sup>5</sup> /8" [15.88 mm<br><sup>3</sup> /4" [19.05 mm] | ] O.D. Optional<br>O.D. Standard* | <sup>5</sup> /8" [15.88 mm] O.D. Optional<br><sup>3</sup> /4" [19.05 mm] O.D. Standard"<br><sup>7</sup> /8" [22.23 mm] O.D. Optional |                   | n] O.D. Optional<br>  O.D. Standard* | <sup>7</sup> /6" [22.23 mm] O.D. Optior<br>11/6" [28.58 mm] O.D. Standa |                   |
| 25 <sup>.</sup> [7.62]    | Optional<br>Standard<br>Optional | 1.00<br>1.00<br>—                                         | 1.00<br>1.00                      | 1.00<br>1.00<br>1.00                                                                                                                 | 1.00<br>1.00<br>— | 1.00<br>1.00<br>—                    | 1.00<br>1.00<br>—                                                       | 1.00<br>1.00<br>— |
| 50' [15.24]               | Optional<br>Standard<br>Optional | .98<br>.99<br>—                                           | .98<br>.99                        | .96<br>.98<br>.99                                                                                                                    | .98<br>.99<br>—   | .99<br>.99<br>—                      | .99<br>.99<br>—                                                         | .99<br>.99<br>—   |
| 100' [30.48]              | Optional<br>Standard<br>Optional | .95<br>.96<br>—                                           | .95<br>.96<br>—                   | .94<br>.96<br>.97                                                                                                                    | .96<br>.97<br>—   | .96<br>.98<br>—                      | .96<br>.98<br>—                                                         | .97<br>.98<br>—   |
| 150' [45.72]              | Optional<br>Standard<br>Optional | .92<br>.93<br>—                                           | .92<br>.94<br>—                   | .91<br>.93<br>.95                                                                                                                    | .94<br>.95<br>—   | .94<br>.96<br>                       | .95<br>.96                                                              | .94<br>.97<br>—   |

NOTES: "Standard line size

Using suction line larger than shown in chart will result in poor oil return and is not recommended. 3 Ton Suction Line Connection is 3/4"

#### [ ] Designates Metric Conversions



WARNING: HAZARDOUS VOLTAGE DISCONNECT POWER BEFORE SERVICING

#### PART NUMBER

#771 (4 pk) #772 (100 box) #770 (4 pk including hardware)

#### **CONSTRUCTION**

16 gauge galvanized steel, G-90 rated for corrosion coastal applications.

#### **PACKAGING DETAILS**

All anchor clips are supplied as per package quantities described above.

#### **INSTALLATION**

Minimum of 4 clips required per condenser unit. Minimum of 2 #14 x 3/4" screws with neoprene washer required o fasten clip to condenser unit. 1/4" x 1 3/4" Tapcon screw required to fasten clip to condenser pad.

Locate the anchor clips to fit comfortably between condenser unit and pad.

Adjust clip accordingly to fit on condenser unit and screw together, at the same time ensuring that the base of the clip is still in contact with the pad. All hardware must be fastened prior to connecting refrigerant lines and electrical power to the unit. Suitable for ground mounted units. Anchor clip design meets requirements of

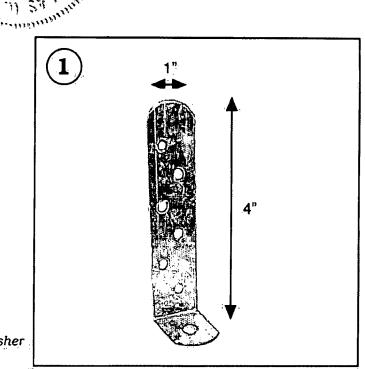
The Florida Building Code 2007 (Building) chapter 301.12 for wind resistance up to 140 MPH.

