

15 S Ridgeview Road

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 469

Date May 21/74

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

Owner David J. Adams Jr. Present Address Jensen Beach 305 Spruce Ridge Rd Ph 334-2986

General Contractor Complex TV Inc. Address PO Box 258 Jensen Beach Ph 334-4186

Where licensed Florida state Martin County License No. CGC 007643

Plumbing Contractor _____ License No. _____
Electrical Contractor _____ License No. _____

Street building will front on RIDGEVIEW ROAD

Subdivision HOMEWOOD Lot No. Lot 8 Blake Area 15 000 sq ft

Building area, inside walls (excluding garage, carport, porches) Sq ft 1860

Other Construction (Pools, additions, etc.) _____

Contract Price (excluding land, rugs, appliances, landscaping) \$ 38080.77

Total cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Wallace J. Stevens Jr. Secretary
Signed by General Contractor
Complex TV, Inc.

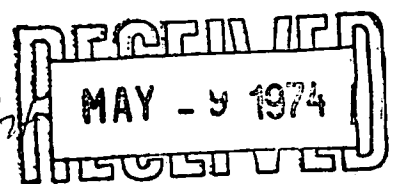
I understand that this building must be in accordance with the approved plan and comply with all code requirements before a Certificate of Approval for Occupancy will be issued and the property approved for all utility services. I, also, agree that within 90 days after the building has been approved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

David J. Adams Jr.
Signed by Owner

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

TOWN RECORD

Date submitted _____
Date approved 07 5/20/74 CTH 5/21/74



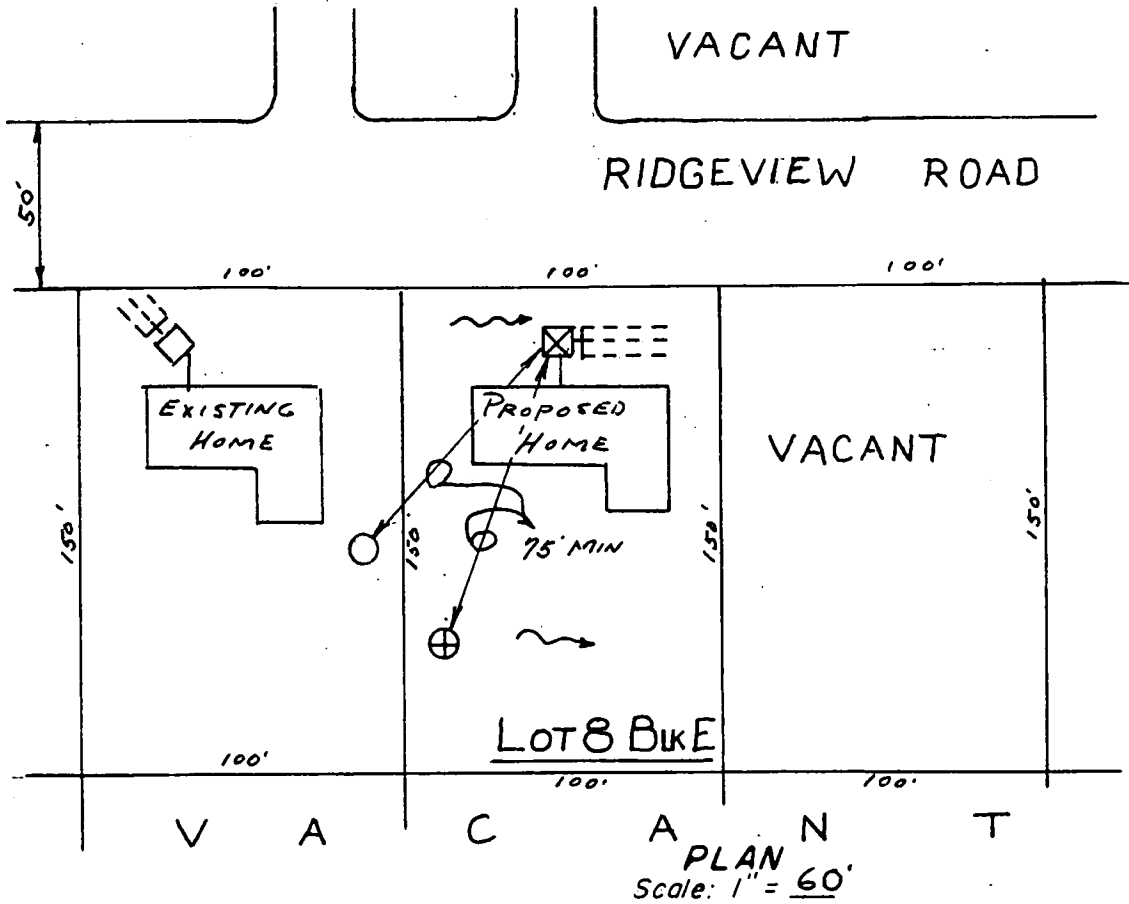
Certificate of Occupancy issued 9/20/74 Date 469

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH

INDIVIDUAL SEWAGE DISPOSAL FACILITIES
DATA SHEET

Location: RIDGEVIEW ROAD
LOT 8 BLK E Applicant: DAVID ADAMS
HOMEWOOD County: MARTIN
SEWALL'S POINT

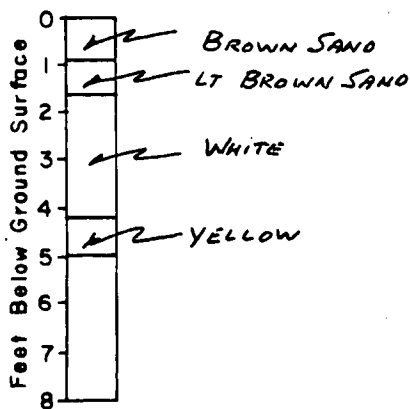
NOTE: This septic tank system is not located within 50 feet of the high water line of a lake, stream, canal or other waters, nor within 75 feet of any private well; nor within 100 feet of any public water supply; nor within 10 feet of water supply pipes; nor within 100 feet of any public sewer system.



Plot plan must show all data required in 10D-6.03 2(a) and all other pertinent data.

SEPTIC SYSTEM ELEVATION IS 3"-4" BELOW ROAD C.L.

SOIL DATA



SOIL BORING LOG

Soil Identification: CLASS 1 GROUP SW
Soil Characteristics WELL GRADED SANDS

LEGEND

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



Percolation Rate 1/4 min/inch
Water Table Depth OVER 5' 3/11/74
Water Table Depth During Wet Season 44" EST.
Compacted Fill Of _____ Req'd
Compacted Fill Checked By: _____
Date _____

CERTIFIED BY: K. G. Larson
FLORIDA PROFESSIONAL No. 16552
Date 3.12.74 Job No. 74-092-03

Application/Permit No. HD 74-149

MARTIN County Health Department

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

Section I - Instructions:

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

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

Section II - Information:

1. Property Address (Street & House No.) RIDGEVIEW ROAD
 Lot 8 Block E Subdivision HOMEWOOD
 Date Recorded 1/11/56 Directions to Job R1A SOUTH TO SEWALL'S PT ROAD
RIGHT TO RIDGEVIEW, RIGHT 8TH LOT ON LEFT
2. Owner or Builder DAVE ADAMS
 P.O. Address 305 SPRUCE RIDGE City JENSEN BEACH
3. Specifications 3 BEDROOM

Tank Drainfield
900 Gals. 210 ft. of 6" clay tile
 or 5" perforated plastic drain in a 3' trench or
 _____ Gals. _____ ft. of 4" clay drain
 or 4" perforated plastic drain in an 18" trench

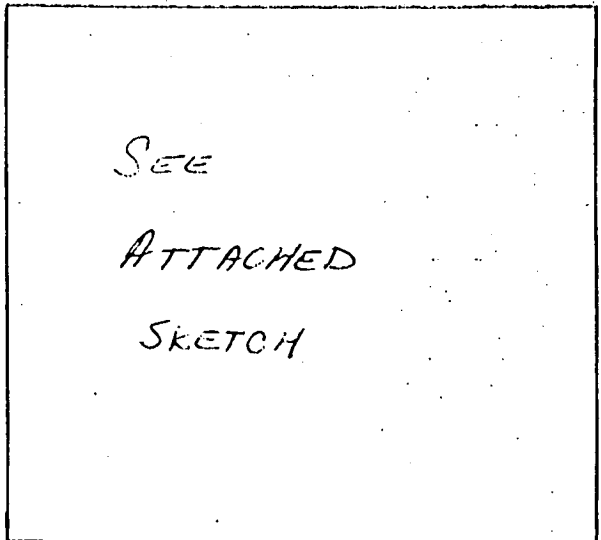
Scale 1" = 50'

(Rear)

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

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

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



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

Applicant: DAVE ADAMS
Please Print

(Front)

(Name of Street or State Road)

Signature: Dave Adams / B. Larson Date: 3-12-74

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: _____

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

By: [Signature] County Health Dept. Martin Date 3/12/74

Section IV - Final Construction Approval

Construction of installation approved: _____ Yes _____ No

Date: _____ By: _____

FHA No. _____ VA No. _____

TOWN OF SEWALL'S POINT
CERTIFICATE OF OCCUPANCY

DATE 5/21/74

This Certificate of Occupancy is issued for ADAMS
 on Lot No: 8, Block E, _____ Street,
HOMEWOOD SID, constructed under Building Permit
 No. 469 on record in the Town of Sewall's Point Town Hall.

Construction of this building conforms to all Ordinances of
 the Town.

RECORD OF INSPECTIONS

ITEM	DATE	APPROVED BY
FOOTINGS	6/5/74	
ROUGH PLUMBING	6/4/74 8/1/74	ej
<i>slab</i> PERIMETER BEAM	6/19/74 7/10/74	ej
ROUGH ELECTRIC	8/1/74	ej
CLOSE IN	8/1/74	ej
FINAL PLUMBING	9/19/74	ej
FINAL ELECTRIC	9/19/74	ej

PROOF OF SEPTIC TANK APPROVAL BY OTHERS, ie (COUNTY HEALTH DEPT.)

Chale A. Duggan Approved by Building Inspector 9/19/74
John S. ... Approved by Town Commission: 9/20/74

Utilities notified: 9/20/74 Date

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date Sept. 19, 1974

This is to request that a Certificate of Approval for Occupancy be issued to David J. Adams, Jr., 15 S. Ridgeview Road (Homewood) For property built under Permit No. 469 Dated May 21, 1974 when completed in conformance with the Approved Plans.

Valerie J. Adams
Signed

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	6/5/74	Charles A. Duryea
Rough plumbing	6/4/74, 8/1/74	
Perimeter beam	7/10/74	
Rough electric	8/1/74	
Close in	8/1/74	
Final plumbing	9/19/74	
Final electric	9/19/74	
Slab	6/19/74	

Final Inspection for Issuance of Certificate for Occupancy.

John R. ... - Approved by Building Inspector 9/19/74 date
John R. ... Approved by Town Commission 9/20/74 date

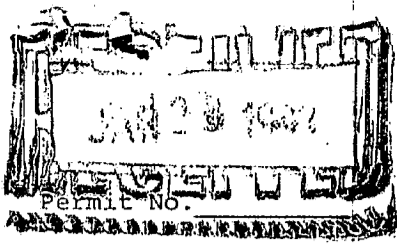
Utilities notified 9/20/74 date

Original Copy ^{given} sent to Mrs Adams 9/20/74

(Keep carbon copy for Town files)

1450

ADDITION



TOWN OF SEWALL'S POINT FLORIDA

#1450

Date 1-29-82

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

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

Owner MR. & MRS. NEVILLE CUTTING Present address 15 S. RIDGEVIEW DRIVE Phone 286-1181 SEWALLS POINT

Contractor CAVITT CONSTRUCTION CO. INC. Address P.O. BOX 127 Phone 334-7770 JENSEN BEACH, FLA. 33457

Where licensed FLA. / MARTIN CO. / STUART License number CG C010352

Electrical contractor PORT ST. LUCIE ELECTRIC License number MARTIN CO. 103

Plumbing contractor VINCE ANGELO License number MARTIN CO. 42 FLA. RF 0036771

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

13'0" X 10'0" WOOD FRAME ON CONCRETE SLAB ADDITION

State the street address at which the proposed structure will be built: 15 S. RIDGEVIEW DRIVE, SEWALLS POINT

Subdivision HOMEWOOD BLOCK E OR 340-467 Lot No. 8

Contract price \$ 10,800 Cost of Permit \$ 54 + 10 + 10 \$ 74

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 a Town Commissioner "Red-tagging" the construction project.

Contractor William F. Cavitt

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 Neville Cutting

Approved: Building Inspector Date 7/1/82

Approved: Commissioner Date 2/8/82

Final Approval given: Date

Certificate of Occupancy issued Date

SP/1-79

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

#1450

STATE OF FLORIDA Department of Professional Regulation
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE **07/04/81** FILE NO. **CG C010352** BATCH NO. **0607**
 THE **CERTIFIED GENERAL CONTRACTOR**
 NAMED BELOW IS CERTIFIED
 UNDER THE PROVISIONS OF CHAPTER **489** FOR
 THE YEAR EXPIRING **JUNE 30, 1983**

CAVITT, WILLIAM R
CAVITT CONSTRUCTION CO INC
740 NE COMMERCIAL ST
JENSEN BEACH FL 33457

Bob Graham
 GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

Nancy Kelly Littlepage
 SECRETARY OF PROFESSIONAL REGULATION

MARTIN COUNTY
1981 COUNTY OCCUPATIONAL LICENSE 1982

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING
 MACHINE SHOWING TRANSACTION NUMBER, DATE AND AMOUNT PAID.
 PLEASE MAIL OR BRING THIS LICENSE WITH YOUR REMITTANCE.
 PENALTY 10% FOR MONTH OF OCTOBER, 5% ADDITIONAL
 EACH MONTH THEREAFTER UP TO 125% PLUS COLLECTION
 COSTS.

T L CROOK PAID 09DCBICK
 \$10.35 869 K OL
512053
 LOCATION

STATE CERTIFICATE NO. _____
 LICENSE FEE \$ **9.00**
 DEL. PEN. \$ **1.35**
 TOTAL \$ **10.35**

MAKE CHECKS PAYABLE TO:
 THOMAS L. CROOK, Tax Collector
 P. O. Box 926 Stuart, Fla. 33495

W. R. CAVITT CORP.
WILLIAM R. CAVITT
P.O. BOX 127
JENSEN BEACH, FLA. 33457

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
 OF **CONTRACTOR GENERAL CONTRACT**
 AT ABOVE ADDRESS FOR THE PERIOD
 BEGINNING ON THE **9** DAY OF **Dec.** 198**1** SEC **205**
 AND ENDING FIRST DAY OF OCTOBER, A.D. 198**301**

ORIGINAL

NOTE: A PENALTY IS IMPOSED FOR FAILURE
 TO KEEP THIS LICENSE EXHIBITED CON-
 SPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE
 OF BUSINESS.

NOTE: MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS PER CITY CODE

00388	CITY OF STUART FLORIDA	0383												
19 81 - 19 82	CATEGORY NO. 3000	OCCUPATIONAL LICENSE												
GENERAL CONTRACTOR														
IS LICENSED WITHIN SAID CITY TO ENGAGE IN OR MANAGE THE BUSINESS OCCUPATION OF: <input checked="" type="checkbox"/> VALID OCT. 1 THRU SEPT. 30														
CAVITT, W.R. CORPORATION CAVITT, W. R. P. O. BOX 127 JENSEN BEACH, FL. 33457														
		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">AMOUNT</th> <th style="width:50%;">PENALTIES</th> </tr> </thead> <tbody> <tr> <td>10000</td> <td>LICENSE TAX</td> </tr> <tr> <td>11000</td> <td>OCT. .10</td> </tr> <tr> <td>11500</td> <td>NOV. .15</td> </tr> <tr> <td>12000</td> <td>DEC. .20</td> </tr> <tr> <td>12500</td> <td>JAN. .25</td> </tr> </tbody> </table>	AMOUNT	PENALTIES	10000	LICENSE TAX	11000	OCT. .10	11500	NOV. .15	12000	DEC. .20	12500	JAN. .25
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11000	OCT. .10													
11500	NOV. .15													
12000	DEC. .20													
12500	JAN. .25													
LICENSEE BUSINESS PHONE NO. 305 334 7770	<i>Betty H. Kenny</i> CITY CLERK	DATE SEP 24 1981												



THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW. NO RIGHTS UPON THE CERTIFICATE HOLDER.

NAME AND ADDRESS OF AGENCY
 Fred S. James & Co. of Fla., Inc.
 P.O. Box 2985
 West Palm Beach, Florida 33402

COMPANIES AFFORDING COVERAGES	
COMPANY LETTER	A Maryland Casualty Company
COMPANY LETTER	B Southern American Ins. Company
COMPANY LETTER	C
COMPANY LETTER	D
COMPANY LETTER	E

NAME AND ADDRESS OF INSURED
 W.R. Cavitt Corporation
 P.O. Box 127
 Jensen Beach, Florida 33457

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	GL 54314070	8/1/82	BODILY INJURY	\$ 300	\$ 300
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM			PROPERTY DAMAGE	\$ 100	\$ 100
	<input checked="" type="checkbox"/> PREMISES—OPERATIONS HAZARD			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input checked="" type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD			PERSONAL INJURY		\$ 300
A	AUTOMOBILE LIABILITY	NAM 54531931	8/1/82	BODILY INJURY (EACH PERSON)	\$	
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY (EACH ACCIDENT)	\$	
	<input checked="" type="checkbox"/> OWNED			PROPERTY DAMAGE	\$	
	<input checked="" type="checkbox"/> HIRED			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 500	
B	EXCESS LIABILITY	SU 008431	8/1/82	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 3,000,	\$ CSL
	<input checked="" type="checkbox"/> UMBRELLA FORM			STATUTORY	\$	(EACH ACCIDENT)
	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY					
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
 Covering Insured's operations as a General Contractor in the State of Florida - subject to policy conditions.

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

DATE ISSUED: 8/27/81 ab

C. Ben Holleman, Agent
 AUTHORIZED REPRESENTATIVE



A Preferred Risk Workmen's Compensation Program

August 11, 1981

CERTIFICATE OF COVERAGE

**FLORIDA CONSTRUCTION COMMERCE AND INDUSTRY
SELF INSURERS FUND (FCCI)**

The undersigned, Administrator of the FCCI Fund, hereby certifies that:

1. Cavitt Corporation

P.O. Box 127 Jensen Beach, Florida 33457 (Employer)
Location 740 N.E. Commercial St. Jensen Beach, Florida 33457

upon due application, has been admitted to membership in the FCCI Fund by its Board of Trustees.

Effective date: 8/01/81 #7-18-3071

2. As a member in good standing of the FCCI Fund, Employer is a qualified self insurer in compliance with The Workmen's Compensation Law, Chapter 440, Florida Statutes.

3. Coverage under any Federal Act (Longshoremen's and Harbor Workers' Compensation Act, Jones Act, Admiralty Law or Federal Employers' Liability Act) is expressly excluded. FCCI Fund coverage is limited to work of employees within the State of Florida, except for Florida employers temporarily working out of state.

4. Administrator accepts appointment as agent and attorney-in-fact for Employer to act in his behalf and to execute all agreements, reports, waivers, specific and aggregate excess insurance contracts; to make or arrange for payment of claims, medical expenses and all other things required or necessary insofar as they affect his Workmen's Compensation and/or Employer's Liability under Florida law and as covered by the Indemnity Agreement and rules and regulations now or hereafter promulgated by the Trustees and the Labor Department.

Gilbert Waters,
Administrator

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 3/9/82

This is to request that a Certificate of Approval for Occupancy be issued to Mr. Cutting
For property built under Permit No. 1450 Dated 2/2/82 when completed in
conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings	<u>2/9/82</u>	
Rough plumbing		
Slab	<u>2/9/82</u>	
Perimeter beam	<u>2/26/82</u>	
Close-in, roof and rough electric	<u>2/19/82 & 2/24/82</u>	
Final Plumbing		
Final Electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector J. Magyura date 3/9/82

Approved by Building Commissioner _____ date _____

Utilities notified _____ date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

1460

SPA

1460

2/17/82

TOWN OF SEWALL'S POINT FLORIDA
RECEIVED
FEB 17 1982

Date 2-17-82

Permit No. _____

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

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

Owner MR & MRS. Neville Cottling Present address 1550 RIDGVIEW Rd.

Phone _____

Contractor Bush Pools, Inc. Address 3309 OLIVER, Ft. Pierce FLA.

Phone 461-9246 or 287-5902

Where licensed MARTIN Co. / St. Louis Co. License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

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

1550 So. RIDGVIEW Rd.

Subdivision Homewood Lot No. #8 BLK. E.

Contract price \$ 6,895.00 Cost of Permit \$ 35.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Erwin B. Bush

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 Neville Cottling

TOWN RECORD Date submitted _____

Approved: J. Mazzucca Building Inspector Date 2/18/82

Approved: St. C. Stubbell Commissioner Date 2/24/82

Final Approval given: _____ Date _____

Certificate of Occupancy issued _____ Date _____

SP/1-79

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

1460

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 3/15/82

This is to request that a Certificate of Approval for Occupancy be issued to Mr. Cutting
For property built under Permit No. 1460 Dated 3/3/82 when completed in
conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings		
Rough plumbing		
Slab		
Perimeter beam		
Close-in, roof and rough electric		
Final Plumbing	<u>Steel & Grounding 3/8/82</u>	
Final Electric	<u>Patio Steel 3/15/82</u>	

Final Inspection for Issuance of Certificate for Occupancy.
Approved by Building Inspector J. Mazzucca date 3/15/82

Approved by Building Commissioner _____ date _____

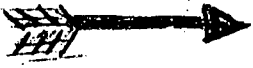
Utilities notified Not Req _____ date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

1466

POOL HEATER



NOT FOR RESIDENCES

1466

TOWN OF SEWALL'S POINT FLORIDA

Permit No. _____

Date _____

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

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

Owner A. Neville Cutting Present address 15 Ridgeview Rd
Phone 286-1181

Contractor HI County CAD Address 3232 SE Dixie Hwy
Phone 287-4330

Where licensed Martin County License number _____

Electrical contractor _____ License number _____

Plumbing contractor _____ License number _____

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

State the street address at which the proposed structure will be built:
155 Ridgeview Rd Sewall's Point

Subdivision Home Woods Lot No. 8 Block B

Contract price \$ _____ Cost of Permit \$ 1900.00

Plans approved as submitted Plans approved as marked _____

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

Contractor _____

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 A. Neville Cutting

TOWN RECORD

Date submitted 3-19-82

Approved: J. Amazzurca Building Inspector Date 3/19/82

Approved: _____ Commissioner Date _____

Final Approval given: 3/19/82 Date

Certificate of Occupancy issued Not Required Date

1466

1960

Re-Roof

1960

1960

TOWN OF SEWALL'S POINT, FLORIDA

Permit Number _____

Date 7/8/86

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

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

Owner WILLIAM L. KIGHT Present Address 15 S. Ridgeview Rd.

Phone 286-4260 Stuart, FL 33494

Contractor WILLIAM L. KIGHT Address 15 S. RIDGEVIEW RD.

Phone 286-4260 STUART, FL 33494

Where licensed N/A License number N/A

Electrical contractor N/A License number N/A

Plumbing contractor N/A License number N/A

Roofing contractor N/A License number N/A

Air conditioning contractor N/A License number N/A

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: RE-ROOFING OF EXISTING SINGLE-FAMILY DWELLING

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

15 S. RIDGEVIEW RD., STUART, FL 33494

Subdivision HOMEWOOD Lot number 8 Block number E

Contract price \$ 3000⁰⁰ Cost of permit \$ 15^{XV}

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Will Kight

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 Will Kight

TOWN RECORD

Date submitted 7/8/86 Approved Paul Brown 7/8/86
Building Inspector Date

Approved G C Strubell 7/8/86 Final Approval given _____
Commissioner Date Date

Certificate of Occupancy issued (if applicable) _____
Date

8203

REROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4-20-06

BUILDING PERMIT NO. 8203

Building to be erected for Van Vonno

Type of Permit Reroof

Applied for by All American Roofing (Contractor)

Building Fee _____

Subdivision Homewood Lot _____ Block _____

Radon Fee _____

Address 15 S Ridgerview Rd

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

01384100600500080-8

Electrical Fee _____

Plumbing Fee _____

Amount Paid \$120 Check # 6415 Cash _____ Other Fees (_____) _____

Roofing Fee 120

Total Construction Cost \$ 30366

TOTAL Fees 120

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

- | | | |
|---|--|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input checked="" type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FENCE |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> GAS |
| <input type="checkbox"/> FILL | <input type="checkbox"/> HURRICANE SHUTTERS | <input type="checkbox"/> RENOVATION |
| <input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> STEMWALL | <input type="checkbox"/> ADDITION |

INSPECTIONS

- | | | | |
|-----------------------------|-------|------------------------|-------|
| UNDERGROUND PLUMBING | _____ | UNDERGROUND GAS | _____ |
| UNDERGROUND MECHANICAL | _____ | UNDERGROUND ELECTRICAL | _____ |
| STEMWALL FOOTING | _____ | FOOTING | _____ |
| SLAB | _____ | TIE BEAM/COLUMNS | _____ |
| ROOF SHEATHING | _____ | WALL SHEATHING | _____ |
| TRUSS ENG/WINDOW/DOOR BUCKS | _____ | LATH | _____ |
| ROOF TIN TAG/METAL | _____ | ROOF-IN-PROGRESS | _____ |
| PLUMBING ROUGH-IN | _____ | ELECTRICAL ROUGH-IN | _____ |
| MECHANICAL ROUGH-IN | _____ | GAS ROUGH-IN | _____ |
| FRAMING | _____ | EARLY POWER RELEASE | _____ |
| FINAL PLUMBING | _____ | FINAL ELECTRICAL | _____ |
| FINAL MECHANICAL | _____ | FINAL GAS | _____ |
| FINAL ROOF | _____ | BUILDING FINAL | _____ |

Date: 4.7.06

Permit Number: _____



Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: VAN VONNO, FREDERICK W Phone (Day) _____ (Fax) _____

Job Site Address: 15 S. RIDGEVIEW ROAD City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) HOMELAND Parcel Number: 01-38-41-006-005-0020-8

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

Description of Work To Be Done: RE-ROOF

WILL OWNER BE THE CONTRACTOR?: Yes No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: ALL AMERICAN ROOFING OF THE TREASURE COAST, INC. Phone: 463-8055 Fax: 463-8054

Street: 3006 SE WAALER ST. City: _____ State: _____ Zip: _____
STUART, FL 34997

State Registration Number: _____ State Certification Number: CCC058118 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 30,366.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: ALL AMERICAN ROOFING OF THE TREASURE COAST State: FL License Number: CCC058118

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carpport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required)
Frederick VonVonna

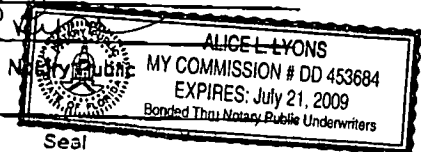
State of Florida, County of: MARTIN

This the 12 day of April, 2006

by Frederick VonVonna who is personally

known to me or produced

as identification. Alice P. Lyons



My Commission Expires: _____

CONTRACTOR SIGNATURE (required)
Paul D. Wickins

On State of Florida, County of: MARTIN

This the 13th day of APRIL, 2006

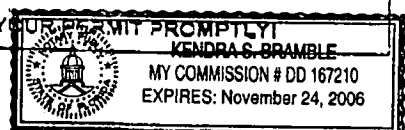
by PAUL D. WICKINS who is personally

known to me or produced

As Identification. Kendra S. Bramble

My Commission Expires: 11/24/06

Seal



PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

Received Time Apr. 7. 1:12PM

Date: 4.7.06

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: VAN VONNO, FREDERIK W Phone (Day) _____ (Fax) _____

Job Site Address: 15 S. RIDGEVIEW ROAD City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) HOMELWOOD Parcel Number: 01-38-41-006-005-00080-8

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

Description of Work To Be Done: RE-ROOF

WILL OWNER BE THE CONTRACTOR?: Yes No (If no, fill out the Contractor & Subcontractor sections below)

CONTRACTOR/Company: ALL AMERICAN ROOFING OF THE TREASURE COAST, INC. Phone: 463-8055 Fax: 463-8054

Street: 3006 SE WAALER ST. City: STUART, FL 34997 State: _____ Zip: _____

State Registration Number: _____ State Certification Number: CCC058118 Martin County License Number: _____

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 30,306.00 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: ALL AMERICAN ROOFING OF THE TREASURE COAST State: FL License Number: CCC058118

ARCHITECT _____ Phone Number: _____

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

ENGINEER _____ Phone Number: _____

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

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

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

I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDING, SAND OR FILL ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS.

