

23 S Ridgeview Road

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. 397

Date 4-23-73

(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 J. CRAIG WARDELL Present Address RT 1 Box 1022 ^{Home 227-0474} ^{Office 287-2058} ^{SENSEN} Ph 283-0474

General Contractor C.F. SHAWVER CONSTRUCTION ~~CO. INC.~~ Address 285 N. FED. HWY. ^{BEACH} Ph 283-7977
STUART, FLA.

Where licensed _____ License No. _____

Plumbing Contractor DAVE'S PLUMBING License No. #30
Electrical Contractor EVANS ELECTRIC License No. #41

Street building will front on RIDGEVIEW RD.

Subdivision HOMEWOOD Lot No. 12 Area BLK E

Building area, inside walls (excluding garage, carport, porches) Sq ft 1980

Other Construction (Pools, additions, etc.) _____

Contract Price (excluding land, rugs, appliances, landscaping) \$ 30,000.⁰⁰

Total cost of permit \$ 175.00

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.

J. Craig Wardell
Signed by General Contractor

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

J. Craig Wardell
Signed by Owner

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

TOWN RECORD

Date submitted 4/23/73

Date approved 5/1/73

Certificate of Occupancy issued _____ Date

Application/Permit
No. MCC-466

DEPARTMENT OF POLLUTION CONTROL
Application and Permit
Of
Individual Sewage Disposal Facilities

Section I - Instructions:

1. Percolation test data, soil profile and watertable 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:

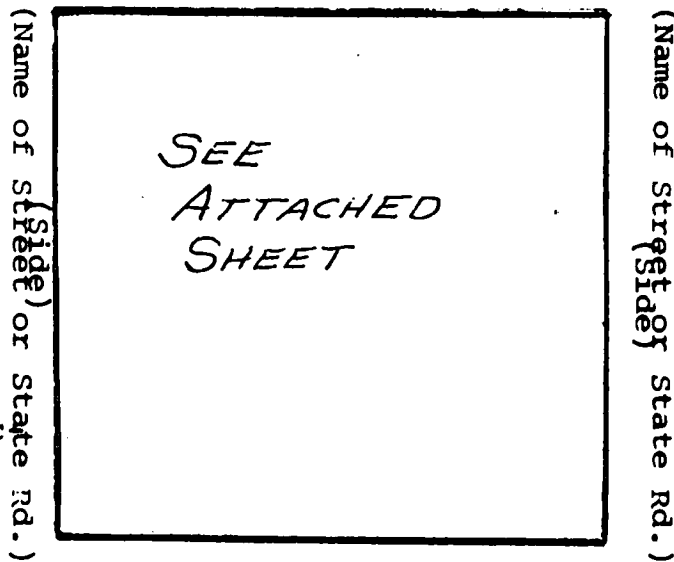
1. Not valid if sewer is available.
2. Individual well must be 75 feet from any part of system.
3. Call (305) 464-8525 and give this office an 8-hour notice when ready for inspection.

Section II - Information:

1. Property Address (Street & House No.) RIDGEVIEW ROAD
Lot 12 Block E Subdivision HOMWOOD (AMENDED)
Date Recorded 11 JAN 1956 Directions to Job OFF SEWALLS POINT
S ROAD.
2. Owner or Builder J. CRAIG WARDELL
P. O. Address RT 1 BOX 1022 City JENSEN BEACH, FLA.
3. Specifications

- 1050 Tank Gals 94 Drainfield
ft of 6" clay tile
or 5" perforated
plastic drain in a
3' trench or
1050 Gals 188 ft of 4" clay drain
or 4" perforated
plastic drain in an
18" trench
4. House to be constructed:
Check one: FHA
 VA X Conventional

Scale 1" - 50'
(Rear)



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.

Applicant: J. CRAIG WARDELL
Please Print

Signature: J. Craig Wardell / K. Larson Date: 4-16-73
(Name of Street or State Road)

***** 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 10D-6, DPC rules and construction is hereby approved, subject to the above specifications and conditions.

BY: Eric S. Murgas Date: 4/18/73

Section IV - Final Construction Approval

Construction of installation approved: Yes No.

Date: _____ By: _____

FHA No. _____ VA No. _____

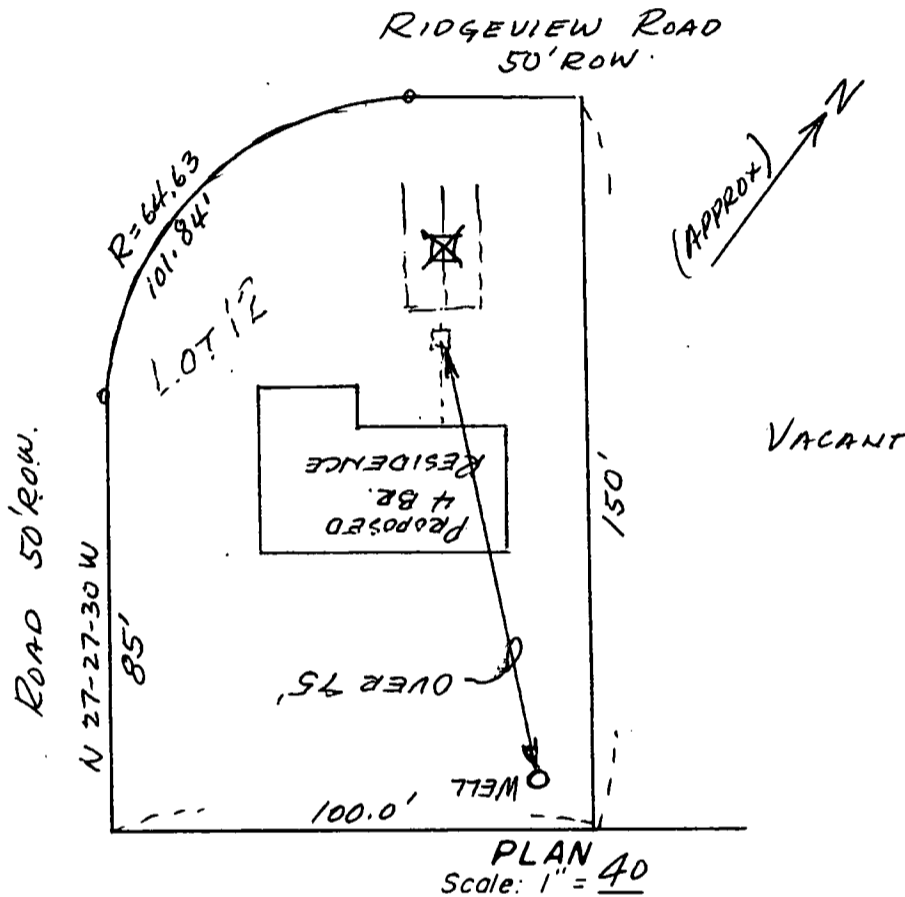
FLORIDA DEPARTMENT OF POLLUTION CONTROL

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

INDIVIDUAL SEWAGE DISPOSAL FACILITIES
 DATA SHEET

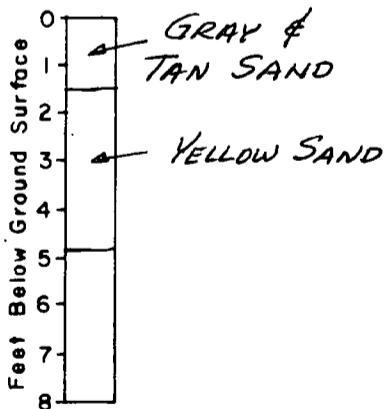
Location: LOT 12 - HOMEWOOD S/D Applicant: J. CRAIG WARDELL
RIDGEVIEW ROAD County: MARTIN