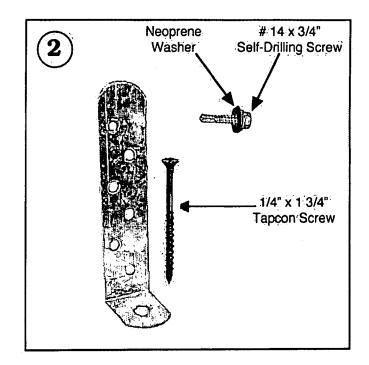
#### **FEATURES**

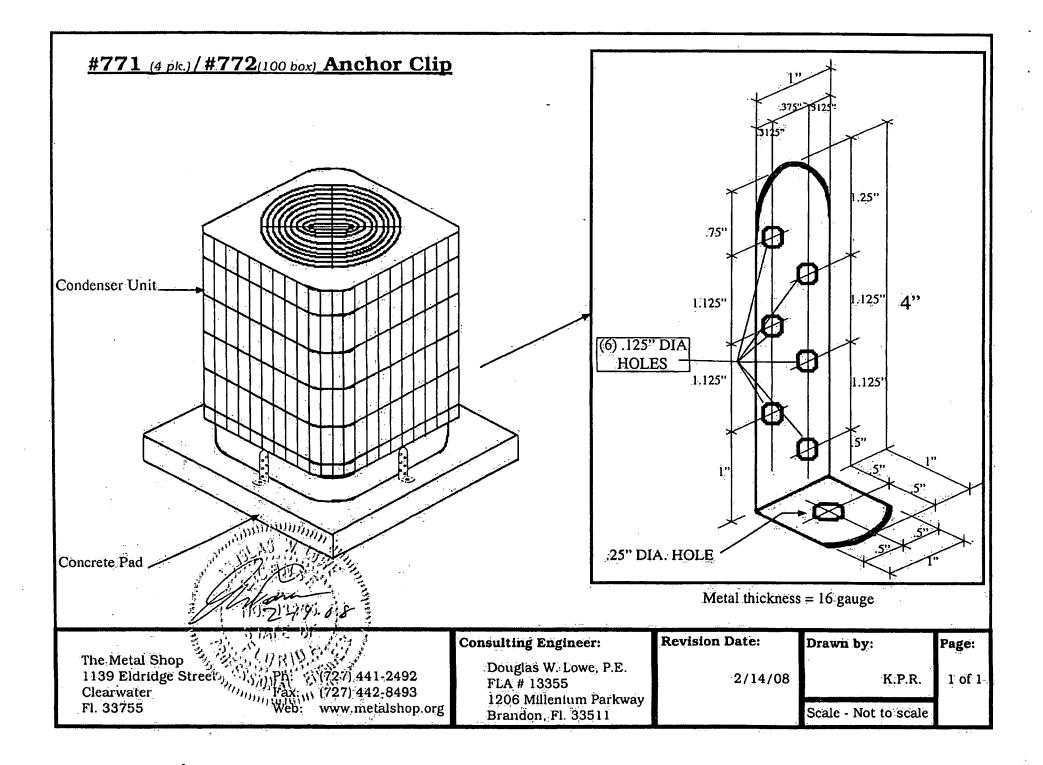
The use of "sized to fit" screw holes compared to slots means that security is never comprimised. A tight, secure fit between pad and condenser ensures security for the condenser and offers great assurance during extreme weather conditions.

#### NOTE

Above installation instruction suitable for up to 5 ton units.









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TOWN OF SEWALL'S POINT BUILDING DEPARTMENT One S. Sewall's Point Road Sewall's Point, Florida 34996 Tel: 772-287-2455Fax772-220-4765

#### FLORIDA ENERGY CONSERVATION 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)

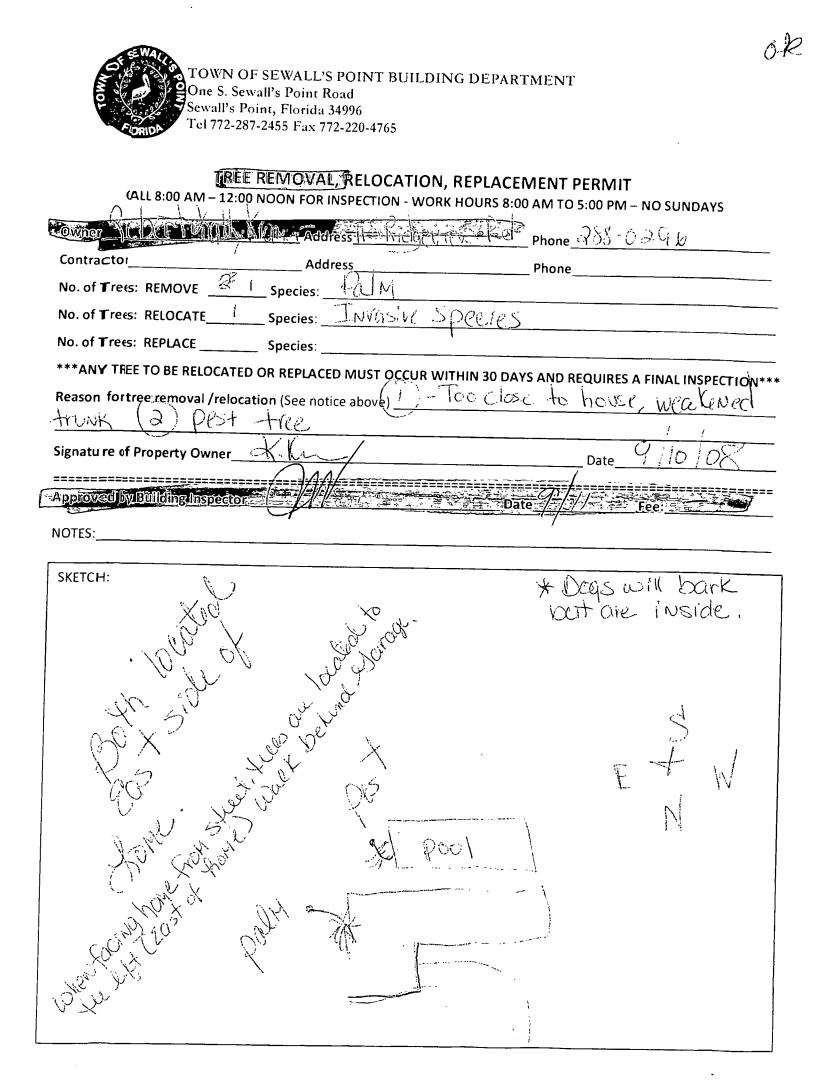
| Owner: <u>kramer robert s &amp; Kathryn .</u>                                                                | Contractor name: <u>Sharkey Air, LLC</u>                                                               |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Street address: <u>11 S RIDGEVIEW RD</u>                                                                     | Jurisdiction: of Sewalls Point                                                                         |
| City: <u>STUART</u>                                                                                          | _Permit No.:                                                                                           |
| Zip: <u>34996-6450</u>                                                                                       | _ Final inspection date:                                                                               |
|                                                                                                              | ciated with the HVAC unit referenced by the permit irements of Section 101.4.7.1.1 as indicated below: |
| Where needed, the existing ducts have be<br>equivalent.<br>Ducts are located within conditioned space        | en sealed using reinforced mastic or code-approved<br>e. (Section 101.4.7.1.1 exception 1)             |
|                                                                                                              | h fabric and mastic (Section 101.4.7.1.1 exception 2)                                                  |
| System was tested (see below) and repairs                                                                    | s were made as necessary – (Section 101.4.7.1.1                                                        |
| exception 3                                                                                                  | Date:5/16/13                                                                                           |
| Printed Name: <u>Kevin M. Sharkey</u>                                                                        |                                                                                                        |
| Contractor License #: <u>CAC1816853</u>                                                                      |                                                                                                        |
| I certified I have tested the replaced air distribut<br>a pressure differential of 25 Pascals (0.10 in. w.c. | ion system(s) referenced by the permit listed above at<br>).                                           |
| Signature:                                                                                                   | Date:                                                                                                  |
| Printed Name:                                                                                                |                                                                                                        |
|                                                                                                              |                                                                                                        |
|                                                                                                              |                                                                                                        |
|                                                                                                              |                                                                                                        |
|                                                                                                              |                                                                                                        |