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: National Electrical Code: 2002 Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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

OWNER OR AGENT SIGNATURE (required) _____

State of Florida, County of: _____

This the _____ day of _____, 2006

by _____ who is personally

known to me or produced _____

as identification. _____

Notary Public

My Commission Expires: _____

Seal

CONTRACTOR SIGNATURE (required) _____

On State of Florida, County of: MARTIN

This the 17th day of APRIL, 2006

by PAUL D. NICHOLS who is personally

known to me or produced _____

As identification: Jessie S. Dunbar

Notary Public

My Commission Expires: 11/24/06

Seal

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP



ACORD

CERTIFICATE OF LIABILITY INSURANCE

OP ID DD
ALLA002

DATE (MM/DD/YYYY)
10/11/05

PRODUCER:
J.W. Edens & Company
Commercial Ins of Brevard, Inc
325 Fifth Avenue, Suite 108
Indialantic FL 32903
Phone: 321-725-7000 Fax: 321-725-7856

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

INSURED

All American Roofing of The
Treasure Coast, Inc.
3006 SE Waaler Street
Stuart FL 34991

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Canal Indemnity Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L TR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	CPF50439	10/16/05	10/16/06	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESSUMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		OTHER				E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER

Town of Sewall's Point
One South Sewall's Point Rd.
Stuart FL 33494

SEWALLS

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Theresa C. O'Brien



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

11/25/2005

Serial # 071955

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

ANDON MEEK
211 COURT STREET
CLEARWATER, FL 33756

INSURED

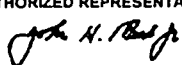
CRUM STAFFING II, INC. 1-800-277-1620
100 S MISSOURI AVENUE
CLEARWATER FL 33756

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: FRANK WINSTON CRUM INSURANCE, INC.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

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

INSURER	ADDITIONAL POLICIES	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$												
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$												
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$												
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 6 0000 0000	1/1/2006	1/1/2007	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 65%;">WC STATUTORY LIMITS</td> <td style="width: 30%;">OTHER</td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATUTORY LIMITS	OTHER		E.L. EACH ACCIDENT	\$ 1,000,000		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
<input checked="" type="checkbox"/>	WC STATUTORY LIMITS	OTHER																
	E.L. EACH ACCIDENT	\$ 1,000,000																
	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																
	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																
		OTHER																

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 THIS CERTIFICATE REMAINS IN EFFECT PROVIDED THE CLIENT'S ACCOUNT IS IN GOOD STANDING WITH CRUM STAFFING II, INC. COVERAGE IS NOT PROVIDED FOR ANY EMPLOYEE FOR WHICH THE CLIENT IS NOT REPORTING HOURS TO CRUM STAFFING II, INC. EFFECTIVE 09/03/2003, APPLIES TO 100% OF THE EMPLOYEES OF CRUM STAFFING II, INC. CEASED TO ALL AMERICAN ROOFING ENTERPRISES, INC. DBA ALL AMERICAN ROOFING ENTER. 727-697-0250

CERTIFICATE HOLDER	CANCELLATION
TOWN OF SEWALLS POINT 1 S. SEWALLS POINT RD SEWALLS POINT, FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L05080901343

DATE	BATCH NUMBER	LICENSE NBR
08/09/2005	050113188	QB0020109

The BUSINESS ORGANIZATION
 Named below IS QUALIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2007
 (THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS
 COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

ALL AMERICAN ROOFING OF THE TREASURE COAST IN
 3006 WAALER STREET
 STUART FL 34997

JEB BUSH
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
 SECRETARY

AC# 1479402

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04070800927

DATE	BATCH NUMBER	LICENSE NBR
07/08/2004	040019579	CCC058118

The ROOFING CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2006

WILKINS, PAUL D
 ALL AMER ROOF OF THE TREASURE COAST INC
 3006 SE WAALER ST
 STUART FL 34997

JEB BUSH
 GOVERNOR

DISPLAY AS REQUIRED BY LAW

DIANE CARR
 SECRETARY

2005-2006 MARTIN COUNTY ORIGINAL
 COUNTY OCCUPATIONAL LICENSE

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

LICENSE 2002-513-008 CERT CC-C058118
 PHONE (772)463-8055 SIC NO 023561

LOCATION:
 3006 SE WAALER ST STU

CHARACTER COUNTS IN MARTIN COUNTY

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

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS IDENTIFICATION OR OCCUPATION
 OF **ROOFING CONTRACTOR**

ALL INFORMATION LISTED FOR THE PERIOD BEGINNING ON THE

WILKINS, PAUL D (QUALIFIER)
 ALL AMERICAN ROOFING OF THE
 TREASURE COAST, INC.
 3006 SE WAALER STREET
 STUART, FL 34997

13 DAY OF SEPTEMBER 20 05
 AND ENDING SEPTEMBER 30 2006

12 05091303 006395



MIAMI-DADE
BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

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

NOTICE OF ACCEPTANCE (NOA)

Monier Lifetile, LLC
135 NW 20th Street
Boca Raton, FL 33431

SCOPE:

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

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

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

DESCRIPTION: Spanish S Concrete Roof Tile

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 pages 1 through 5.

The submitted documentation was reviewed by Frank Zuloaga, RRC



FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 4/19/06
BUILDING OFFICIAL
Gene Simmons

NOA No: 02-1205107
Expiration Date: 01/02/08
Approval Date: 01/02/03
Page 1 of 5

ROOFING ASSEMBLY APPROVAL

Category: Roofing
 Sub-Category: High Profile Roofing Tiles
 Material: Concrete

1. SCOPE

This renews a system using Monier Lifetile Spanish 'S' Concrete Roof Tile, as manufactured Monier Lifetile LLC and described in Section 2 of this Notice of Acceptance. For locations where the pressure requirements, as determined by applicable Building Code does not exceed the design pressure values obtained by calculations in compliance with RAS 127 using the values listed in section 4 herein. The attachment calculations shall be done as a moment based system.

2. PRODUCT DESCRIPTION

<u>Manufactured by Applicant</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Monier Lifetile Spanish 'S' Tile	l = 18" w = 10 ³ / ₈ " min. 3/4" thick	PA 112	High profile, interlocking, one-piece, 'S' shaped, high-pressure extruded concrete roof tile equipped with two nail holes. For direct deck nail-on, mortar set or adhesive set applications.
Trim Pieces	l = varies w = varies varying thickness	PA 112	Accessory trim, concrete roof pieces for use at hips, rakes, ridges and valley terminations. Manufactured for each tile profile.

2.1 SUBMITTED EVIDENCE:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Redland Technologies	7161-03 Appendix III	Static Uplift Testing PA 102 & PA 102(A)	Dec. 1991
Redland Technologies	7161-03 Appendix II	Wind Tunnel Testing PA 108 (Nail-On)	Dec. 1991
Redland Technologies	P0647-01	Wind Tunnel Testing PA 108 (Mortar Set)	Aug. 1994
Redland Technologies	P0402	Withdrawal Resistance Testing of screw vs. smooth shank nails	Sept. 1993
The Center for Applied Engineering, Inc.	94-084	Static Uplift Testing PA 101 (Mortar Set)	May 1994
The Center for Applied Engineering, Inc.	94-083	Static Uplift Testing PA 101 (Adhesive Set)	April 1994
The Center for Applied Engineering, Inc.	25-7183-4	Static Uplift Testing PA 102 (2 Quik-Drive Screws, Direct Deck)	Feb. 1995



NOA No.: 02-1205.07
 Expiration Date: 01/02/08
 Approval Date: 01/02/03
 Page 2 of 5

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
The Center for Applied Engineering, Inc.	25-7214-3	Static Uplift Testing PA 102 (1 Quik-Drive Screw, Direct Deck)	March, 1995
Redland Technologies	Letter Dated Aug. 1, 1994	Wind Tunnel Testing PA 108 (Nail-On)	Aug. 1994
The Center for Applied Engineering, Inc. Professional Service Industries, Inc.	Project No. 307025 Test #MDC-78 224-47099	Wind Driven Rain PA 100 Physical Properties PA 112	Oct. 1994 Sept. 1994
Celotex Corporation Testing Service	520111-3 520191-2-1	Static Uplift Testing PA 101	Dec. 1998 March 1999
Walker Engineering, Inc.	Calculations	Aerodynamic Multiplier	March 1999
Walker Engineering, Inc.	Evaluation Calculations	25-7094	February 1996
Walker Engineering, Inc.	Evaluation Calculations	25-7496	April 1996
Walker Engineering, Inc.	Evaluation Calculations	25-7584 25-7804b-8 25-7804-4 & 5 25-7848-6	December 1996
Walker Engineering, Inc.	Evaluation Calculations	25-7183	March 1995
Walker Engineering, Inc.	Evaluation Calculations	Aerodynamic Multipliers	April 1999
Walker Engineering, Inc.	Calculations	Two Patty Adhesive Set System	April 1999

3. LIMITATIONS

- 3.1 Fire classification is not part of this acceptance.
- 3.2 For mortar or adhesive set tile applications, a static field uplift test shall be performed in accordance with RAS 106.
- 3.3 Applicant shall retain the services of a Miami-Dade County Certified Laboratory to perform quarterly test in accordance with TAS 112, appendix 'A'. Such testing shall be submitted to the Building Code Compliance Office for review.
- 3.4 Minimum underlayment shall be in compliance with the applicable Roofing Applications Standards listed section 4.1 herein.
- 3.5 30/90 hot mopped underlayment applications may be installed perpendicular to the roof slope unless stated otherwise by the underlayment material manufacturers published literature.
- 3.6 This acceptance is for wood deck applications. Minimum deck requirements shall be in compliance with applicable building code.
- 3.7 May be installed on slopes 7:12 and greater.

4. INSTALLATION

- 4.1 Monier Lifetile Spanish 'S' Concrete Roof Tile and its components shall be installed in strict compliance with Roofing Application Standard RAS 118, RAS 119, and RAS 120.
- 4.2 Data For Attachment Calculations



Table 1: Average Weight (W) and Dimensions (l x w)			
Tile Profile	Weight-W (lbf)	Length-l (ft)	Width-w (ft)
Monier Lifetile Spanish 'S' Tile	9.64	1.5	0.865

Table 2: Aerodynamic Multipliers - λ (ft ³)	
Tile Profile	λ (ft ³) Direct Deck Application
Monier Lifetile Spanish 'S' Tile	0.259

Table 3: Restoring Moments due to Gravity - M_g (ft-lbf)										
Tile Profile	3":12"		4":12"		5":12"		6":12"		7":12" or greater	
	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck	Battens	Direct Deck
Monier Lifetile Spanish 'S' Tile	N/A	8.51	N/A	8.44	N/A	8.27	N/A	8.07	N/A	7.87

Table 4: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) for Nail-On Systems			
Tile Profile	Fastener Type	Direct Deck (min 15/32" plywood)	Direct Deck (min. 19/32" plywood)
Monier Lifetile Spanish 'S' Tile	2-10d Ring Shank Nails	28.6	41.2
	1-10d Smooth or Screw Shank Nail	5.1	6.8
	2-10d Smooth or Screw Shank Nails	6.9	9.2
	1 #8 Screw	20.7	20.7
	2 #8 Screws	43.2	43.2
	1-10d Smooth or Screw Shank Nail (Field Clip)	23.1	23.1
	1-10d Smooth or Screw Shank Nail (Eave Clip)	29.3	29.3
	2-10d Smooth or Screw Shank Nails (Field Clip)	27.6	27.6
	2-10d Smooth or Screw Shank Nails (Eave Clip)	38.1	38.1

Table 5: Attachment Resistance Expressed as a Moment M_r (ft-lbf) for Two Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Monier Lifetile Spanish 'S' Tile	Adhesive	29.3 ²

- 1 See manufactures component approval for installation requirements.
- 2 Flexible Products Company TileBond Average weight per patty 10.7 grams.
Polyfoam Product, Inc. Average weight per patty 8 grams.



Table 5A: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) for Single Patty Adhesive Set Systems		
Tile Profile	Tile Application	Minimum Attachment Resistance
Monier Lifetile Spanish 'S' Tile	Polyfoam PolyPro™	66.5 ³
	Polyfoam PolyPro™	38.7 ⁴
3 Large paddy placement of 63grams of PolyPro™.		
4 Medium paddy placement of 24grams of PolyPro™.		

Table 5B: Attachment Resistance Expressed as a Moment - M_r (ft-lbf) for Mortar Set Systems		
Tile Profile	Tile Application	Attachment Resistance
Monier Lifetile Spanish 'S' Tile	Mortar Set	24.5

5. LABELING

All tiles shall bear the imprint or identifiable marking of the manufacturer's name or logo, or following statement: "Miami-Dade County Product Control Approved".

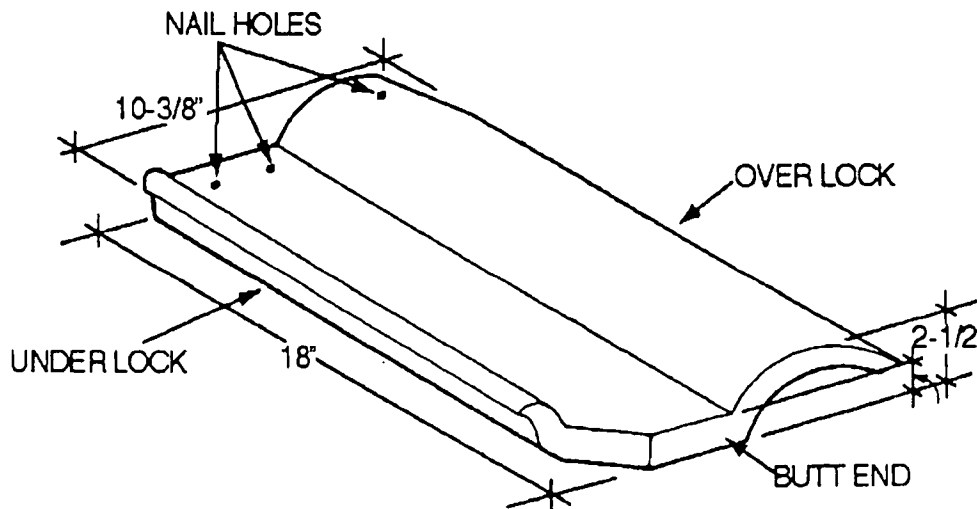
6. BUILDING PERMIT REQUIREMENTS

6.1 Application for building permit shall be accompanied by copies of the following:

6.1.1 This Notice of Acceptance.

6.1.2 Any other documents required by the Building Official or applicable building code in order to properly evaluate the installation of this system.

PROFILE DRAWINGS



MONIER LIFETILE SPANISH 'S' CONCRETE ROOF TILE

END OF THIS ACCEPTANCE



NOA No.: 02-1205.07
 Expiration Date: 01/02/08
 Approval Date: 01/02/03
 Page 5 of 5

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____ TAX FOLIO # 01-38-41-006-005
00080-8

NOTICE OF COMMENCEMENT

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE): 15 RIDGEVIEW ROAD HONEWOOD, LOT 8 BLK E OR 340/467

GENERAL DESCRIPTION OF IMPROVEMENT: RE ROOF

OWNER: VANVONNO FREDERIK W "VANVONNO BELVILLE"
ADDRESS: 15 S. RIDGEVIEW ROAD, STUART FL 34996
PHONE #: _____ FAX #: _____

INTEREST IN PROPERTY: _____

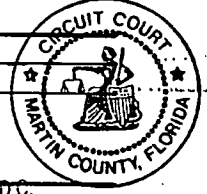
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

CONTRACTOR: ALL AMERICAN ROOFING
ADDRESS: OF THE TREASURE COAST, INC.
PHONE # 772-463-8055 3006 SE WAALER ST. FAX # 772-463-8054
STUART, FL 34997

SURETY COMPANY (IF ANY) _____
ADDRESS: _____
PHONE # _____
BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY _____
ADDRESS: _____
PHONE # _____

THIS IS TO CERTIFY THAT THE
FAX # _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.
MARSHA EWING, CLERK



BY: [Signature] D.C.
FAX # _____ DATE: 4-12-06

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13(1)(A)7., FLORIDA STATUTES:

NAME: _____
ADDRESS: _____
PHONE #: _____ FAX #: _____

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____
OF _____ TO RECEIVE A COPY OF THE LIENOR'S
NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.
PHONE #: _____ FAX #: _____

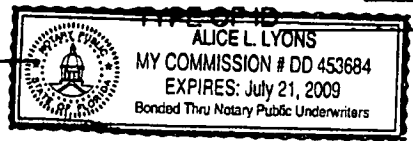
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

* [Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 12 DAY OF April 2006
BY Fredrick VanVonna

PERSONALLY KNOWN
OR PRODUCED ID _____

[Signature]
NOTARY SIGNATURE



INSTR # 1926600 OR BK 02134 PG 0479 RECD 04/19/2006 12:18:56 PM
Pg 0479: (1pg)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 15 S. RIDGEVIEW

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

DM-IN PASSED

NEED PRODUCT APPROVAL
FOR SKYLIGHT DOME

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

DATE: 10/11

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-11, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
3087	Wolcott	Final dock	FAIL	
7	32 Riv Vista Dr OIB			INSPECTOR: <i>QW</i>
Tree	H & L Mariner Dr	Tree	PASS	
6	12 Palm Ct Worrell			INSPECTOR: <i>QW</i>
8408	Laormino	In. ^{POOF} Progress	PASS	
4	26 Feldway Dr Stein & W			INSPECTOR: <i>QW</i>
8099	Kucks	tank in line	FAIL	
1	20 N Sewalls St Inopare Disc.	215-9014 DOHN	PASS	5 FT TO PUMP LINE 1/2 ACCEPTABLE INSPECTOR: <i>QW</i>
8178	Vitale	Elec final	PASS	CLOSE
LAST	13 Knowles Rd Winter Haven Elec			INSPECTOR: <i>QW</i>
1999	Mader	Pool final	PASS	CLOSE
5	106 Abbie Ct Advantage			INSPECTOR: <i>QW</i>
8203	Van Vonne	dry-in metal	PASS	
LAST	15 S. Ridgview All American	11:30		INSPECTOR: <i>QW</i>

OTHER: _____



MIAMI-DADE
BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 11/13/06
BUILDING OFFICIAL

PN8203

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

NOTICE OF ACCEPTANCE (NOA)

Maxim Industries, Inc.
 6170 Vanderbilt Avenue
 Dallas, TX 75214

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

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

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

DESCRIPTION: Dade Curb-Mount & Self-Flashing Skylight.

APPROVAL DOCUMENT: Drawing No. DCM-1 & DSF-1, titled "Dade Curb Mount & Dade Self Flashing", sheets No 1 and 2 of 2, prepared by Maxim Industries, Inc dated 04/01/03 with no revisions 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 & Small Missile Impact

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

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 & approval document mentioned above
 The submitted documentation was reviewed by Candido F. Font, P.E.

[Signature]
 5/15/03



NOA No 03-0224-11
Expiration Date: May 15, 2008
Approval Date: May 15, 2003

131 S. RIVER

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-30, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8203	VanVorno	tile in progress	PASS	
3	15 S. Ridgeway Rd all Am Roof.			INSPECTOR: <i>[Signature]</i>
6818	Lipshutz	Partial elect.	PASS	
4	535 River Rd O/B			INSPECTOR: <i>[Signature]</i>
8095	Cary	Finals	PASS	CLOSE
2	76 S River Rd Demorest			INSPECTOR: <i>[Signature]</i>
8197	Shoppe	Final gas	FAIL	
1	9 Palm Rd Purpane SW.			INSPECTOR: <i>[Signature]</i>
	WETSENER		OK	CALL E.P.C.
	CASTLEHILL			INSTALL METER ^{OK}
				INSPECTOR:
0097		FINAL K.T. REMODEL	FAIL	
5	14 S. VIA LUCINDIA			INSPECTOR: <i>[Signature]</i>
0033		FRAME/ROUGH TRADES	FAIL	
6	27 N. RIVER			INSPECTOR: <i>[Signature]</i>
OTHER:		DECK STEPS		CLOSE
7829	39 NEST HIGH PT.	NEW HANDRAILS	PASS	
1A	O.B.			<i>[Signature]</i>

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9-13, 2006

Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC0029	Armstrong	8:30-9Am	DONE	
156	41 W High Pt	200-6047		INSPECTOR: <i>[Signature]</i>
8203	VanVom	Shed	Pass	
5	15 S. Ridgerview Rd All American			INSPECTOR: <i>[Signature]</i>
Tree	Chintos	Tree	PASS	
6	83 S Sewalls Pt OB			INSPECTOR: <i>[Signature]</i>
8121	Hardin	Demo final	FAIL	
5A	27 Skiver Rd O/B			INSPECTOR: <i>[Signature]</i>
1721	Slater	Final-quantity	CANCEL	WILL RE-APPLY
8	4 ^{1/2} Lagoon Island Conway			INSPECTOR:
1874	Slater	Final-amount	CANCEL	"
8	4 Lagoon Isl N.E Conway			INSPECTOR:
8131	Slater	Final-Elc gen	FAIL	
8	4 Lagoon Is Elite Electric			INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed 10-9, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8145	Geisinger	widow buck	FAIL	
<u>1st</u> 1	8 Castle Hill O/B			INSPECTOR: <i>[Signature]</i>
8203	Van Vorn	Dry in the	FAIL	
6	15 S Ridgeway Rd All Am Roofing			INSPECTOR: <i>[Signature]</i>
1999	Mader	Final	FAIL	
3	106 Abbie Ct Advantage Pool			INSPECTOR: <i>[Signature]</i>
7533	Hrusatka	Final kit/bath	FAIL	
2	22 Fieldway Dr O/B	Free 2488		INSPECTOR: <i>[Signature]</i>
8222	Marley	Footer +	FAIL	
9	39 W High Pt Worrell	tie beam (LATE MORNING)		-215-2051 RANAY- INSPECTOR:
8394	Foster	low steel	FAIL	\$40 FEE
5	7 Timon St Schiller			INSPECTOR: <i>[Signature]</i>
	SHAW	LOOSE ROOF TIES -		
2A	15. S.E ISLAND			INSPECTOR:

OTHER: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 15 S. RIDGEVIEW

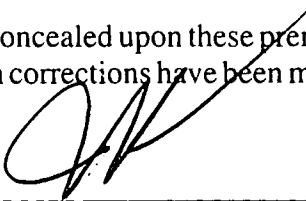
I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

FINAL ROOF

SUBMIT PRODUCT APPROVAL
FOR SKYLIGHT DOMES -

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

DATE: 11/1



INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 11-01, 2006

Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1338	McCormack	HVAC insp.	CANCEL	
2	59 N. River Rd Pine Orchard			INSPECTOR: <i>ON</i>
Tree	Heiland	Tree	PASS	
5	16 N. Ridgview Rd O/B			INSPECTOR: <i>ON</i>
Tree	Gillen	Tree	PASS	
7	6 Heritage Way O/B			INSPECTOR: <i>ON</i>
1	SZYMAUSKI 118' N.S.P.R.	PROV. ENCL. COURTESY INSP. 214-0445	OK	INSPECTOR: <i>ON</i>
8197	Schoppe 9 Palm Rd	Final	PASS	CLOSE
3	Propane Serv.			INSPECTOR:
1782	Schoppe 9 Palm Rd	Final	PASS	NEED OWNERS LOST AFFIDAVIT
3	Schiller	OK for 52' Rd		INSPECTOR: <i>ON</i>
8203	Von Von	Final	FAIL	
6	15 S Ridgview All Am	10:00 A.M.		INSPECTOR: <i>ON</i>
OTHER:	MC0043 Viener 10 Pineapple Ln 6A All American	Dryer Metal	FAIL	<i>ON</i>

Maxim Industries, Inc.

NOTICE OF ACCEPTANCE: EVIDENCE SUBMITTED
(For File ONLY. Not part of NOA)

A. DRAWINGS

1. Drawing No. DCM-1 & DSF-1, sheet 1 and 2 of 2, titled "Dade Curb Mount & Dade Self Flashing", prepared by Maxim Industries, Inc, dated 04/01/03, with no revision, signed and sealed by R. Boyette, P.E.

B. TESTS

1. Test report on Large Missile Impact Test per TAS 201, Cyclic Load Test per TAS 203 and Uniform Static air Pressure Test per TAS 202 on "Dade Self-Flashing, Dade Curb mount", prepared by Architectural Testing, Inc, report No. 01-43381.01 issued on 01/29/03, signed and sealed by S. M. Uric, P.E.

C. CALCULATIONS

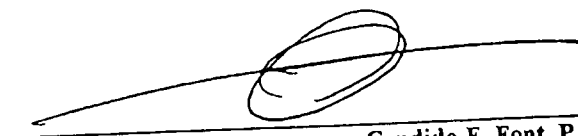
1. Anchor calculations prepared by Richard Burette, signed and sealed by R. Burette on 02/11/03

D. MATERIAL CERTIFICATIONS

1. Notice of Acceptance No. 01-0709.07 issued to Sheffield Plastics, Inc on 08/23/01, expiring on 08/27/06.

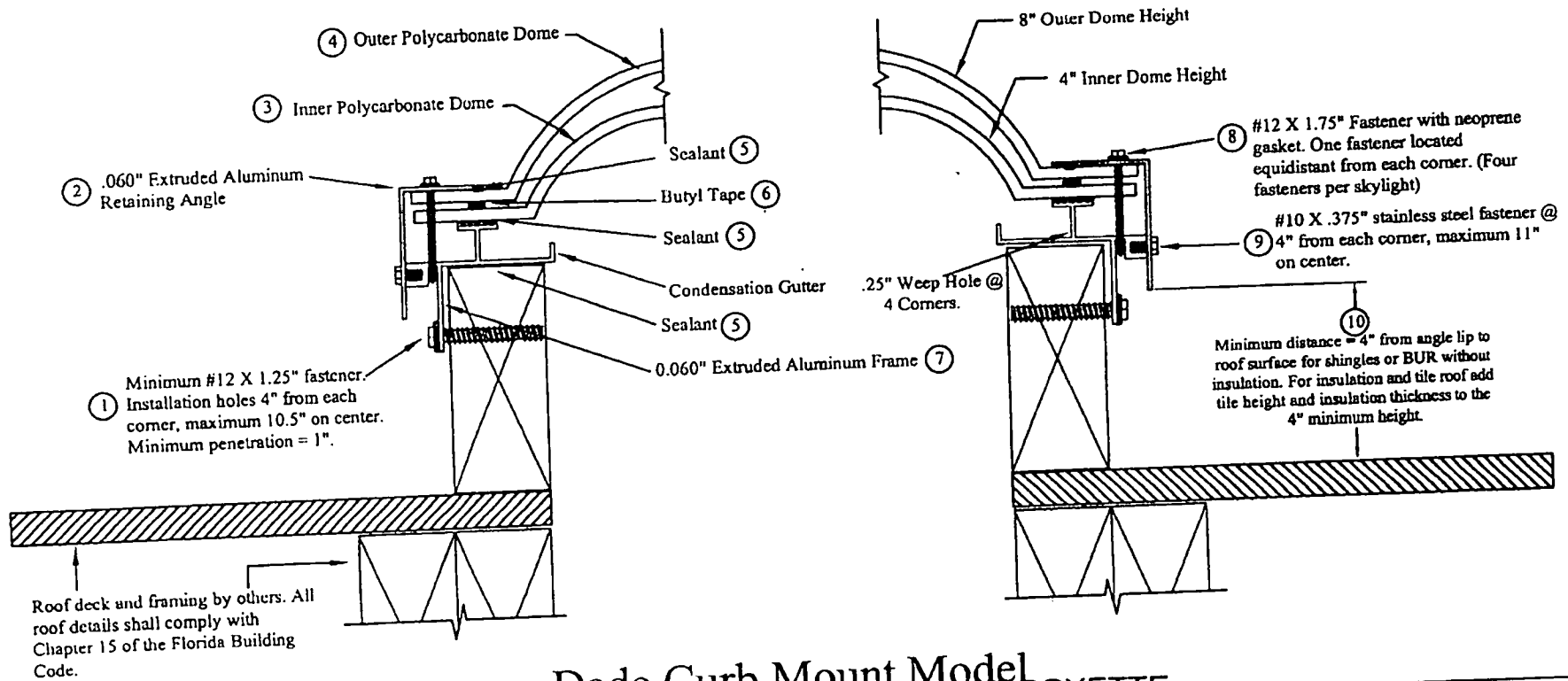
E. STATEMENTS

1. Code compliance letter issued by Richard Burette, PE on 02/11/03, signed and sealed by R. Boyette, PE.



Candido F, Font, P. E.
Senior Product Control Examiner
NOA No 03-0224.11
Expiration Date: May 15, 2008
Approval Date: May 15, 2003

- ① Minimum #12 X 1.25" fastener by others. Pre-punched installation holes 4" from each corner, maximum 10.5" on center. Minimum penetration = 1".
- ② .060" X 1.5" X 1.75" 6063-T6 extruded aluminum retaining angle. Aluminum angle mitered and welded @ 4 corners.
- ③ 52.5" X 100.375" X .118" Hyzod inner polycarbonate dome @ 4" height. NOA: #01-0709-07.
- ④ 52.5" X 100.375" X .118" Hyzod outer polycarbonate dome @ 8" height. NOA: #01-0709-07.
- ⑤ OSI PR 256 urethane sealant: Located between aluminum angle retainer and top dome & between bottom dome and aluminum frame.
- ⑥ Butyl tape: 1" X .125" located between top and bottom domes.
- ⑦ 6063-T5 Extruded Aluminum Frame. 0.060" shape mitered and welded @ 4 corners.
- ⑧ #12 X 1.75" Fastener. One fastener located equidistant from each corner. (Four fasteners per skylight)
- ⑨ #10 X .375" stainless steel fastener @ 4" from each corner, maximum 11" on center.
- ⑩ Minimum distance = 4" from angle lip to roof surface for shingles or BUR without insulation. For insulation and tile roof add tile height and insulation thickness to the 4" minimum height.
- ⑪ All units equal to or less than 32 square feet will be accepted under this NOA.