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



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

SOIL DATA



SOIL BORING LOG

Soil Identification: CLASS I GROUP SW
 Soil Characteristics SAND

LEGEND

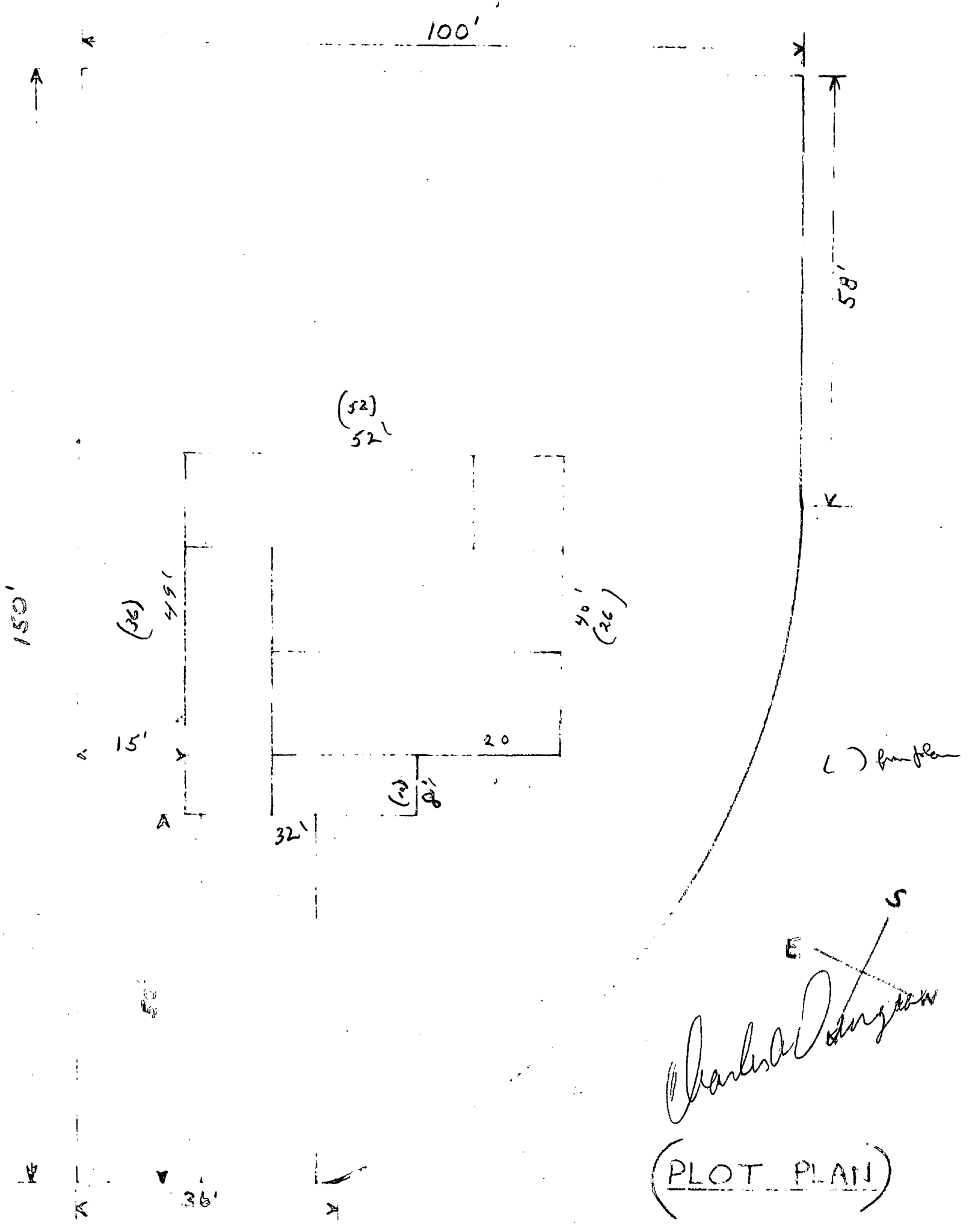
- Drainage Pattern
- Proposed Septic Tank and Drainfield
- Proposed Water Supply Well
- Existing Water Supply Well
- Soil Boring and Percolation Test Location



CERTIFIED BY: K.G. Larson
 FLORIDA PROFESSIONAL No. 76-552-03
 Date 4-16-73 Job No. 73-564-03

Percolation Rate 1 min/inch
 Water Table Depth OVER 5'
 Water Table Depth During Wet Season OVER 5'
 Compacted Fill Of _____ Req'd
 Compacted Fill Checked By: _____
 Date _____

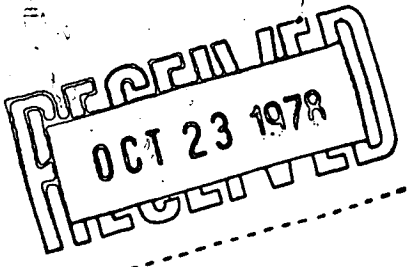
3 copies pls



SCALE 1/16" = 1'0"

883

SCREEN PORCH



TOWN OF
SEWALL'S POINT
FLORIDA

Permit No. 883
Date 10/23/78

APPLICATION FOR BUILDING PERMIT

This application must be accompanied by three sets of complete plans, to scale (1/2" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections, plumbing and electrical layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house construction.

-Owner J. CRAIG WARDELL Present Address 23 S. RIDGEVIEW RD.
Phone 287-0474 SEWELL'S POINT

-General Contractor SAME Address _____
Phone _____

Where Licensed _____ License No. _____

-Plumbing Contractor _____ License No. _____

-Electrical Contractor _____ License No. _____

Describe building or other structure, or alteration to existing structure. _____

SCREENING PORCH

Name the street on which the building, its front building line and its front yard will face. S. RIDGEVIEW

Subdivision HOMEWOOD Lot No. 12 Area 34 A

-Building Area, inside walls (excluding garage, carport, porches, etc.)...square feet 400

-Contract Price (excluding land, carpeting, appliances, landscaping, etc.)\$ 500

-Total Cost of Permit \$ 5

-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 building must be completed in accordance with the approved plan, and that the site will be clean and rough-graded within the 12 month period. 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.

General Contractor _____

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

Owner J. Craig Wardell

Note: Speculation builders will be required to sign both of the above statements.

Approved: [Signature] Building Inspector Date submitted 10/23/78
Date _____

Approved: _____ Commissioner Date _____

Certificate of Occupancy issued Completed 11/5/78
Date _____

1366

POOL & PATIO

RECEIVED JUN 26 1981

Permit No. _____

Date 6/25/81

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 ^{Robert} McAbee Present address 23 S. Ridgewood Rd.

Phone H-286-2745 0-283-3377 Sewall's Pt Jensen, Fla.

Contractor Martin County Custom Pools, Inc. Address PO Box 1799

Phone 283-6363 Stuart, Fla 33495

Where licensed Martin County License number #00001

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: Swimming Pool + Patio

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

23 S. Ridgewood Rd.

Subdivision Homewood Lot No. 12 Block E.

Contract price \$ 10,350 Cost of Permit \$ 52

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 Martin County Custom Pools, Inc.

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 X McAbee

TOWN RECORD

Date submitted

Approved: J. Mazzuca 6/29/81
Building Inspector Date

Approved: De Strubell 7/1/81
Commissioner Date

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.

1366

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 9/15/81

This is to request that a Certificate of Approval for Occupancy be issued to Mr. McCabe
For property built under Permit No. 1366 Dated 7/1/81 when completed in
conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings		
Rough plumbing		
Slab	<u>Steel & Grounding 7/9/81</u>	
Perimeter beam	<u>Patio Steel 8/4/81</u>	
Close-in, roof and rough electric		
Final Plumbing		
Final Electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector J. Maguire date 9/15/81

Approved by Building Commissioner _____ date _____

Utilities notified _____ date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

1619

**REPLACE LEAKING
CEDAR SHAKES**

Permit No. 16-19

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 (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 Robert McAbee Present Address 25 Riverview Dr.
Ridgeview

Phone _____

Contractor Ace Roofing & Tile, Inc. Address 1156 S. E. Monterey Rd. Extension

Phone 287-3300

Where licensed Martin County License number 518009

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: Replace leaking cedar shake roof

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

Subdivision Ridgeview Lot number 12 Block number E

Contract price \$ 1900.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given.

Owner [Signature]

TOWN RECORD

Date submitted 10/2/83 Approved: [Signature] 10/3/83
Building Inspector Date

Approved: _____ Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

Final Construction 10/15/83

SP1282

Permit No. 1619

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

2534

FENCE & GATE

Permit No.

2534

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 (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 Thomas Nangle Present Address 23 S. RIDGEVIEW

Phone 283-9740

Contractor SELF Address _____

Phone _____

Where licensed _____ 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: ① FENCE AROUND POOL
② GATE FOR EXISTING FENCE

State the street address at which the proposed structure will be built: 23 S RIDGEVIEW

Subdivision HAMBWOOD Lot number 1.2 Block number E

Contract price \$ 500.00 Cost of permit \$ 15.00 paid cash

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

I understand that this structure must be in accordance with the approved plans and that it must comply with all code requirements of the Town of Sewall's Point before final approval by a Building Inspector will be given.

Owner [Signature]

TOWN RECORD Approved: Dale Brown 4/27/89
Building Inspector Date

Date submitted _____

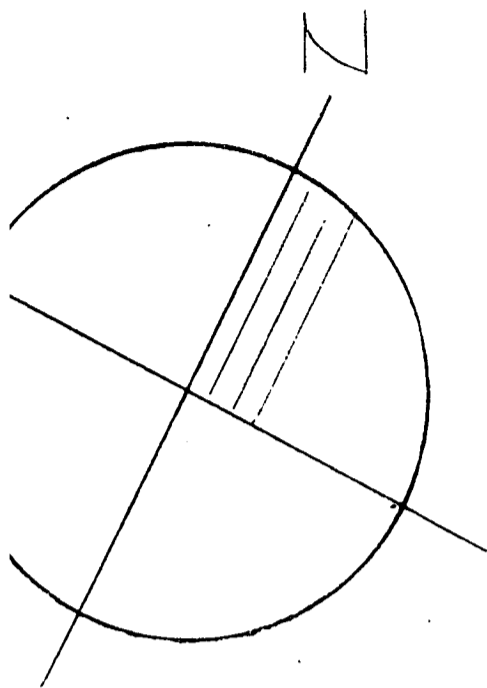
Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date _____