|                       |                          | N OF SEWALLS<br>Department - Inspe    | CTION LOG                                |                       |
|-----------------------|--------------------------|---------------------------------------|------------------------------------------|-----------------------|
| Date of In            | spection Mon XTue        | Wed Interview                         | <u>-</u> Fri 7-2                         | -13 Page _ of _       |
| RERMIT #              | OWNER/ADDRESS/CONTRACTOR | INSPECTION/TYPE                       |                                          | COMMENTS              |
| 10508                 | Knepeon                  | shower Pan                            |                                          |                       |
|                       | 10 livista               | R. PLUMOD                             | (1851                                    |                       |
|                       | Glennark                 |                                       | T Crew                                   |                       |
| PERMIT <sub>I</sub> # | OWNER/ADDRESS/CONTRACTOR |                                       | RESULTIS                                 | INSPECTOR<br>COMMENTS |
| 10405                 | Kacmo                    |                                       | <u> </u>                                 |                       |
| 0                     | -MS COMMON               |                                       |                                          | le com                |
|                       | Smakey Qip)              |                                       |                                          | INCORPORTAN           |
| PERMIT #              | OWNER/ADDRESS/CONTRACTOR | INSPECTION/TYPE                       | RESULTS                                  |                       |
| 10548                 | Ceria                    | cielemos                              |                                          |                       |
|                       | 8 Morgan (in             |                                       | NAS                                      |                       |
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| PERMIT#               | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE AND THE               | RESULTS                                  | COMMENTS              |
| The                   | Cahan                    | Tree                                  |                                          |                       |
| 07                    | 85 N Sewalls             |                                       | Oh ou                                    | )                     |
|                       |                          | · ·                                   | AB NOUS                                  | INSPECTOR             |
| PERMIT #              | OWNER/ADDRESS/CONTRACTOR | INSPECTIONTYPE                        | RESULTS                                  | COMMENTS              |
|                       |                          |                                       |                                          |                       |
|                       |                          |                                       |                                          |                       |
|                       |                          | · · · · · · · · · · · · · · · · · · · |                                          | INSPECTOR             |
| PERMIT#               | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE                       | RESULTS                                  | COMMENTS              |
|                       |                          |                                       |                                          |                       |
|                       |                          |                                       |                                          |                       |
|                       |                          |                                       | ""<br>"                                  | INSPECTOR             |
| PERMIT #              | OWNER/ADDRESS/CONTRACTOR | INSPECTION TYPE                       | RESULTS                                  | COMMENTS              |
|                       |                          |                                       |                                          |                       |
|                       |                          |                                       |                                          |                       |
| -                     |                          |                                       |                                          | INSPECTOR             |

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## TOWN OF SEWALL'S POINT, FLORIDA

| Date 6/9/97 19                              | tree removal permit Nº                    | 210                   |
|---------------------------------------------|-------------------------------------------|-----------------------|
| APPLIED FOR BY COMMERCIAL                   | Dev (Contracto                            | or or Owner)          |
| Owner CROMEN                                |                                           |                       |
|                                             | Lot 7 Block                               |                       |
| Sub-divisionHOME wood,<br>Kind of TreesPOLM | & TALES DESERCED &                        | ~~~~.<br>Now-NJA710/r |
| No. Of Trees: REMOVE                        | Chine Contract of                         |                       |
| No. Of Trees: RELOCATE WITHIN 30            |                                           |                       |
| No. Of Trees: REPLACE WITHIN 30             | · ·                                       |                       |
|                                             |                                           |                       |
| REMARKS                                     |                                           |                       |
| 10 10                                       | FEE \$ _ <u>Z</u> S                       |                       |
| Signed, Applicant                           | igned,Town Clerk                          | <u></u>               |
|                                             | • .                                       |                       |
|                                             |                                           |                       |
|                                             |                                           |                       |
|                                             |                                           |                       |
|                                             |                                           |                       |
| COMMERCIAL CONSTRUCTION DIVISION, INC.      | BARNETT BANK                              | 11114                 |
| PH. 407-220-3488<br>301 SW ALBANY AVE.      | STUART, FL 34995-9027<br>63-794/670       |                       |
| STUART, FL 34994                            |                                           |                       |
| 1 4 1 100/00 -                              | DATE                                      | AMOUNT                |
| Juntaj-five and 100 -                       | 6-6-97                                    | 25.00                 |
| PAN                                         |                                           |                       |
| order Journ of Sewall's Point               |                                           |                       |
| $\mathcal{O}$                               | Sum mRa                                   | rau m                 |
| A SECURITY FEATURES INCLU                   | AUTHORIZED SI<br>JDED. DETAILS ON BACK. 8 | GNATORE               |
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CALL 8:00 AM - 12:00 NOON FOR INSPECTION - WORK HOURS 8:00 AM TO 5:00 PM - NO SUNDAYS