Dade Curb Mount Model

RICHARD BOYETTE

FL PE # 42485

4031 COCONUT BLVD

ROYAL PALM BCH FL 33411

561-790-5766

Richard Boyette
4/19/03

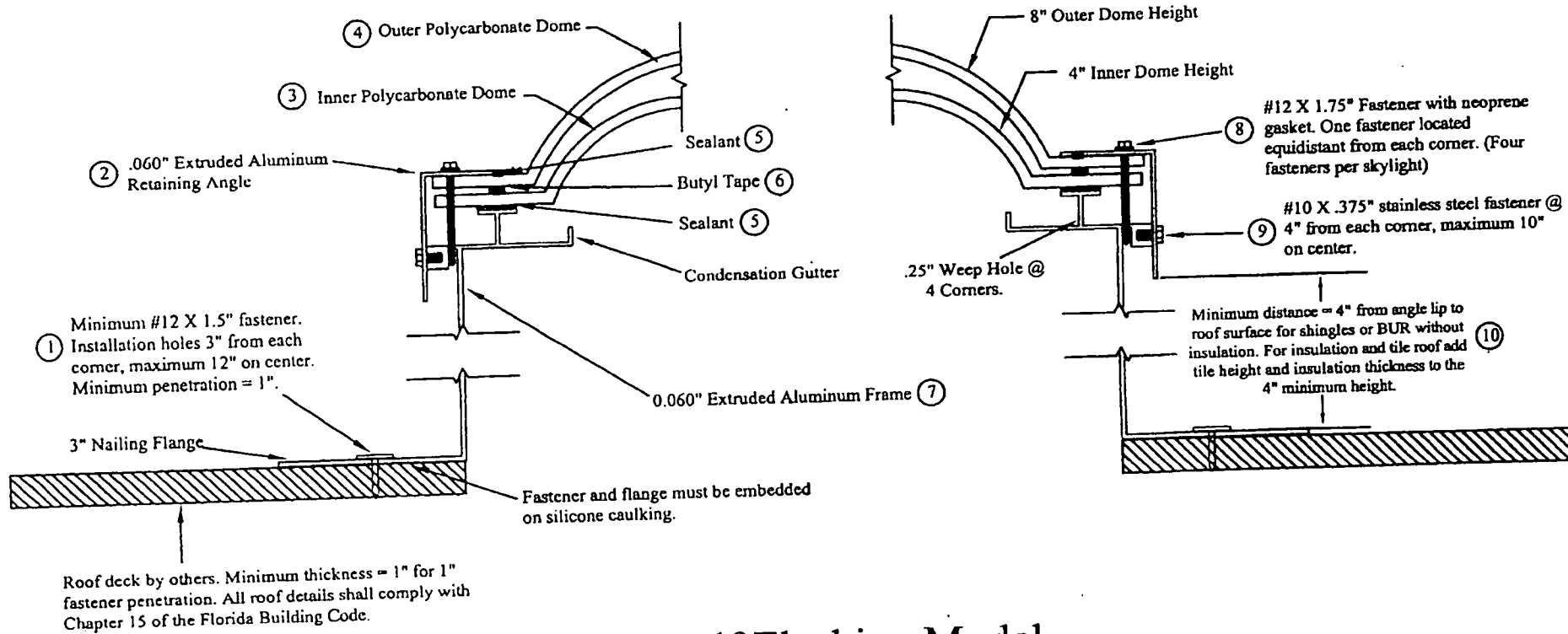


6170 Vanderbilt Avenue Dallas, TX 75214
Phone: 214.824.1557 Fax: 240.371.7345

Date: 04/01/03 Draw. #DCM-1
Drawing: Dade Curb Mount
Sheet#: 1 of 2
Design Pressure: 60psf +/-
Max. Skylight ID: 51.75" X 99.75"

Approved as complying with the
Florida Building Code
Date 05/15/03
NOA# 03-0224-II
Miami Dade Product Control
Division
By *[Signature]*

- ① Minimum #12 X 1.5" fastener by others. Pre-punched installation holes 3" from each corner, maximum 12" on center. Minimum penetration = 1".
- ② .060" X 1.5" X 1.75" 6063-T6 extruded aluminum retaining angle. Aluminum angle mitered and welded @ 4 corners.
- ③ 49" X 97" X .118" Hyzod inner polycarbonate dome @ 4" height. NOA: #01-0709-07.
- ④ 49" X 97" X .118" Hyzod outer polycarbonate dome @ 8" height. NOA: #01-0709-07.
- ⑤ OSI PR 256 urethane sealant: Located between aluminum angle retainer and top dome & between bottom dome and aluminum frame.
- ⑥ Butyl tape: 1" X .125" located between top and bottom domes.
- ⑦ 6063-T5 Extruded Aluminium Frame. 0.060" shape mitered and welded @ 4 corners.
- ⑧ #12 X 1.75" Fastener. One fastener located equidistant from each corner. (Four fasteners per skylight)
- ⑨ #10 X .375" stainless steel fastener @ 4" from each corner, maximum 10" on center.
- ⑩ Minimum distance = 4" from angle lip to roof surface for shingles or BUR without insulation. For insulation and tile roof add tile height and insulation thickness to the 4" minimum height.
- ⑪ All units equal to or less than 32 square feet will be accepted under this NOA.



Dade Self Flashing Model

Date: 04/01/03 Draw. #DSF-1
 Drawing: Dade Self Flashing
 Sheet#: 2 of 2
 Design Pressure: 60psf +/-
 Max. Skylight ID: 48" X 96"

Approved as complying with the
 Florida Building Code
 Date 05/15/03
 NOA# 03-0224.11
 Miami Dade Product Control
 Division
 By [Signature]

RICHARD BOYETTE
 FL PE # 42485
 4031 COCONUT BLVD
 ROYAL PALM BCH FL 334
 561-790-5766
[Signature]
4/15/03

MAXIM INDUSTRIES, INC
 6170 Vanderbilt Avenue Dallas, TX 75214
 Phone: 214.824.1557 Fax: 240.371.7345

**DELTA "S" Roof Tiles**

Shapes and colors	Accessories	Technical Data
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DELTA GRES S.A.

- **Technical Data**
- **Installation Manual**
- **NOA**

Technical Data Mud / Nail:

Weight per Tile (Nominal)	6.82 lbs
Pieces per Square (Nominal)	96/100
Overall size (Nominal)	18-1/16 X 12
Exposed size Max. (Nominal)	15 X 10
Tile Thickness (Nominal)	1/2"
Firing Temperature ° F	1780
Breaking Strength lbf	Avg. 600
Water absorption	Avg. 8 %

INSTALLATION MANUAL

Shade Blending: During the installation process, examine the installation at a distance from ground level, for unwanted patterns, straight true lines, shade variation and good color blend.

Doing this at regular intervals will insure an acceptable and attractive installation. The blending of tiles from different pallets, is very important to avoid streaks or "hot spots". Shade variation is a natural occurrence, due to the nature of clay.

1. MATERIALS:

A. Clay tiles shall be manufactured by DELTAGRES S.A. 18-1/16 long by 12 wide nominally.

B. Under eave shall be (specify one):

1. Clay Eave Closure
2. Rubber Eave Closure
3. Mortar filling w/ weep hole
4. Metal Closure

C. Asphalt Plastic Cement:

Heavy body composed of asphalt and other minerals, conforming to ASTM D2822 and Federal Spec. SSC-153 Type 1.

D. Cement Mortar

1. Cements

- a. Blended Cements - Conforming to A.S.T.M C-91, Type M
- b. Portland Cement - Conforming to A.S.T.M C-150, Type I
- c. Masonry Cement - Conforming to A.S.T.M C-91, Type M

2. Sand - Conforming to A.S.T.M C-144, uniformly graded, cleaned and free from organic materials.

3. Mixes - Conforming to A.S.T.M C-270, Type M (select one)

- a. Cement 2.07 +- E-1-A
- b. Combination of cement 2.07 E-1-C

4. Mortar Flow 110 + or - 5% conforming to A.S.T.M C-230 Flow Table

5. Polyurethane Adhesives: (Shall conform the following specifications)

Density conforming to ASTM D1622.

Compressive strength conforming to ASTM D1621.

Tensile strength conforming to ASTM D1623. Water absorption conforming to ASTM D2127.

Moisture vapor transmission conforming to ASTM E96.

Dimensional stability conforming to ASTM D2126.

Closed cell content conforming to ASTM D2856.

6. Hip Starter: (Choose one of the following)

Prefabricated hip starter accessory, "H/S".

Mortar (Color optional. Use only on granular surface underlayments.).

2. DECKING:

Solid decking shall be of proper thickness (1/2" Minimum plywood

sheathing) to be structurally adequate and properly fastened to support the anticipated loads. Decking material and installation of it shall comply with all local Building Code Requirements.

3. UNDERLAYMENTS:

Never install underlayment on wet, frozen or icy surfaces. Sweep roof surface broom clean. Cover all sloped roofs under tile with the best quality asphalt impregnated roofing felt weighing not less than 43# per square feet.

Specify Desired Underlayment:

Consult Local Building Codes for Compliance.

Nail-On Installations:

A. Minimum 4/12 and greater:

Lay one layer of dry 90# base sheet with a sealed minimum 4" headlap and 6" side lap and nominal 2-1/2" tile headlap. All tile nail penetrations to be sealed with plastic cement.

Mortar-On And Adhesive Installations:

B. Pitches 2-1/2 /12 and greater (refer to local building code for minimum) lay one layer of 30# felt, secure in place with tin tags as code requires. Lay with minimum 2" headlap. Apply 90# mineral surfaced roofing felt to be solidly mopped to the 30# felt with hot asphalt. Lay with minimum 2" headlap and 6" side lap. Back nail 90# felt with cap or tin tags 12" O.C.

4. FASTENING SYSTEMS:

Nail-On Installations

A. All nails should be large headed, 8 penny, corrosion resistant, long enough to penetrate through the sheathing by 3/4". Copper, stainless steel or hot dipped galvanized nails are to be considered to extend the life of the roof. All nails penetrating through the watertight seal, should be waterproofed with mastic sealant complying to ASTM D-2822-75, type II. Nail length may vary, depending on thickness of plywood and exposed ceiling situations where nail exposure is unwanted.

B. For steep roof applications above 7/12, additional fasteners may be required i.e. tile systems, nail-locks, wind locks per manufacturers specifications (consult

local building codes).

5. FLASHINGS:

A. Valleys (select one)

1. Install roll valley minimum 16" width with 6" lap joints. Nail to secure in place as code requires.

2. Install preformed open valley minimum 16" width with minimum 2 1/2" high center and minimum 1" metal edge returns. Lap joints minimum 6". Secure in place as code requires.

B. Dormers, side, chimneys and other vertical wall surface flashings shall extend upward at least 6" and be completely counter-flashed. Flashing shall extend under the tile a minimum, of 5" with a 1" turn up at edge.

C. Where sloped roof surface meets the face of vertical wall surfaces at dormers, chimneys, and other walls, the flashing shall extend up the facing wall a minimum of 4" and extend downward over the top of the tile a minimum of 5". The vertical wall surface shall be completely counter flashed.

D. Eave drip metal shall be nailed or stapled along and directly on top of sheeting, fastened 6" o.c. and 1/2" in from top flange. Lap all joints a minimum of 3".

G. APPLICATION OF TILE:

A. For mortar on and adhesive application, mark all horizontal lines at 16", which will provide a 2 1/16" nominal headlap.

B. For nail-on application, mark horizontal guidelines at 15 1/2", which will provide a nominal 2 9/16" headlap.

C. Mark all vertical guidelines at 10".

D. Set first course at 16 " from the eave, this will provide a 2 1/16" overhang at the eave.

E. At the eave line, clay, rubber, mortar or metal bird stop shall be used to boost the first row of tile.

Note: In high wind and hurricane areas, additional fasteners may be required at the eave course. Consult local Building Codes for requirements.

F. For mortar-on settings, each tile shall be set over a full trowel of mortar placed directly under the projection of the left flat side of the tile. Press tile down firmly to allow wet mortar to fill "Dove Tail Locks" for proper bond.

1. For pitches 4/12 and above, nail eave course with one nail in addition to mortar. Apply plastic cement to seal all nail penetrations.

2. For pitches 6/12 up to and including 7/12, nail every third tile in every fifth course in addition to mortar. Apply plastic cement to seal all nail penetrations.

3. For pitches above 7/12, nail every tile in addition to mortar.

G. For nail-on installations, install tile with nails of sufficient length to penetrate the deck by 3/4". For pitches above 6/12, all tiles shall be attached with a minimum of two nails. Seal all nail penetrations with plastic cement.

H. At 55 ' above grade or greater, all tile must be attached with a minimum of two nails in both a nail-on or mortar set installation.

I. Fasten and cement all gable rakes at the horizontal guidelines.

J. Where tile overlaps flashing, tile must be secured with approved tile adhesive or cemented in place.

K. Tile must be cut smooth and straight to maintain the proper width in the open valley. Width in the open valleys may vary according to local conditions. It is recommended that the minimum width of exposed metal be 4" .

L. Where field tile meet the hip nailers, tile should be cut along the hip boards. The joint between the cut tile and the hip nailer shall be sealed neatly with plastic cement.

M. All hip and ridge tiles shall be set in a bed of mortar and fastened with a 2-1/2" nail. It is then recommended that the mortar be pointed to a clean surface.

Notes

This notes are only recommendations and shall not be considered as warranties about roofs built with DELTAGRES roof tiles

The homeowner, roofer or installer should assure that DELTAGRES products are installed in accordance with applicable Building Codes and good roofing practice.

The installation of the roofing tiles is the responsibility of your roofing contractor and must be performed in accordance with prevailing Building Codes requirements

DELTAGRES cannot be held liable or responsible in any way once the tiles have been installed, therefore, use constitutes acceptance, as is. All claims should be made in writing before installation of the tiles. No claims will be recognized after the tiles are installed

CHECK WITH LOCAL CODE AUTHORITIES

NOA Adobe Acrobat

> Products > Roof Tiles > Delta "S"

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-4, 2006 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8433	FOPE	walkway door FINAL	FAIL	
1	1245 Sewalls Pt Blue Water Marine			INSPECTOR: <i>AM</i>
8186	FOPE	RIP RAP-FINAL	PASS	CLOSE
8168	1245 Sewalls Pt Blue Water Marine			INSPECTOR: <i>AM</i>
8167	FOPE	Sewall-Final	PASS	CLOSE
1	1245 Sewalls Pt Blue Water Marine			INSPECTOR: <i>AM</i>
8415	Clifford	front door	FAIL	
6	20 N River Rd Reamer			INSPECTOR: <i>AM</i>
8453	Bills	final-door	FAIL	
5	3 Via Lucinda N. Reamer			INSPECTOR: <i>AM</i>
8203	Van Verno	Final	PASS	CLOSE
3	15 S. Ridgview Rd All American	See Me??		INSPECTOR: <i>AM</i>
8427	Hepworth	beam	FAIL	
4	8 Riv Vista Sand Castle	call Steve before home 561-902-8327		INSPECTOR: <i>AM</i>
OTHER: <u>11:00 A.M.</u>				

8486

POOL PUMPS &

PAVERS

TOWN OF SEWALL'S POINT

Date 1/2/2007 BUILDING PERMIT NO. 8486
 Building to be erected for VanVomvo Type of Permit Pool Deck
 Applied for by The Pool People East (Contractor) Building Fee 240.00
 Subdivision Homewood Lot 8 Block E Radon Fee _____
 Address 15 S. Ridgerview Rd Impact Fee _____
 Type of structure SFR A/C Fee _____

Parcel Control Number: _____
13841-006-005-000-808-0000 Roofing Fee _____
 Amount Paid \$264 Check # 1579 Cash _____ Other Fees (1070 PR) 24.00
 Total Construction Cost \$ 34000 TOTAL Fees 264.00

Signed Hufniss Applicant Signed John Adams Town Building Official

12-13 called for status -

PERMIT

- | | | |
|---|--|---|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input checked="" type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT LIFT | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FENCE |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> GAS |
| <input type="checkbox"/> FILL | <input type="checkbox"/> HURRICANE SHUTTERS | <input type="checkbox"/> RENOVATION |
| <input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> STEMWALL | <input type="checkbox"/> ADDITION |

INSPECTIONS

UNDERGROUND PLUMBING	_____	UNDERGROUND GAS	_____
UNDERGROUND MECHANICAL	_____	UNDERGROUND ELECTRICAL	_____
STEMWALL FOOTING	_____	FOOTING	_____
SLAB	_____	TIE BEAM/COLUMNS	_____
ROOF SHEATHING	_____	WALL SHEATHING	_____
TRUSS ENG/WINDOW/DOOR BUCKS	_____	LATH	_____
ROOF TIN TAG/METAL	_____	ROOF-IN-PROGRESS	_____
PLUMBING ROUGH-IN	_____	ELECTRICAL ROUGH-IN	_____
MECHANICAL ROUGH-IN	_____	GAS ROUGH-IN	_____
FRAMING	_____	EARLY POWER RELEASE	_____
FINAL PLUMBING	_____	FINAL ELECTRICAL	_____
FINAL MECHANICAL	_____	FINAL GAS	_____
FINAL ROOF	_____	BUILDING FINAL	_____

RECEIVED

Date: 8/29/06 Town of Sewall's Point BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: Fred Van Vanno Phone (Day) 772-221-8641 (Fax) _____

Job Site Address: 15 S. Ridgeview Road City: Sewall Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Homewood Lot 8 BLKE DR 34th/46th Parcel Number: 13841-006-005-000-808-0000

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

Description of Work To Be Done: Pool, Heat Pump Model VI, Paver Deck

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$34,000

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to Improvement: \$ _____

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

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

(If yes, Owner Builder Affidavit must accompany application)

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: The Pool People East Phone: 954-428-3300 Fax: 954-428-3498

Street: 2150 SW 10th St. City: Deerfield Bch State: FL Zip: 33442

State Registration Number: CPC021410 State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: Massey Electric, INC. State: Florida License Number: ER0012074

Mechanical: The Pool People East, INC State: FLORIDA License Number: CPC021410

Plumbing: The Pool People East, INC State: FLORIDA License Number: CPC021410

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER Ming Z. Huang Lic# 53856 Phone Number: 858-335-1063

Street: 18119 Colonnades Place City: San Diego State: CA Zip: 92128

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

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

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

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

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

OWNER OR AGENT SIGNATURE (required)

Signature of Fred Van Vanno, State of Florida, County of: MARTIN This the 29th day of AUGUST, 2006 by Fredrick VAN VONDO who is personally known to me or produced as identification.

CONTRACTOR SIGNATURE (required)

Signature of Edward C. Mead, On State of Florida, County of: BROWARD This the 28th day of September 2006 by Edward C. Mead who is personally known to me or produced as identification.

Notary Public Seal for IRA FOX, My Commission Expires: July 18, 2008

Notary Public Seal for Patricia Marie Le Hambeau, My Commission Expires: Oct 3, 2009

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

Notary Public Seal for Patricia Marie Le Hambeau, My Commission # DD473322, Expires: Oct 3, 2009

APPOINTMENT OF AGENT

In connection with my construction contract dated 26 August, 2006, for construction of a swimming pool located at 15 S. Ridgeview MARIANO ROAD, I authorize representatives of The Pool People Residential, Inc. (hereafter "TPPR") to take the following actions on my behalf:

- To retain a licensed professional engineer, and pay him from the contract proceeds, to review, sign and seal construction plans prepared for the use of TPPR as part of the building permit application process.
- To review and sign on my behalf any building permit application submitted by TPPR or any other document required as part of the process of obtaining a construction permit by the building department having jurisdiction over the construction of the swimming pool on my property.

Fred W. LaConno
Property Owner Signature

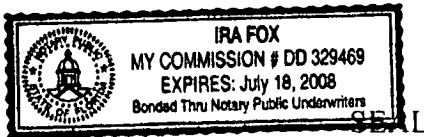
Nicki Van Vanno
Property Owner Signature

State of Florida
County of Broward

The foregoing instrument was acknowledged before me this 26th day of AUGUST, 2006 by FREDERIC VAN VONNO and NICKI VAN VONNO who are personally known to me or produced as identification and did not take an

oath.

[Signature]
Notary Public



32,000

10.5.06

15 S. RIDGEVIEW - ~~Van~~ VAN VONNO

1. NEW POOL AFFIDAVIT TO BE KILLED OUT
2. INDICATE PROVISIONS FOR REQUIRED BARRIERS ON PLANS
3. LOCATE ON PLANS ALL WINDOWS & DOORS HAVING DIRECT ACCESS TO POOL AREA. PROVIDE SUBMITTAL FOR PERMIT
4. ~~INDICATE~~ SITE PLANS INDICATE SPA, SPA DECK AND WOOD DECK. INDICATE ON PERMIT APPLICATION AND PLANS ALL EXISTING ELEMENTS AND THEIR STATUS WITH REGARD TO THIS PERMIT.

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____ TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida COUNTY OF Martin

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

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

Lot 8 Homewood S/D Block E OR 340/467 15 Ridgeview Road.

GENERAL DESCRIPTION OF IMPROVEMENT: Pool & Deck

OWNER: Fred & Nicki van Vonno

ADDRESS: 15 S. Ridgeview Rd

PHONE #: 772-221-8641 FAX #: _____

CONTRACTOR: The Pool People

ADDRESS: 2150 SW 10th St. Deerfield Beach, FL 33442

PHONE #: 954-428-3300 FAX #: 954-428-3498

SURETY COMPANY (IF ANY) _____

ADDRESS: _____ STATE OF FLORIDA

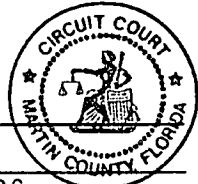
PHONE # _____ FAX #: _____ MARTIN COUNTY

BOND AMOUNT: _____ THIS IS TO CERTIFY THAT THE

LENDER: _____ FOREGOING _____ PAGES IS A TRUE

ADDRESS: _____ AND CORRECT COPY OF THE ORIGINAL.

PHONE #: _____ BY: [Signature] D.C. MARSHA EWING, CLERK



PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM NOTICES OR OTHER DOCUMENTS MAY BE SERVED AS PROVIDED BY SECTION 713.13(1)(A)7., FLORIDA STATUTES:

NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

IN ADDITION TO HIMSELF, OWNER DESIGNATES _____ OF _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

PHONE #: _____ FAX #: _____

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____ THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 26th DAY OF AUGUST 2006 BY Frederick VAN VONNO

PERSONALLY KNOWN OR PRODUCED ID TYPE OF ID _____

[Signature]
NOTARY SIGNATURE



INSTR # 1960048 OR BK 02179 PG 2538 RECD 09/15/2006 08:57:28 AM
Pg 2538 (1 of 1)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Walsh



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

Site Provided by...
governmentmax.com 71.11

Summary

print || | - / - | Owner 1 of 1

Parcel Info

Summary

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-006-005-00080-8	15 RIDGEVIEW RD	17676	Owner	0	1

Summary

Property Location 15 RIDGEVIEW RD
Tax District 2200 Sewall's Point
Account # 17676
Land Use 101 0100 Single Family
Neighborhood 120400
Acres

Legal Description

Property Information
 HOMEWOOD, LOT 8 BLK E OR
 340/467

Owner Information

Owner Information
 VAN VONNO, FREDERIK W
 *VAN VONNO, BELVILLE

Mail Information

15 S RIDGEVIEW RD
 STUART FL 34996

Assessment Info

Front Ft. 0.00

Market Land Value \$290,000
Market Impr Value \$189,840
Market Total Value \$479,840

Recent Sale

Sale Amount \$146,000

Sale Date 1/19/1993
Book/Page 0994 1315

Site Functions

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

Print | << First < Previous Next > Last >>

Legal disclaimer / Privacy Statement

Data updated on 08/22/2006



SWIMMING POOL AND DECK (Revised 12/28/05)

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR SWIMMING POOL AND DECK

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

Application form must contain the following information:

1. Property Appraiser's parcel number or property control number
2. Legal description of property (can be found on your deed, survey or tax bill)
3. Contractor's name, address, phone, fax and license numbers.
4. Name all sub-contractors (properly licensed)
5. Architect or engineer name, address, & phone number.
6. Scope of work
7. Estimated cost of construction.
8. Original signature of owner, notarized
9. Original signature of contractor, notarized.

Submittals (2 copies)

1. Current survey (**mean high water if project is on waterfront property**) containing the following information:
 - a. Location of proposed and existing pool and deck along with dimensions to property lines
 - b. Location of pool equipment and heaters
 - c. Location of all accessory buildings or structures
 - d. Flood zone line or lines in relationship to structures proposed or existing
 - e. Flood zone with base floor elevation with current adoption date
 - f. Legal description of lot
 - g. Lot dimensions and bearings
 - h. Street and waterway names
 - i. Grade elevations (proposed and existing)
 - j. Easements
 - k. Setbacks
 - l. All encroachments into setbacks
 - m. Impervious/pervious calculations
 - n. All encroachments must be abated or variances received prior to issuance of building permit.
 - o. Certified to the Town of Sewall's Point
2. Statement of fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. Application for tree removal or relocation (attach tree survey and removal or relocation plan)
5. A certified copy of the Notice of Commencement for any work over \$2500.00

6. Copy of license (either Martin County Certificate of Competency or state certified or registered contractor license)
7. Copy of certificate of workmen's compensation insurance or exemption
8. Copy of certificate of liability insurance

The following documents must be signed and sealed by a registered architect or engineer. (2 copies) Note: All plans must be certified for compliance with 2004 FBC with amendments.

1. **Foundation Plan containing the following information:**
 - a. Cross section of footer with steel callout (size, lap and placement)
 - b. All footings and pad locations
 - c. Dimensions of all footing and pads
 - d. Step downs
 - e. Footing and pad call outs for size (width and depth), steel (size, lap and placement)

2. **Pool Construction Plan containing the following information:**
 - a. Plan to include pool size, deck size
 - b. Pool dimensions and volume in gallons
 - c. Pool profile showing depth and slope.
 - d. Pool wall section. Indicate when in the angle of repose.
 - e. Provide angle of repose detail when required
 - f. Provide vapor barrier for all concrete decks
 - g. Provide pump make, model and capacity. Detail compliance with FBC
 - h. Provide piping diagram including suction inlet covers, vacuum cleaner system with isolation valves must have protective inlets by an approved antivortex cover, 12" x 12" grate or larger; or other approved means.
 - i. Backup system when grate covers are missing alternative vacuum relief devices shall include approved vacuum release system, approved vent piping or other approved devices or means.
 - j. Minimum two (2) suction inlets per pump. Minimum three (3) feet separation, and located on two (2) different planes.
 - k. Vacuum or pressure cleaner fitting(s) must be accessible at least six (6) inches and not greater than twelve (12) inches below the minimum operating water level or as an attachment to the skimmer(s)
 - l. Pumps must have strainer on inlet side and be mounted on substantial base
 - m. Capacity following heads, pressure diatomaceous earth – at least sixty (60) ft, vacuum diatomaceous earth – twenty (20) inch vacuum on the suction side and forty (40) feet total head, rapid sand – at least forty-five (45) feet and high rate sand – at least sixty (60) feet.
 - n. Valves when under concrete slab must be located in a pit minimum five (5) pipe diameters minimum of ten (10) inches with cover.
 - o. Full-way (gate) valves when below overflow rim of pool a valve must be installed on discharge outlet and suction line.

- p. Check valves must be of the swing or vertical check patterns
- q. Water supply must have backflow
- r. No over the rim fill spout unless under diving board or guarded
- s. Water depth more than 24 inches must have ladder or steps (max. step rise 12 inches)
- t. More than five (5) foot depth must have ladders, stairs or underwater benches/swimouts in deep end.
- u. If diving equipment is used swimouts must be recessed or located in the corner
- v. Show ladder and handrail detail
- w. Detail electrical bonding and compliance to NEC
- x. Surface skimmers are required
- y. One (1) per 1000 square feet of surface area
- z. Minimum flow rate of 25 GPM per skimmer
- aa. One (1) main outlet must be installed in deepest point
- bb. One (1) inlet fitting per 15,000 gallons
- cc. Where more than one (1) is required must be a minimum of 10 feet separation
- dd. Show the slide
- ee. Detail electric bonding and compliance to manufacturer's specifications
- ff. Show diving board
- gg. Detail electric bonding and compliance to manufacturer's specifications
- hh. Show location of hand holds when required
- ii. Provide electric diagram
- jj. Indicate equipment location on survey
- kk. Equipment must be on concrete base or slab

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


(SIGNATURE OF APPLICANT)

DATE SUBMITTED: 9-28-06

TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

E. DANIEL MORRIS
Mayor

PAMELA M. BUSHA
Vice Mayor

THOMAS P. BAUSCH
Commissioner

NEIL SUBIN
Commissioner

DON OSTEN
Commissioner

ROBERT KELLOGG
Town Manager

JOAN H. BARROW
Town Clerk

LARRY E. McCARTY
Chief of Police

JOHN R. ADAMS
Building Official



*10-17-06
Fax 954-481
5765*

CONDITIONS FOR PERMIT APPROVAL

DATE OF PERMIT APPLICATION: 10/03/2006

APPLICATION DESCRIPTION: POOL, HEATED AND PAVER DECK

APPLICATION ADDRESS: 15 S. RIDGEVIEW RD.