SP1282

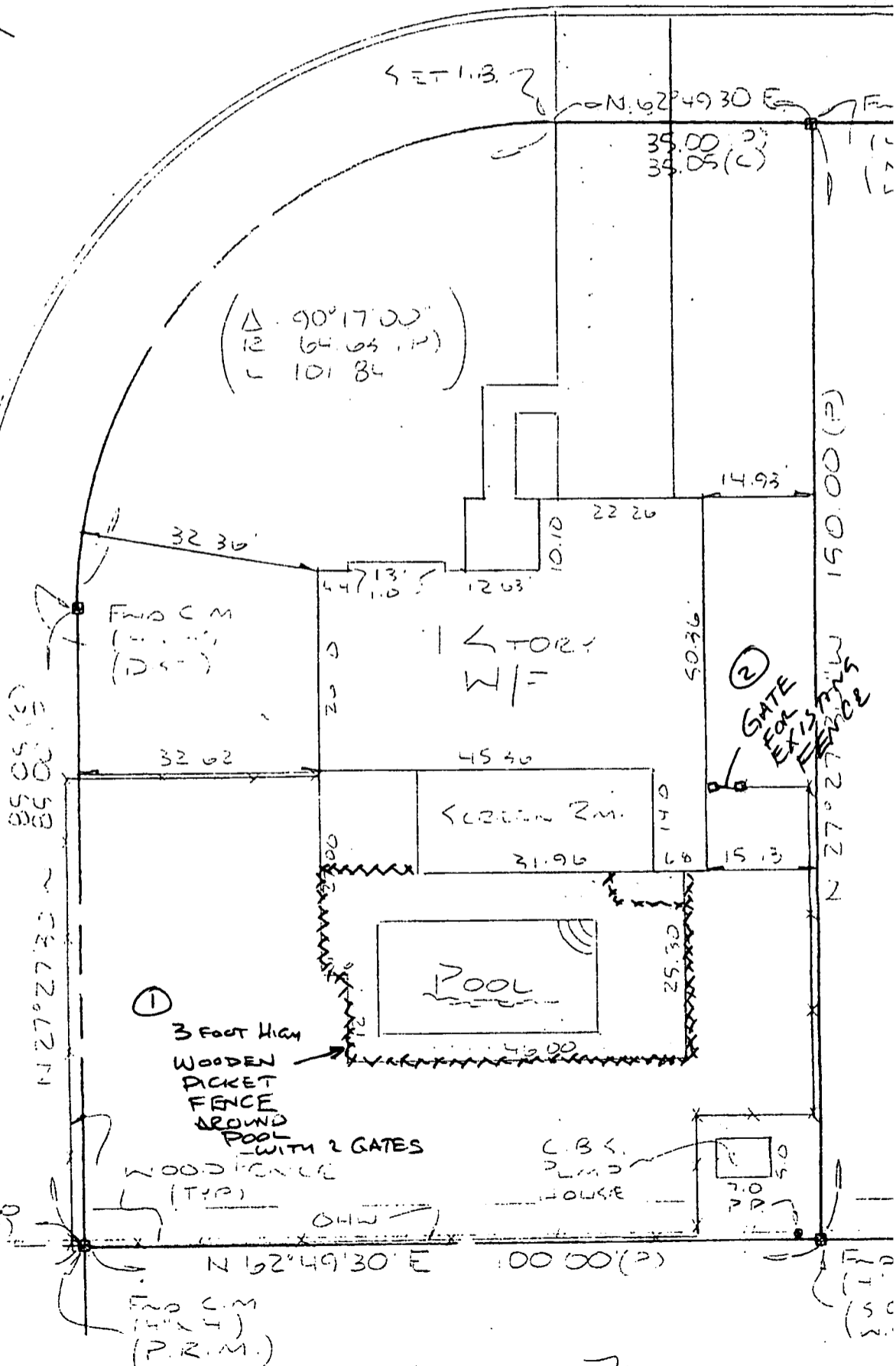
Permit No. #2534

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



← SOUTH RIDGEVIEW ROAD
(50' R/W)

← SOUTH RIVER ROAD
(50' R/W)



Lot 76
"RIO VISTA" S.D.

3089

RE-ROOF

3089

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 (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 Thomas Nangle Present Address 23 S. Ridgeview Rd

Phone 283-9740 Sewell's Point

Contractor Professional Roofing Services Address P.O. Box 8335

Phone 546-2715 Hobe Sound, FL 33475

Where licensed Martin County License number SP 00316

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:

Tear off wood shakes and replace with Prestigium II shingles over 30# felt.
State the street address at which the proposed structure will be built:

Subdivision Bridgeland Homewood Lot number _____ Block number _____

Contract price \$ 5,580.00 Cost of permit \$ 100XX

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

Contractor Dan Simmons

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 Thomas J. Nangle (Mr) Royal L. Nangle

TOWN RECORD

Date submitted _____ Approved: // _____
Building Inspector Date

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____
Date

SP1282

Permit No. _____

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

Marsha Stiller
Martin County Clerk of Circuit Court
P.O. BOX 9016 Stuart, Florida 34997

Transaction: PAYMENT
NOT A RECEIPT WITHOUT PROPER VALIDATION

Receipt Number: 91 047459 INVOICE NO: 00 000000
Cashier - Dept: 99CAB-06533 Date/Time : 11/12/91-09:01

Received from : PROFESSIONAL ROOFING SERV
 : P O BOX 8335
 :
 : HOBE SOUND FL 33475

Qt	Item-----Description	Total---Amount	----- Comments -----
0001	RECORDING	6.00	NC NAGLE
0001	COPIES \$1.00	1.00	
0001	CERTIFY COPIES	1.00	
0035	POSTAGE REIMBURSEMENT	.35	
00		.00	

912526
256

Receivable Amt : \$8.35
Cash : \$0.00
Other:Check/MO : \$8.35
Escrow Charge : \$0.00
Total Applied : \$8.35
Overpay Amount : \$0.00
Refund Amount : \$0.00
New Balance : \$0.00
Amount Tendered: \$8.35
Change : \$0.00

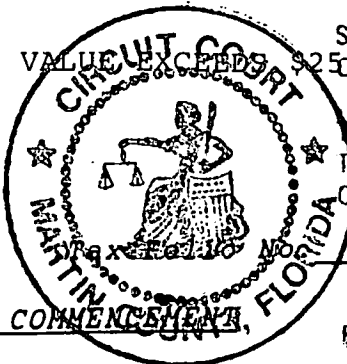
Comments: 2567 \$8.35

Receipt 91-047459 Validated for

VALIDATION:
\$8.35 by 99CAB 11/12/91 09:01

***MUST BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$25,000 AND DOGF MARTIN

912526



STATE OF FLORIDA
THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

Permit No. _____

NOTICE OF COMMENCEMENT

State of Florida
County of Martin

MARSHA STILLER, CLERK
BY: [Signature] D.C.
DATE: 11-12-91

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)

23 S. Ridgeview Rd., Stuart, FL 34996 (Sewall's Point)

General Description of Improvements: Tear off wood shakes and replace with Prestique II shingles over 30# felt.

Owner: Thomas Nangle

Address: 23 S. Ridgeview Rd., Stuart, FL 34996

Owner's interest in property: 100%

Fee Simple Title Holder (if other than owner): _____

Address: _____

Contractor: Professional Roofing Services

Address: P.O. Box 8335, Hobe Sound, FL 33475

Surety Co. (if any) _____

Address: _____ Amt. of Bond \$ _____

Lender's Name: _____

Address: _____

Persons within the State of Florida designated by Owner upon whom notices of other documents may be served as provided by Section 713.13(1)(a) 7., Florida Statutes:

Name: Thomas Nangle

Address: 23 S. Ridgeview Rd., Stuart, FL 34996

In addition to himself, Owner designates XXXXXXXXXX of _____

to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____.

[Signature]
Signature of Owner

Sworn to and subscribed before me this 6 day of November 19 91

[Signature]
Notary Public

My Commission Expires:



ANGELA B. MCCABE
MY COMMISSION EXPIRES
April 6, 1993
BONDED THRU NOTARY PUBLIC UNDERWRITERS

4269

FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 10/7/97

BUILDING PERMIT NO. 4269

Building to be erected for THOMAS & MARY NANGLE Type of Permit FENCE

Applied for by JUST WOOD FENCE CO (Contractor) Building Fee _____

Subdivision RIDGEVIEW Lot 12 Block _____ Radon Fee _____

Address 23 S. RIDGEVIEW Impact Fee _____

Type of structure FENCE A/C Fee _____

Electrical Fee _____

Parcel Control Number: _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 25- Check # 1149 Cash _____ Other Fees (FENCE) 25

Total Construction Cost \$ 2400 TOTAL Fees 25

Signed *Danny Nangle*
Applicant

Signed *[Signature]*
Town Building Inspector



Town of Sewall's Point

P.I.N. _____

Date Oct 7, 1997

ACCESSORY STRUCTURE PERMIT APPLICATION to construct:

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

OTHER: _____

Owner's Name THOMAS & MARY NAWGALL

Owner's Address 23 S. RIDGEVIEW RD

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

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

City SEWALL'S POINT State FLA Zip 34996

Contractor's Name DANIEL KIMER

Contractor's Address 5030 PINERIDGE WAY

City STUART State FLA Zip 34997

Job Name _____

Job Address 23 S. RIDGEVIEW RD Martin County, Stuart, FL 34966

Legal Description LOT 12 BLOCK E PLAT 3 PAGE 35

Bonding Company _____

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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

4269

Square Footage _____ Impervious Area _____ Lineal Footage 302 Walls, Fences, Docks
Construction Value 2,400 (\$)

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

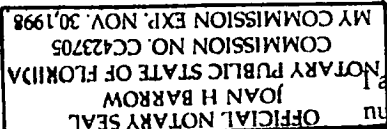
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.