op

| Owner KRamer                     | Address             | ASS COLUM                                         | Phone 15-2243                         |
|----------------------------------|---------------------|---------------------------------------------------|---------------------------------------|
| Contractor                       | Address             | U                                                 | _ Phone                               |
| No. of Trees: REMOVE             | _Species:           | tree                                              |                                       |
| No. of Trees: RELOCATE           | _Species:           |                                                   | · · · · · · · · · · · · · · · · · · · |
| No. of Trees: REPLACE            | Species:            |                                                   |                                       |
| ***ANY TREE TO BE RELOCATED      | OR REPLACED MUS     | T OCCUR WITHIN 30 DAY                             | YS AND REQUIRES A FINAL INSPECTION*** |
| ALL VEGETAT                      | IVE DEBRIS MU       | JST BE REMOVED FI                                 | ROM THE PROPERTY                      |
| Reason for tree removal /relocat | ion (See notice abo | ve) Thee                                          | Felon Rouse -                         |
|                                  |                     | <u></u>                                           |                                       |
| Signature of Property Owner      | NSIC                |                                                   | Date 6-28-12                          |
|                                  |                     |                                                   | ~ <b>1</b> 1                          |
| Approved by Building Inspector   |                     | i di setti di | ter 6: 28:112 Tree Prov/Cana          |
| NOTES:                           |                     |                                                   |                                       |

| SKETCH:                               |   |   |
|---------------------------------------|---|---|
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| E                                     |   | W |
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## TREEREMOVAL, RELOCATION, REPLACEMENT PERMIT

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

| Owner KRamer                    | Address                 | S Culour Phone              | 715-2243                     |
|---------------------------------|-------------------------|-----------------------------|------------------------------|
|                                 |                         | Phone                       | •<br>                        |
| No. of Trees: REMOVE            | Species:                | The                         |                              |
| No. of Trees: RELOCATE          | Species:                |                             | ·                            |
| No. of Trees: REPLACE           | _ Species:              |                             |                              |
| ***ANY TREE TO BE RELOCATED     | OR REPLACED MUST C      | OCCUR WITHIN 30 DAYS AND RE | QUIRES A FINAL INSPECTION*** |
|                                 |                         | T BE REMOVED FROM TH        | ^                            |
| Reason for tree removal /reloca | tion (See notice above) | The fel                     | for house                    |
| Signature of Property Owner     | NS/C                    |                             | Date                         |
| Approved by Building Inspector: | Ŧ                       | Date2                       | 8-12_Fee:                    |
| NOTES:                          | •                       |                             | · •                          |
|                                 | ·                       |                             |                              |
| SKETCH:                         | <u> </u>                | <u></u>                     |                              |
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#### APPLICATION FOR TREE REMOVAL, RELOCATION OR REPLACEMENT PERMIT ON DEVELOPED RESIDENTIAL PROPERTY

#### No permit required for:

- 1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
- 2. Removal of trees with a diameter of less than two inches.
- 3. Removal of citrus or non-native fruit trees.

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

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

#### **Application procedures:**

- 1. Complete application information including sketch below.
- 2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
- 3. Inspector will visit site and review application and pass, fail or revise.
- 4. Permit must be picked up and posted on site prior to work proceeding.
- 5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

#### Permit Fee:

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

#### NOTICE:

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

**A.** THE VEGETATION IS LOCATED IN AN AREA WHERE STRUCTURES, UTILITIES OR IMPROVEMENTS MAY BE PLACED ACCORDING TO THE TOWN CODE; AND TO PRESERVE THE VEGETATION WOULD UNREASONABLY RESTRICT THE ECONOMIC ENJOYMENT OF THE PROPERTY; AND THE VEGETATION CANNOT BE RELOCATED ON THE SITE BECAUSE OF AGE, TYPE OR SIZE.

**B.** THE VEGETATION IS DISEASED, INJURED, LOCATED TOO CLOSE TO THE EXISTING OR PROPOSED STRUCTURES, INTERFERES WITH EXISTING UTILITY SERVICE, OR CREATES UNSAFE VISUAL OBSTRUCTION. (<u>A PROFESSIONAL ARBORIST'S OPINION WILL BE REQUIRED</u>) **C.** THE VEGETATION IS TO BE MOVED TO ANOTHER LOCATION ON THE OWNER'S PROPERTY OR IS TO BE REPLACED BY ANOTHER TREE OR SHRUB ON THE OWNER'S PROPERTY, REGARDLESS OF LOCATION.

