

# **3 Rio Vista Drive**

RECEIVED  
JAN 20 1977

TOWN OF SEWALL'S POINT, FLORIDA

APPLICATION FOR BUILDING PERMIT

Permit No. #667

Date 2/1/77

(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 GUSTAV SCHICKELMANZ Present Address \_\_\_\_\_ Ph \_\_\_\_\_

General Contractor P. MORGAN Address \_\_\_\_\_ Ph \_\_\_\_\_

Where licensed MARTIN Co. License No. 27

Plumbing Contractor \_\_\_\_\_ License No. \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ License No. \_\_\_\_\_

Street building will front on RIO VISTA DR

Subdivision RIO VISTA Lot No. 2B Area 3 RIO VISTA DRIVE

Building area, inside walls (excluding garage, carport, porches) Sq ft 1950

Other Construction (Pools, additions, etc.) NONE

Contract Price (excluding land, rugs, appliances, landscaping) \$ 33,150

Total cost of permit \$ 33,150 - 190.00

34  
5  
170  
20

Plans approved as submitted \_\_\_\_\_ Plans approved as marked \_\_\_\_\_

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

[Signature]  
Signed by General Contractor

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

[Signature] for GUSTAV SCHICKELMANZ  
Signed by Owner

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

TOWN RECORD

Date submitted 2/1/77 [Signature]

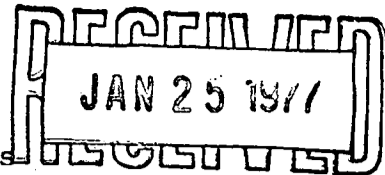
Date approved 2/1/77 [Signature]

Certificate of Occupancy issued 5/19/77 [Signature] Date

#667

Application and Permit  
of

Individual Sewage Disposal Facilities



THIS PERMIT EXPIRES ONE (1)  
YEAR FROM DATE OF ISSUANCE

Application/Permit  
No. AD 77-43

MARTIN County Health Department

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 plat of subdivision. If not platted, 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.) CORNER SEWALLS POINT ROAD  
SOUTH & RIO VISTA DRIVE  
Lot 28 Block — Subdivision RIO VISTA  
Date Platted — Directions to Job AIA TO SEWALLS POINT  
SOUTH TO RIO VISTA DRIVE ON THE RIGHT
2. Owner or Builder ROGER MORGAN  
P.O. Address 2300 S.E. OCEAN BLVD. STUART, FLA 33494  
Septic tank system to be installed by:

Scale 1" = 50'

4 BEDROOMS

(Rear)

3. Specifications:

1050 gallon tank with  
340 square feet of  
drainfield with at least  
4" inside diameter pipe.

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.

Applicant: R. MORGAN  
Please Print

Signature: R. Morgan / R. Larson

(Name of Street or State Road)

Date: 1.18.77

(Name of Street or State Road)  
(Side)

REMOVE ALL IMPERVIOUS MATERIALS TO A DEPTH OF 6' AND BACKFILL WITH A GOOD GRADE OF SAND IN ENTIRE AREA OF DRAINFIELD.

SEE ATTACHED SHEET

(Name of Street or State Road)  
(Side)

(Front)

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: Trenches only

The above signed application has been found to be in compliance with Chapter 10D-6, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: John S. Cole County Health Dept. Martin Date 1/19/77