FILE

THE FOLLOWING ITEMS ARE NOTED FOR CORRECTION AND ARE CONDITIONS FOR APPROVAL FOR THE ABOVE REFERENCED PERMIT APPLICATION:

1. CURRENT POOL SAFETY ACT AFFIDAVIT MUST BE FILLED OUT AND NOTORIZED - *submitted on 10/23/06*
2. INDICATE THE PROVISIONS FOR THE REQUIRED BARRIER ON PLANS. *Attached*
3. LOCATE ALL WINDOWS AND DOORS TO BE ALARMED ON PLANS. *Clouded on plans*
4. PROVIDE SUBMITTAL FOR ALARMS TO BE USED *Attached*
5. SITE PLANS INDICATE A SPA, SPA DECK AND A WOOD DECK. PLEASE INDICATE THE STATUS OF ALL EXISTING ELEMENTS ON PLANS WITH REGARD TO THIS PERMIT. ✓

IF YOU NEED FURTHER INFORMATION OR CLARIFICATION IN REGARD TO THESE CONDITIONS, DO NOT HESITATE TO CONTACT ME.

WITH REGARDS,

[Signature]
JOHN R. ADAMS
BUILDING OFFICIAL

RECEIVED
10-23-06

*10/6/06
gone to mr. V.*



Sewall's Point Road, Sewall's Point, Florida 34996
Town Hall (772) 287-2455 • Fax (772) 220-4765 • E-Mail: clerk@sewallspoint.martin.fl.us
Building Department (772) 287-2455 • Fax (772) 220-4765 • E-Mail: buildoff@sewallspoint.martin.fl.us

**TOWN OF SEWALL'S POINT BUILDING DEPARTMENT
1 SOUTH SEWALL'S POINT ROAD, SEWALL'S POINT, FL
(772) 287-2455**

PERMIT # _____

**Residential Swimming Pools,
Spa and Hot Tub Safety Act**

AFFIDAVIT OF REQUIREMENT COMPLIANCE

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at (Print street address) 15 S. Ridgeview Road, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2004 Florida Building Code (FBC) effective October 1, 2005. Please check your choice of compliance.

Residential swimming pool safety feature options:

In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet one of the following requirements relating to pool safety features:

Please note that if the alarm option is selected, this affidavit must be accompanied by a letter of certification from a Florida licensed alarm contractor, architect, or engineer stating full compliance with 2004 FBC R4101.17.1.9.

- (a) The pool must be equipped with an approve safety pool cover; 4101.17exception. No other barrier feature required.
- (b) The pool must be isolated from access to a home by an enclosure that meets the pool barrier requirements of section (R4101.17.1 thru R4101.17.3;)
- (c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply: (R4101.17.1.9)
 1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm which produces an audible continuous warning when the door and its screen are opened. The alarm shall sound immediately after the door is opened and be capable of being heard **throughout the house during normal household activities.**
 2. The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening. Such deactivation shall last no more than 15 seconds. The deactivation switch shall be located at least 54 inches above the threshold of the door.

Exceptions:

- a. Screened or protected windows having a bottom sill height of 48 inches or more measured from the interior finished floor at the pool access level.
- b. Windows facing the pool on floor above the first story.
- c. Screened or protected pass-through kitchen windows 42 inches or higher with a counter beneath. (R4101.17.1.9 (1))

3. All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction. (R4101.17.1.9 (2))

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable as established in the Florida Statute.

[Handwritten Signature]
 10-17-06
 CONTRACTOR'S SIGNATURE & DATE

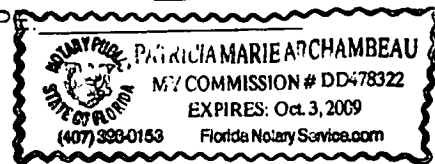
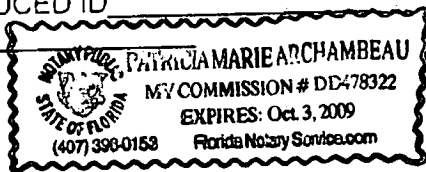
[Handwritten Signature] assigned agent for
 OWNER'S SIGNATURE & DATE
 Mr & Mrs VanVonno 10/17/06

[Handwritten Signature]
 NOTARY PUBLIC, STATE OF FL. 10-17-06

[Handwritten Signature]
 NOTARY PUBLIC, STATE OF FL. 10-17-06

AS TO CONTRACTOR
 PERSONALLY KNOWN
 PRODUCED ID _____
 TYPE: _____

AS TO OWNER
 PERSONALLY KNOWN
 PRODUCED ID _____
 TYPE: _____



THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO SCHEDULING THE FINAL INSPECTION.

TOWN OF SEWALL'S POINT

RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT

AFFIDAVIT OF REQUIREMENT COMPLIANCE

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at 15 S. Ridgeview Rd, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes.

_____ The pool is isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statue 515.29

_____ The pool is equipped with an approved safety pool cover that complies with ASTM F1346-91 (Stand Performance Specification for Safety Covers for Swimming Pool, Spas, and Hot Tubs)

X _____ All doors and windows providing direct access from the home to the pool are equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet


_____ All doors providing direct access from the home to the pool are equipped with self-closing, self-latching devices with release mechanisms placed no lower than 54" above the floor or deck

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable by fines up to \$500 and/or up to 60 days in jail as established in Chapter 775, F.S.

[Signature] 9-28-06
CONTRACTOR'S SIGNATURE & DATE

[Signature]
OWNER'S SIGNATURE & DATE

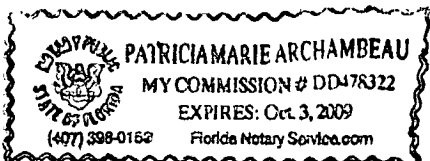
[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

[Signature]
NOTARY PUBLIC, STATE OF FLORIDA


AS TO CONTRACTOR PERSONALLY KNOWN OR PRODUCED ID _____ TYPE _____

AS TO OWNER PERSONALLY KNOWN OR PRODUCED ID _____ TYPE _____

THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO FINAL INSPECTION


PATRICIAMARIE ARCHAMBEAU
MY COMMISSION # DD478322
EXPIRES: Oct. 3, 2009
Florida Notary Service.com
(407) 398-0162

Tish
954-481-5765

TOWN OF SEWALL'S POINT
VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

**IF NOT PERFORMED IN CONJUNCTION WITH A MAIN BUILDING PERMIT NUMBER, THEN THE VERIFICATION OF PARCEL CONTROL NUMBER BELOW MUST BE COMPLETED.

OWNERS NAME: FRED VANVONNO

CONSTRUCTION ADDRESS: 15 S Ridgeway Rd

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: _____ NEW SERVICE _____ EXISTING SERVICE _____ OTHER

SCOPE OF WORK: Pool Electric

VALUE OF CONSTRUCTION \$ 800.00

<p>_____ LOW VOLTAGE</p> <p>TYPE OF EQUIPMENT: _____ SECURITY _____ VACUUM _____ SOUND SYSTEM _____ LANDSCAPE _____ OTHER</p> <p>SCOPE OF WORK: _____ VALUE _____</p>

IN CONSIDERATION TO THE GRANTING OF THE ABOVE REQUESTED PERMIT, I DO HEREBY AGREE THAT I WILL, IN ALL RESPECTS, PERFORM THE WORK IN ACCORDANCE WITH THE APPROVED PLANS AND ALL APPLICABLE CODES.

Ronald Massei 1450 Hillcrest Drive - Lake Worth - 33461
SIGNATURE OF LICENSED CONTRACTOR ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Ronald Massei
PLEASE PRINT

TELEPHONE NO: 561-369-8167 FAX NO: 561-588-8091

MARTIN COUNTY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: ER 0012074

** WORK CAN NOT BEGIN UNTIL THIS VERIFICATION IS COMPLETED AND SUBMITTED TO THE BUILDING DEPARTMENT. A PENALTY FEE WILL BE ASSESSED IF WORK IS STARTED PRIOR TO OBTAINING THIS PERMIT.

***VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: VanVanno

PARCEL CONTROL #: 13841-006-005-000-8008-0000

SUBDIVISION: Homewood LOT: 8 BLK: E PHASE: _____

SITE ADDRESS: 15 S Ridgeway Rd

Send or Fax to:
Town of Sewall's Building Department
1 S. Sewall's Point Road
Sewall's Point, FL 34996
FAX # (772) 220-4765

w/c

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 12/29/2006
PRODUCER BEITLIN 6700 N ANDREWS AVENUE, SUITE #300 FORT LAUDERDALE FL 33309 (954) 938-8788 (954) 938-8566	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED The Pool People, Inc. 2150 SW 10TH STREET, SUITE E-1 DEERFIELD BEACH FL 33442	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Twin City Fire Ins Co	29459
	INSURER B: Hartford Fire Insurance Co.	19602
	INSURER C: Hartford Casualty Insurance Co	29424
	INSURER D: Aroh Specialty Insurance Co.	21199
	INSURER E:	

COVERAGES

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

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$5,000 BI/PD DEC <input checked="" type="checkbox"/> Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	21ZENQ89804	4/1/2006	4/1/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	21ZENQ59999	4/1/2006	4/1/2007	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ GARAGE LIABILITY <input type="checkbox"/> ANY AUTO AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
CD		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	C) 21HHUQ89977 D) UXD001389300	4/1/2006	4/1/2007	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ 8,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITE | OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS PROOF OF INSURANCE ONLY.						

CERTIFICATE HOLDER

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 1 S. SEWALL'S POINT ROAD
 SEWALL'S POINT FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/27/2006

PRODUCER (407)628-3441 FAX (407)539-0619
Lassiter-Ware Insurance
of Orange/Seminole, Inc.
PO Box 940159
Maitland, FL 32794-0159
Issued by The Pool People Inc
Please see below for all Named Insureds
2150 SW 10th Street
Deerfield Beach, FL 33442

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

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Valley Forge Insurance (CNA)	20508
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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

VS#	ADPT	INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
			GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC <input type="checkbox"/> OBJECT <input type="checkbox"/>	NO COVERAGE THROUGH LASSITER-WARE			EACH OCCURRENCE	\$
			AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	NO COVERAGE THROUGH LASSITER-WARE			COMBINED SINGLE LIMIT (Ea accident)	\$
			GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NO COVERAGE THROUGH LASSITER-WARE			AUTO ONLY - EA ACCIDENT	\$
			EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	NO COVERAGE THROUGH LASSITER-WARE			EACH OCCURRENCE	\$
A			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC2083042529	04/01/2006	04/01/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
			OTHER	NO OTHER COVERAGE THROUGH LASSITER-WARE				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Named Insured Includes: The Pool People, Inc; The Pool People East Inc; The Pool People West Inc; The Pool People North, Inc; The Pool People Residential Inc; PPI Construction Inc
 *Except 10 days for non payment of premium

CERTIFICATE HOLDER	CANCELLATION
TOWN OF SEWALLS POINT 1 S. SEWALLS POINT ROAD SEWALLS POINT, FL 34996	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Christopher McClain/SANDIG



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

MEAD, EDWARD C
THE POOL PEOPLE EAST INC
2150 SW 10TH STREET
DEERFIELD BCH FL 33442

STATE OF FLORIDA AC# 2708134
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CPC021410 08/10/06 068025221

CERT COMMERCIAL POOL/SPA CONTR
MEAD, EDWARD C
THE POOL PEOPLE EAST INC

IS CERTIFIED under the provisions of Ch. 489, FS
Expiration date: AUG 31, 2008 L06081001197

DETACH HERE

AC# 2708134

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06081001197

DATE	BATCH NUMBER	LICENSE NBR
08/10/2006	068025221	CPC021410

The COMMERCIAL POOL/SPA CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489, FS
Expiration date: AUG 31, 2008

MEAD, EDWARD C
THE POOL PEOPLE EAST INC
2150 SW 10TH STREET
DEERFIELD BCH FL 33442



JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

NOT VALID UNLESS SIGNED BY LAW

2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34985
(772) 288-6604

LICENSE 2003-520-0016 CERT CPC021410
PHONE (954) 428-3300 SIC NO 235990

LOCATION:
2150 SW 10TH ST PBC

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>0.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>0.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>0.00</u>
TOTAL			<u>.00</u>



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION OF
SWIMMING POOL CONTRACTOR

EDWARD C (QUALIFIER)
POOL PEOPLE EAST, INC.
2150 SW 10TH ST.
SEAFIELD BEACH, FL 33442

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

02 DAY OF OCTOBER 06
AND ENDING SEPTEMBER 2007

2 2005 15533.0001 **PAID**



CITY OF DEERFIELD BEACH

OCCUPATIONAL LICENSE

2006-2007

P.06/14

07-00023708

NEW RENEWAL

DATE ISSUED 9/05/06

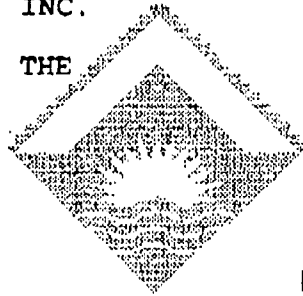
LICENSE FEE 29.40

DELINQUENT CHG. .00

TRANSFER FEE .00

TOTAL AMOUNT PAID	29.40
-------------------	-------

OWNER THE POOL PEOPLE EAST, INC.
 CONTROL NO. 176100
 BUSINESS NAME POOL PEOPLE EAST INC, THE
 LOCATION 2150 SW 10 ST
 CLASSIFICATION POOL CONTRACTOR



POOL PEOPLE EAST INC, THE
 2150 SW 10 ST
 DEERFIELD BEACH FL 33442

LICENSE ISSUED FOR THE PERIOD
 OCTOBER 1 2006 SEPTEMBER 30 2007

**LICENSE MUST BE CONSPICUOUSLY
 DISPLAYED TO PUBLIC VIEW AT
 BUSINESS LOCATION**

TRANSFER FEE 3.00

Notice: This license becomes NULL and VOID if ownership, business name, or address is changed. Licensee must apply to License Department for Transfer.

CITY OF DEERFIELD BEACH

LICENSE INFORMATION

DATE ISSUED 9/05/06

LICENSE ISSUED FOR THE PERIOD

OCTOBER 1 2006 SEPTEMBER 30 2007

- This occupational license represents proof of payment of your occupational license fee for the period October 1 to September 30. Continuous licensure can be an important asset for certain business users; please exercise diligence in maintaining this license.
- Once you have obtained a Deerfield Beach occupational license, you will be sent a renewal notice each year 30 to 60 days before expiration to the address indicated on the face of the license. Please check all license information and if there is an error report it to us immediately. The City may impose fines and penalties for failure to renew this license.
- Your current license shall be posted so that it is able to be viewed by anyone upon entering your place of business.
- If you change your business name, ownership or location, you must make a new application for the change and pay a transfer fee.
- If you have more than one location, you must obtain a license for each location.
- Each business that you operate requires a separate license. Please check with us if you have any questions regarding the classification of your business by visiting us at 150 N.E. 2 Avenue, or calling us at 480-4333.

*This license does not represent an endorsement or certification of the business listed herein by the
 City of Deerfield Beach*

CNS CHNG MAIL ADDR

Board of County Commissioners, Broward County Florida
BROWARD COUNTY OCCUPATIONAL LICENSE TAX

FORM NO. 401-280/AC 25-051
RV200825413 (Rev. 3/05)

FOR PERIOD OCTOBER 1, 2006 THRU SEPTEMBER 30, 2007

RENEWAL TRANSFER SEC # 18 / 188

NEW DATE BUSINESS OPENED: 12/14/05

STATE OR COUNTY CERT/REG # CPCC21410

Business Location Address:

2150 SW 10 ST
DEERFIELD BEACH 33442
BUSINESS PHONE: (954)428-3300

TAX	150.00
BACK TAX	
PENALTY	
T.C. FEE	
TRANSFER	
TOTAL	150.00

PENALTIES IF PAID	
OCT. - 10%	NOV. - 15%
DEC. - 20%	After DEC. 31 - 25%
*Plus Tax Collection Fee of up to \$25.00 Based on Cost of License if Paid On or After November 30.	

ACCOUNT NUMBER
188-000107

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED
TO PUBLIC VIEW AT THE LOCATION ADDRESS ABOVE.

POOL PEOPLE EAST INC THE
HEAD EDWARD C
2150 SW 10 ST
DEERFIELD BEACH FL 33442



TYPE OF LICENSE TAX PAID
POOL CONTRACTOR
75 UNITS

REVENUE COLLECTION DIVISION
BROWARD COUNTY, FLORIDA
12/14/05
12/14/05
Paid 150.00
for 3rd 12/14/05

BROWARD COUNTY REVENUE COLLECTION
115 S. Andrews Avenue, Governmental Center Annex
FORT LAUDERDALE, FL 33301
www.broward.org/revenue

2006 - 2007

PAYMENT RECEIVED AS VALIDATED ABOVE *SEE INSTRUCTIONS ON BACK OF LAST COPY

0000000000 0000015000 0000001880001061 1001 5

CERTIFICATE OF LIABILITY INSURANCE

03/27/2006

PRODUCER
ONE STOP INSURANCE SERVICES, INC.
 4824 - B LAKE WORTH ROAD
 LAKE WORTH, FLORIDA 33463
 TEL : (881) 648-8220 FAX : (881) 648-8217

Serial # 100448

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

INSURED
RON MASSEY ELECTRIC
RONALD E MASSEY
 1480 HILLCREST DRIVE
 LAKE WORTH, FLORIDA 33461

INSURERS AFFORDING COVERAGE	NAICS
INSURER A: SCOTTSDALE INSURANCE COMPANY	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

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

TYPE OF COVERAGE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC	CLB1227898	03/26/2006	03/25/2007	EACH OCCURRENCE \$ 300,000
	<input type="checkbox"/> RENTERS <input type="checkbox"/> MED EXP (Any one person) \$ 5,000 <input type="checkbox"/> PERSONAL & ADV INJURY \$ 300,000 <input type="checkbox"/> GENERAL AGGREGATE \$ 600,000 <input type="checkbox"/> PRODUCTS - COM/OP AGG \$ 300,000				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ EXCLUDED BODILY INJURY (Per person) \$ EXCLUDED BODILY INJURY (Per accident) \$ EXCLUDED PROPERTY DAMAGE (Per accident) \$ EXCLUDED
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ EXCLUDED OTHER THAN AUTO ONLY: EA ACC \$ EXCLUDED AGG \$ EXCLUDED
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ EXCLUDED AGGREGATE \$ EXCLUDED \$ EXCLUDED \$ EXCLUDED \$ EXCLUDED
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> If "JA" describe under SPECIAL PROVISIONS below				WAIVER OF SUBROGATION <input type="checkbox"/> NON-EMPLOYEE <input type="checkbox"/> EL EACH ACCIDENT \$ EXCLUDED EL DISEASE - EA EMPLOYEES \$ EXCLUDED EL DISEASE - POLICY LIMIT \$ EXCLUDED
	OTHER				N/A

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

COMMERCIAL GENERAL LIABILITY INSURANCE FOR AN ELECTRICIAN (COMMERCIAL AND RESIDENTIAL PROPERTY) SUBJECT TO ALL APPLICABLE POLICY TERMS, CONDITIONS, EXCLUSIONS AND/OR DEDUCTIBLES.

CERTIFICATE HOLDER
 Town of Sewalls Point Bldg Dept
 1 S. Sewalls Point Road
 Sewalls Point, FL 34996

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
RAJENDRA S. SHANGVI

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER (561)994-9994 FAX (561)997-7087
The Beacon Group, Inc.
6001 Broken Sound Pkwy., N.W.
Suite 500
Boca Raton, FL 33487-2730

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

INSURED Ron Massey Electric
1450 Hillcrest Drive
Lake Worth, FL 33461

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: FCCI Ins Co 03499	02952
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L TR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/PROP AGG	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	001WC06A30724	03/01/2006	03/01/2007	WC STATUTORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$ 100,000
						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000


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

CERTIFICATE HOLDER

Town of Sewalls Point Bldg Dept
 1 S. Sewalls Point Road
 Sewalls Point, FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 James Duzak/C22 



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

MASSEY, RONALD E
RON MASSEY ELECTRIC
1450 HILLCREST DRIVE
LAKE WORTH FL 33461

STATE OF FLORIDA AC# 2680779
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

ERG012074 07/26/06 089018413

REG ELECTRICAL CONTRACTOR
MASSEY, RONALD E
RON MASSEY ELECTRIC
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

HAS REGISTERED under the provisions of Ch. 489
Expiration date: AUG 31, 2008 License# 089018413

DETACH HERE

AC# 2680779 STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

LICENSE HSR	
07/26/2006	ERG012074

The ELECTRICAL CONTRACTOR
Named below HAS REGISTERED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008.
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

MASSEY, RONALD E
RON MASSEY ELECTRIC
1450 HILLCREST DRIVE
LAKE WORTH FL 33461

JES RUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

SIMON MARSTILLER
SECRETARY

2003-16369

STATE OF FLORIDA
PALM BEACH COUNTY
OCCUPATIONAL LICENSE

CW-035
CLASSIFICATION

EXPIRES: SEPTEMBER - 30 - 2007

RON MASSEY ELECTRIC
MASSEY RONALD E

** LOCATED AT

C/WIDE \$264.60

1450 HILLCREST DR
LAKE WORTH FL 33461

TOTAL \$284.80

is hereby licensed at above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of:

ELECTRICAL CONTRACTOR

U15688/ER0012074

PETER H. CARNEY
TAX COLLECTOR, PALM BEACH COUNTY

THIS IS NOT A BILL - DO NOT PAY

PAID, PBC TAX COLLECTOR
\$264.60 OCC 824 005895 08-18-2008

THIS LICENSE VALID ONLY WHEN RECEIPTED BY
TAX COLLECTOR

2003-16370

STATE OF FLORIDA
PALM BEACH COUNTY
OCCUPATIONAL LICENSE

OC-032
CLASSIFICATION

EXPIRES: SEPTEMBER - 30 - 2007

RON MASSEY ELECTRIC
MASSEY RONALD E

** LOCATED AT

CNTY \$27.50

1450 HILLCREST DR
LAKE WORTH FL 33461

TOTAL \$27.50

is hereby licensed at above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of:

ELECTRICAL CONTRACTOR

U15688/ER0012074

PETER H. CARNEY
TAX COLLECTOR, PALM BEACH COUNTY

THIS IS NOT A BILL - DO NOT PAY

PAID, PBC TAX COLLECTOR
\$27.50 OCC 624 006886 08-18-2008

THIS LICENSE VALID ONLY WHEN RECEIPTED BY
TAX COLLECTOR

18/05/2006 20:54

5615888091

NOT RECORDED

IMPORTANT!

THIS IS YOUR CERTIFICATE OF COMPETENCY
PALM BEACH COUNTY, FLORIDA

**PALM BEACH COUNTY CONTRACTORS
CERTIFICATE OF COMPETENCY**

EXPIRES SEPTEMBER 30, 2007

CONTRACTOR'S NAME:
TOMAS WORTH ELECTRICAL INC.

CONTRACTOR'S ADDRESS:
1450 HILLOREST DR
LAKE WORTH, FL

CONTRACTOR'S LICENSE NUMBER: 33461

1) PLEASE CHECK ALL INFORMATION TO INSURE THAT IT IS CORRECT

FEE: 180.00

CERTIFIED CONTRACTOR: ELECTRICAL

ID NUMBER: 00000083
ISSUE DATE: 09/19/05

SIGNATURE: *Tom Worth*
ATTEST: *[Signature]*

**CONSTRUCTION INDUSTRY LICENSING BOARD
OF PALM BEACH COUNTY**

2) CERTIFICATE MUST BE SIGNED

3) FOLD THE CARD WHERE INDICATED FOR EASE IN CARRYING

SWIMMING POOL CONTRACT

Customer(s): Nicki & Frederick Van Vonno
Job Site Address: 15 S. Ridgeway Rd
City Sewalls Point State FL Zip 34996
Mail Address: _____
City _____ State _____ Zip _____
Home Phone 772-221-8641 Business Phone _____
Cell Phone _____ Jurisdiction SEWALLS PT
Email vanvonno@hotmail.com

CUSTOMER (OWNER) HEREBY CONTRACTS WITH THE POOL PEOPLE RESIDENTIAL, INC., (CONTRACTOR) FOR INSTALLATION OF A REINFORCED GUNITE SWIMMING POOL.

Pool Size:
Width: (water) 13' x _____
Length: (water) 26' x _____
Water Depth: 36" to 6'0"

CONSTRUCTION SPECIFICATIONS

- BUILDING PERMIT** Contractor to obtain pool construction permit only. **Included**
- EXCAVATION** Contractor to excavate pool, hand shape and remove dirt on day of excavation only. **Included**
 - Normal excavation with standard equipment. **Yes** **No**
 - Excavation with limited access equipment. **Yes** **No**
 - Contractor to include up to one(1) hour of grading for preparation of pool area on day of excavation. **Included**
 - Trees in access and pool site areas to be cut down so that stumps will not exceed 4' in height. **By Owner**
 - Shrub(s), sod and other plant material in and around the construction and construction access area to be removed by Contractor and replaced by homeowner
 - Additional fill material required on project is not included. **By Owner**
 - Temporary construction fence. **Included**
- ACCESS WALL OR FENCE**
 - Removed by: Contractor **Owner** Not Applicable
 - Replaced by: Contractor **Owner**

SPA SPECIFICATIONS

- 22 LINEAR FOOT PERIMETER SPA** Size: _____ Yes _____ No _____
 - Install spa hydro jets and dual deluxe double bottom drains with atmospheric break. **No**
 - Spa Light: Yes _____ No **No** Type _____
 - Spa Raised: Yes _____ No **No** Inches _____
 - 6" Raised Pool Wall: _____ Ft. Yes _____ No _____
 - 12" Raised Pool Wall: _____ Ft. Yes _____ No _____
 - _____ Raised Pool Wall: _____ Ft. Yes _____ No _____
 - Air Touch pool & spa controls (placed at spa side): Yes _____ No _____
- Other: _____

ADDITIONAL CONSTRUCTION SPECIFICATIONS

- Shallow End Bench:** Ft. _____ Yes _____ No **No**
 - Therapy jets @ Shallow End Bench: Qty. _____ Yes _____ No **No**
 - Therapy Jets @ Swimout: Qty. _____ Yes _____ No **No**
- Other Tile:** Type: CAP TILE Lin. Ft. All
- HEATER:** (Pool & Spa) Type: Perfection Size: 60 HP **Yes** **No**
Applicable gas lines, piping, hook-up, tank installation and permits, by Owner.
- Swimout:** (Length in Feet) 9' **Yes** **No**
- Stainless Steel Hand Rail:** **Yes** **No**
- Portable Pool Cleaner:** Type _____ **Yes** **No**
- Structural In-Floor Cleaning System:** **Yes** **No**
Floor _____ Steps _____ Benches _____ Spa _____
- Chlorine Feeder:** **Yes** **No**
- Salt Chlorine Generator:** **Yes** **No**
- Other: SEPARATE SUCTION VACUUM
- Other: NAYWARD NAVIGATOR

DECKING SPECIFICATIONS

- Install upto 442 Sq. Ft. of Decking: **Yes** **No**
- Type PAVERS Color T.R.D
- Top Existing Patio 130 sq ft Sq. Ft. **Yes** **No**
- Footers: _____ Ft. **Yes** **No**
- Risers (steps in deck): _____ Ft. **Yes** **No**
- Cantilever Overpour: **Yes** **No**
- Pump concrete from street. **Yes** **No**
- Other: _____

ELECTRICAL

- Electrical hook-up including permit, time clock, junction box, transformer, bonding and switches for motor and light (located at pool equipment). **Yes** **No**
Owner responsible for electrical panel meeting local codes.

FENCE SPECIFICATIONS

- Aluminum Rail: EXISTING Ft. Height _____ Yes _____ No _____
a. # of Gates _____

SAFETY DEVICES

Owner agrees to comply with the requirements of Florida Statute Ch. 515 relating to pool safety and the use of specified pool safety equipment, including a pool cover, enclosure/barrier requirements, and/or alarms, self-closing and latching mechanisms for doors and windows or such other devices and techniques as may be set forth in applicable Florida Law.