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

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

BLACK IRONWOOD, BLACK MANGROVE, BLOLLY, BUTTONWOOD, CABBAGE (SABLE) PALM, COCOPLUM (RED TIP AND GREEN TIP), CORAL BEAN, DEER MOSS, GRAY TWIG, GOPHER APPLE, GUMBO LIMBO, INKWOOD, LAUREL OAK, LEATHER FERN, LIVE OAK, MAHOGANY, MARLBERRY, MASTIC, MULBERRY, MYRTLE OAK, PARADISE TREE, PIGEON PLUM, POND APPLE, PRICKLY PEAR, RED MANGROVE, RED MAPLE, RED BAY, SAFFRON PLUM, SAND PINE, SCRUB PINE, SATINLEAF, SAW PALMETTO, SCRUB HICKORY, SEA GRAPE, SEA OXEYE, SLASH PINE, STOPPERS, WILD LIME, SUMAC (SOUTHERN), SUGAR BERRY (HACKBERRY), TORCHWOOD, WILD COFFEE, VARNISH LEAF, WATER OAK, WAX MYRTLE, WEST INDIAN CHERRY, WHITE MANGROVE.

| TOWN OF SEWALL'S POINT, FLORIDA                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILE                                                                                                                                                                      |
| Date 10/25/00 19 TREE REMOVAL PERMIT Nº 0375                                                                                                                              |
| APPLIED FOR BY _ ROFT / KATHY KRAMER (Contractor of Owner)                                                                                                                |
| Date 10/25/00 19 TREE REMOVAL PERMIT Nº 0375<br>APPLIED FOR BY ROFT/KATHY KRAMER (Contractor of Owner)<br>Owner 11 S, RIDUENIEW RD (MONTE'S TREE SERVICE)<br>Sub-division |
|                                                                                                                                                                           |
| Kind of Trees (DO FOLLOGE; UDAGE TO UDENTIPY) - DEAD                                                                                                                      |
| NO. OF Trees: REMOVE P(BED VB/L/F(OFFICX)                                                                                                                                 |
| No. OF Trees: RELOCATE WITHIN 30 DAYS (NO FEE)                                                                                                                            |
| No. OF Trees: REPLACE WITHIN 30 DAYS                                                                                                                                      |
| REMARKS LOCATION SKETCH ON SUKURY-ATTACHTA                                                                                                                                |
| PERMIT FOR ONE TREE ONLY.                                                                                                                                                 |
| Signed, SIGNATURE OU POR Signed Signed                                                                                                                                    |
| Applicant Signed Town Elerk HUG OFFICIAL                                                                                                                                  |
|                                                                                                                                                                           |
| · · ·                                                                                                                                                                     |
|                                                                                                                                                                           |
| TOWN OF SEWALL'S POINT Call 287-2455 - 8:00 A.M12:00 Noon for Inspect<br>WORK HOURS 8:00 A.M 5:00 P.MNO SUNDAY WORK                                                       |
| IUMN UF JEWALL J FUINI WORK HOURS 8:00 A.M 5:00 P.MNO SUNDAY WORK                                                                                                         |
| TDEE DEALOVAI DEDALT                                                                                                                                                      |