Section IV - Final Construction Approval

Construction of installation approved:  Yes  No

Date: \_\_\_\_\_ By: \_\_\_\_\_

FHA No. \_\_\_\_\_ VA No. \_\_\_\_\_

\*\*\*\*\*

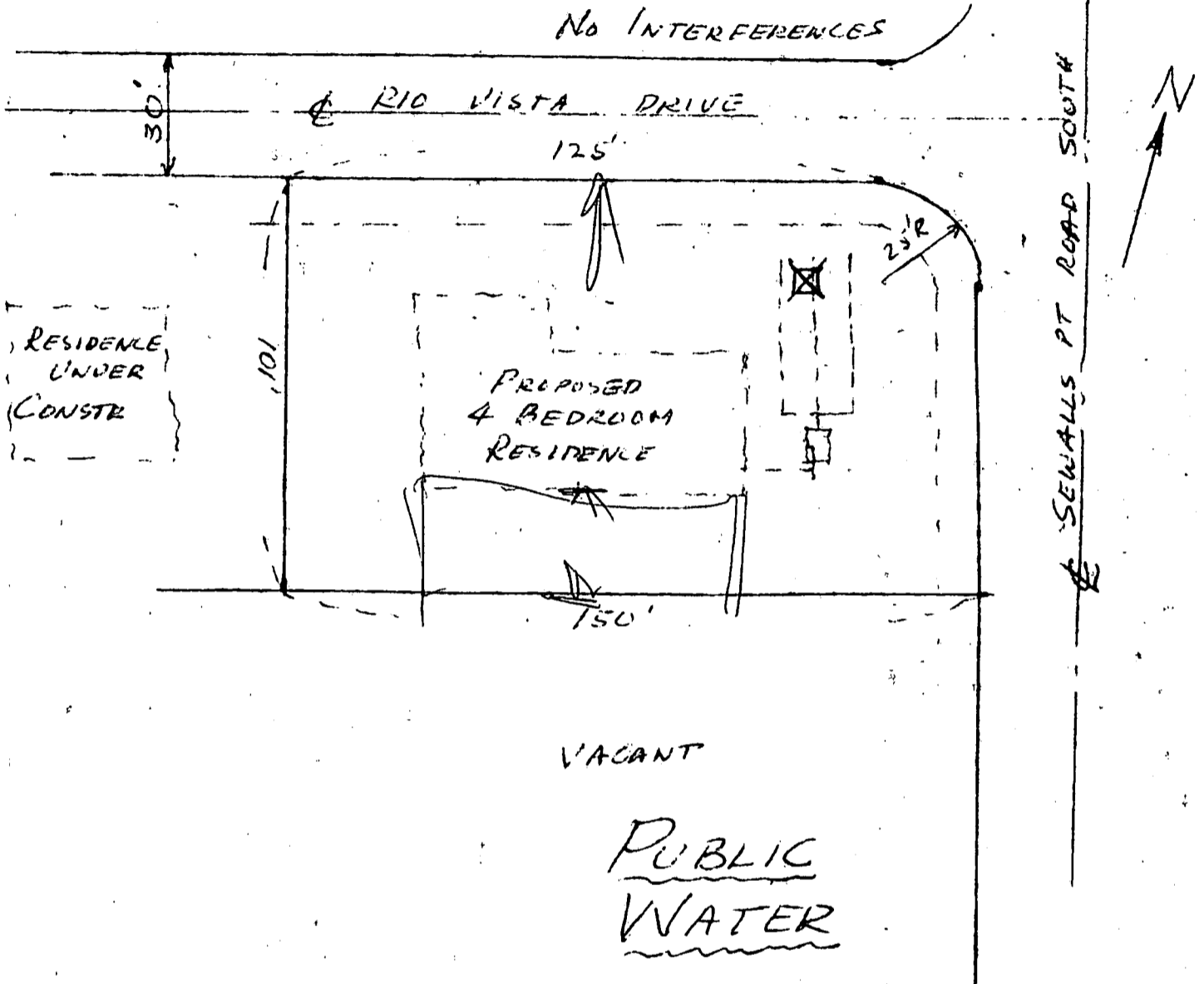
#667

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
DIVISION OF HEALTH

INDIVIDUAL SEWAGE DISPOSAL FACILITIES

Location: LOT 28 RIO VISTA DATA SHEET Applicant: ROGER MORGAN  
S/D - SEWALLS POINT County: MARTIN

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



PLAN  
Scale: 1" = 40'