- HYDROSTATIC CONTROL**
 - Up to six (6) yards of stone. **Included**
 - Relief plugs placed in drains. **Included**
- STEEL REINFORCEMENT SPECIFICATIONS** Structurally engineered to Comply with American Society for Testing Materials (ASTM) No. A615. **Included**
- GUNITE SHELL SPECIFICATIONS**
 - Steel Reinforced Gunite will be used to build the pool shell. **Included**
- STEPS** Three (3) solid gunite steps built into the shallow end of the pool, up to 21 linear feet. **Included**
- COPING**
 - Bullnose Brick (Paver Type): Paver Bullnose **Yes** **No**
 - Precast / Marble: _____ Size _____ **Yes** **No**
 - Cantilever Overpour: _____ **Yes** **No**
 - Stone Coping: Type _____ **Yes** **No**
 - By Others: _____ **Yes** **No**
- TILE** Six (6) inch band of waterline tile (standard tile only). **Included**
- TREAD** stainless steel ladder **Yes** **No**
- UNDERWATER LIGHT (1) TYPE:** Color Logic **Yes** **No**
- DELUXE ENERGY-SAVING FILTRATION SYSTEM.**
 - Cartridge filter: 75 G sq. ft. filter. **Included**
 - U.L. Approved energy saver non-corrosive pump. Motor requirements depending on pool size. 1.5 Speed HP. **Included**
 - Deluxe skimmer with extra large catcher basket. **Included**
 - Dual deluxe double bottom main drains with atmospheric break. **Included**
 - Three (3) filter returns. **Included**
- Interior Finish:** Florida Gem (Quartz Aggregate), hand trowled finish. Color: GEM
- Other surface: Type _____ Color: _____
- ORIENTATION, START UP INSTRUCTIONS, POOL OWNERS GUIDE AND 2 WEEKS FREE POOL SERVICE FROM DATE OF POOL FILL.** **Included**
- DELUXE MAINTENANCE KIT** **Included**
- INSURANCE** Contractor's workers compensation, general liability and property damage insurance during construction. **Included**

Additional Items: Up to 16' of 18" raised beam w/ 1-3' sheer descent waterfall. 2 STANDARD LIONS HEADS DOUBLE BULLNOSE TOP OF WALL + TILE BACK OF WALL, small machine dig w/ BORCAI, FILL to Remain on site, over flow to be added under pool shell.

THIS CONTRACT CONSISTS OF BOTH SIDES OF THIS DOCUMENT, ALL OF THE ADDENDA, NOTICES, AND DISCLAIMERS PROVIDED TO OWNER BY CONTRACTOR, SIGNED BY BOTH PARTIES, AND BUILDING PLANS WHICH WILL BE SUBMITTED BY CONTRACTOR IN CONNECTION WITH THE APPLICATION FOR A BUILDING PERMIT. ALL OF THESE DOCUMENTS CONSTITUTE THE ENTIRE CONTRACT BETWEEN THE PARTIES. NO UNDERSTANDING, REPRESENTATIONS, PROMISES, OPTIONS OR WARRANTIES, EXPRESS OR IMPLIED, HAVE BEEN MADE BY EITHER PARTY THAT ARE NOT REFLECTED IN THESE WRITTEN DOCUMENTS.

NOTICE TO BUYER

Right of Rescission: You have the legal right to cancel this transaction without penalty or obligation within three (3) business days excluding Saturday and Sunday. If you cancel this contract, we will refund your deposit (subject to clearance of any deposit made by check) within ten (10) business days, not including the day we receive your written notice of cancellation. Do not sign this (A) before you read both sides; (B) or if it contains any blank spaces. The owner for themselves, heirs, successors, executors, administrators and assigns, do hereby accept and agree to the full performance of the conditions contained herein.

Recovery Fund: Payment may be available from the Construction Industries Recovery Fund if you lose money on a project performed under contract, where the loss results from specified violations of Florida law by a state-licensed contractor. For information about the recovery fund and filing a claim, contact the Florida Construction Industry Licensing Board at 1940 North Monroe Street, Tallahassee, Florida 32399-1039.

If contractor has not started excavation within 120 days from the date of this contract for any reason beyond contractor's control, the contractor may, at its option, cancel this contract by notice to the owner.

Owner agrees to pay the sum of \$ 34,000.00 Dollars \$1177
Down Payment \$ 3400 the receipt of which is hereby acknowledged.

Payment Schedule: Contract amount less deposit: 40% day of excavation, 30% day of gunite installation, 20% day of deck form (if decking is not included in this contract, 20% payment is due day of coping and tile), 10% balance due day of and prior to commencement of interior finish.

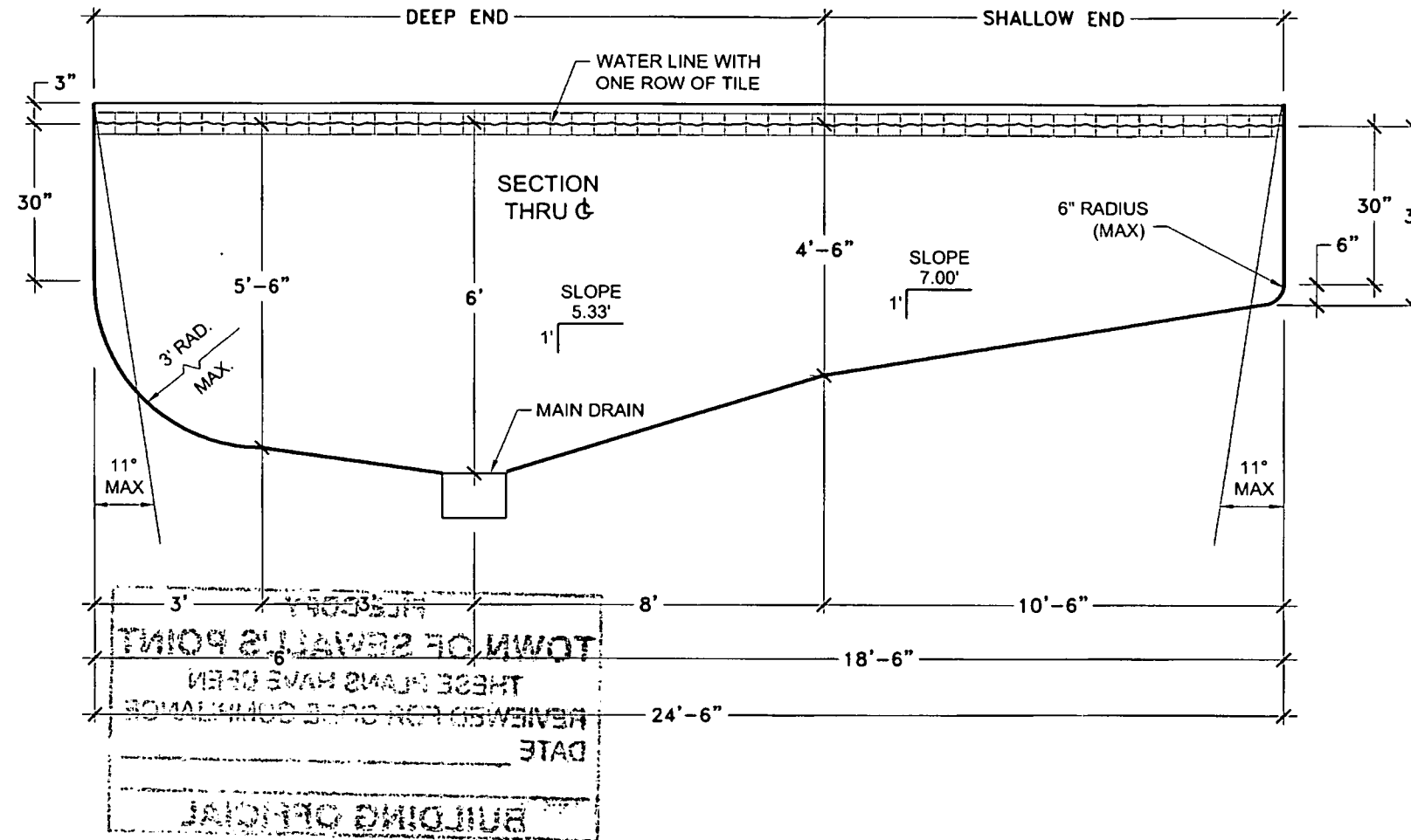
The parties have set their hands and cause this contract to be executed this 26th day of August, 2006

Nicki Van Vonno
Owner

FOX
Contractor's Representative (Print Name)

SHEET 4
SLOPE & STEPS

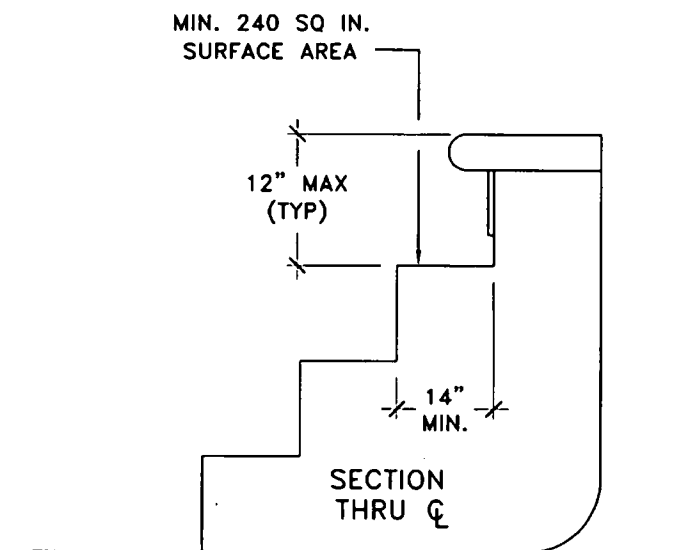
PER ANSI/NSPI-2003 6.2.2:
ALL RISERS AT THE CENTERLINE
SHALL HAVE A MAX. UNIFORM HEIGHT
OF 12". EXCEPT THE TOP OR BOTTOM
RISER, WHICH MAY VARY IN HEIGHT,
BUT SHALL NOT EXCEED 12".



TYPICAL SECTION FOR TYPE O POOL

(DIVING EQUIPMENT PROHIBITED)

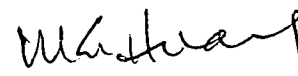
N.T.S.



TYPICAL SECTION THRU STEPS

N.T.S.

REVIEWED FOR CODE COMPLIANCE
 THESE PLANS HAVE BEEN
 TOWN OF SEWALLS POINT
 11/20/06


 SEP 08 2006
 Ming Z. Huang, P.E.
 18119 Colonnades Place
 San Diego, CA 92128
 License #53856

CONTRACTOR: THE POOL PEOPLE
 2150 SOUTH WEST 10th STREET
 DEERFIELD BEACH, FL 33442
 (954) 428-3300

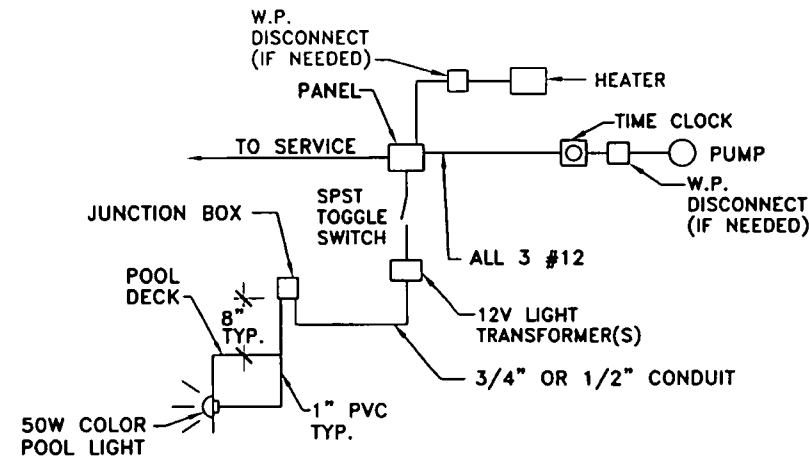
VAN VONNO RESIDENCE
 15 SOUTH RIDGEVIEW ROAD
 SEWALLS POINT
 34996

LEGAL: LOT 8/ BLOCK E
 HOMEWOOD

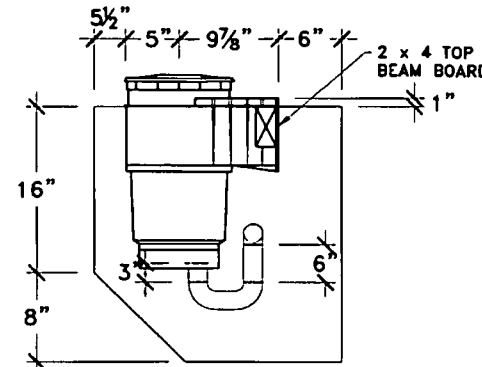
JOB NO. 60993

Where provided, the vacuum or pressure cleaner fitting(s) shall be located in an accessible position(s) at least 6 inches and not greater than 12 inches below the minimum operating water level or as an attachment to the skimmer(s).

ELECTRICAL NOTES:
 ALL ELECTRICAL WORK SHALL CONFORM TO N.E.C. ARTICLE #680.
 ALL LIGHTS TO BE A MIN. OF 18" BELOW WATER."



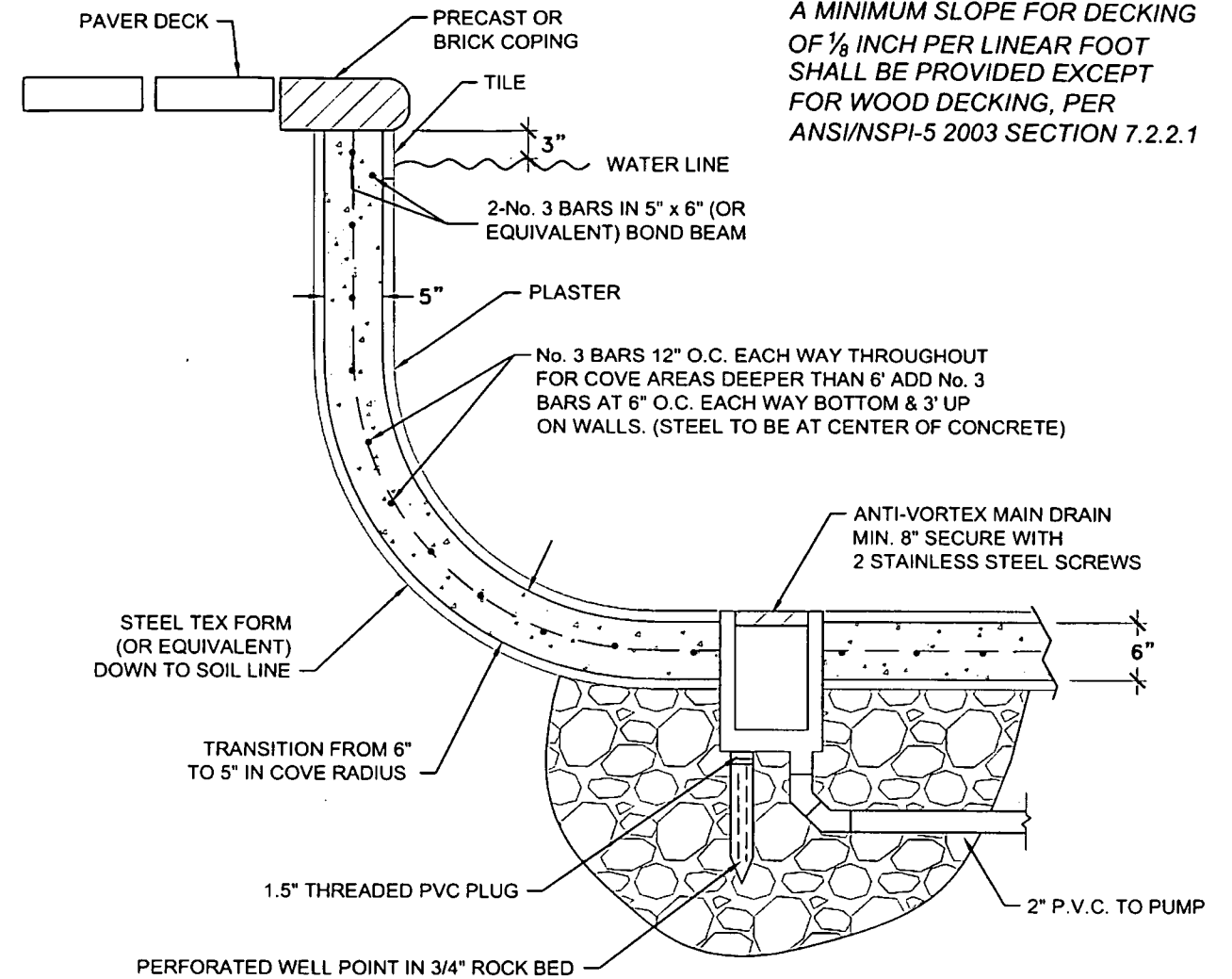
POOL ELECTRICAL DIAGRAM



IT IS BY DESIGN THAT THE SKIMMER BOXES INCLUDE ALL PIPING AND FITTINGS. UNDER SKIMMER TO BE EMBEDDED IN CONCRETE

SKIMMER DIAGRAM

N.T.S.



A MINIMUM SLOPE FOR DECKING OF 1/8 INCH PER LINEAR FOOT SHALL BE PROVIDED EXCEPT FOR WOOD DECKING, PER ANSI/NSPI-5 2003 SECTION 7.2.2.1

TYPICAL WALL SECTION AND WELL POINT

N.T.S.

CONSTRUCTION NOTES:

1. ALL CONSTRUCTION AND WORKMANSHIP SHALL BE IN CONFORMITY WITH FBC-RESIDENTIAL 2004 CHAPTER 41.
2. UPON RATIONAL ANALYSIS, THE PREVAILING SOILS IN THE AREA SURROUNDING THIS SWIMMING POOL CONSTRUCTION WILL PROVIDE ADEQUATE SUPPORT NEEDED FOR THE POOL FOUNDATION.
3. SWIMMING POOL TO HAVE PNEUMATICALLY PLACED CONCRETE FLOOR, WALL AND BOND BEAM. CONCRETE TO HAVE 28 DAY COMPRESSIVE STRENGTH OF 2,800 P.S.I.
4. ALL REINFORCED STEEL TO BE INTERIM GRADE DEFORMED BARS OF NEW BILLET STEEL: CONFORMING TO ASTM A-615. STEEL TO BE BENT, LAPPED AND PLACED IN ACCORDANCE WITH A.C.I. STANDARDS AND SPECS.
5. IN AREA OF SKIMMER, 2-#3 BARS IN BOND BEAM MAY BE PLACED EITHER BELOW OR BEHIND SKIMMER.
6. ALL PIPING SHALL BE N.S.F. APPROVED AND SHALL BE SCHEDULE 40 PVC.
7. MAIN DRAIN TO HAVE A FREE AREA OF 4 TIMES THE AREA OF THE SUCTION LINE.
8. WATER SUPPLY AND DISPOSAL TO BE ARRANGED SO THAT THERE IS NO CROSS-CONNECTION WITH A DOMESTIC WATER SUPPLY.
9. IF REQUIRED, UNSCREENED POOLS SHALL HAVE A MINIMUM 4 FT. FENCE WITH SELF-CLOSING AND LATCHING GATE.
10. ALL METALLIC POOL FITTINGS WITHIN 5 FEET OF THE INSIDE WALL AND THE DECK REINFORCING SHALL BE BONDED TO THE POOL REINFORCING STEEL WITH A NO. 8 AWG COPPER WIRE. THE POOL REINFORCING STEEL SHALL BE BONDED TO THE POOL LIGHT NICHE WITH NO. 8 AWG COPPER WIRE. TWO NO. 8 AWG COPPER GROUND WIRES SHALL BE RUN WITH N.E.C. APPROVED CONDUIT, ONE INTERNALLY, FROM THE LIGHT NICHE TO THE JUNCTION BOX. COMPLETION OF THE POOL GROUNDING SYSTEM TO THE PANEL BOARD BY ELECTRICIAN.
11. POOL CONSTRUCTION SHALL BEAR ON CLEAN SANDS OR ROCK WITH A BEARING CAPACITY 2,000 P.S.F.
12. FBC-RESIDENTIAL 2004 CHAPTER 41 SECTION R4101.6.1 CONFORMANCE STANDARD: DESIGN, CONSTRUCTION AND WORKMANSHIP SHALL BE IN CONFORMITY WITH THE REQUIREMENTS OF ANSI/NSPI 3, ANSI/NSPI 4, ANSI/NSPI 5 AND ANSI/NSPI 6.

CONTRACTOR: THE POOL PEOPLE
 2150 SOUTH WEST 10th STREET
 DEERFIELD BEACH, FL 33442
 (954) 428-3300

VAN VONNO RESIDENCE
 15 SOUTH RIDGEVIEW ROAD
 SEWALLS POINT
 34996

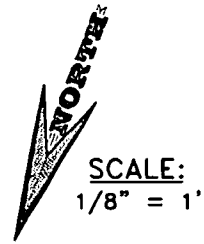
LEGAL: LOT 8/ BLOCK E
 HOMEWOOD

JOB NO. 60993

Mishan
 SEP 08 2006
 Ming Z. Huang, P.E.
 18119 Colonnades Place
 San Diego, CA 92128
 License #53856

ALL CONSTRUCTION AND WORKMANSHIP SHALL BE IN CONFORMITY WITH FBC-RESIDENTIAL 2004 CHAPTER 41

NOTE:
ALL LAYOUT DIMENSIONS TO BE TAKEN FROM STRUCTURE ONLY

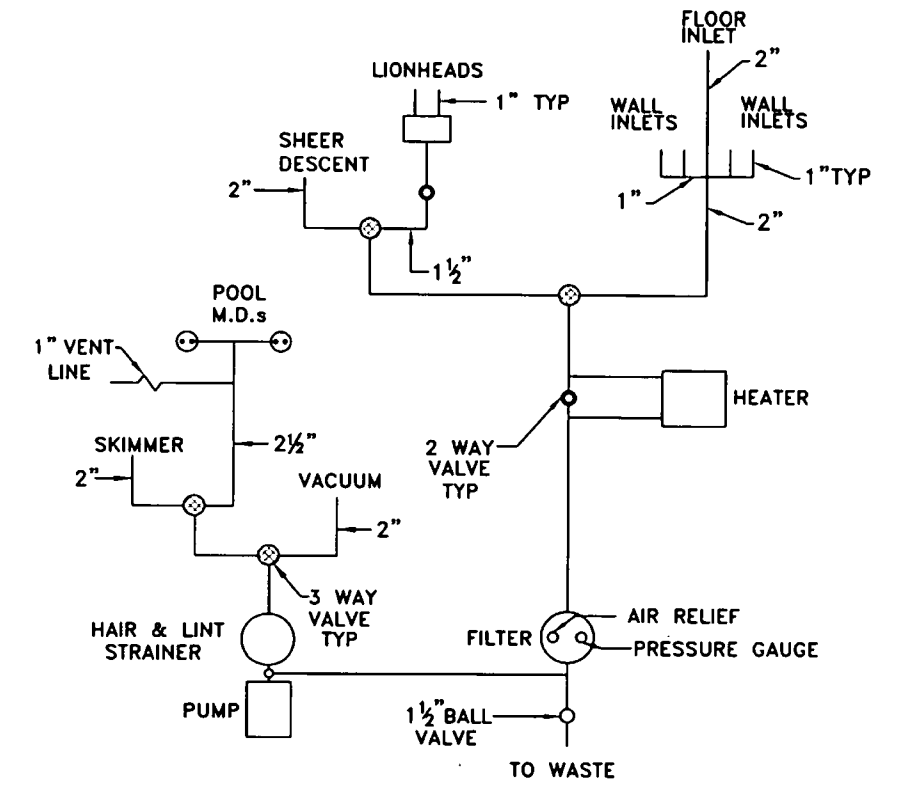
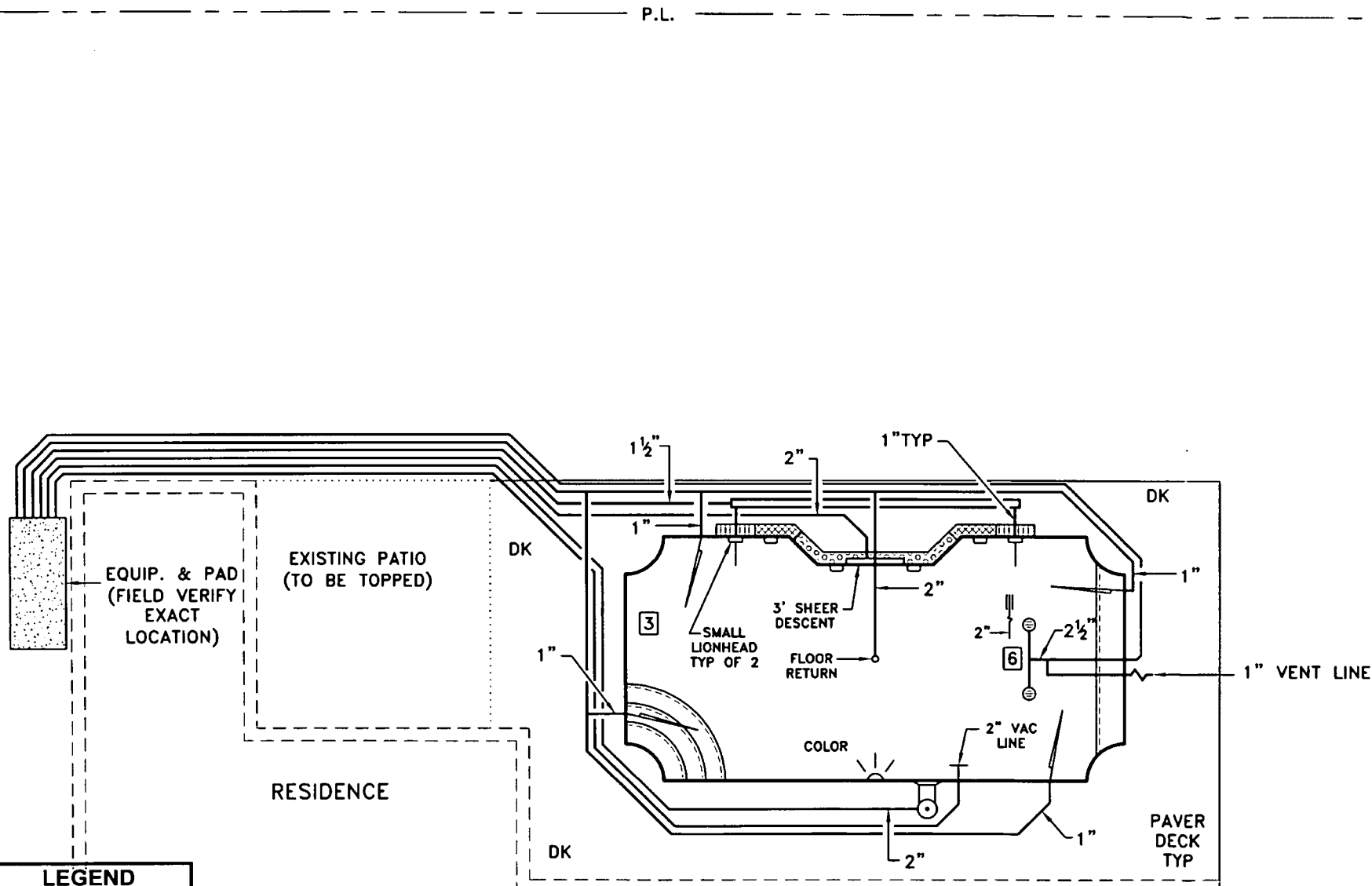


PROVIDE OVERFLOW LINE

NOTES

DUAL POOL MAIN DRAINS TO BE MIN. 3' APART WITH 1" ATMOSPHERIC VENT ARRANGEMENT

SHEET 2
PLUMBING



POOL PIPING DIAGRAM

ALL PIPING SHALL CONFORM TO FBC-RESIDENTIAL R4101.6

LEGEND

⊙	FLOOR DRAIN
○	FLOOR INLET
□	HANDHOLD
☀	LIGHT
⌋	LIONHEAD
⊕	SKIMMER
T	VACUUM LINE
⌋	WALL INLET

CONTRACTOR: THE POOL PEOPLE
2150 SOUTH WEST 10th STREET
DEERFIELD BEACH, FL 33442
(954) 428-3300

VAN VONNO RESIDENCE
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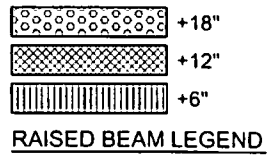
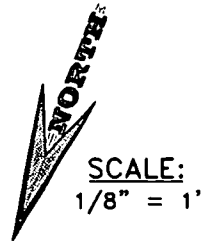
LEGAL: LOT 8/ BLOCK E
HOMEWOOD

JOB NO. 60993

Ming Z. Huang
SEP 08 2006
Ming Z. Huang, P.E.
18119 Colonnades Place
San Diego, CA 92128
License #53856

ALL CONSTRUCTION AND WORKMANSHIP SHALL BE IN CONFORMITY WITH FBC-RESIDENTIAL 2004 CHAPTER 41

NOTE:
ALL LAYOUT DIMENSIONS TO BE TAKEN FROM STRUCTURE ONLY



PROVIDE OVERFLOW LINE

NOTES

DUAL POOL MAIN DRAINS TO BE MIN. 3' APART WITH 1" ATMOSPHERIC VENT ARRANGEMENT

10" POOL BEAM
8" WALL BEAM
WOOD MIN. BACK OF WALL
TILE BACK OF WALL
DOUBLE BRICK WALL BEAM
BRICK SIDES OF WALL

SPECIFICATIONS

POOL SIZE:	13' x 26'	POOL DEPTH:	3' x 6'
PERIMETER:	76'	VOLUME (GALLONS):	10598
TURNOVER RATE:	2.5 HRS±	SURFACE AREA SQ. FT.:	314

POOL EQUIPMENT	
POOL PUMP #1 TYPE:	SUPER PUMP
POOL PUMP #1 SIZE:	1-1/2 HP
POOL FILTER #1 TYPE:	C-1750/120 GPM
POOL HEATER #1 TYPE:	HEAT PUMP
POOL HEATER #1 SIZE:	MODEL VI
SKIMMER:	1
WALL INLETS:	4
FLOOR INLETS:	1
COLOR LIGHT:	1
NAVIGATOR:	YES
SUCTION LINE W/VAC LOCK:	YES

FINISH ITEMS

COPING:	BN	DECK TYPE:	PAVER
TILE:	-	DECK SQ. FT.:	477±
EXPOSED FINISH:	YES	PATIO SQ. FT.:	130±
TOP EXISTING PATIO:	YES	BENCH:	YES
MUDCAP:	-		
HANDHOLD QTY:	4		
HANDHOLD COLOR:	-		

SPECIAL NOTES

6" RAISED BEAM:	YES	PILING POOL:	NO
12" RAISED BEAM:	YES	ELECTRIC:	BY OTHERS
18" RAISED BEAM:	YES	POOL ENCLOSURE:	BY OTHERS

EXTRA FEATURES

SMALL LION HEAD:	2	3' SHEER DESCENT:	1
------------------	---	-------------------	---

2004 FBC CHAPTER 13 FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION 13-612.1.ABC.2.3.2 COVERS REQUIRED. Spas and heated swimming pools shall be equipped with a cover designed to minimize heat loss. EXCEPTION: Outdoor pools deriving over 70 percent of the energy for heating from non-depletable on-site recovered sources computed over an operating season are exempt from this requirement. The heat pumps derive approximately 80 percent of the energy from non-depletable on site-recovered sources. No cover is required per code.