## IKEE KENUVAL PEKNII RE: ORDINANCE 103 ٦ PROJECT DESCRIPTION

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | REMARKS   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |
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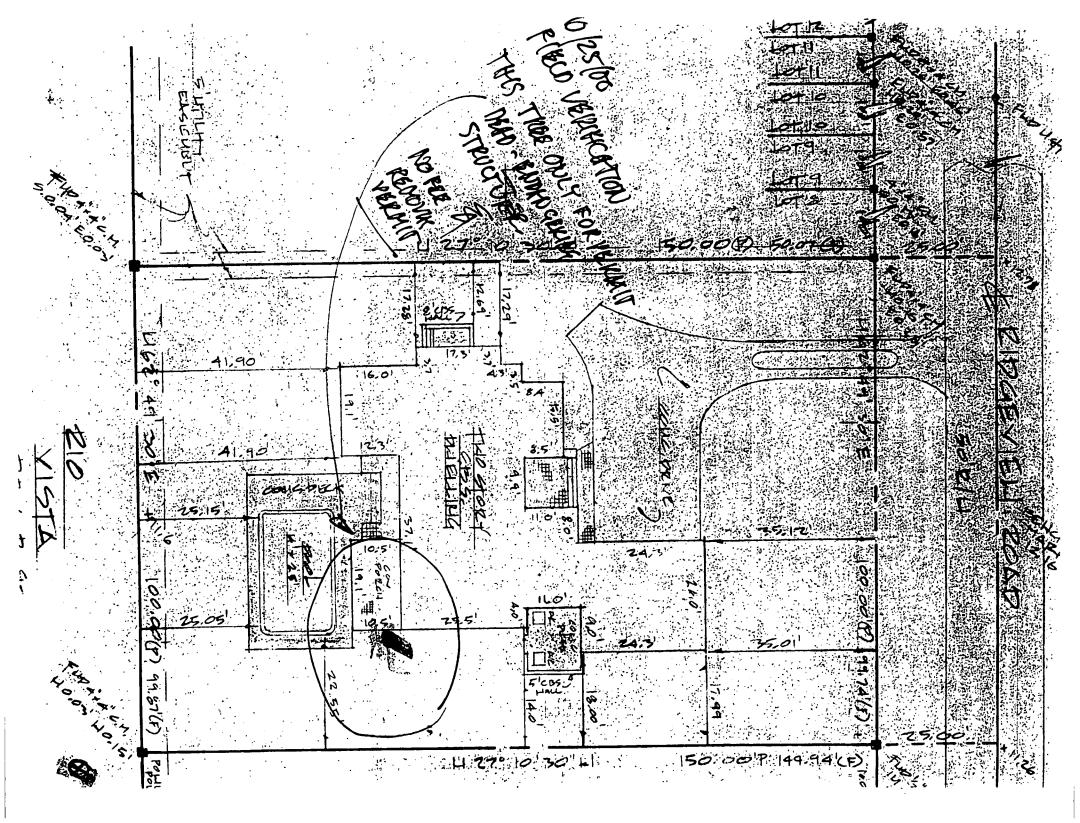
| FAXTRANSMETTAL PAGES                                                                                                                                                                                                                                                                                                                                                                                    | P.01                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| TOWN OF SEVALL'S POINT                                                                                                                                                                                                                                                                                                                                                                                  | *                        |
| APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT                                                                                                                                                                                                                                                                                                                                                   |                          |
| Schild 124<br>10/25/00 Date-Issued                                                                                                                                                                                                                                                                                                                                                                      | Sto.                     |
| This application shall include a written statement giving reasons for removal, is<br>or replacement and a site plan which shall include the dimensional location on a s<br>scale drawing, or aerial photograph, superimposed with lot lines to scale, of all<br>existing or proposed structures, improvements and site uses, location of affected<br>identified with an estimated size and number, etc. | urvey,<br>trees          |
| Owner NOBT + KAM KRAMAR Address 11 S. RIDGEVIEL Phone 288-129                                                                                                                                                                                                                                                                                                                                           | 76                       |
| CONTRACTOR / 10W/ 25 PAP PADdress                                                                                                                                                                                                                                                                                                                                                                       |                          |
| Number of trees to be removed (list kinds of trees) (1) Sick-endangering                                                                                                                                                                                                                                                                                                                                | house                    |
| Number of trees to be relocated within 30 days(no fee)(list kinds of trees):                                                                                                                                                                                                                                                                                                                            |                          |
| Sumber of trees to be replaced (list kinds of trees):                                                                                                                                                                                                                                                                                                                                                   |                          |
| Permit Fee \$ (325.00 first tree plus \$10.00 - each additional tree to exceed \$200.06.8 (5.00                                                                                                                                                                                                                                                                                                         | 30 <del>11 -</del>       |
| (No permit fee for trees which are relocated on property or lie within a utility a<br>& are required to be removed in order to provide utility service, nor for a tree<br>is dead, diseased, injured or hazardous to life or property.)                                                                                                                                                                 | which                    |
| Plans approved as submitted Plans approved as marked 4 The For                                                                                                                                                                                                                                                                                                                                          | reorrer                  |
| Permit good for one year. Fee for renewal of expired permit is \$5.00                                                                                                                                                                                                                                                                                                                                   |                          |
| Signature of applicant Lange pare submitted 10/16/20                                                                                                                                                                                                                                                                                                                                                    | NT)                      |
| Approved by Building Inspector Date 10/25/00                                                                                                                                                                                                                                                                                                                                                            |                          |
| Approved by Building Commissioner Date Date                                                                                                                                                                                                                                                                                                                                                             |                          |
| Completed                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| Date Checked by                                                                                                                                                                                                                                                                                                                                                                                         |                          |
| THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OPENENTIAL BEAMER. BRAZ<br>PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE O<br>PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT<br>HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.                                                                                                   | ILIAN<br>F THIS<br>WHICH |

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

#### TOWN OF SEWALL'S POINT, FLORIDA

FILE

\_\_\_\_ 19 \_\_\_\_\_ TREE REMOVAL PERMIT Nº 0375 Date \_\_\_ APPLIED FOR BY \_\_\_\_\_ ROM KRAMBR \_ (Contractor of Owner) MONTE'S TREE SERVICE (181/18/1/18/1) Owner \_\_\_\_\_ Block Sub-division (DO FOLLOGE; UDATELETO UPERTIFY) - 1 Kind of Trees FLEED VERLIFICATION No. Of Trees: REMOVE No. Of Trees: RELOCATE \_\_\_\_\_\_ WITHIN 30 DAYS (NO FEE) WITHIN 30 DAYS No. Of Trees: REPLACE .... KARHON SURINY-H REMARKS LAPA PERMIT FOR ONE TREE ONLY, MATURE ON POOL \_\_\_\_\_ Signed Signed, Applicant