SOIL BORING LOG

Soil Identification CLASS I GROUP SW  
Soil Characteristics SANDY

Percolation Rate 1/2 min/inch

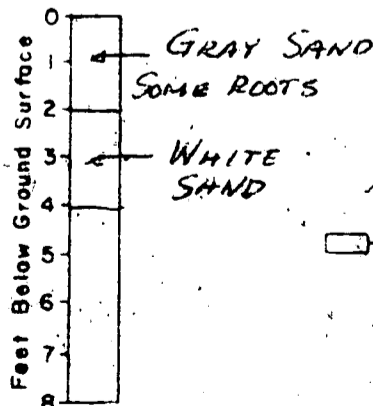
Water Table Depth 3'-8"

Water Table Depth During Wet Season 3'-6"

Compacted Fill 0' Req'd

Computer E.F.I. Checked By

SOIL DATA



LEGEND

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

*R. Larson*  
1.18.77

CERTIFIED BY: *R. Larson*

FLORIDA PROFESSIONAL No. 16553

Date 1.18.77 Job No. 7-07-03 #667

LOT 28, RIO VISTA

BUILDING PERMIT REQUIREMENTS

Permit No. #667

Date Issued 2/1/77

REQUEST FOR PERMIT TO BUILD: RESIDENCE

COPY OF DEED: O.R. Book NOT NECESSARY Page per CD 1/25/77

THREE COPIES PLANS Received 1/25/77

CERTIFIED BY N/A Date \_\_\_\_\_  
(If necessary re deed restrictions)

COUNTY SEWAGE DISPOSAL PERMIT # HD-77-43

REQUEST FOR CERTIFICATE OF OCCUPANCY

#667  
Schickedanz  
Morgan  
Rio Vista #28

5.18.77

John:

Here is A BREAKDOWN OF MY EXPENSES  
IN THE TWO STORY HOUSE

PLUMBER	2,160
LUMBER, etc	9,700
AIR CONDITIONING	2,000
CABINETS	2,370
GARAGE DOOR	286
ELECTRICIAN	1,550
CARPENTER, ROOFER	12,810
SEPTIC TANK	580
STUCCO	700
PAINTER	1700
ROOF TRUSSES	840
INSULATION	680
	<hr/>
	35,176

Roger

2/10/77  
8:55

Chas: John Heidinger

Plumber on all (3)

Jacob Miller

elec. on all (3)

per Roger Morgan

**SCHICKEDANZ**

Rio Vista ... homes of distinction ...

**Residential Contractors**

2300 S.E. OCEAN BOULEVARD  
STUART, FLORIDA 33494  
Telephone (305) 283-0060

 OCEAN EAST MALL

ROGER G. MORGAN  
General Manager

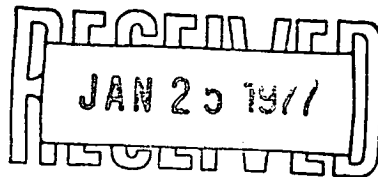
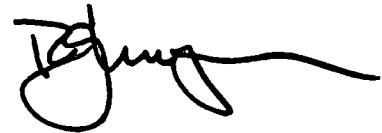
24 January 1977

Building Department  
Town of Sewall's Point  
1 South Sewall's Point Road  
Jensen Beach, Fl 33457

Dear Sir:

Disregard all reference to basement plan.

Sincerely,



#667

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 2/11/77

This is to request that a Certificate of Approval for Occupancy be issued to Schubert Bros.

For property built under Permit No. 667 Dated \_\_\_\_\_

when completed in conformance with the Approved Plans.

\_\_\_\_\_  
Signed

\*\*\*\*\*

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	2/10/77	
Rough plumbing	2/15/77	
<del>Perimeter beam</del>		
Rough electric	2/25/77	
Close in		
Final plumbing		
Final electric		

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector \_\_\_\_\_ date

Approved by Town Commission \_\_\_\_\_ date

Utilities notified \_\_\_\_\_ date

Original Copy sent to \_\_\_\_\_

(Keep carbon copy for Town files)



Gustav Schickedanz #667  
Lot 28 - Rio Vista  
3 Rio Vista Drive

TOWN OF SEWALL'S POINT

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 2/1/77

This is to request that a Certificate of Approval for Occupancy be issued to GUSTAV SCHICKEDANZ

For property built under Permit No. 667 Dated 2/1/77

when completed in conformance with the Approved Plans.