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

Owner or Agent _____ Date _____
Danny Kimer oct 7, 1997
Contractor _____ Date _____

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this 7 day of Oct., 1997 by D. Kimer
who: [] is/are personally known to me, or [] has/have produced Fl. d. l. as
identification, and who did not take an oath.

(NOTARY SEAL)  Name: Joan H. Barrow
Typed, printed or stamped
I am a Notary Public of the State of Florida having a commission number of _____ and my commission expires: _____

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to and subscribed before me this ___ day of _____, 199___, by _____, who:
[] is/are personally known to me, or [] has/have produced _____ as identification, and
who did / did not take an oath.

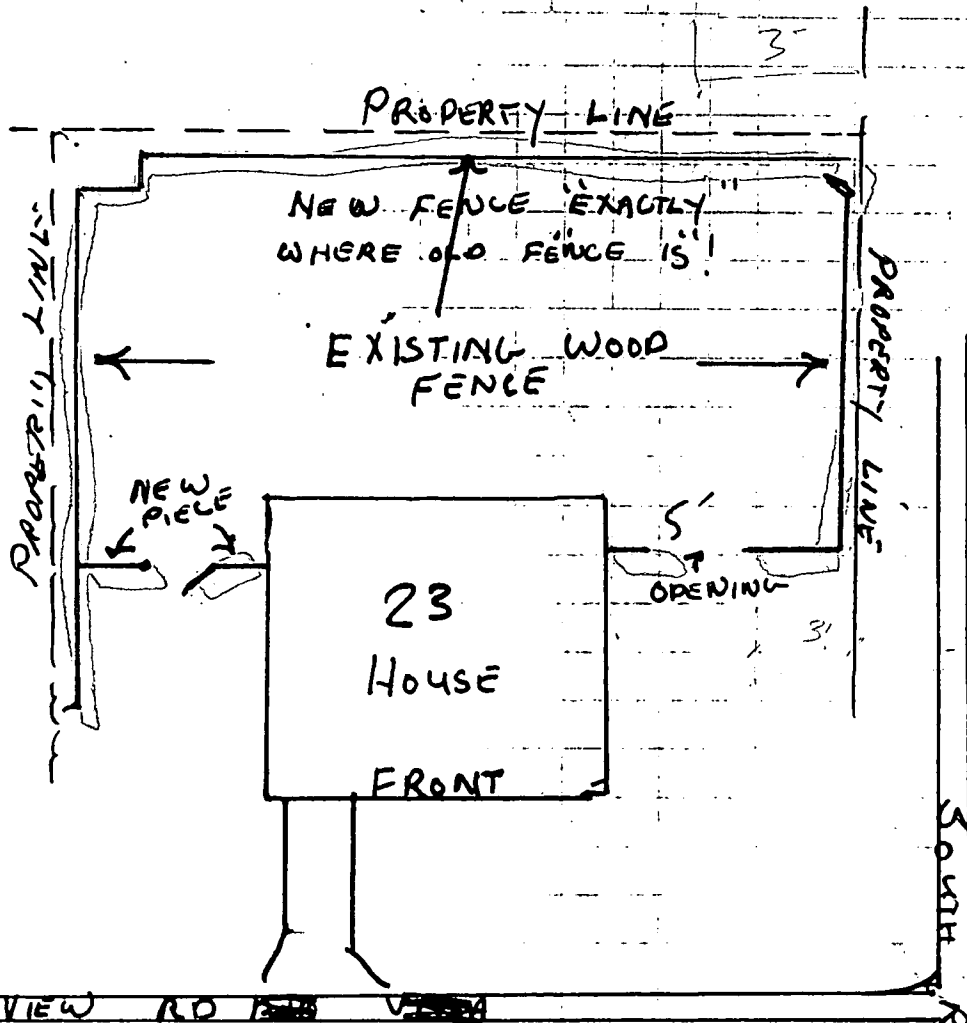
(NOTARY SEAL) Name: _____
Typed, printed or stamped
I am a Notary Public of the State of Florida having a commission number of _____ and my commission expires: _____

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____
Contractor's Certificate of Competency No. _____

Application Approved [Signature] Building Official _____ Building Commissioner
Date: 10/7/97 Date: _____

JUSTWOOD Fence Co.
5030 Pineridge Way
Suwanee, FL 34997



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

**APPROVED
AS NOTED**

[Signature]
10/7/97

7572
RE-ROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 5/20/05

BUILDING PERMIT NO. 7572

Building to be erected for MANAGE

Type of Permit RELOOK

Applied for by CARCO BUILDERS (Contractor)

Building Fee _____

Subdivision HOMENWOOD Lot 12 Block E

Radon Fee _____

Address 23 S. RIDGEVIEW RD

Impact Fee _____

Type of structure SFR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

013841006005 60120000

Plumbing Fee _____

Amount Paid 120.00 Check # 1579 Cash _____ Other Fees (_____) 1

Roofing Fee 120.00

Total Construction Cost \$ 19,200

TOTAL Fees 120.00

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 | _____ |

RECEIVED

Town of Sewall's Point BUILDING PERMIT APPLICATION

HURRICANE DAMAGE

Date:

Permit Number

OWNER/TITLEHOLDER NAME: THOMAS NANGLE Phone (Day) (Fax)

Job Site Address: 23 S RIDGEVIEW RD City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) LOT 12 BLK E Parcel Number: 013841006005001200

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

Description of Work To Be Done: TEAR OFF REROOF

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$19200.00

(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$

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

Method of Determining Fair Market Value:

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: CARCO BUILDERS LLC Phone: 2835821 Fax: 2835826

Street: 2201 SE INDIAN ST UNIT B-1 City: STUART State: FL Zip: 34997

State Registration Number: CGC 001594 State Certification Number: Martin County License Number:

SUBCONTRACTOR INFORMATION:

Electrical: State: License Number:

Mechanical: State: License Number:

Plumbing: State: License Number:

Roofing: State: License Number:

ARCHITECT Lic.#: Phone Number: City: State: Zip:

Street:

ENGINEER Lic.#: Phone Number: City: State: Zip:

Street:

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: 3000 Garage: Covered Patios: Screened Porch: Carport: Total Under Roof 2900 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: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001 Florida Energy Code: 2001 Florida Accessibility Code: 2001 National Electrical Code: 2002

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: MARTIN

This the 16th day of MAY, 2005

by TOM NANGLE who is personally known to me or produced

as identification. Louise Frechette Notary Public

My Commission Expires: 7/18/08 Seal

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: MARTIN

This the 6th day of MAY, 2005

by CARL SCIACCA who is personally known to me or produced

as identification. Beverly F. Patton Notary Public

My Commission Expires: 12/5/08 Seal

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

Louise I Frechette My Commission DD330604 Expires July 18, 2008

Beverly F. Patton Commission #DD376813 Expires: DEC. 05, 2008 www.AARONOTARY.com

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/21/2005
PRODUCER (772) 287-1560 Agrillo Insurance Agency 730 South Federal Hwy Stuart FL 34994-		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 Carco Builders LLC 2201 SE Indian St Unit B-1 Stuart FL 34997-		INSURERS AFFORDING COVERAGE INSURER A: Burlington 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)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	BIC 20050419-01-A	04/19/2005	04/19/2006	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 500,000
					GENERAL AGGREGATE \$ 500,000
					PRODUCTS - COM/PROP AGG \$ 500,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <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 \$
	EXCESS/UMBRELLA 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				UNL. STATUTORY 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 () - (772) 220-4765 Town of Swells Point 1 South Swells Point Road Stuart FL 34996-	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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)
04/21/2005

AGENT (772) 287-1560
Acordia Insurance Agency
200 South Federal Hwy

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.

STATE FL 34994-
INSURED
Carco Builders LLC
2201 SE Indian St Unit B-1

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

AGENT FL 34997-

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. SEPARATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	BIC 20050413-01-A	04/13/2005	04/19/2006	EACH OCCURRENCE \$ 500,000 PRODUCTS & SERVICES \$ 100,000 MED EXP (Per occurrence) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COM/PROP AGG \$ 500,000
<input type="checkbox"/> 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 ALIEN (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN SA ACC AUTO ONLY \$
<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> COVER <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$
<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? <input type="checkbox"/> BENEFIT OPTION <input type="checkbox"/> SPECIAL PROVISIONS PER <input type="checkbox"/> OTHER				<input checked="" type="checkbox"/> STATE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER
(772) 220-4765

Town of Swelle Point
1 South Swelle Point Road

Agent 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

ACORD CERTIFICATE OF LIABILITY INSURANCE		CERTIFICATE NO. / DATE AC00-430621-173947 12/1/2004 7:55:03 AM
PROVIDER Kiewit Risk Placements, Inc. 14160 Dallas Parkway, Suite 500 Dallas, TX 75234 (972) 764-0965 Fax: (972) 404-4450	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 ACCORDED BY THE POLICIES BELOW.	
INSURERS AFFORDING COVERAGE		
INSURER A: PROVIDENCE PROPERTY & CASUALTY INSURANCE CORP		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURED GENERAL STAFFING SERVICES, INC. 295 FLORIDA ST. STUART, FL 34994 (772) 220-3200 Fax: (772) 220-1645		

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. ADDITIONAL LIMITS WHICH MAY HAVE BEEN SPECIFIED BY EACH POLICY.

TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD	POLICY EXPIRES	LIMITS	
				AMOUNT	COVERAGE
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUP <input type="checkbox"/> GEN'L. AGENCYS/STS. LIST APPLIED FOR <input type="checkbox"/> POLICY <input type="checkbox"/> AG <input type="checkbox"/> LOC				S	S
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				S	S
BARABE LIABILITY <input type="checkbox"/> ANY AUTO				S	S
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				S	S
EMPLOYERS COMPENSATION AND EMPLOYERS LIABILITY	MC0100086	12/1/2004	12/1/2005	* <input checked="" type="checkbox"/> EMPLOYERS LIABILITY P.L. EACH ACCIDENT: 1000000 S.L. DISEASE - ON EMPLOYER: 1000000 S.L. DISEASE - POLICY LIMIT: 1000000	
OTHER				S	S

DESCRIPTION OF OPERATIONS, OCCURRENCE, EXCLUSIONS AND SPECIAL PROVISIONS:
 1. This certificate remains in effect, provided the client's account is in good standing with ABE. Coverage is not provided for any employee for which the client is not reporting wages to ABE. Applies to 100% of the employees of ABE leased to GENERAL STAFFING SERVICES, INC., effective 12/01/2004.
 PLEASE SEE ATTACHED EMPLOYEE ROSTER.

CERTIFICATE HOLDER Carco Builders & Town of Sewalls Point 1 South Sewalls Point Road Sewalls Point, FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURED HEREBY WILL BE RESPONSIBLE TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPROVE 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
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

SCIACCA, CARL
CARCO BUILDERS LLC
9871 SW 88TH TER APT G
OCALA FL 34481

STATE OF FLORIDA AC# 1449567
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CQC001594 06/15/04 030713479

CERTIFIED GENERAL CONTRACTOR
SCIACCA, CARL
CARCO BUILDERS LLC

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2006 L04061500963

DETACH HERE

ca 1449567

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L04061500963

EXPIRES	EXPIRES	LICENSE NBR
06/15/2004	030713479	CQC001594

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

SCIACCA, CARL
CARCO BUILDERS LLC
9871 SW 88TH TERRACE - G
OCALA FL 34481

JEB BUSH
GOVERNOR

DIANE CARO

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

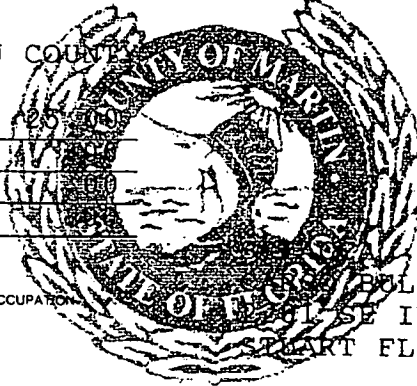
LICENSE 2005-512-008 CERT CGC001894
PHONE (772) 485-5670 SIC NO 023322

LOCATION:
2201 SE INDIAN ST H-19 S

\$25.00

CHARACTER COUNTS IN MARTIN COUNTY

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



CARL/QUALIFIER
BUILDERS LLC
SE INDIAN ST H19
STUART FL 34997

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **GENERAL CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

26 DAY OF OCTOBER 2004
AND ENDING SEPTEMBER 30 2005

RECEIPT OF PAYMENT

LARRY C. O'STEEN
99 10/26/2004 DDCT NORMAL
200551200000000
8220041026001327CX



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

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2558

CONTRACTOR ENFORCEMENT DIVISION
(305) 375-2966 FAX (305) 375-2908

PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 372-6339

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Englert, Inc.
1200 Amboy Avenue
Perth Amboy ,NJ 08862

Your application for Notice of Acceptance (NOA) of:

Englert Series 2000 over Wood Deck

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

This NOA shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at any time from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined by BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

The expense of such testing will be incurred by the manufacturer.

ACCEPTANCE NO.: 01-0420.01
EXPIRES: 05/17/2006

Raul Rodriguez
Chief Product Control Division

THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS
BUILDING CODE & PRODUCT REVIEW COMMITTEE

This application for Product Approval has been reviewed by the BCCO and approved by the Building Code and Product Review Committee to be used in Miami-Dade County, Florida under the conditions set forth above.

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
APPROVED: 05/17/2001
DATE: 5/18/06
BUILDING OFFICIAL
Gene Simmons

Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance Office

ROOFING ASSEMBLY APPROVAL

Category: Roofing Approval Date: May 17, 2001
Sub-Category: Non-Structural Metal Roofing Expiration Date: May 17, 2006
Materials: Steel
Maximum Design Pressure -62.5 psf

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
Series 2000	l = various w = 18" Thickness 0.0276 44,700 psi Grade D Class 2	PA 110 & PA 125	Corrosion resistant, galvanized, preformed, standing seam, coated, prefinished, metal panels.
Series 2000 Clip	min. 0.048" 3 1/2" long x 1 3/4" high	PA 114 Appendix E	Corrosion resistant, formed, steel clips for metal panel installation.
Trim Pieces	l = varies w = varies Thickness 0.0276.	PA 110	Standard flashing and trim pieces. Manufactured for each panel width.

EVIDENCE SUBMITTED:

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Underwriters Laboratories, Inc.	91NK26936	Uplift Pressure Testing UL 580-Construction No. 359, 359A	Oct. 1992
Architectural Testing, Inc.	01-32796.01	PA 100	Sep. 1998
Architectural Testing, Inc.	01-32796.03	Tensile Test ASTM E 8-96	Oct. 1998
Architectural Testing, Inc.	ATI 99023	PA 125-95	Dec. 1999
Architectural Testing, Inc.	01-35899.01	PA 125-95	Feb. 2000

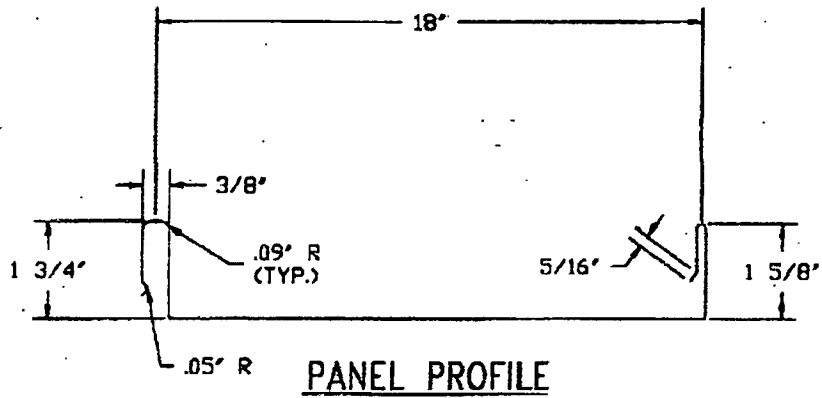


Frank Zuloaga, RRC
 Roofing Product Control Examiner

SERIES 2000:

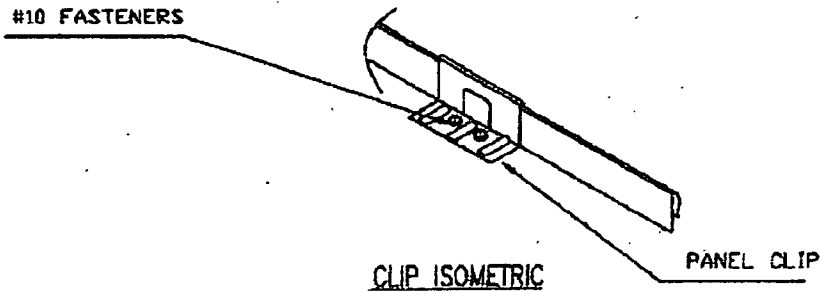
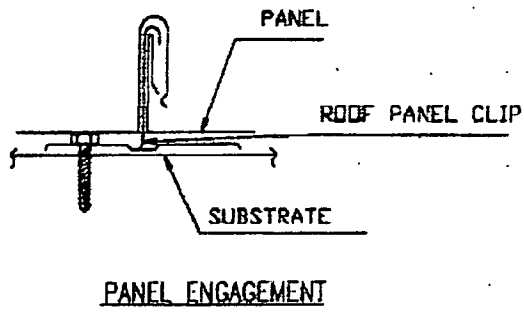
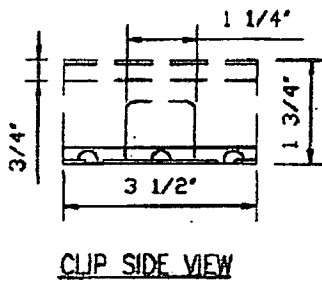
ENGLERT, INC.
1200 AMBOY AVE.
PERTH AMBOY, NEW JERSEY 08862


SERIES 2000
"PANEL AND ATTACHMENT CLIP"



NOTES:

1. ALL DIMENSIONS ARE TO CENTER LINE OF MATERIAL
2. ALL RADII ARE 0.09" UNO
3. PANEL TO BE MINIMUM 24 GA. STEEL
4. CLIPS TO BE MINIMUM 18 GA. STEEL




Frank Zuloaga, RRC
Roofing Product Control Examiner

APPROVED ASSEMBLIES:

- Deck Type:** Wood, Non - Insulated
- Deck Description:** New Construction
¹⁹/₃₂" or greater plywood or wood plank.
- Slope Range:** 2":12" or greater
- Maximum Uplift Pressure:** The maximum allowable uplift pressure for 18" panels shall be -62.5 psf.
- Deck Attachment:**
In accordance with applicable Building Code, but in no case shall it be less than # 8 x 2" long screws spaced 6" o.c.. In reroofing, where the deck is less than ¹⁹/₃₂" thick (Minimum ¹³/₃₂"") The above attachment method must be in addition to existing attachment.
- Underlayment:** Minimum underlayment shall be an ASTM D 226 Type II installed with a minimum 4" side-lap and 6" end-laps. Underlayment shall be fastened with approved corrosion resistant tin caps and annular ring shank nails. Spaced 6" o.c. on the laps and two rows spaced 12" o.c. in the field of roll.
- Valleys:** Valley construction shall be in compliance with Roofing Application Standard RAS 133 and with the current published installation instructions and details in Englert Metal Roofing Installation Manual.
- Panel Clips:** Panels shall be installed with approved clips, attached to substrate with two corrosion resistant #10-16 self-tapping pancake screws of sufficient length to penetrate through the structural deck a minimum of 3/4" at a maximum spacing not to exceed 24 inches o.c.
- Fire Barrier Board:** For class A or B fire rating, install minimum 1/4" thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Tritex, RockRoof (with current NOA) or 5/8" water resistant type X gypsum sheathing with treated core and facer.
- Metal Panels and Accessories:** Install the "Series 2000 Panel" and accessories in compliance with the current published installation instructions and details in Englert Metal Roofing Installation Manual. Flashings, penetrations, valley construction and other details shall be constructed in compliance with Roofing Application Standard RAS 133. Female leg of snap seam shall be caulked with a minimum 1/8" bead of sealant prior to installation.



Frank Zuloaga, RRC
Roofing Product Control Examiner

SYSTEM LIMITATIONS:

1. Increased design pressures at perimeter and corner areas, in compliance with applicable building code may be met through rational analysis by increasing the number of attachment points in these areas. The maximum fastener spacing noted in the "Systems Description" section of this approval shall not be exceeded. All rational analysis computation shall be prepared, signed and sealed by a Florida registered Professional Engineer, Registered Architect, or Registered Roof Consultant.
2. Panels shall be roll formed in continuous lengths from eave to ridge. Maximum lengths shall be as described in Miami-Dade County Roofing Application Protocol RAS 133.
3. All panels shall be permanently labeled with the manufacturer's name and/or logo, and the following statement: "Miami-Dade County Product Control Approved. All clips shall be permanently labeled with manufacturer's name, and/or logo, and/or model.



Frank Zuloaga, RRC
Roofing Product Control Examiner

NOTICE OF ACCEPTANCE STANDARD CONDITIONS

- 1 Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documentation, including test supporting data, engineering documents, are no older than eight (8) years.
- 2 Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approved", or as specifically stated in the specific conditions of this Acceptance.
- 3 Renewals of Acceptance will not be considered if:
 - a) There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes;
 - b) The product is no longer the same product (identical) as the one originally approved;
 - c) If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product;
 - d) The engineer who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession.
- 4 Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
- 5 Any of the following shall also be grounds for removal of this Acceptance:
 - a) Unsatisfactory performance of this product or process;
 - b) Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes.
- 6 The Notice of Acceptance 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 Notice of Acceptance is displayed, then it shall be done in its entirety.
- 7 A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all times. The copies need not be resealed by the engineer.
- 8 Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
- 9 This Acceptance contains pages 1 through 7.

END OF THIS ACCEPTANCE

Frank Zuloaga, RRC
Roofing Product Control Examiner

NOTICE OF COMMENCEMENT

(PREPARE IN DUPLICATE)

State of Florida }

County of _____

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Legal description of property (include Street Address, if available) 01 38 41 006 005 00120 0

23 S. RIDGEVIEW RD. SEWELLS POINT, FL.

HOMWOOD LOT 12 BLKE OR 337/2241

General description of improvements ROOF & TEAR OFF

Owner TOM NANGLE

Address 23 S. RIDGEVIEW RD. SEWELLS POINT, FL.

Owner's interest in site of the improvement OWNED
Fee Simple Title holder (if other than owner)

Name _____

Address _____

Contractor _____

Address _____

Carco Builders, LLC

Surety (if any) 2201 S.E. Indian St. Unit B-1

Address Stuart, FL 34997

Any person making a loan for the construction of the improvements: _____ Amount of Bond \$ _____

Name: _____

Address: _____

Person within the State of Florida designated by owner upon whom notices or other documents may be served:

Name _____

Address _____

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes. Fill in at Owner's option).

Name _____

Address _____

THIS SPACE FOR RECORDER'S USE ONLY

Owner

TOM NANGLE

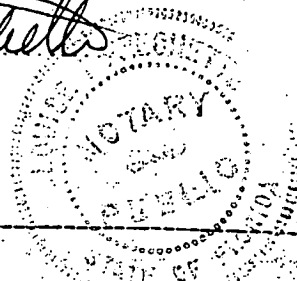
Sworn and subscribed before me this 29th day of APRIL 2005

Louise Frachette

Notary Public



Louise Frachette
My Commission DD338804
Expires July 18, 2008



INSTR # 1838325 DR BK 02012 PG 1760 RECD 05/11/2005 08:44:48 AM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C 0415h

7572



BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 7/7/06

BUILDING OFFICIAL
 Gene Simmons

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)

Polyglass USA, Inc.
150 Lyon Drive
Fernley, NV 89408

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 the BCCO and accepted by the Building Code and Product Review Committee 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 BCCO (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. BCCO reserves the right to revoke this acceptance, if it is determined by BCCO 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: Polyglass Modified Bitumen Roofing Systems Over Wood Decks

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

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

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

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

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

This NOA revises NOA # 01-0529.01 and consists of pages 1 through 45.
The submitted documentation was reviewed by Frank Zuloaga, RRC



NOA No.: 03-0915.05
Expiration Date: 09/13/06
Approval Date: 03/18/04
Page 1 of 45

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
Elastoflex V	32' 10" x 3' 3-3/8"	ASTM D 6163	Torch, hot asphalt or cold adhesive applied, fiberglass reinforced, SBS modified bitumen membrane with a burn off polyethylene or sanded back face and a sanded top surface.
Elastoflex VG	32' 10" x 3' 3-3/8"	ASTM D 6163	Torch, hot asphalt or cold adhesive applied, fiberglass reinforced, SBS modified bitumen membrane with a burn off polyethylene or sanded back face and a granule top surface.
Elastoflex VG FR	32' 10" x 3' 3-3/8"	ASTM D 6163	Torch, hot asphalt or cold adhesive applied, fiberglass reinforced, SBS modified bitumen membrane with a burn off polyethylene or sanded back face and a granule top surface and fire retardant chemistry.
Xtraflex	32' 10" x 3' 6"	ASTM D 6222	Torch applied, polyester reinforced, TPO modified bitumen membrane with a burn off polyethylene back face and a smooth top surface.
Xtraflex G	32' 10" x 3' 6"	ASTM D 6222	Torch applied, polyester reinforced, TPO modified bitumen membrane with a burn off polyethylene back face and a granule top surface.
Xtraflex G FR	32' 10" x 3' 6"	ASTM D 6222	Torch applied, polyester reinforced, TPO modified bitumen membrane with a burn off polyethylene back face and a granule top surface and fire retardant chemistry.
Elastoflex SA P FR	32' 6" x 3' 3-3/8"	ASTM D 6164	Self-adhered, polyester reinforced, SBS modified bitumen membrane with a self-adhering back face and a granule top surface.
Elastoflex SA V FR Base	32' 6" x 3' 3-3/8"	ASTM D 6163	Self-adhered, fiberglass reinforced, SBS modified bitumen membrane with a self-adhering back face and a smooth top surface.
Elastoflex SA V FR	32' 6" x 3' 3-3/8"	ASTM D 6163	Self-adhered, fiberglass reinforced, SBS modified bitumen membrane with a self-adhering back face and a granule top surface.
Elastoflex SA V	32' 6" x 3' 3-3/8"	ASTM D 6163	Self-adhered, fiberglass reinforced, SBS modified bitumen membrane with a self-adhering back face and a smooth top surface.
Elastoflex SA V G	32' 6" x 3' 3-3/8"	ASTM D 6163	Self-adhered, fiberglass reinforced, SBS modified bitumen membrane with a self-adhering back face and a granule top surface.
Elastoflex SA V G FR	32' 6" x 3' 3-3/8"	ASTM D 6163	Self-adhered, fiberglass reinforced, SBS modified bitumen membrane with a self-adhering back face and a granule top surface.
Elastoflex SA P	32' 6" x 3' 3-3/8"	ASTM D 6164	Self-adhered, fiberglass reinforced, SBS modified bitumen membrane with a self-adhering back face and a granule top surface.
Elastobase	65' 2" x 3' 3-3/8"	ASTM D 4601	SBS modified asphalt coated fiberglass reinforced base sheet.
Polyflex SA P	32' 6" x 3' 3-3/8"	ASTM D 6222	Self-adhered, polyester reinforced, APP modified bitumen membrane with a self-adhering back face and a granule top surface.
Polyflex SA P G FR	32' 6" x 3' 3-3/8"	ASTM D 6222	Self-adhered, polyester reinforced, APP modified bitumen membrane with a self-adhering back face and a granule top surface.