| Date o       | of Inspection:  Mon Wed | FM. 10-25                | <u>, a</u> 200 | 0; Page of                |
|--------------|-------------------------|--------------------------|----------------|---------------------------|
| PERMIT       | OWNER/ADDRESS/CONTR.    | INSPECTION TYPE          | RESULTS        | REMARKS                   |
| 470 <i>2</i> | Perry                   | alltrades                |                | Fri.                      |
| <u> </u>     | 18 N. Ridgeview         |                          |                |                           |
|              | øwner/builder           |                          |                |                           |
| PERMIT       | OWNER/ADDRESS/CONTR.    | INSPECTION TYPE          | RESULTS        | REMARKS                   |
| 5101         | Mc Jonald               | final insist             | PASSED         |                           |
|              | 3 India Lucie Plkery.   | siding                   | A              |                           |
| U            | SEARS SIDILY FOULDOWS   |                          |                |                           |
| PERMIT       | OWNER/ADDRESS/CONTR.    | INSPECTION TYPE          | RESULTS        | REMARKS                   |
| 4978         | Rimer Bird              | footer                   | PATTED         | 10:00 DOT READY           |
| 6            | 29 S. River Rd.         | for rear                 | A              | 11:95 KELDSPEET           |
|              | Lear                    | stem wall                | R              |                           |
| PERMIT       | OWNER/ADDRESS/CONTR.    | INSPECTION TYPE          | RESULTS        | REMARKS                   |
| 4203         | Foglia                  | Final                    | PASSED         | will arrange              |
| M            | 101 H Sewall Way        | c.o.                     | R              | specific time             |
| V            | Fog/1 = TODD - 444-6126 | (INCL. PD SI14 IRELE FUR | HARSEN .       | IRELA. PERMIT TO BE ISSUE |
| PERMIT       | OWNER/ADDRESS/CONTR.    | INSPECTION TYPE          | RESULTS        | REMARKS                   |
| 5025         | VASALEZ                 | FOOTERS                  | PASSED         | NOCH. KEW. LTR. TO SITE   |
| 6            | 82 S SEWALLS PT.RS.     | E ADRU SLAV.             | É.             |                           |
| 19           | GROZA BLORS.            |                          |                |                           |
| PERMIT       | OWNER/ADDRESS/CONTR.    | INSPECTION TYPE          | RESULTS        | REMARKS                   |
| T/R          | HECKENBERG              | FIELD VERIF.             |                |                           |
| F            | SN.E. LAGOOD ISLAND CT. | <u> </u>                 |                |                           |
| て            | 018 "TODD" 521-3099     |                          |                |                           |
| PERMIT       | OWNER/ADDRESS/CONTR.    | INSPECTION TYPE          | RESULTS        | REMARKS                   |
| will         | ERAMBR C                | FIRED IMARS.             | MARSED         |                           |
|              | IN S. ENDERMEDD P.      |                          | S              |                           |
| 7 k)         | MONTE'S TREE SERV.      |                          | -7-            |                           |

INSPECTOR (Name/Signature): \_\_\_\_

TOWN OF SEWALL'S POINT, FLORIDA

| Date MAY                     | /14       | ¥.200   | TREE REMOV                                           | AL PERMIT                              | Nº 2257                       |     |
|------------------------------|-----------|---------|------------------------------------------------------|----------------------------------------|-------------------------------|-----|
| APPLIED FOR BY               |           | RRAMER  | 2.                                                   | (Ca                                    | ontractor or Owne             | er) |
| Owner                        |           | , KIDGE | IEW                                                  |                                        |                               |     |
| Sub-division                 |           |         | ., Lot                                               | , Block                                |                               |     |
| Kind of Trees                | 1         |         | 1                                                    |                                        |                               |     |
| No. Of Trees: REMC           |           | -       |                                                      |                                        |                               |     |
| No. Of Trees: RELOCA         |           |         |                                                      | )                                      |                               |     |
| No. Of Trees: REPLA          |           |         |                                                      | ,                                      |                               |     |
| REMARKS                      |           |         |                                                      |                                        |                               |     |
|                              |           |         | <u></u>                                              | FEE \$                                 | <i>q</i>                      | -\  |
|                              |           | c       | Signad & Have                                        | , Sem                                  | mous AN                       | 5)  |
| Signed,                      | Applicant |         | signed,                                              | Jame Cle                               | well                          |     |
| Signed,                      |           |         | C 11 00                                              | (ding (0)4<br>7-2455 - 8:00            | A.M12:00 Nor<br>M 5:00 P.M NO |     |
| Signed,<br>OWN OF SE<br>TREE |           | S POINT | Call 28<br>Wor<br>VAL<br>DINANCE 103                 | 7-2455 - 8:00<br>K HOURS 8:00 A<br>PEF | A.M12:00 No                   |     |
|                              |           | S POINT | Call 28<br>VAL                                       | 7-2455 - 8:00<br>K HOURS 8:00 A<br>PEF | A.M12:00 No                   |     |
|                              |           | S POINT | Call 28<br>Wor<br>VAL<br>DINANCE 103                 | 7-2455 - 8:00<br>K HOURS 8:00 A<br>PEF | A.M12:00 No                   |     |
|                              |           | S POINT | Call 28<br>Wor<br>VAL<br>DINANCE 103                 | 7-2455 - 8:00<br>K HOURS 8:00 A<br>PEF | A.M12:00 No                   |     |
|                              |           | S POINT | Call 28<br>Wor<br>VAL<br>DINANCE 103                 | 7-2455 - 8:00<br>K HOURS 8:00 A<br>PEF | A.M12:00 No                   |     |
|                              |           | S POINT | Call 28<br>Wor<br>VAL<br>DINANCE 103                 | Скіртіон                               | A.M12:00 No                   |     |
|                              |           | S POINT | Call 28<br>WOR<br>VAL<br>DINANCE 103<br>PROJECT DESC | Скіртіон                               | A.M12:00 No                   |     |
|                              |           | S POINT | Call 28<br>WOR<br>VAL<br>DINANCE 103<br>PROJECT DESC | Скіртіон                               | A.M12:00 No                   |     |
|                              |           | S POINT | Call 28<br>WOR<br>VAL<br>DINANCE 103<br>PROJECT DESC | Скіртіон                               | A.M12:00 No                   |     |