[Signature]  
Signed

\*\*\*\*\*

RECORD OF INSPECTIONS

<u>Item</u>	<u>Date</u>	<u>Approved by</u>
Footings	2/8/77	Charles Duryea
Rough plumbing	2/15/77	"
Perimeter-beam		"
Rough electric	3/25/77	"
Close in	3/25/77	"
Final plumbing	5/19/77	"
Final electric	5/19/77	"

Final Inspection for Issuance of Certificate for Occupancy:

Approved by Building Inspector [Signature] 5/19/77 date

Approved by Town Commission [Signature] 5/19/77 date

Utilities notified May 19, 1977 date

Original Copy sent to Roger Morgan [Signature]

(Keep carbon copy for Town files)

**1305**

**ENLARGE SCREEN  
ENCLOSURE  
& ERECT FENCE**

RECEIVED MAR 12 1981

TOWN OF SEWALL'S POINT FLORIDA

Permit No. # 305

Date March 11, 1981

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 Master R. Sala Present address 3 Rio Vista Drive

Phone 286-1483

Contractor OWNER 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: expand screen enclosure, erect fence

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

3 Rio Vista Dr.

Subdivision Rio Vista Lot No. 28

Contract price \$ 3600<sup>00</sup> Cost of Permit \$ 18<sup>75</sup>

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 Master R. Sala

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 Master R. Sala

TOWN RECORD

Date submitted March 11, 1981

Approved: J. Maguire Building Inspector Date 3/12/81

Approved: G. C. Stubbins Commissioner Date 3/12/81

Final Approval given: Master R. Sala 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.

# 305

**1314**

**WHIRLPOOL**

1314

RECEIVED MAR 27 1981

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 Nector R. Sala Present address 3 Rio Vista

Phone 286-1483

Contractor OWNER 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: \_\_\_\_\_

whirlpool

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

3 Rio Vista lot 28

Subdivision Rio Vista Lot No. \_\_\_\_\_

Contract price \$ 1900.00 Cost of Permit \$ 1000

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 Nector R. Sala

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 Nector R. Sala

TOWN RECORD

Date submitted \_\_\_\_\_

Approved: J. Maguire Building Inspector Date 3/27/81

Approved: H. C. Strubell Commissioner Date 4/6/81

Final Approval given: \_\_\_\_\_ Date 4/20/81

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.

1314

# A SPA bubbles in a different kind of glass!

Pamper yourself because you deserve it. A spa has been described as a therapy pool, a circulation stimulator, a tension, ache and fatigue reliever, the ultimate relaxer — fun. A Champagne Spa is all these things. Experience it as a solitary soak after a long day or spirited athletic activity. Or, for just plain enjoyment, with close friends on a crisp night under the starlit heavens. Gentle steam rising. Conversation.

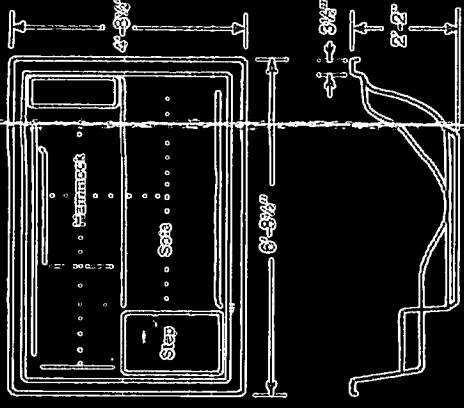
A spa is loved by all ages—from the very young, to the "young at heart". It's like having your own private year-round health resort. Your spa can even qualify as tax deductible if prescribed for therapeutic reasons by your doctor.