REV	DATE	DESCRIPTION

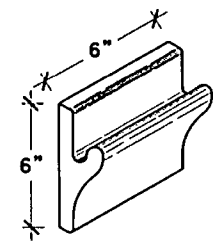
CONTRACTOR: THE POOL PEOPLE
2150 SOUTH WEST 10th STREET
DEERFIELD BEACH, FL 33442
(954) 428-3300

DRN/CHD: KF/KS
DATE: 09/01/06

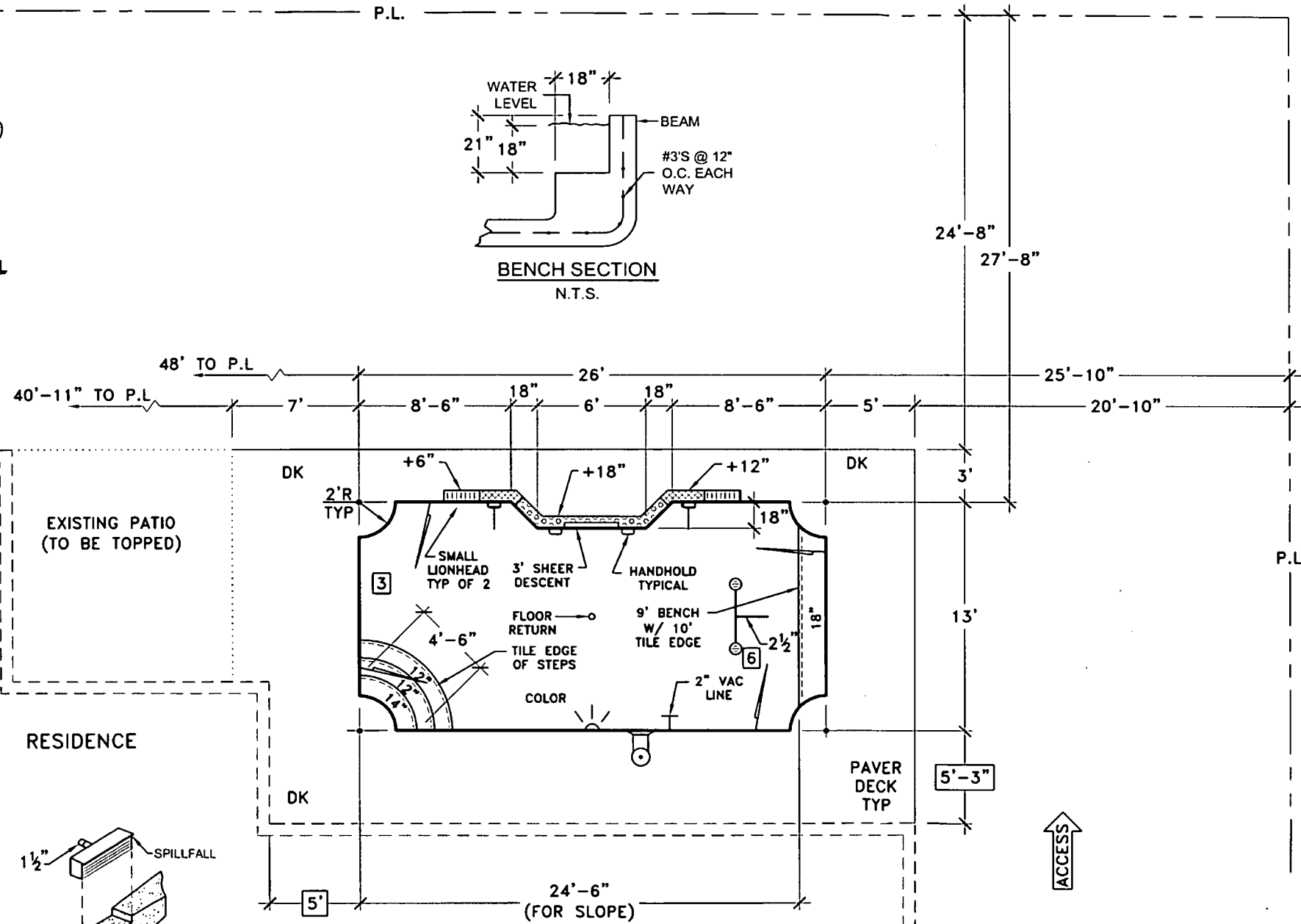
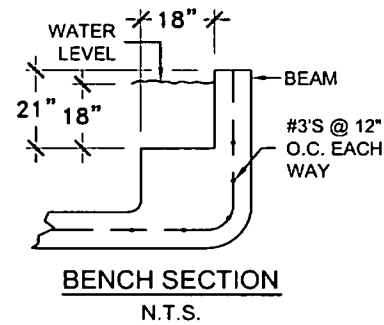
LEGAL: LOT 8/ BLOCK E
HOMEWOOD

VAN VONNO RESIDENCE
15 SOUTH RIDGEVIEW ROAD
SEWALLS POINT
34996

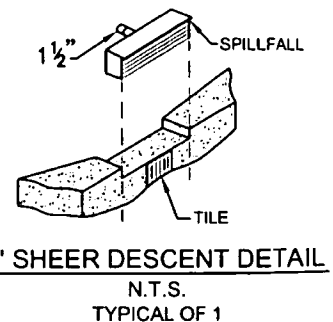
JOB NO. 60993
GO-76-HTR1



HANDHOLD DETAIL
N.T.S.
LOCATE HANDHOLDS
● WATERLINE
(MAX. 4'-0" O.C.)



- LEGEND**
- ⊙ FLOOR DRAIN
 - FLOOR INLET
 - HANDHOLD
 - ☀ LIGHT
 - ⌋ LIONHEAD
 - ⊖ SKIMMER
 - ⊥ VACUUM LINE
 - ⊥ WALL INLET



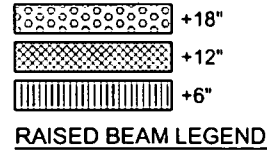
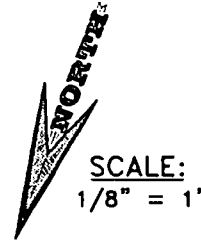
PER FBC-RESIDENTIAL R4101.17:
ALL DOORS AND WINDOWS PROVIDING DIRECT ACCESS FROM THE HOME TO THE POOL SHALL BE EQUIPPED WITH AN EXIT ALARM COMPLYING WITH UL 2017.



Ming Z. Huang
SEP 08 2006
Ming Z. Huang, P.E.
18119 Colonnades Place
San Diego, CA 92128
License #53856

ALL CONSTRUCTION AND WORKMANSHIP SHALL BE IN CONFORMITY WITH FBC-RESIDENTIAL 2004 CHAPTER 41

NOTE:
ALL LAYOUT DIMENSIONS TO BE TAKEN FROM STRUCTURE ONLY



~~PER FBC-RESIDENTIAL R4101.17:~~
ALL DOORS AND WINDOWS PROVIDING DIRECT ACCESS FROM THE HOME TO THE POOL SHALL BE EQUIPPED WITH AN EXIT ALARM COMPLYING WITH UL 2017.

PROVIDE OVERFLOW LINE
NOTES
DUAL POOL MAIN DRAINS TO BE MIN. 3' APART WITH 1" ATMOSPHERIC VENT ARRANGEMENT
10" POOL BEAM
8" WALL BEAM
WOOD MIN. BACK OF WALL
TILE BACK OF WALL
DOUBLE BRICK WALL BEAM
BRICK SIDES OF WALL

SPECIFICATIONS

POOL SIZE:	13' x 26'	POOL DEPTH:	3' x 6'
PERIMETER:	76'	VOLUME (GALLONS):	10598
TURNOVER RATE:	2.5 HRS±	SURFACE AREA SQ. FT.:	314
POOL EQUIPMENT			
POOL PUMP #1 TYPE:	SUPER PUMP	WALL INLETS:	4
POOL PUMP #1 SIZE:	1-1/2 HP	FLOOR INLETS:	1
POOL FILTER #1 TYPE:	C-1750/120 GPM	COLOR LIGHT:	1
POOL HEATER #1 TYPE:	HEAT PUMP	NAVIGATOR:	YES
POOL HEATER #1 SIZE:	MODEL VI	SUCTION LINE W/VAC LOCK:	YES
SKIMMER:	1		

FINISH ITEMS

COPING:	GOLDEN/WHITE BN	DECK TYPE:	PAVER
TILE:	DS-500	DECK COLOR:	"AMERICA COBBLESTONE" CORAL/APRICOT
EXPOSED FINISH:	SKY BLUE	DECK SQ. FT.:	477±
TOP EXISTING PATIO:	YES	PATIO SQ. FT.:	130±
MUDCAP:	BG-587	BENCH:	YES
HANDHOLD QTY:	4		
HANDHOLD COLOR:	HHC-50 COLBALT		

SPECIAL NOTES

6" RAISED BEAM:	YES	PILING POOL:	NO
12" RAISED BEAM:	YES	ELECTRIC:	BY OTHERS
18" RAISED BEAM:	YES	POOL ENCLOSURE:	BY OTHERS

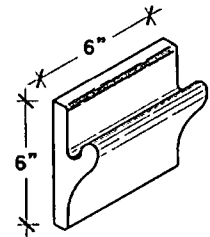
EXTRA FEATURES

SMALL LION HEAD: (2) WHITE
3' SHEER DESCENT: 1
2004 FBC CHAPTER 13 FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION 13-612.1.ABC.2.3.2 COVERS REQUIRED.
Spas and heated swimming pools shall be equipped with a cover designed to minimize heat loss. EXCEPTION: Outdoor pools deriving over 70 percent of the energy for heating from non-depletable on-site recovered sources computed over an operating season are exempt from this requirement. The heat pumps derive approximately 80 percent of the energy from non-depletable on-site-recovered sources. No cover is required per code.

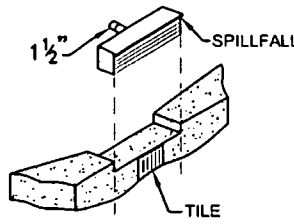
REV	DATE	DESCRIPTION
1	10-17-06	ADDED D/W LOCATIONS-KS
2	12-13-06	ADDED FENCE LOCATION-KS

CONTRACTOR: THE POOL PEOPLE
2150 SOUTH WEST 10th STREET
DEERFIELD BEACH, FL 33442
(954) 428-3300
DRN/CHD: KF/KS
DATE: 09/01/06

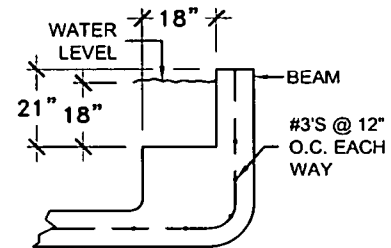
VAN VONNO RESIDENCE
15 SOUTH RIDGEVIEW ROAD
SEWALLS POINT
34996
LEGAL: LOT 8/ BLOCK E
HOMEWOOD
JOB NO. 60993
GO-76-HTR1



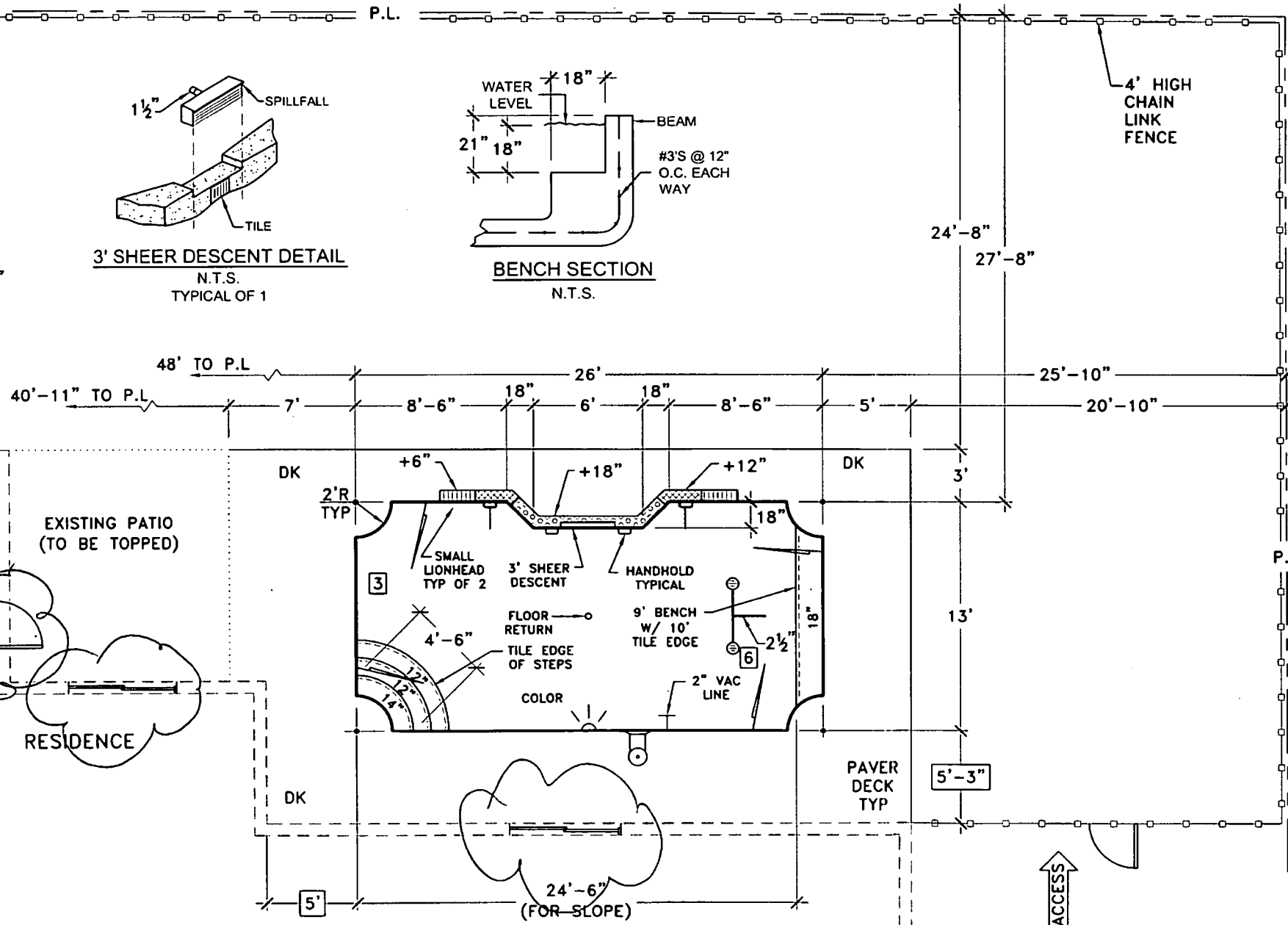
HANDHOLD DETAIL
N.T.S.
LOCATE HANDHOLDS
• WATERLINE
(MAX. 4'-0" O.C.)



3' SHEER DESCENT DETAIL
N.T.S.
TYPICAL OF 1



BENCH SECTION
N.T.S.



LEGEND

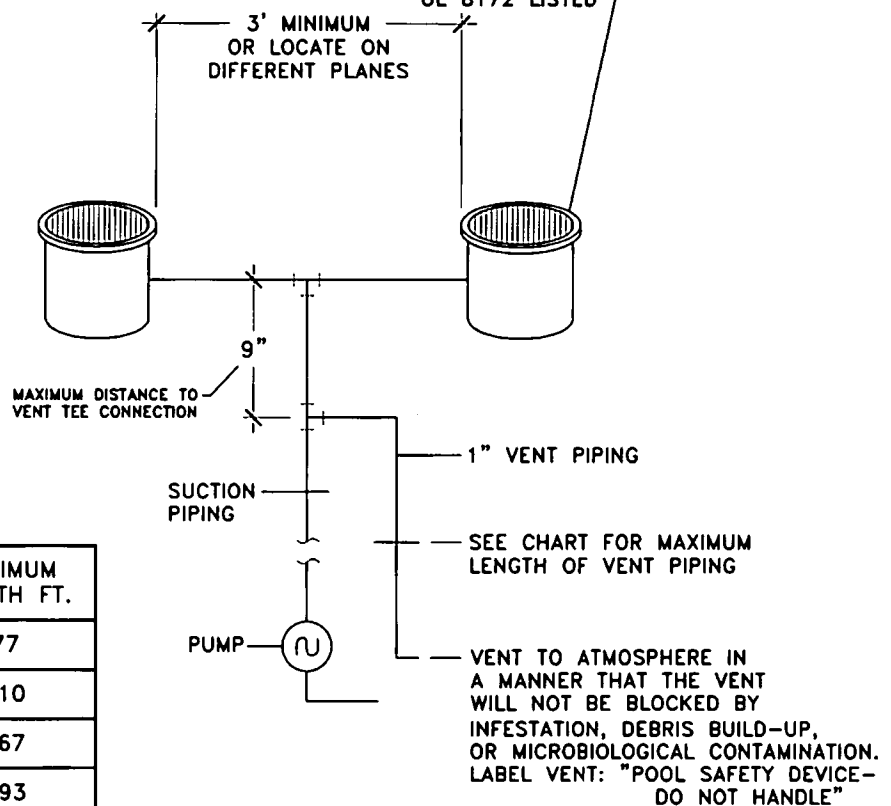
⊙	FLOOR DRAIN
○	FLOOR INLET
□	HANDHOLD
☀	LIGHT
⌈	LIONHEAD
⊕	SKIMMER
⊥	VACUUM LINE
—	WALL INLET

Ming Z. Huang
DEC 13 2006
Ming Z. Huang, P.E.
18119 Colonnades Place
San Diego, CA 92128
License #53856

APPROVED SWIMMING POOL,
SPA AND WADING POOL DUAL
MAIN DRAIN ATMOSPHERIC VENT
ARRANGEMENT COMPLIANT WITH
R4101.6.6 OF THE FBC- RESIDENTIAL

PENTAIR MODEL 542031 (WHITE) AND 542041 (BLACK)
ANTI-VORTEX MAIN DRAIN COVER TESTED
TO ASME A 112.19.8M BY UL (TYPICAL OF 2)
UL 8172 LISTED

N.T.S.



PIPE SIZES INCHES	AVERAGE FLOW GPM	VENT PIPE SIZE	MAXIMUM LENGTH FT.
2"	62.50	1"	77
2 1/2"	89.55	1"	110
3"	136.36	1"	167
4"	239.09	1"	293

BASED ON FOLLOWING EQUATION PROVIDED
BY JOHN M. CARROLL JR. P.E #41610
PUMP FLOW RATE 60GPM @ 60'TDH
 $60\text{GPM} / (60 \times 7.48) = 0.13369$ CUBIC FEET PER SECOND
FLOW x 3 SECONDS (CODE REQUIREMENT) =
MAXIMUM SIZE OF OPENING
 $0.13369 \times 3 = 0.4011$ CUBIC FEET
AREA OF 1" VENT PIPE = .00545 SQ FEET
THE ALLOWABLE LENGTH = $0.4011 / .00545 = 73.6$ FEET
THEREFORE, FOR A PUMP WITH A FLOW RATE
OF 60GPM WITH A 1" VENT LINE,
THE MAXIMUM LENGTH OF PIPE IS 73.6 FEET

1. THIS SAFETY VACUUM RELIEF SYSTEM IS A NON-MECHANICAL VENT SYSTEM THAT WILL LIMIT THE TRANSMISSION OF SUCTION AT THE OUTLET TO A MAXIMUM OF 4.5 INCHES OF MERCURY.
2. THIS SYSTEM IS A BACKUP TO PROVIDE SUCTION RELIEF SHOULD ENTRAPMENT OCCUR.
3. THE VELOCITY ON THE SUCTION SIDE OF THE CIRCULATION SYSTEM SHALL NOT EXCEED SIX(6) FPS.
4. CHECK VALVES CANNOT BE INSTALLED ON THE SUCTION SYSTEM.
5. THE VENT LINE MUST NOT EXCEED THE TOTAL LENGTH OF THE MAIN DRAIN LINE.

M. Huang
SEP 08 2006
Ming Z. Huang, P.E.
18119 Colonnades Place
San Diego, CA 92128
License #53856

CONTRACTOR: THE POOL PEOPLE
2150 SOUTH WEST 10th STREET
DEERFIELD BEACH, FL 33442
(954) 428-3300

ENTRAPMENT AVOIDANCE
VENT PIPE ANALYSIS-MAXIMUM LENGTH

perfectemp



extend your enjoyment

You have invested wisely in your home with the addition of a swimming pool, creating a private "backyard" resort. So, of course you'll want to savor its benefits as often as possible. Why not enhance that investment by adding the latest technology to your pool?

A Perfectemp™ heat pump. Why? You ask. It's simple. The Perfectemp heat pump is the most economical, reliable and efficient way of heating or cooling your pool. So you can enjoy it year-round. The Perfectemp, with our **DuroHeat™ Heat Exchanger and DuroSteel™ Cabinet with 10 year unprecedented warranty** gives you the best value for your money. Don't wait! Make the most of your investment today and enjoy your pool year-round.

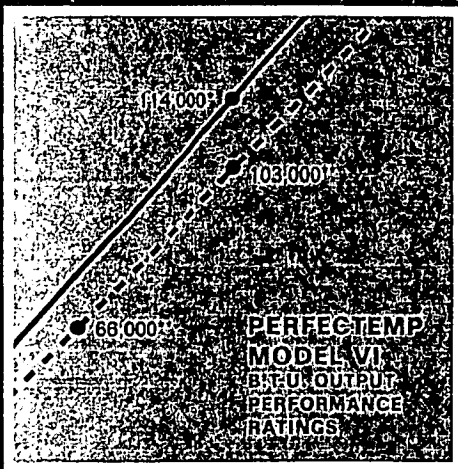


enhance your investment

The most economical, reliable and efficient way to heat your pool.

BTU's

130,000
120,000
110,000
100,000
90,000
70,000
60,000
50,000
40,000



40° 50° 60° 70° 80° 90° 100° air temp

OPTIMUM PERFORMANCE
*80% Relative Humidity

ASHRAE STANDARD
**63% Relative Humidity

Rated In Accordance With ASHRAE Standard 146-1998
And PHPMA Addendum Test Procedure.

ASHRAE 63% relative humidity rating is designed for the national market. The historical 80% humidity more accurately reflects performance in Florida.

technical specifications

MODEL	IV	VI	VIII
HEAT BTU OUTPUT 80°AIR 80% RH 80°Water	82,000	114,000	158,000
COOL BTU OUTPUT (Model VI Heat/Cool Unit Only)	—	83,000	—
C.O.P.	6.3	5.7	6.4
COMPRESSOR	Hermetic Suction Gas Cooled		
VOLTAGE	208/230 Volt - 1 PH - 60Hz		
MINIMUM CIRCUIT AMPACITY	33	40.1	46.2
MAXIMUM BREAKER SIZE	60	60	60
RECOMMENDED BREAKER SIZE(amps)	50	50	60
ELECTRICAL INPUT (kw)	3.8	5.86	6.64
WATER FLOW (gpm)	15-60	15-60	15-60
SHIPPING WEIGHT (lbs.)	300	325	325
SIZE (l,w,h)	34.5" x 34.5" x 32"	34.5" x 34.5" x 37"	34.5" x 34.5" x 3

Important Note: Solar blankets can save up to 60% of heating costs as well as evaporative water loss and are available at relatively low cost. We strongly recommend their use with your Perfectemp Heat Pump.

Rated In Accordance With ASHRAE Standard 146-1998 And PHPMA Addendum Test Procedure—Tests conducted By ETL

† Optimum Performance ratings are outside the scope of the ASHRAE Standard 146-1998 and PHPMA Addendum Test Procedure criteria.



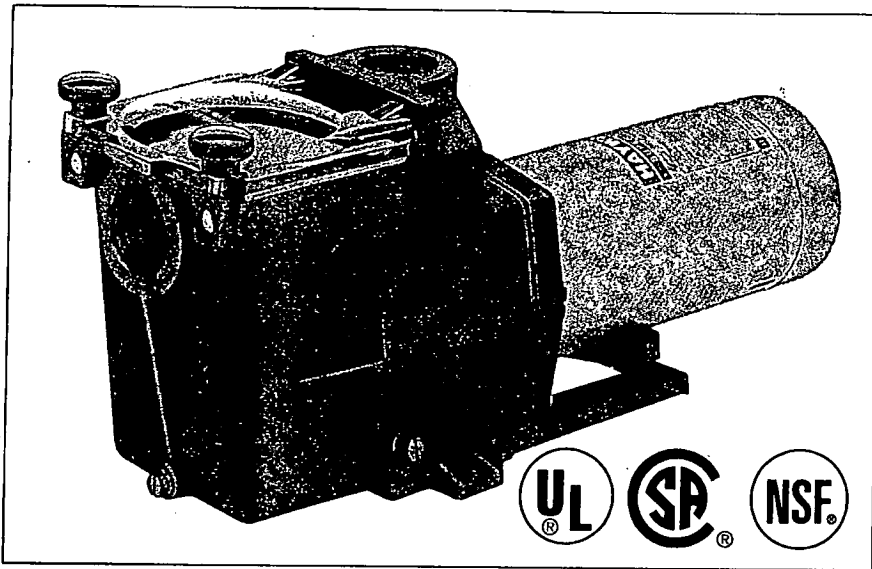
MEMBER
NATIONAL
POOL & SP.
INSTITUTE



Super Pump®

HIGH PERFORMANCE PUMP SERIES

PUMPS



SP2610X15 1 1/2 H.P. Super Pump.

Efficient. Dependable. Proven. The Super Pump has all the quality features you expect from Hayward. For replacement or new pool installations, the Super Pump sets the standard of excellence and value.

Applications

- In-ground pools of all types and sizes
- In-ground spas

Features

- Self-priming (suction lift up to 8' above water level)
- Exclusive swing-aside hand knobs make strainer cover removal easy
- Lexan® see-thru strainer cover lets you see when basket needs cleaning
- Super-size 110 cubic inch basket has extra leaf-holding capacity. Load-extender ribbing ensures free flowing operation
- All components molded of corrosion-proof PermaGlass XL™ for extra durability and long life
- Heavy-duty, high performance motor for quieter, cooler operation
- Service-ease design gives simple access to all internal parts

Super Pump Buying Guide

Model Number	H.P.	Voltage	Pipe Size	Dim. "A"	Ctn. Qty.	Ctn. Weight
--------------	------	---------	-----------	----------	-----------	-------------

Max Rated Single-Speed

SP2600X5	1/2	115	1 1/2"	10"	1	29 lbs.
SP2605X7	3/4	115/230	1 1/2"	10 5/8"	1	32 lbs.
SP2607X10	1	115/230	1 1/2"	11"	1	35 lbs.
SP2610X15	1 1/2	115/230	1 1/2"	12 1/8"	1	40 lbs.
SP2615X20	2	115/230	2"	13 1/8"	1	48 lbs.
SP2621X25	2 1/2	230	2"	13 1/8"	1	54 lbs.

Max Rated Dual-Speed

SP2607X102S	1	230	1 1/2"	13 3/8"	1	39 lbs.
SP2610X152S	1 1/2	230	1 1/2"	14 1/8"	1	43 lbs.
SP2615X202S	2	230	2"	15 1/8"	1	48 lbs.

Dual-speed pumps with "S" designation are complete with "Hi/Lo" switch.