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

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

#### No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.

2. Trees with a diameter of less than one inch.

#### Permit Fee:

11

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

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

#### **Application procedures:**

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

| Owner Robert Keattert             | tally Deliterress 115. | Ridgeview Rd Phone 288-0296 |
|-----------------------------------|------------------------|-----------------------------|
| Contractor Brian Nosley           | Address                | Phone 12 468 -91)4          |
| No. of Trees: REMOVE 3/1          | naybe 4                | Туре:                       |
| No. of Trees: RELOCATE            | WITHIN 30 DAYS         | Туре:                       |
| No. of Trees: REPLACE             | WITHIN 30 DAYS         | Type:Deac                   |
| Written statement giving reasons: | Finally Landscq        | ping our backyoid - Dead    |
| Signature of Applicant            |                        | Date 3/12/04                |
| Approved by Building Inspector:_  |                        | Date/4Fee:                  |
| Plans approved as submitted       | Plans ap               | proved as revised/marked:   |
|                                   |                        |                             |

| TOWN OF SEWALL'S POINT                                 |                      |                                        |         |                   |  |  |
|--------------------------------------------------------|----------------------|----------------------------------------|---------|-------------------|--|--|
| Building Department - Inspection Log                   |                      |                                        |         |                   |  |  |
| Date of Inspection: Mon Wed Fri 5/14, 2002 4 Page of 2 |                      |                                        |         |                   |  |  |
| PERMIT                                                 |                      |                                        |         | NOTES/COMMENTS:   |  |  |
|                                                        |                      |                                        | DA/C    | NOTES/COMINENTS:  |  |  |
| 1265-                                                  | -KRAMER              |                                        | YM2     |                   |  |  |
| 6                                                      | ILS. RIDGEVIEW       |                                        |         |                   |  |  |
| $\varphi$                                              |                      |                                        |         | INSPECTOR:        |  |  |
| PERMIT                                                 | OWNER/ADDRESS/CONTR. |                                        | RESULTS | NOTES/COMMENTS:   |  |  |
| 611                                                    | (AN                  | BUCK+WINDOW                            | PAGS    |                   |  |  |
|                                                        | 7 COPAIRE ROAD       |                                        |         |                   |  |  |
|                                                        | OB                   |                                        | · · ·   | INSPECTOR:        |  |  |
| PERMIT                                                 | OWNER/ADDRESS/CONTR. | INSPECTION TYPE                        | RESULTS | NOTES/COMMENTS:   |  |  |
| 6335                                                   | TWOHEY               | FINAL SFE                              | PASS    | CLOSE             |  |  |
| 0                                                      | 119 HILLREST         |                                        |         |                   |  |  |
| 12                                                     | SEAGAGE              |                                        |         | INSPECTOR:        |  |  |
| PERMIT                                                 | OWNER/ADDRESS/CONTR. | INSPECTION TYPE                        | RESULTS | NOTES/COMMENTS:   |  |  |
| 6396                                                   | MUFSON               | POLETIAL WINDOW                        | DALS    |                   |  |  |
|                                                        | 17 S. RIVER RD       | +Dove Bick                             | +       |                   |  |  |
| 3                                                      | BUFORP               |                                        |         | INSPECTOR:        |  |  |
| PERMIT                                                 | OWNER/ADDRESS/CONTR. | INSPECTION TYPE                        | RESULTS | NOTES/COMMENTS:   |  |  |
| 6677                                                   | GRIEL                | SHEATHING                              | PALS    |                   |  |  |
| ·                                                      | 5 RIVERVIEW          |                                        |         | . /               |  |  |
| 5                                                      | OR                   | 1.                                     |         | INSPECTOR:        |  |  |
| PERMIT                                                 | OWNER/ADDRESS/CONTR. | INSPECTION TYPE                        | RESULTS | NOTES/COMMENTS:   |  |  |
| Tere                                                   | SHRADER              | TREE                                   | Parts   | CALL ONLER TO     |  |  |
|                                                        | 4 EMPERTA WAY        |                                        |         | PICIL UP PETRANIT |  |  |
| 4                                                      |                      | ······································ |         | INSPECTOR:        |  |  |
| PERMIT                                                 | OWNER/ADDRESS/CONTR. | INSPECTION TYPE                        | RESULTS | NOTES/COMMENTS:   |  |  |
| 663                                                    | CONER.               | FRAMING ROUGH                          | + DAGS  |                   |  |  |
|                                                        | 16 N, Sausu's Pr     |                                        |         |                   |  |  |
| O                                                      | OB                   |                                        |         | INSPECTOR:        |  |  |
| OTHER:                                                 |                      |                                        |         |                   |  |  |
| IT RIDUELANT SIGN OFF POOL STEEL - OK                  |                      |                                        |         |                   |  |  |
|                                                        |                      |                                        |         |                   |  |  |
|                                                        |                      |                                        |         |                   |  |  |

**INSPECTION LOG.xls**