NOA No.: 03-0915.05
 Expiration Date: 09/13/06
 Approval Date: 03/18/04
 Page 3 of 45

APPROVED INSULATIONS:

TABLE 2

Product Name	Product Description	Manufacturer (With Current NOA)
Polytherm A1	Polyisocyanurate foam insulation	Polyglass USA, Inc.
Polytherm Composite	Polyisocyanurate/perlite composite insulation.	Polyglass USA, Inc.
PYROX, White Line	Polyisocyanurate foam insulation	Apache Products Co.
ACFoam II	Polyisocyanurate foam insulation	Atlas Energy Products
High Density Wood Fiberboard	Wood fiber insulation board	Generic
Pelite/Urethane Composite	Perlite / urethane composite board insulation	Generic
Perlite Insulation	Perlite insulation board	Generic
Type X Gypsum	Fire resistant rated gypsum.	Generic
Dens Deck	Water resistant gypsum board	G-P Gypsum Corp.
ENRGY-2	Polyisocyanurate foam insulation	Johns Manville
Fesco Board	Rigid perlite roof insulation board.	Johns Manville
Multi-Max & FA	Polyisocyanurate roof insulation	RMax, Inc.

APPROVED FASTENERS:

TABLE 3

Fastener Number	Product Name	Product Description	Dimensions	Manufacturer (With Current NOA)
1.	Dekfast Fasteners #12, #14 & #15	Insulation fastener for wood, steel and concrete decks		Construction Fasteners Inc.
2.	Dekfast Hex Plate	Galvalume hex stress plate.	2 7/8" x 3 1/4"	Construction Fasteners Inc.
3.	Dekfast Lock Plate	Polypropylene locking plate.	3" x 3 1/4"	Construction Fasteners Inc.
4.	#12 & #14 Roofgrip	Insulation and membrane fastener	Various	ITW Buildex
5.	Metal Plate	Galvalume AZ50 stress plate	3" square	ITW Buildex
6.	Plastic Plate	Polyethylene stress plate	3.2" round	ITW Buildex
7.	Insul-Fixx HD Fastener	Insulation fastener for steel and wood decks	Various	SFS Stadler, Inc.
8.	Insul-Fixx S	Galvalume AZ55 stress plate	3" round	SFS Stadler, Inc.



NOA No.: 03-0915.05
 Expiration Date: 09/13/06
 Approval Date: 03/18/04
 Page 4 of 45

APPROVED FASTENERS:

TABLE 3

Fastener Number	Product Name	Product Description	Dimensions	Manufacturer (With Current NOA)
9.	Insul-Fixx P	Polyethylene stress plate	3" round	SFS Stadler, Inc.
10.	Tru-Fast HD	Insulation fastener for steel and wood decks		The Tru-Fast Corp.
11.	Tru-Fast Plates	Galvalume AZ55 steel plate	3" round	The Tru-Fast Corp.
12.	Tru-Fast Plates	Polyethylene plastic plate	3" round	The Tru-Fast Corp.

EVIDENCE SUBMITTED:

<u>Test Agency/Identifier</u>	<u>Name</u>	<u>Report</u>	<u>Date</u>
Factory Mutual Research Corp.	J.I. 3001334	FMRC 4470	02.15.00
	J.I. 3000857		01.12.00
	J.I. 3004091		01.12.00
Exterior Research & Design, LLC	#11757.12.00-1		12.07.00
	#11757.04.01-1		04.25.01
	#11751.05.03		05.30.03
	#11758.08.03		08.11.03
Underwriters Laboratories, Inc.	00NK20869	UL 790	06.08.00



Deck Type 1: Wood, Non-Insulated, New Construction
Deck Description: $1\frac{9}{32}$ " or greater plywood or wood plank.
System Type E(1): Base sheet is mechanically attached to roof deck.

All General and System Limitations apply.

Base Sheet: One ply of ASTM D 2626 roofing felt fastened to the deck as described below:

Fastening #1: Attach base sheet using 11 ga. annular ring shank and 1-5/8" diameter tin caps spaced 4" o.c. in a min. 2" lap and 4" o.c. in two equally spaced staggered rows in the center of the sheet. (*Meets -45 psf, See General Limitation #9*)

Fastening #2: Attach base sheet using Simplex Mega Cap-Nails spaced 6" o.c. in a min. 2" lap and 9" o.c. in two equally spaced staggered rows in the center of the sheet. (*Meets -45 psf, See General Limitation #9*)

Ply Sheet: (Optional) One ply of Elastoflex SA-V self-adhered.

Membrane: One ply of Polyflex SA P FR, Polyflex SA P, Elastoflex SA P, Elastoflex SA-P FR or Elastoflex SA-V FR self-adhered.

Surfacing: (Optional) Install one of the following to obtain required fire classification.

1. Gravel or slag at 400 lbs/sq or 300 lbs/sq, respectively, in a flood coat of approved asphalt at 60 lbs/sq.
2. Karnak 97 Fibrated Aluminum Asphalt Roof Coating or Asbestos Free Aluminum Roof Coating at 1½ gal/sq.
3. Kokem Products Sunguard Acrylic Roof Coating at 1 gal/sq.
4. Monsey Endure Aluminum Roof Coating, Weather Check or Pro-Grade Aluminum Roof Coating at 1½ gal/sq.
5. Grundy al MB Aluminum Roof Coating at 1-2 gal/sq.
6. Fields F350 Heat Shield Aluminum Coating or F630 Heat Shield Fibered Aluminum Coating at 1½ gal/sq.

Maximum Design Pressure: See fastening options above.



ROOFING ASSEMBLY APPROVAL

Category: Roofing
Sub-Category: SBS/APP Modified Bitumen
Deck Type: Wood
Maximum Design Pressure -82.5 psf
Fire Classification: See General Limitation #1

TRADE NAMES OF PRODUCTS MANUFACTURED OR LABELED BY APPLICANT:

TABLE 1

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
Polyflex	32' 10" x 3' 3-3/8"	ASTM D 6222	Torch applied, polyester reinforced, APP modified bitumen membrane with a burn off polyethylene back face and a smooth or sanded top surface.
Polyflex G	32' 10" x 3' 3-3/8"	ASTM D 6222	Torch applied, polyester reinforced, APP modified bitumen membrane with a burn off polyethylene back face and a granule top surface.
Polyflex G FR	32' 10" x 3' 3-3/8"	ASTM D 6222	Torch applied, polyester reinforced, APP modified bitumen membrane with a burn off polyethylene back face and a granule top surface and fire retardant chemistry.
Polybond	32' 10" x 3' 3-3/8"	ASTM D 6222	Torch applied, polyester reinforced, APP modified bitumen membrane with a burn off polyethylene back face and a smooth or sanded top surface.
Polybond G	32' 10" x 3' 3-3/8"	ASTM D 6222	Torch applied, polyester reinforced, APP modified bitumen membrane with a burn off polyethylene back face and a granule top surface.
Elastoflex S6	32' 10" x 3' 3-3/8"	ASTM D 6164	Torch, hot asphalt or cold adhesive applied, polyester reinforced, SBS modified bitumen membrane with a burn off polyethylene or sanded back face and a polyethylene or sanded top surface.
Elastoflex S6 G	32' 10" x 3' 3-3/8"	ASTM D 6164	Torch, hot asphalt or cold adhesive applied, polyester reinforced, SBS modified bitumen membrane with a burn off polyethylene or sanded back face and a granule top surface.
Elastoflex S6 G FR	32' 10" x 3' 3-3/8"	ASTM D 6164	Torch, hot asphalt or cold adhesive applied, polyester reinforced, SBS modified bitumen membrane with a burn off polyethylene or sanded back face and a granule top surface and fire retardant chemistry.
Elastoshield TS4	32' 10" x 3' 3-3/8"	ASTM D 6164	Torch, hot asphalt or cold adhesive applied, polyester reinforced, SBS modified bitumen membrane with a burn off polyethylene or sanded back face and a granule top surface.
Elastoshield TS4 FR	32' 10" x 3' 3-3/8"	ASTM D 6164	Torch, hot asphalt or cold adhesive applied, polyester reinforced, SBS modified bitumen membrane with a burn off polyethylene or sanded back face and a granule top surface and fire retardant chemistry.