Champagne Spas can be used outdoors or in, as a delightfully cool summer dip or as a sensually hydrotherapeutic hot spa. Whether placed in an elaborately created environment, natural outdoors or installed on a tight budget, your spa will add esthetic beauty and significantly improve the worth of your home. Champagne Spas can be installed sunken, semi-sunken or free-standing, skirted with materials of your choice. Space a problem? Our compact models can easily be set up as moveables that simply fill with a hose and plug in. Great if you're an apartment resident or must relocate!

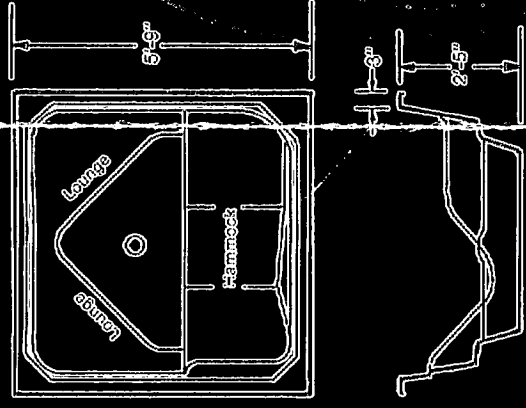
Talk about comfort! Imagine reclining in a body cradling hammock or seated on a contoured lounge while millions of tiny bubbles are propelled by surging waters to massage and caress your entire self... ahhh.

Here's the best part — it's remarkably affordable.