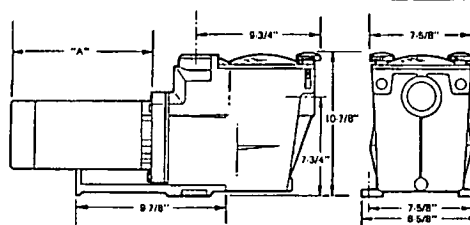
Performance Data

Model No. Max Rated	Pump Output (GPM) vs. Total Resistance To Flow (Feet of Head)					
	20 ft	30 ft	40 ft	50 ft	60 ft	70 ft
SP2600X5	55	45	29	—	—	—
SP2605X7	67	58	47	31	—	—
SP2607X10	85	76	65	50	27	—
SP2610X15	97	90	80	67	50	10
SP2615X20	116	111	99	85	70	51
SP2621X25	109	109	104	95	84	69

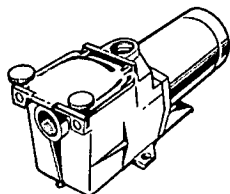
Performance Data (low speed)

Model No. Max Rated	Pump Output (GPM) vs. Total Resistance To Flow (Feet of Head)		
	5 ft	10 ft	15 ft
SP2607X102S	40	30	13
SP2610X152S	45	37	23
SP2615X202S	60	53	38

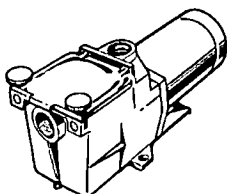
Overall Dimensions



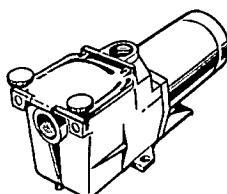
Clip Art



Super Pump



SP2607X10



SP2610X15

FLORIDA



15 S. RIDGEVIEW
FIVE *POOL* *8486*
ENGINEERING & TESTING, INC.

Phone: (954) 781-6889 • (561) 998-7002
(772) 785-8667 • Fax: (954) 784-8550
250 S.W. 13th Avenue
Pompano Beach, FL 33069

PROCTOR COMPACTION TEST

DATE: 6/28/07 ORDER NO: 07-2971 PERMIT NO. _____
CLIENT: The Pool People, Inc.
ADDRESS: 2150 S.W. 10th Street Deerfield Beach, Florida 33442
PROJECT: Proposed Pool Deck Van Vonno Residence
ADDRESS: 15 Ridgeview Road South Sewalls Point, Florida 34996
MATERIAL DESCRIPTION: Light Brown Sand
SAMPLED BY: S.A. TESTED BY: K.L.

TEST RESULTS

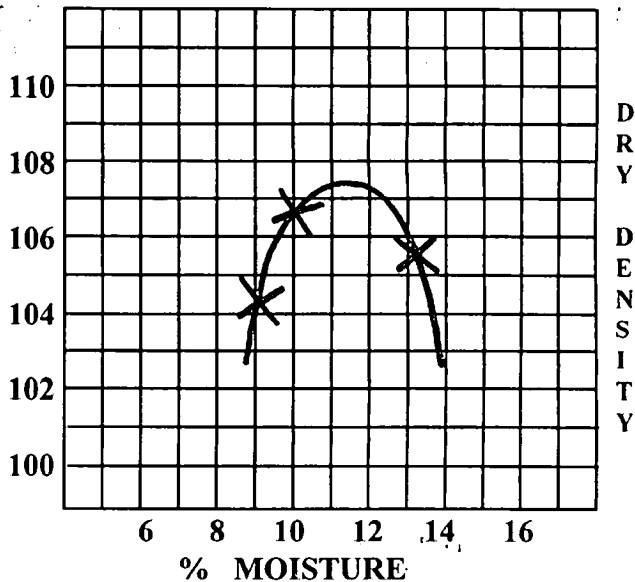
Laboratory Number P- 2971

Sample Number 1

The following compaction test was conducted in accordance with the Standard Methods for Moisture Density Relations of soil using a 10 lb. Hammer and an 18" drop A.S.T.M. D-1557 METHOD

<u>% MOISTURE</u>	<u>DRY DENSITY</u>
9.1	104.2
10.0	106.7
13.2	105.5

Optimum Moisture 11.8 Percent
100% Maximum Dry Density 107.4 lbs./cu.ft.



GRADATION TEST

% Passing 3/4" Sieve 100 Percent

As a mutual protection to clients, the public and ourselves, all reports are submitted as the confidential property of clients, and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved pending our written approval.



Respectfully submitted,
Allen Witt 7/26/07
ALLEN WITT, P.E.
FLORIDA ENGINEERING & TESTING, INC.
FLORIDA REG. NO 39681



Phone: (866) 781-6889 • Fax: (866) 784-8550
 www.floridaengineeringandtesting.com
 250 S.W. 13th Avenue
 Pompano Beach, FL 33069

FIELD DENSITY TESTS OF COMPACTED SOILS

DATE: 6/28/07 ORDER NO: 07-2971 PERMIT NO. _____

CLIENT: The Pool People, Inc.

ADDRESS: 2150 S.W. 10th Street Deerfield Beach, Florida 33442

PROJECT: Proposed Pool Deck Van Vonno Residence

ADDRESS: 15 Ridgeview Road South Sewalls Point, Florida 34996

MATERIAL DESCRIPTION: Light Brown Sand

LOCATION: 1' N. of the N. End of Pool Lift 2

LOCATION: 1' N. of the N. End of Pool Lift 1

LOCATION: 1' E. of the E. End of Pool Lift 2

LOCATION: 1' E. of the E. End of Pool Lift 1

LOCATION: 1' S. of the S. End of Pool Lift 2

LOCATION: 1' S. of the S. End of Pool Lift 1

FIELD DENSITY METHOD A.S.T.M. D-2922

DRY DENSITY P.C.F. IN THE FIELD	105.9	104.6	105.1	107.0	106.3	106.7
% MOISTURE	7.3	7.0	6.8	6.9	6.5	7.4
% COMPACTION IN THE FIELD	98.6	97.4	97.9	99.6	99.0	99.3
% COMPACTION REQUIREMENT BY SPECS	95%					
PROCTOR VALUE, P.C.F.	107.4					
OPTIMUM MOISTURE, %	11.8					
LABORATORY NO.	P-2971					
DEPTH IN INCHES	6"					

PROCTOR A.S.T.M. D-1557 METHOD

REMARKS: _____

TESTED BY: S.A.

CHECKED BY: H.J.

As a mutual protection to clients, the public and ourselves, all reports are submitted as the confidential property of clients, and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved pending our written approval.



Respectfully submitted,

Allen Witt 7/2/07

ALLEN WITT, P.E.
 FLORIDA ENGINEERING & TESTING, INC.
 FLORIDA REG. NO 39681

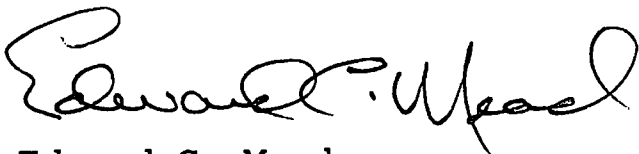
*A density test determines the degree of compaction of the tested layer of material. In no way shall a density test replace a soil bearing capacity determination.

THE
Pool
People

To Whom It May Concern:

Attached is a sample specification of an approved exit alarm that is in compliance with UL 2017 as per the requirements of the Florida Building Code section 424.2.17.1.9. Depending on market availability at the time, this alarm will be installed in on all door and windows where required under section 424.2.17"barrier requirements" of The Florida Building Code. Should this particular alarm be unavailable at time of installation, an alternative UL 2017 compliant exit alarm shall be installed in accordance with the requirements of The Florida Building Code section 424.2.17.1.9.

Sincerely,



Edward C. Mead
President
CPC021410

Providing Quality Products and Customer Satisfaction

CPC#021410~2150 S.W. 10th Street, Deerfield Beach, Florida 33442-7624~(954) 428-3300~Fax: (954) 428-3498
www.thepoolpeople.com

INTRODUCTION

Congratulations on your purchase of the Techko Safe Pool Model S088 safety alarm. The Safe Pool can be used to provide a high volume alarm alert when children have entered a potentially dangerous pool or spa area. The S088 can be used outside on the wood or metal gates or inside doorways leading directly to potentially dangerous areas.

FEATURES

Easy installation for gate or door protection
120V/60Hz AC adaptor operation (included)
High output 110 dB alarm siren
One button pass / reset operation

IMPORTANT SAFETY TIPS

Alarm siren is very loud, never place the unit close to ears. Install the unit high enough to be out of the reach of children. When testing the unit, the magnets must be positioned within 1 inch of each other before plugging in the adaptor. If the magnets become more than 1 inch from each other the alarm will sound.

Keep this manual for future reference

The Safety Pool can provide valuable protection when utilized correctly. However, it cannot guarantee complete protection against accident or injury. Therefore, Techko cannot be held responsible for any loss, damage or injury which could occur.

INSTALLATION

NOTE: Read all installation and operation instructions thoroughly before proceeding with installation.

Mounting:

IMPORTANT: The alarm should be positioned close to the door at approximately eye level, or high enough to be out of the reach of children. Note: As each mounting application varies, Techko suggests testing the unit before permanently mounting the S088.

REMOVING THE SCREWS AND TAPE FROM THE SENSOR HOUSINGS

The screws and double sided tape are located inside the sensor housings. Turn spacer housing over, with a small flat head

screw driver, gently pry recessed base of sensor housing up and remove.

INSIDE ON DOORS

Mounting the alarm unit using the provided adhesive pads:

Make sure the mounting surfaces for the double-sided tape are completely clean. Attach the pads to the rear of the unit, and then press on to the mounting surface.

Mounting the alarm unit using the provided screws:

Using the provided mounting template in this manual, mark the position of the screw holes. Install the screws with approximately 1/8 inch of tread left showing. Slide the unit over the screws and down as shown in Fig. 1. You may need to adjust the screws in or out slightly to provide a secure fit.

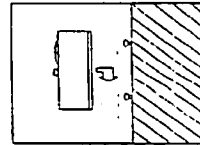


Fig. 1

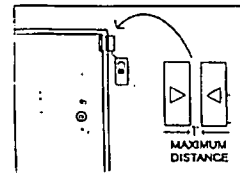


Fig 2

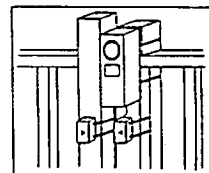


Fig 3

Mounting the sensors:

When installed properly, the arrows on each sensor will be pointing towards each other. Using the double sided tape or the screws provided, mount the sensor with the wire connection from the alarm unit to the door frame so that it will be less than 1 inch from the mounted sensor as shown in Fig. 2.

OUTSIDE ON WOODEN GATES

Using the provided mounting template in this manual, mark the position of the screw hole. Install the screws with approximately 1/8 inch of tread left showing. Slide the unit over the screws and down as shown in Fig. 1. You may need to adjust the screws in or out slightly to provide a secure fit.

Mounting the sensors:

Using the screws provided, mount the sensor with the wire connection from the alarm unit to the gate frame so that it will be less than 1 inch from the gate mounted sensor as shown in Fig. 2.

OUTSIDE ON METAL GATES

Using the provided plastic ties, attach the alarm body to the metal gate frame. (Fig. 3)

Mounting the sensors:

Break off the tabs on the side of each sensor (Fig. 5). Place the sensors into the sensor housing, making sure that the arrows on the sensor and the sensor housing are pointed in the same direction. Snap the sensor spacers into the sensor housing with the tape towards the outside. Using the provided plastic ties, attach the sensor with the wire connection to the gate frame so that it will be less than 1 inch from the gate mounted sensor. (Fig. 3)

ADAPTOR OPERATION:

1. Mount unit at the desired location according to instructions.
2. Place magnets together, no more than 1 inch apart, ensuring that the magnets are aligned properly.
3. If the sensor housings are used, attach with 12 inch plastic ties provided.
4. Plug the AC adaptor into the power outlet and attach to the outlet with the outlet plate screw. (Fig. 4).

The unit is now "ON", and in the working mode. To test the alarm siren, separate the sensors more than 1 inch. And then place together again. The alarm will sound after approximately 5 seconds. Press the "Pass / Reset" button to stop the alarm.

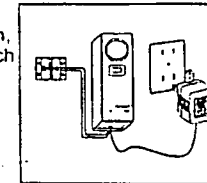


Fig 4

IMPORTANT:

When attaching the sensors to metal gates, you must place the included spacers between the sensors and the metal surface to maintain the sensitivity of the sensor.

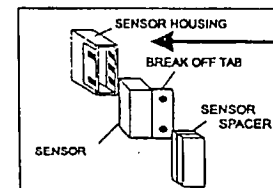


Fig 5

Tape & Screws Located Inside Sensor Housing

TEMPLATE
MODEL S088



SCREW HOLE

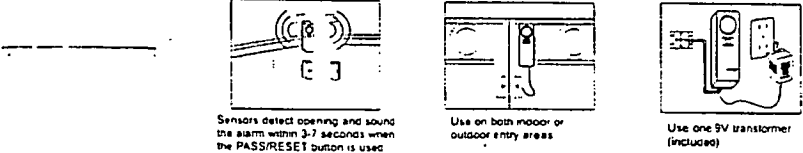


SCREW HOLE

Safe pool™ MODEL S088



PROVIDES ALARM PROTECTION TO OUTDOOR GATES OR HOME DOORS LEADING TO POTENTIALLY DANGEROUS POOL AND SPA AREAS. THE SAFE POOL FEATURES WEATHER RESISTANT CONSTRUCTION AND MOUNTS TO BOTH WOOD OR METAL DOORS/GATES. WHEN CHILDREN OPEN THE PROTECTED DOOR OR GATE MORE THAN ONE INCH, THE UNIT WILL SOUND IT'S BUILT-IN 110 DB HIGH OUTPUT ALARM. THE PASS/RESET BUTTON ALLOWS ENTRY OR EXIT FOR ADULTS WITHOUT SOUNDING ALARM, THE UNIT WILL THEN RESET AUTOMATICALLY TO RESUME PROTECTION.



Sensors detect opening and sound the alarm within 3-7 seconds when the PASS/RESET button is used

Use on both indoor or outdoor entry areas

Use one 9V transformer (included)



COMPLIES WITH UL 2017

- FEATURES**
- High output 110 DB alarm siren
 - 9V 100mA AC adaptor operation
 - Includes mounting hardware for both wood or metal doors/gates
 - Weather and water resistant construction
 - Pass/Reset button provides convenient adult pass-through operation
 - 3 Year warranty

SCREWS & TAPE LOCATED INSIDE SENSOR HOUSING

CAUTION
 THE SAFE POOL ALARM IS EXTREMELY LOUD. FOR YOUR SAFETY NEVER PLACE THE UNIT CLOSE TO YOUR EARS. TO TEST THE ALARM, DIRECT THE UNIT AWAY FROM YOU AT ARM'S LENGTH AND ACTIVATE.

ALL RIGHTS RESERVED

THIS PRODUCT IS PROTECTED UNDER FEDERAL PATENT, TRADEMARK AND COPYRIGHT LAWS AND LAWS PREVENTING UNFAIR COMPETITION. NO DUPLICATION OR SIMULATION OF THIS PRODUCT IS PERMITTED EXCEPT BY WRITTEN AUTHORIZATION OF TELKO, INC.

AND THE CONFIGURATION OF THIS PRODUCT ARE TRADEMARKS OF TELKO INC.

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TECHKO®
 TELKO INC.
 LAGUNA HILLS, CA
 6-387-501-04
 MADE IN CHINA

TECHKO
SAFETY & SECURITY
Safe Pool™
PATENT PENDING Model S088



COMPLIES WITH
UL 2017

Sounds high output 110dB
alert when children enter
through protected door
or gate

Pass/Reset button provides
convenient adult only pass
through control

Weather/water resistant
construction allows use
on exterior gates or
house doors

9 volt transformer
included

3 YEAR WARRANTY

TECHKO®

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri, 6-22, 2009 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8191	Sharfi	nail	PASS	
6	73 N Sewalls Pt			
	S+B Marine			INSPECTOR: <i>AM</i>
8441	Dressler	stairs	PASS	
1	12 Island Rd			
	Harbor Course			INSPECTOR: <i>AM</i>
8533	West	latch	PASS	
5	7 Palmetto Dr			
	OB			INSPECTOR: <i>AM</i>
8436	Tooman	Plumbing ^{gown} rough	PASS	
2	37 W High Pt			
	Roy Kramer			INSPECTOR: <i>AM</i>
8594	Town of SP	Final	PASS	CLOSE
X	15 Sewalls Pt	JOHN ADAMS		
	Gene Conway			INSPECTOR: <i>AM</i>
8621	Knudson	Final	PASS	CLOSE
3	13 S Via Lucinda			
	Boles by Greg			INSPECTOR: <i>AM</i>
8486	Vann Vann	mandrain	PASS	
4	15 th Ridgview Rd	bond steel		
	Pool People			INSPECTOR: <i>AM</i>
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri TUES. 7/3/07, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8486	Von Vonno 15 S. RIDGEVIEW POOL PEOPLE	POOL COMBINE	Pass	INSPECTOR: <i>[Signature]</i>
8623	Hicks 1 Emante Way Hicks	Final-electric for FPL reconnect	Pass	CONTACT FPL CLOSE INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS: INSPECTOR:

OTHER: _____



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 15 S. RIDGEVIEW

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

POOL EQUIP. SLAB

EQUIP. PAD CAN NOT BE
IN SET BACK

REUSE EXIST PAD & EXTEND
IF NECESSARY-

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

DATE: 7/11


INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-11, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8638	McKinley 48 Rio Vista Monterey Glass	window ^{BUCK}	FAIL	INSPECTOR: <i>OM</i>
7748	Steck 32 Fieldway Dr Advantage AC	Final	PASS	CLOSE INSPECTOR: <i>OM</i>
8642	Van Pooch 8 Dragon Isl. Ct OB	Plumbing	PASS	SOLDERED PIPES UNDER SLAB - O.K. INSPECTOR: <i>OM</i>
8144	Lingamfelter	Final dock		NO WORK DONE
1	17 Maria Doyle OB	DO you want copy of permit? Renew permit		INSPECTOR: <i>OM</i>
8486	Van Veen 15 Skidgrew	Pool equipment pad Investigate?	FAIL	NEW PAD IS IN SET BACK INSPECTOR: <i>OM</i>
8440	Tidikis 12 Cranes Nest AG Pool	Final	FAIL	INSPECTOR: <i>OM</i>
7113	DeBerard 37 N River Rd Blue Water Marine	Final-dock repair		NO WORK DONE ABANDONED INSPECTOR: <i>OM</i>
OTHER				

118 N 57th E
DENNIS / ARANS
HOUSE

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-16, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5618	Beattie 4 Admirals Walk Gulfstream Alum	Final	PASS	CLOSE INSPECTOR: <i>AM</i>
5619	Schramm 1095 Sewall Pt Gulfstream Alum	Final	PASS	CLOSE INSPECTOR: <i>AM</i>
5632	Gibson 1345 River Rd Gulfstream Alum	Final	FAIL	#40 FEE INSPECTOR: <i>AM</i>
8430	Non-Permit	Made Correction	PASS	
4	15 S Ridgeway Pool People	on equip. PAD		INSPECTOR: <i>AM</i>
8472	Kremsler 23 Ridgeland Dr L&S Plastering	Final et stucco see me for Permit	PASS	CLOSE INSPECTOR: <i>AM</i>
7344	Cabrera	Fill	PASS	CLOSE
8170	3 Melody Ln	Fence	PASS	CLOSE
8171	O/B	Shed	PASS	INSPECTOR: <i>AM</i>
				INSPECTOR:

OTHER:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-23, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8473 4	Kremser 23 Ridgeland Dr Driftwood	Final		RESCHEDULE FOR WED 7/25 INSPECTOR: <i>[Signature]</i>
Tree 5	DeMarkanan 19 Castle Hill Way OIB	Tree	PASS	INSPECTOR: <i>[Signature]</i>
8464 LAST 6	Murphy 14 Knowles JA Taylor	dying	PASS	INSPECTOR: <i>[Signature]</i>
Tree	Terra Group 120 N Sewall Pt OIB	Tree Letter already sent		INSPECTOR:
8486 2	Van Vanno 155 Ridgenwood Pool People	deck	PASS	INSPECTOR: <i>[Signature]</i>
8589 3	Hardin 275 River Rd Stratton	Roofing Reinspect 2pm	KATE PASS	INSPECTOR: <i>[Signature]</i>
Tree 1	Goodman 6 Oakwood Dr OIB	Tree	PASS	INSPECTOR: <i>[Signature]</i>

OTHER:



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 15 S. RIDGEVIEW

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

POOL FINAL

REMOVE EXCESS CONSTRUCTION
RELATE MATERIAL,

ABANDONED GAS LINE FOR OLD
POOL HEATER MUST BE
PROTECTED FROM DAMAGE,

NEED EROSION CONTROL @
POOL DECK EDGES -

REGRADE WEST SIDE OF HOUSE
TO CREATE DRAINAGE AWAY
FROM FOUNDATION (THIS IS FULL

You are hereby notified that no work shall be concealed upon these premises, until the above violations are corrected. When corrections have been made, call for an inspection. MISSING TRIM PIECES
AT POOL PUMP RETURN PIPING

DATE: 9/26

INSPECTOR [Signature]

DO NOT REMOVE THIS TAG

954-428-3498

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 12-17, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8486	Non-Owner	Final	PASS	CLOSE
3	15 S Ridgview Pool People			INSPECTOR: <i>[Signature]</i>
8755	Durante	tie beam	PASS	
1st	48 S Sewalls OB	Columns		INSPECTOR: <i>[Signature]</i>
7801	Cummings	insulation	PASS	
4	83 S River Rd Elias Mgmt	1st fl.		INSPECTOR: <i>[Signature]</i>
8748	McGovern	SCAB REINSPECT.	PASS	STILL NEEDED
2	2 TUSCAN DRAFTWOOD			Comp. TEST. INSPECTOR: <i>[Signature]</i>
8765	KURLANDER	FENCE	PASS	RECEIVED CLOSE
	176 S. RIVER STUART FENCE			REVISED FENCE PERMITS INSPECTOR: <i>[Signature]</i>
8750	HB Assoc of TC	Final	PASS	CLOSE
John	3724-26 SE Ocean RUM			INSPECTOR: <i>[Signature]</i>
8769	Behringer	Final	PASS	CLOSE
11:30	B. Indialucie Handyman Matters			INSPECTOR: <i>[Signature]</i>
OTHER:				
8654	Bryner 19 Riverview Parks	Shrapping Reinspect	PASS	

107 N. S.P.A.
75 N. S.P.A.

SIGN VIOLATION

8688

FENCE



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:	8688	DATE ISSUED:	AUGUST 16, 2007
SCOPE OF WORK:	FENCE		
CONDITIONS:			
CONTRACTOR:	STUART FENCE		
PARCEL CONTROL NUMBER:	13841006005000808	SUBDIVISION	HOMEWOOD, LOT8, BL E
CONSTRUCTION ADDRESS:	15 S RIDGEVIEW RD		
OWNER NAME:	VAN VONNO		
QUALIFIER:	CHESTER RICHMOND	CONTACT PHONE NUMBER:	772-288-1151

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

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

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

RECEIVED
DATE: 8-9-07
TOWN OF SEWALL'S POINT

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____
OWNER/TITLEHOLDER NAME: Fred Van Vanno Phone (Day) _____ (Fax) _____

Job Site Address: 15 Ridgeview Road - S - City: Sewalls Pt State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Homewood, Lots B1K E Parcel Number: 01-38-41-006-005-00080-8

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

Scope of work: Fence Install 4' Black Chain Link with 1 gate & 21' of 6' HIGH ALUM

WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application)
YES _____ NO

COST AND VALUES:

Estimated Value of Construction or Improvements: \$ 1790
(Notice of Commencement required over \$2500)

Has a Zoning Variance ever been granted on this property?

Estimated Fair Market Value prior to improvement: \$ _____
(FOR ADDITIONS AND REMODEL APPLICATIONS ONLY)

YES _____ (YEAR) _____ NO

Method of Determining Fair Market Value: _____

(Must include a copy of all variance approvals with application)

CONTRACTOR/Company: Stuart Fence Company Phone: 288-1151 Fax: 288-3035

Street: PO Box 2636 City: Stuart State: FL Zip: 34995

State Registration Number: _____ State Certification Number: _____ Municipality License Number: CFE3584

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

AREA SQUARE FOOTAGE (SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2004 (w/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Code 2004

NOTICES TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.

THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF: FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER OR AUTHORIZED AGENT SIGNATURE (required)

Fred Van Vanno

State of Florida, County of: Martin

This the 3rd day of August, 2007

by Fred Van Vanno who is personally

known to me or produced Kimberly J. Biancardi

as identification. VS15-259-50167-0

Notary Public

My Commission Expires: _____

Seal

CONTRACTOR SIGNATURE (required)

Chester Richmond

State of Florida, County of: Martin

This the 8 day of Aug, 2007

by Chester Richmond who is personally

known to me or produced _____

as identification. _____

Kimberly J. Biancardi
COMMISSION # DD576134
EXPIRES: MAY 20, 2011
www.dhs.state.fl.us



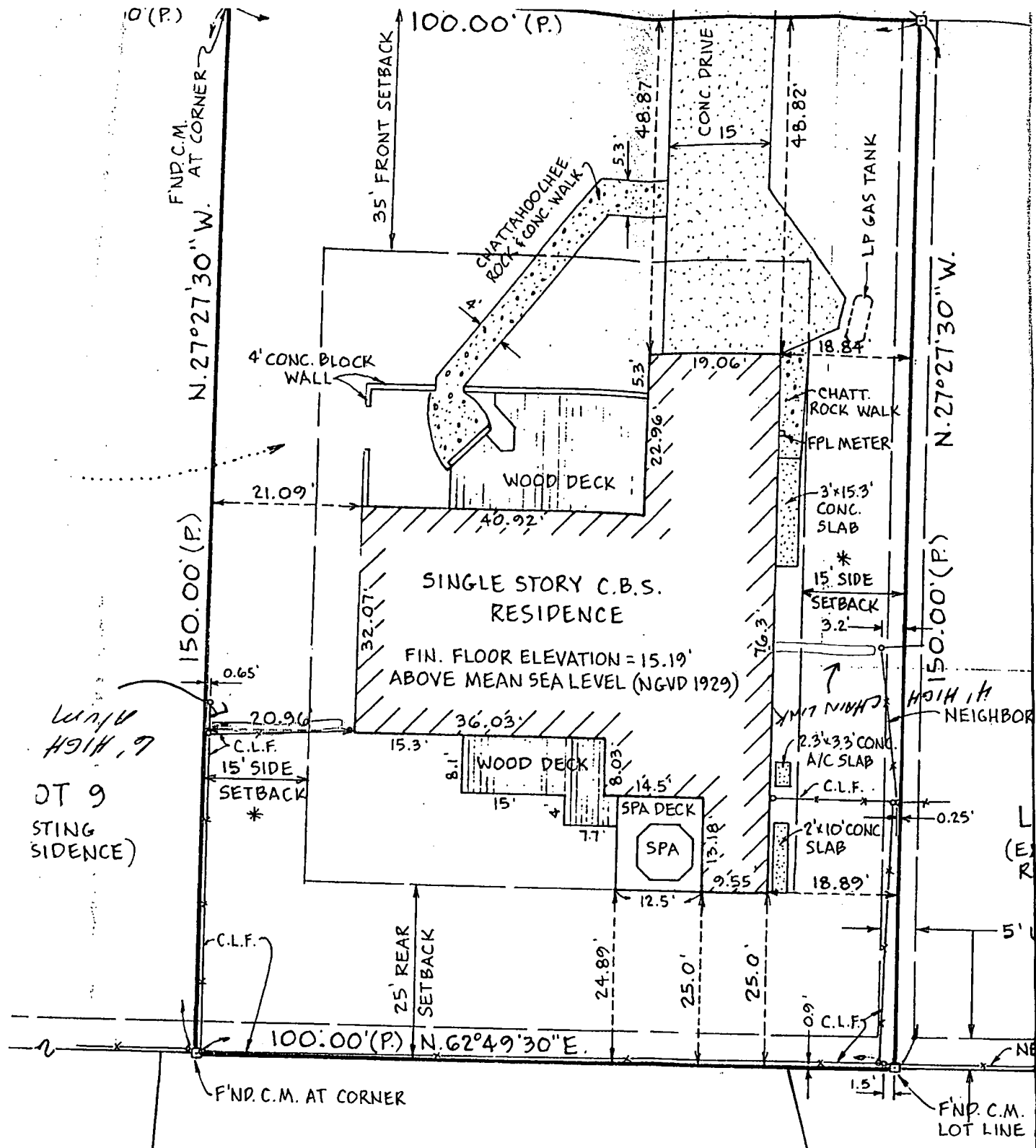
STATE OF FLORIDA

Notary Public

Janis J. Loudin
Commission # DD538831

Expires: MAY 21, 2010

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



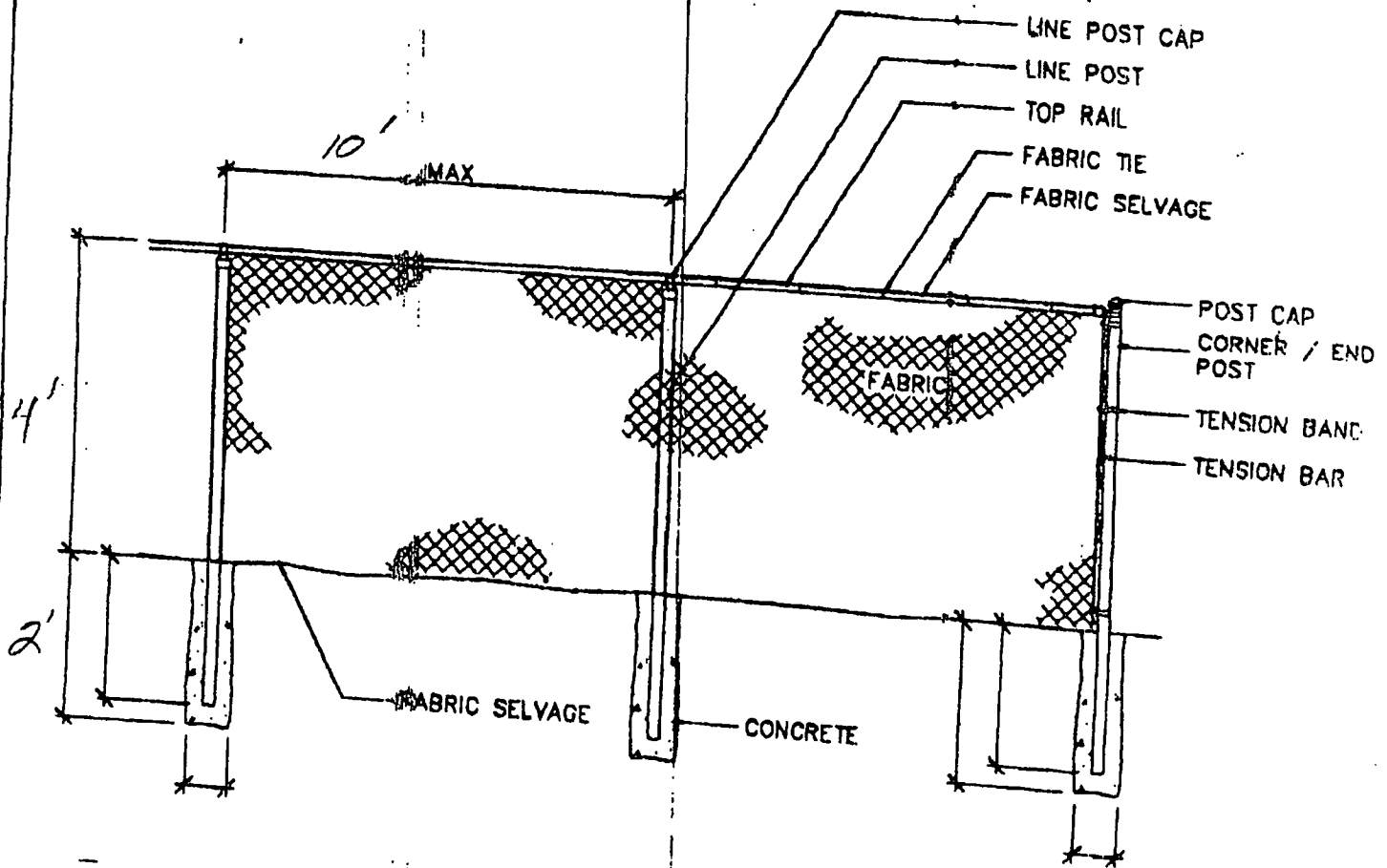
WITH HIGH
 HIGH 9
 (STING
 SIDENCE)