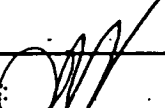


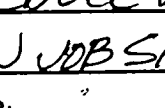
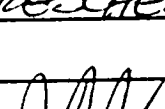
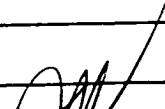
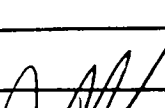
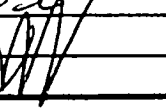


NOA No.: 03-0915.05
 Expiration Date: 09/13/06
 Approval Date: 03/18/04
 Page 2 of 45

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/6, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7572	NAEGLE	DRY-IN	PASS	LAURA WILL CALL
4	23 S. RIDGEVIEW COCO BUILDERS	SHEATHING		INSPECTOR: 
7268	H BASSOC - TMI MATE	ELEC WAREHOUSE	FAIL	
6	3758 SE OCEAN KIRCHMAN	MECH. " " DUMB " "		\$40 FEE INSPECTOR: 
7567	HICKS	FINAL ROOF	FAIL	SHEATHING ONLY.
1	7 MANDALAY RD PACIFIC ROOFING	DRY-IN	PASS	\$40 FEE INSPECTOR: 
7289	KLOSE	FINAL ROOF	---	RESCHEDULE W/ ROB. ON JOB SITE
2	2 BAKU PACIFIC ROOFING			INSPECTOR: 
7638	MONZON	DRY-IN	---	WILL RESCHEDULE
5	118 HILLCREST PACIFIC ROOFING			INSPECTOR: 
TREE	LYDON	TREE	PASS	
3	73 S SEWALL ST			INSPECTOR: 
	HAYNES	SIDING	PASS	
	6 PALM O/B			INSPECTOR: 
OTHER: 7	LUCAS MANDALAY LAURENCE DR ROOFING	FINAL ROOF	PASS	CLOSE INSPECTOR: 

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri JULY 20, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7460	BRUNER	FINAL FENCE	PASS	CLOSE
2	19 RIVERVIEW DR O/B			INSPECTOR: <i>[Signature]</i>
7290	KRANSOE	TWO TAG	PASS	
8	112 HILLCREST TR PACIFIC ROOFING			INSPECTOR: <i>[Signature]</i>
7634	LYDON	FINAL DRIVEWAY	PASS	CLOSE
9	108 N. SEWALL ST GALIANO CONCRETE			INSPECTOR: <i>[Signature]</i>
6081	SANGRATKA	FINAL RENOV	FAIL	
5	20 S. VIA LUCINDIA AZTEKA	ADDITION 8-9 A.M.		INSPECTOR: <i>[Signature]</i>
6626	SANGRATKA	FINAL REROOF	PASS	CLOSE
5	20 S. VIA LUCINDIA AZTEKA CONST			INSPECTOR: <i>[Signature]</i>
6628	SANGRATKA	FINAL SIDING	PASS	CLOSE
5	20 S. VIA LUCINDIA AZTEKA CONST.	W. WINDOW PER		INSPECTOR: <i>[Signature]</i>
7572	TRIPLE	FINAL ROOF	PASS	CLOSE
6	23 S. RIVERVIEW			INSPECTOR: <i>[Signature]</i>
	CONCRETE BUILDERS			

OTHER: _____

7704

A/C CHANGEOUT

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 7/29/05

BUILDING PERMIT NO. 7704

Building to be erected for CONNOLLY

Type of Permit A/C Changeout

Applied for by FLYNN'S A/C (Contractor)

Building Fee _____

Subdivision HOMWOOD Lot 3 Block C

Radon Fee _____

Address 23 N. RIDGEVIEW ROAD

Impact Fee _____

Type of structure SFR

A/C Fee 35.00

Parcel Control Number:
138410060030003040000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # _____ Cash

Other Fees (_____) _____

Total Construction Cost \$ 2205.00

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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



Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: WILLIAM CONNOLLY Phone (Day) 287-8315 (Fax) _____

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

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: _____

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

Description of Work To Be Done: A/C CONDENSED CHARGE

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 2205
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

(If no, fill out the Contractor & Subcontractor sections below)
(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: EXPAN'S A/C Phone: 283-4114 Fax: 781-1307

Street: 1323 THORNA ST. City: PALM CITY State: FL Zip: 34990

State Registration Number: _____ State Certification Number: CAC055482 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic# _____ Phone Number: _____

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

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

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

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

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

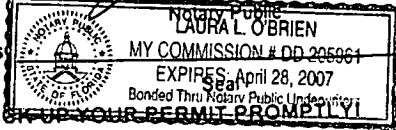
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (required)
William Connolly
State of Florida, County of: MARTIN
This the 28th day of July, 2005
by William Connolly who is personally known to me or produced as identification

My Commission Expires _____

CONTRACTOR SIGNATURE (required)
Joseph Flynn
On State of Florida, County of: MARTIN
This the 28th day of July, 2005
by JOSEPH FLYNN who is personally known to me or produced as identification

My Commission Expires _____



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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SB DATE (MM/DD/YYYY)
 FLYNA-1 11/01/04

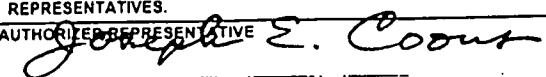
PRODUCER Stuart Insurance, Inc. 3070 S W Mapp Palm City FL 34990 Phone: 772-286-4334 Fax: 772-286-9389	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Flynn's A/C Service, Inc. 1323 SW Thelma Street Palm City FL 34990	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Southern Owners</td> <td>10190</td> </tr> <tr> <td>INSURER B: Auto Owners Insurance Co</td> <td>18988</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Southern Owners	10190	INSURER B: Auto Owners Insurance Co	18988	INSURER C:		INSURER D:		INSURER E:	
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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 7	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	20567737	10/31/04	10/31/05	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
					MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
A	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	4165950800	10/31/04	10/31/05	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 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 \$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Air Conditioning Contractor - State of Florida

CERTIFICATE HOLDER Towns-1 Town of Sewalls Point 220-4765 1 S Sewalls Point Road Stuart FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/19/2004

(863)688-5495 FAX (863)688-4344
 & Associates Insurance, LLC
 1000 Morton Dr.
 Box 3608
 Deland, FL 33802
 INSURED FLYNN'S AIR CONDITIONING SERVICE INC
 1323 SW THELMA ST
 PALM CITY, FL 34990

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: **Bridgefield Employers Ins 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.

NSR ADD'L LTR INSUR	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"/> 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/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 \$												
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A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	083029595	01/01/2005	01/01/2006	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">WC STATU- TORY LIMITS</td> <td style="width: 5%;">OTH- ER</td> <td style="width: 90%;"></td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$ 100,000</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$ 100,000</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$ 500,000</td> </tr> </table>	WC STATU- TORY LIMITS	OTH- ER		E.L. EACH ACCIDENT		\$ 100,000	E.L. DISEASE - EA EMPLOYEE		\$ 100,000	E.L. DISEASE - POLICY LIMIT		\$ 500,000
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E.L. DISEASE - POLICY LIMIT		\$ 500,000															

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

CERTIFICATE HOLDER

CANCELLATION

Town Of Sewalls Point
 1 South Sewalls Point Rd
 Stuart, FL 34996

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
Anthony Martinez/BELIND

Anthony Martinez



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 23 N. RIDGEVIEW

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

A/C CHANGEOUT - PASS
(COMP/COND) WEST SIDE
50 A. BREAKER IN PANEL

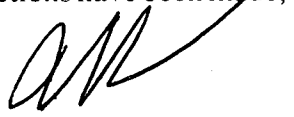
EXCEEDED MAX ALLOWABLE
BY MANUFACTURE OF 40 A.

OWNER REFUSED TO MAKE
CORRECTION AND STATED HE
DID NOT WANT GOVERNMENT
TELLING HIM WHAT TO DO.

IT WAS EXPLAINED TO OWNER
POSSIBLE PROBLEMS WITH EQUIP.
IF CORRECT BREAKER IS NOT INSTALLED

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: 8/10



INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/10, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6413	POWERS	DRIVEWAY	PASS	
3	70 S. Sewall St	POUR		
	Florida's Finest			INSPECTOR: <i>OM</i>
7637	SCHECODNIC	PATENT'S FOR	SCHEDULE	8/12
1	1 RIVERCREST	METAL ROOF		2ND THING.
	MARZO INC.	SYSTEM		INSPECTOR:
7646	FARROW	FINAL ROOF	PASS	CLOSE
9	47 N. RIVER ROAD			
	CARDINAL ROOFING			INSPECTOR: <i>OM</i>
7396	HB ASSOC JOYCE'S FLOWERS	FINAL DEMO	FAIL	
12	3756 SE OCEAN	ELEC, A/C, PLUMBING REPAIR		
				INSPECTOR: <i>OM</i>
7104	CONNOLLY	A/C CHGOUT	FINAL PASS	OWNER DEMANDED THAT 50A FUSE BE REMAIN
8	23 N. RIDGEVIEW	(SEE CORRECTION NOTICE)		
	Flynn's			INSPECTOR: <i>OM</i>
7664	KIMES	FINAL GARAGE DOOR	PASS	CLOSE
4	2 RIVERVIEW DR			
	TREASURE COAST GAR			INSPECTOR: <i>OM</i>
7328	SCHMADER	TINTAG MEAL	PASS	
2	102 HENRY SEWALL			
	CONNAN			INSPECTOR: <i>OM</i>
OTHER:	LYDON	TREE	PASS	
TREE	73 S. Sewall St			<i>OM</i>
3A				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THUR~~ **THUR** 9-27-2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1704	Connolly 23 rd Redgview Hynn's	Final	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
8716	Webb 2 St Lucie Ct TC Fence	Fence footing Am.	PASS	PARTIAL INSPECTOR: <i>[Signature]</i>
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

OTHER: _____

TREE PERMITS



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner MARY Nangle Address 23 S. R. Swain Phone 772-323-4005

Contractor Tropical Art Landscape Address _____ Phone _____

No. of Trees: REMOVE 1 Species: SITK Oak

No. of Trees: RELOCATE 0 Species: LAUREL

No. of Trees: REPLACE 0 Species: _____

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

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) Dead tree

Signature of Property Owner Mary Nangle Date 11-19-13

Approved by Building Inspector: [Signature] w/CONDITION Date 11-20-13 Fee: 0

NOTES: TREE NEEDS TO BE REPLACED A SIMILAR TREE

SKETCH:

Front yard facing house
 on the right in front of the
 living room windows in garden
 bed. Has the brown dead leaves.

Thank you,
 Mary