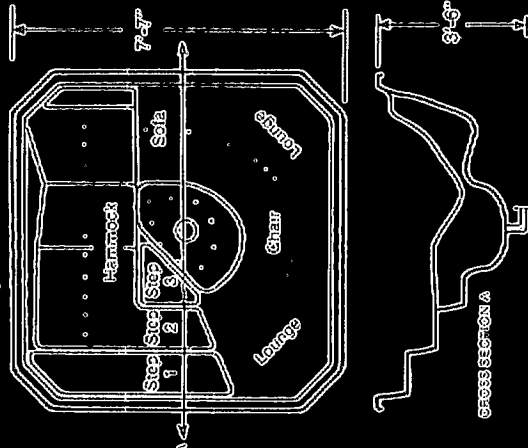
Madira — Seats 2 or 3



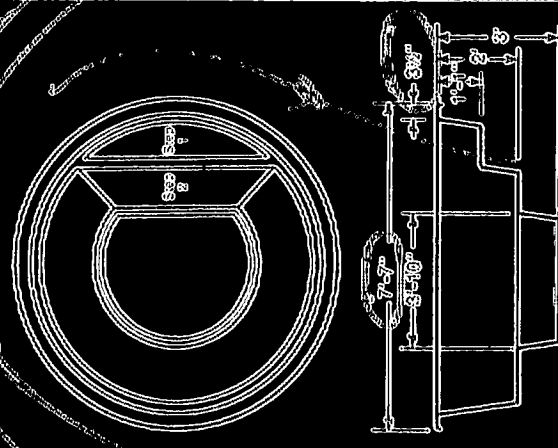
Alaro — Seats 4



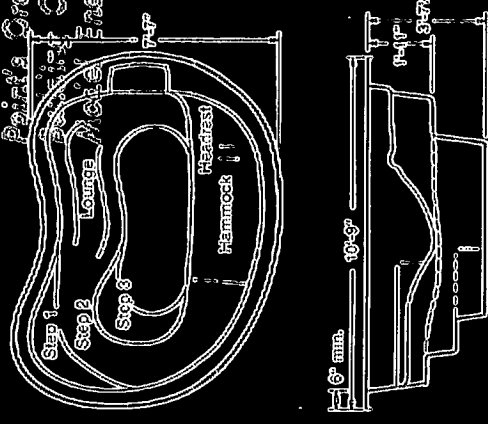
Chardonay — Seats 6



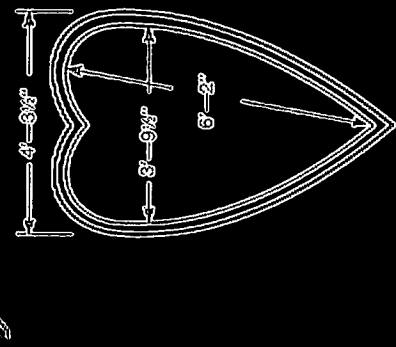
Saratoga — Seats 8



Solara — Seats 8 to 10



Francis — Seats 1 or 2

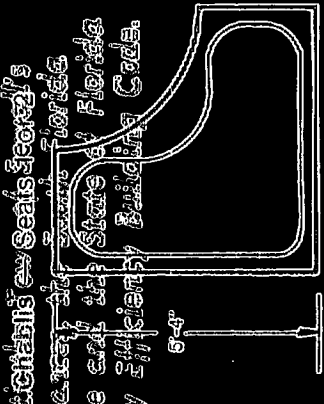


Champagne designs shown above and at left all feature a complete engineered equipment system to provide stimulating whirlpool action throughout the spa. Each has

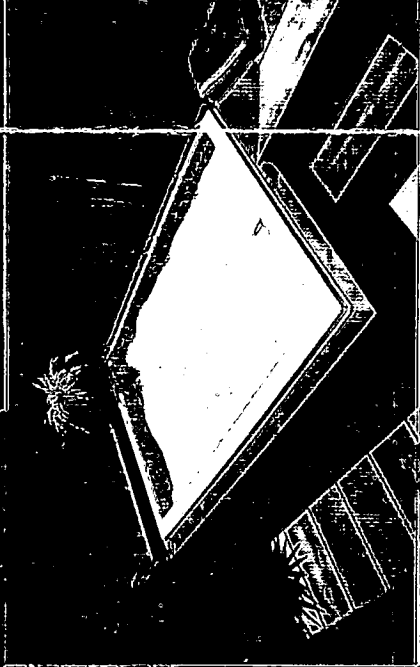
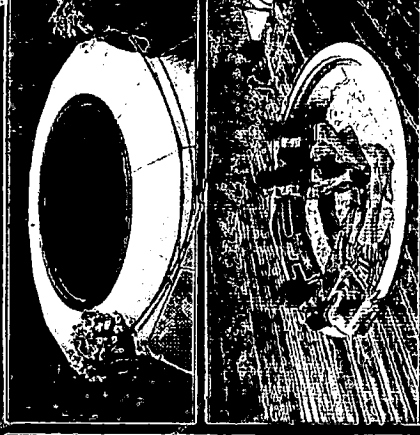
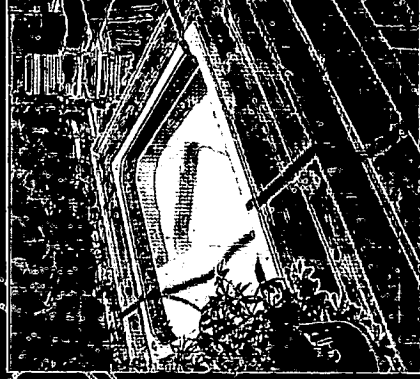
- pre-installed inlets and outlets.
- an integrally molded air induction chamber and dozens of tiny air jets which combine with adjustable hydro-jet therapy fittings for optimum hydromassage.
- electric heater and filter pump are independent to allow pre-heating water, heating during operation or no heating, when a cool soak is desired.
- supercharger/blower and cartridge filter.
- jet air velocity control valve.
- anti-vortex safety outlets.
- custom cover for heat retention and cleanliness.

Models illustrated above are primarily intended for whirlpool bath use but each can be installed outdoors with optional equipment if desired.

Standard package includes whirlpool pump and pre-installed hydro-jet therapy fittings, jet air velocity control, anti-vortex safety outlet, chrome plated grate and spa-side function controls. And, as with any Champagne Spa, select from a beautiful range of decorator colors.