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 8/16/07
 BUILDING OFFICIAL

T 70

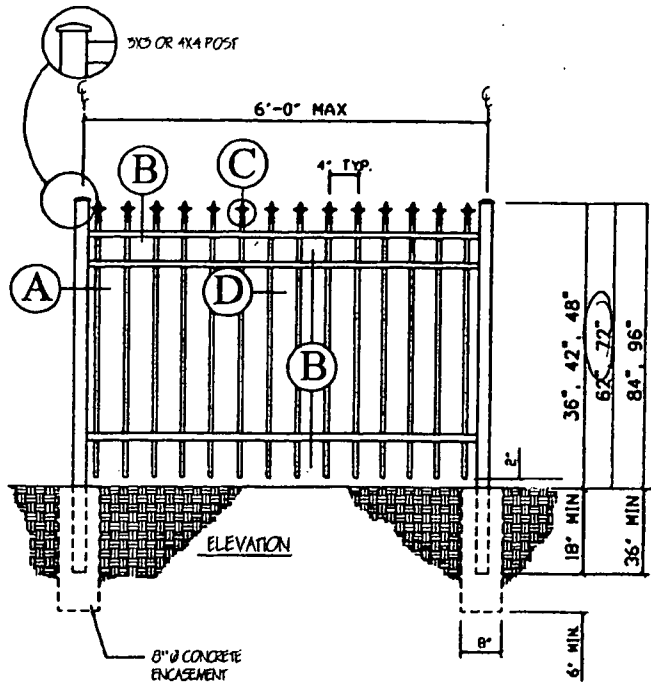
RIO

LOT



CHAIN LINK FENCING DETAIL
 GREEN VINYL

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY



FENCE SECTION (MODEL F)

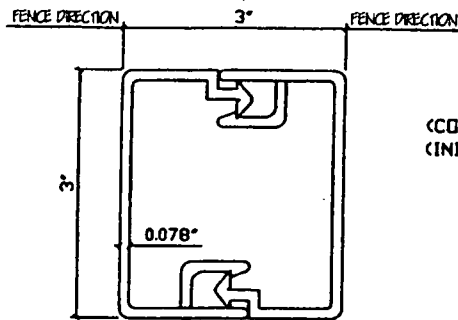
COMM/ INDUSTRIAL

N.T.S.

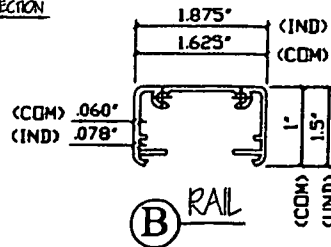
GENERAL NOTES

1. ALL FENCE COMPONENTS SHALL BE MANUFACTURED BY APG MERIDIAN INC., POMPANO BEACH, FL 33069 OR APPROVED VENDORS. INSTALLATION SHALL BE IN STRICT ACCORDANCE WITH MANUFACTURER'S PLANS AND SPECIFICATIONS.
2. OVERALL DIMENSIONS SHOWN ARE MANUFACTURER'S STANDARD PRODUCTION SIZES.
3. SWEDGELock FENCES MEET OR EXCEED ALL APPLICABLE REQUIREMENTS OF THE 2001 FLORIDA BUILDING CODE, AND THE STANDARD BUILDING CODE LATEST EDITIONS.

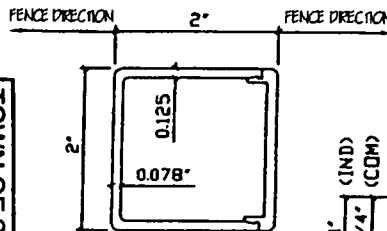
TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



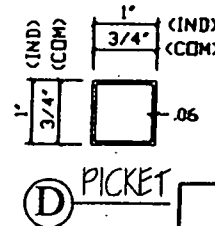
(A) POST
3" - 4"



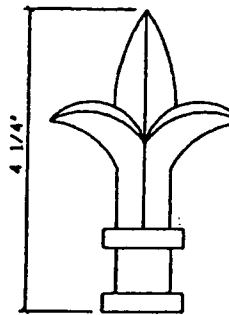
(B) RAIL



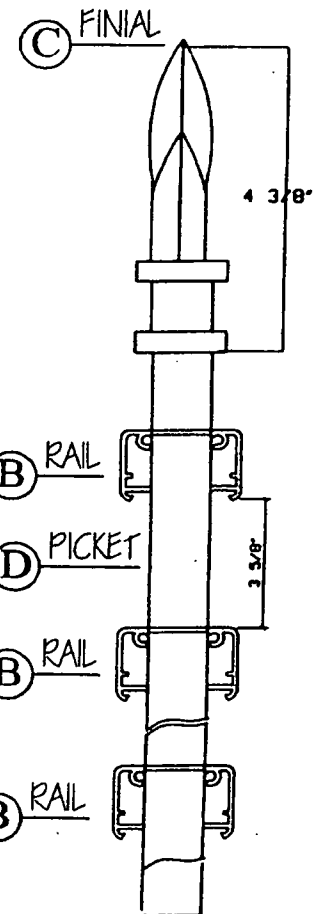
(A) POST



(D) PICKET



(C) FINIAL



APG Meridian Inc
Mfg: Swedge Lock Fence & Railing
Patented Fence & Railing

Aug. 9. 2007 3:10PM RC:A

No. 9335 DATE 08/09/2006

CERTIFICATE OF LIABILITY INSURANCE

PRODUCER (772)334-3181 FAX (772)334-7742
Rick Carroll Insurance Agency
 2160 N.E. Dixie Highway
 P.O. Box 877
 Jensen Beach, FL 34958-0877

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

INSURED Stuart Fence Company Inc.
 PO Box 2636
 Stuart, FL 34995

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Hanover Insurance Co.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L TRS INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	LHJ8398159-00	08/18/2006	08/18/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPPOS AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU- TOBY LIMITS OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$	

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

CERTIFICATE HOLDER
 Town of Sewalls Point
 1 S. Sewalls Point Road
 Sewalls Point, FL 34996

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER UNDERTAKES TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LI BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
 Keith Carroll/BLR *Keith Carroll*

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/09/2006

ISSUER (772) 334-3181 FAX (772) 334-7742
 Rick Carroll Insurance Agency
 2160 N.E. Dixie Highway
 P.O. Box 877
 Jensen Beach, FL 34958-0877

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

INSURED Stuart Fence Company Inc.
 PO Box 2636
 Stuart, FL 34995

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Hanover Insurance Co.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	LHJ8398159-00	08/08/2006	08/08/2007	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below WC STATU-TORY LIMITS \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - FA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

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


THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY

CERTIFICATE HOLDER

Town of Sewalls Point
 1 S. Sewalls Point Road
 Sewalls Point, FL 34996

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Keith Carroll/PJR 

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		Date 1/30/2007
Producer: Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone: 727-938-5562 Fax: 727-937-2139	This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.	
Insured: South East Personnel Leasing, Inc. 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone: (727)938-5562	Insurers Affording Coverage	NAIC #
	Insurer A: Lion Insurance Company	11075
	Insurer B:	
	Insurer C:	
	Insurer D:	
Insurer E:		

Coverages
 The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

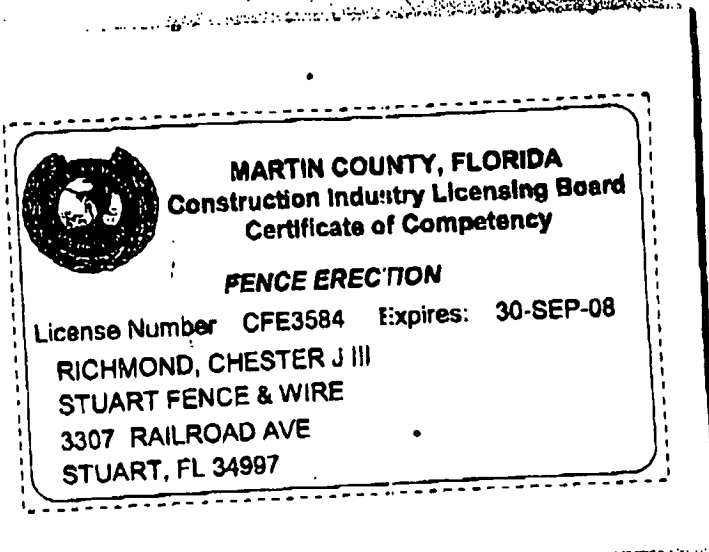
INSR LTR	ADCL NSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$																
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Leased Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit EA Accident \$ Body Injury Per Person \$ Body Injury Per Accident \$ Property Damage Per Accident \$																
		GARAGE LIABILITY <input type="checkbox"/> Any Auto				Auto Own - Ea Accident \$ Other Than EA Acc \$ Auto Own AGG \$																
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence Aggregate																
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2007	01/01/2008	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;">WC Statutory Limits</td> <td style="text-align: center;">OTH-ER</td> <td></td> </tr> <tr> <td colspan="2">E.L. Each Accident</td> <td></td> <td style="text-align: right;">\$1000000</td> </tr> <tr> <td colspan="2">E.L. Disease - Ea Employee</td> <td></td> <td style="text-align: right;">\$1000000</td> </tr> <tr> <td colspan="2">E.L. Disease - Policy Limits</td> <td></td> <td style="text-align: right;">\$1000000</td> </tr> </table>	X	WC Statutory Limits	OTH-ER		E.L. Each Accident			\$1000000	E.L. Disease - Ea Employee			\$1000000	E.L. Disease - Policy Limits			\$1000000
X	WC Statutory Limits	OTH-ER																				
E.L. Each Accident			\$1000000																			
E.L. Disease - Ea Employee			\$1000000																			
E.L. Disease - Policy Limits			\$1000000																			

Other 3465485
 Stuart Fence Company, Inc. COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED. NOT TO SUBCONTRACTORS.

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsements/Special Provisions ADD ON DATE: 5/10/2004
 COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Stuart Fence Company, Inc. * FAX: 772-288-3035 & 772-220-4785 / ISSUE 01-30-07 (NM)

Lion Insurance Company is A.M. Best Company rated A- (Excellent). A.M.B # 12616

CERTIFICATE HOLDER TOWN OF SEWALLS POINT 1 S SEWALLS POINT RD SEWALLS POINT FL 34988	CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.
--	--



**2006-2007 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P. O. Box 9013, Stuart, FL 34995
(772) 288-1604

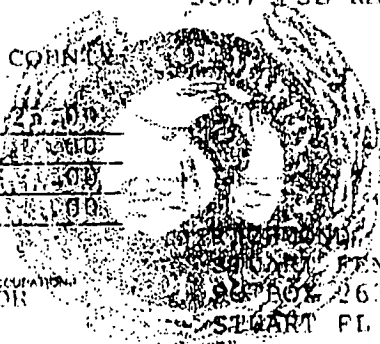
LICENSE NO. 2004-518-0003 CERT CFE3584
PHONE (772) 288-1151 SIC NO 235990

LOCATION:
3307 SE RAILROAD AVE STU

RECEIPT of PAYMENT
LARRY C. O'STEEN
99 08/16/2006 NORMA
20040005180000
002 2006 0011582
STUART FENCE COMPAN

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	.00	L. FEE \$	25.00
\$	.00	P. NALTY \$	25.00
\$	.00	C. L. FEE \$	25.00
\$	.00	T. ANSFER \$	25.00
TOTAL			100.00



IS HEREBY LICENSED TO ENGAGE IN THE MAIN BUSINESS OF PROFESSION OR OCCUPATION
OF **FENCE ERECTION CONTRACTOR**

CHESTER - QUALIFIER
STUART FENCE COMPANY INC
P.O. BOX 2636
STUART FL 34995

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE
16 DAY OF AUGUST 06
AND ENDING SEPTEMBER 30, 2007

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-12, 2007

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8711	Poch	Reinspect trades	PASS	
5	145 Sewalls Custom Crafts			INSPECTOR: <i>QW</i>
8266		FLOWER	FAIL	
4	3 TUSCAN MASTERPIECE	RELEASE, METER FINAL		INSPECTOR: <i>QW</i>
8535	STARK	PERMUN	PASS	AM REQUEST
1	87 S RIVER	STAIRS SPEEL		INSPECTOR: <i>QW</i>
8888	VAN VONNO		PASS	CLOSE
3	15 S. RIDGEVIEW	ROUGH FINAL		INSPECTOR: <i>QW</i>
7373	VITALE		PASS	PAID RENEWAL FEE
6	13 KNOWLES RD GULICK & McPHERSON	FINAL	FRANK 486-6182	INSPECTOR: <i>QW</i>
8708	Masterpiece Sys. 5 MANDALAY SCHILLAR POOLS	ROUGH STEEL LIGHT NICHE	PASS	CONTRACTOR WILL DROP OFF PHOTO'S OF STEEL WHICH HAD FAILED. INSPECTOR: <i>QW</i>
8589	Harden	GUEST PLG.	PASS	
5A	27 S. RIVER STRATICON	ROUGH		INSPECTOR: <i>QW</i>
OTHER:		POOL FINAL	PASS	CLOSE
7971	BUSSEY PALMISTO OLYMPIC POOL.			<i>QW</i>

8:15

9202

A/C CHANGEOUT



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9202	DATE ISSUED:	07/13/2009
SCOPE OF WORK:	A/C CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	ADVANTAGE A/C		
PARCEL CONTROL NUMBER:	013841006005000808	SUBDIVISION	HOMWOOD - Lot 8 BDE
CONSTRUCTION ADDRESS:	15 RIDGEVIEW RD. <i>South</i>		
OWNER NAME:	VAN VONNO		
QUALIFIER:	SAM DURHAM	CONTACT PHONE NUMBER:	772-465-1606

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM INSPECTIONS 8:30AM TO 12:00PM - MONDAY, WEDNESDAY & FRIDAY**

REQUIRED INSPECTIONS

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

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

Town of Sewall's Point

Date: 07/09/09 BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: Frederik Van Vonno Phone (Day) 561-601-9209 (Fax) _____

Job Site Address: 15 Ridgeway Road - S City: Stuart State: FL Zip: 34994

Legal Description: Homewood Lot & BIKE or Parcel Control Number: 01-38-41-006-005-0080-8

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

Scope of work (please be specific): Install 5 Ton A/C System - like for like

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 6500.00 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 _____ AE9 _____ AE8 [X] FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ _____ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Advantage Air Conditioning Phone: 772-465-1606 Fax: 772-465-4945

Street: 601 S. Market Avenue City: Fort Pierce State: FL Zip: 34982

State License Number: CACO39664 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: Samuel T. Durham Phone Number: 772-465-1606

DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____

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

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

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

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2007 National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007

NOTICES TO OWNERS AND CONTRACTORS:

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

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

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AND INSTALLATIONS AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS. Expires 01/21/2010

OWNER SIGNATURE: (required) OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED) [Signature] State of Florida, County of: St. Lucie This the 10th day of July, 2009 by Frederik Van Vonno who is personally known to me or produced as identification.

CONTRACTOR SIGNATURE: (required) [Signature] On State of Florida, County of: St. Lucie This the 10th day of July, 2009 by Samuel T. Durham who is personally known to me or produced as identification.

Notary Public My Commission Expires: Anna E. Cabral

Notary Public My Commission Expires: Anna E. Cabral

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



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

Site Provided by...
governmentmax.com T1.12

Summary

print Owner 129 of 256

Parcel Info

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
01-38-41-006-005-00080-8	15 RIDGEVIEW RD	17676	Owner	0	1

Summary

Property Location 15 RIDGEVIEW RD
Tax District 2200 Sewall's Point
Account # 17676
Land Use 101 0100 Single Family
Neighborhood 120400
Acres 0.344

Legal Description
Property Information
 HOMEWOOD, LOT 8 BLK E OR 340/467

Search By

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

Owner Information
Owner Information
 VAN VONNO, FREDERIK W
 VAN VONNO, BELVILLE

Mail Information
 15 S RIDGEVIEW RD
 STUART FL 34996

Assessment Info
 Front Ft.

Market Land Value \$242,250
Market Impr Value \$175,000
Market Total Value \$417,250

Site Functions

- Property Search**
- Contact Us
- On-Line Help
- County Home
- Site Home
- County Login

Recent Sale
Sale Amount \$146,000

Sale Date 1/19/1993
Book/Page 0994 1315

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

Legal disclaimer / Privacy Statement

Data updated on 6/22/2009



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thu Fri 7-22 2009 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9000	CO2	all trades		
10AM	4 River Oak		Pass	
	SDH			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8823	Sebastian	plumbing	Pass	OWNER AAS
2PM	6 W High Pt	electric framing	Pass FAIL	LIST
	OB	AC	FAIL	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9114	Olney	insulation	Pass	PENDING LETTER
1:50	108 Henry Sewall			FROM ARCA RE ICBNO
	Park Co			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9202	Van Verno	AC	Pass	Pass
	15 S. Ridgeway Rd		Pass	INSPECTOR <i>[Signature]</i>
	Advantage AC			
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9181	Hardin	bond beam		
	27 Silver Rd	footer	Pass	
	Stratcon			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
8849	Hardin	Final Pool	Pass	
	275 River Rd	(fence)	Pass	
	OB		Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9124	Lingamfelter	Final	Pass	PER ENGINEERS
	H Mandalay	retaining wall	need letter from eng.	LETTER
	Linden Maine			INSPECTOR <i>[Signature]</i>

TOWN OF SEWALL'S POINT, FLORIDA

Date 3-21-07 ~~19~~ TREE REMOVAL PERMIT No 0589

APPLIED FOR BY Van Vonno (Contractor or Owner)

Owner ~~155 Reginald~~

Sub-division _____, Lot _____, Block _____

Kind of Trees Oak

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS Hurricane damaged

FEE \$ 0

Signed, _____ Applicant

Signed, Phil Wintercorn
Bldg Inspector ~~Town Clerk~~

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

TOWN OF SEWALL'S POINT

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for drawing or notes]

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

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

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Application procedures:

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

Owner Fred van Vanno Address 15 S. Ridgeview Rd Phone 341-2799
Contractor Monte's Tree Service Address _____ Phone _____

No. of Trees: REMOVE 1 Type: Oak

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

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

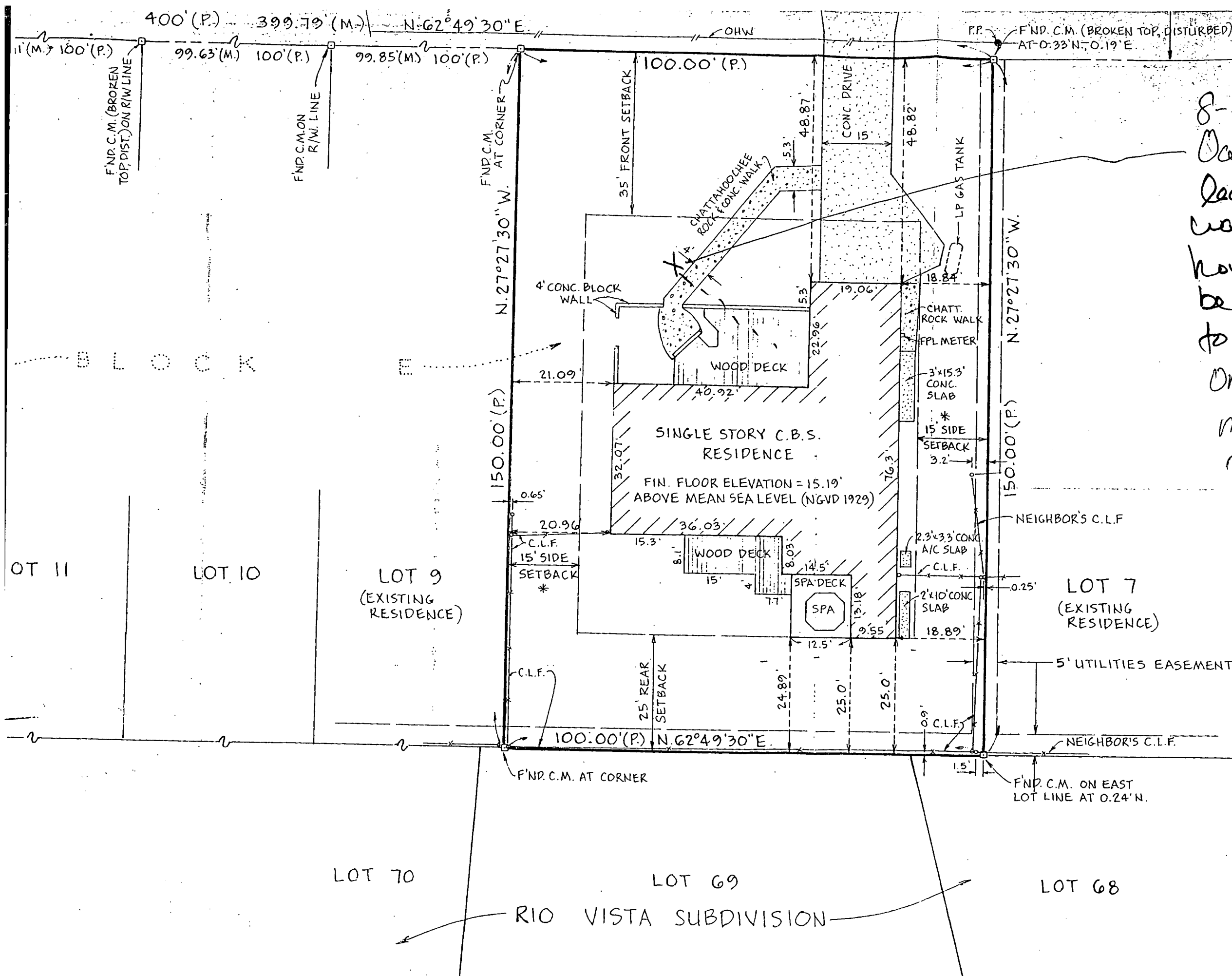
Written statement giving reasons Tree was blown over by Hurricane and hangs over front porch threatening house. Want to remove

Signature of Property Owner Fred van Vanno Date March 15, 2007

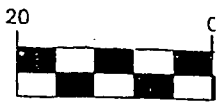
Approved by Building Inspector [Signature] Date 3/21 Fee: 0

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

prior to Hurricane season.



8-9" diameter, 30 foot high
 Oak tree is leaning over walkway towards house - needs to be removed prior to Hurricane season
 Orange tape marks the tree



DATE OF FIELD

PROPERTY DESCRIPTION:
 LOT 8, BLOCK E, AMENDED PLAT IN PLAT BOOK 3, PAGE 35, PUBLIC SUBJECT TO RESTRICTIONS, RECORD.

LEGEND:
 F'ND= FOUND CONC.= CON
 C.M.= 4"x4" CONC. MARKER (N.I.R.=5/8" IRON ROD WITH I.D.C
 P.P.=WOOD POWER POLE
 (M.) = MEASURED DATA
 (P.) = DATA FROM "AMENDED

SURVEYOR'S NOTES:
 SUBJECT PROPERTY LIES IN FL INSURANCE RATE MAP NO. 120
 PROPERTY ADDRESS: 15 S. RIDGE
 * PLAT OF HOMEWOOD WAS RECORDED 1974; 15' SIDE SETBACK APPLICABLE

SURVEYOR'S CERTIFICATE:
 I HEREBY CERTIFY THAT THE REPRESENTATION OF A SURVEY IS ACCURATE TO THE BEST OF MY APPARENT ABOVE GROUND INFORMATION STATED HEREON.

BY: ARTHUR SPEEDY, FLORIDA

THE PROPERTY DESCRIPTION SAID LANDS HAVE NOT BEEN AND/OR EASEMENTS OF RECORD WITHOUT THE SIGNATURE OF A LICENSED SURVEYOR

TOWN OF SEWALL'S POINT, FLORIDA

Date 5/30/06 ¹⁹ TREE REMOVAL PERMIT No 2688

APPLIED FOR BY Van Vonno (Contractor or Owner)

Owner 15 S. Ridgeview Rd

Sub-division Montes Tree, Lot _____, Block _____

Kind of Trees Eptos

No. Of Trees: REMOVE 2

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____
FEE \$ 0

Signed, _____ Applicant Signed, Phil Wintercorn Town Clerk
Blag

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for notes or drawings]

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

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

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, 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 single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Fred van Vonno Address 15 S. Ridgeview Rd Phone 287-4444 (cell)
221-8641 (home)

Contractor Monte's T Address _____ Phone _____

No. of Trees: REMOVE 2 Type: Exotics: China berry & Silk oak?

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

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

Written statement giving reasons: Exotics need to be removed prior to
to hurricane season. Both are threatening dwelling

Signature of Property Owner Fred van Vonno Date May 26, 2006

Approved by Building Inspector: [Signature] Date 5/30 Fee: 0

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

TOWN OF SEWALL'S POINT, FLORIDA

Date 11-8-06 19 _____ TREE REMOVAL PERMIT No 395

APPLIED FOR BY Van Vonno (Contractor or Owner)

Owner ~~S. Livingston Co.~~

Sub-division _____, Lot _____, Block _____

Kind of Trees see attached

No. Of Trees: REMOVE 3-

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 15-

Signed, _____ Applicant Signed, Phil Wintercorn

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

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

PROJECT DESCRIPTION _____

REMARKS _____

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. 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.).

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Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary. ✓ *done*
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 Fred van Vanno Address 15 S. Ridgerview Rd Phone 221-8641

Contractor _____ Address _____ Phone 341-2799 Cell

No. of Trees: REMOVE 3 & misc. ground cover & smaller trees < 2" dia. Type: Lance wood (?) not sure of other 2

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

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

Written statement giving reasons: Need to clear area for Swimming pool

Signature of Property Owner Fred van Vanno Date 11/7/06

Approved by Building Inspector: [Signature] Date 11/8 Fee: \$15.00

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