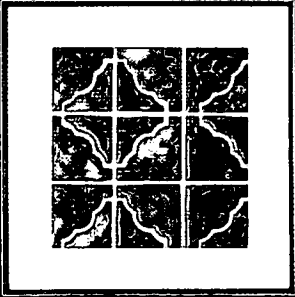
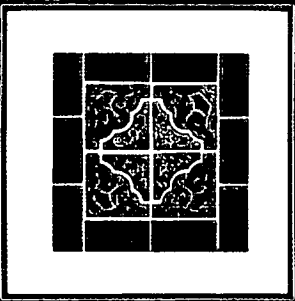
Point's Order Service, Inc. State of Florida Energy Efficiency Building Code



Hydro-jet inlets can be custom located to suit user preference — lower back, upper torso, foot massage, wherever, — the choice is yours.

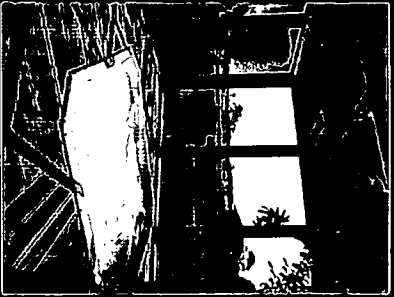
Champagne Spas & Hot Tubs

# CHAMPAGNE SPAS



Many models can be accented with artisan tile to add "just the right touch"

The choice is yours. Select from an array of beautiful designer colors that complement any environment.



A Champagne Spa is built to work on you, not create work for you. Since it is a small body of water, it requires little energy to heat year-round. Maintenance is an almost never thing.

Quality in selection of materials — stringent manufacturing controls — these are the key elements assuring that all Champagne Spas "are created equal". Each features multi-layer fiberglass construction with the finest of resins. The process is accomplished on precision molds, to produce a heavy-walled one-piece spa. Special reinforcement stiffeners located at stress points add to the assurance of structural integrity and durability. A specially formulated mastic coating on outer shell surfaces safeguards against the effects of contact with high alkal soil. A final touch, the jet-coat inner surface is polished to a brilliant jewel like finish.

Craftsmanship. Ours has been derived from many years of spa building and manufacture of fiberglass products for the marine industry. Many of the beautifully sculpted spa contours have been exclusively created for Champagne Spas by an internationally famous Danish artisan. The only "built-in" difference from one Champagne Spa model to another is style and size — the result, a spa that will go on giving pleasure for years to come.

Your time has come. Recharge, relax — now you can really "get away from it all" by owning your own spa.

A Champagne Spa is an incredible investment. You'll wonder why you waited so long!

Information contained herein subject to change. Product improvements and new feature research are constant activities at Champagne Spas & Hot Tubs.

## Champagne Spas & Hot Tubs

3077 S. Dixie Hwy., Suite 4, Ft. 33424 • (305) 236-0785  
2661 N. Federal Hwy., Ft. Lauderdale, FL 33306 • (305) 566-2435

Home of genuine factory direct savings — not "just talk!"

**3709**

**RE-ROOF**



DEC 27 1994

TAX FOLIO NO.

#3709

DATE

12/27/94

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 Nester Sela Present address 3 Rio Vista

Phone 287-4946

Contractor Genace Roofing Address 1206 S.W. Sudder Ave

Phone 879-9211 Port St. Lucie, FL 34953

Where licensed City of Stuart & PSL License number 5736 & 1625

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: Remove old shingles, put down new felt, new drip & apply dimensional shingles

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

Subdivision Rio Vista Lot Number 28 Block Number \_\_\_\_\_

Contract price \$ 3870.<sup>00</sup> Cost of permit \$ 100<sup>00</sup>

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 Ronald Suarez

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 Janene L Sala

TOWN RECORD

Date submitted \_\_\_\_\_

Approved: Dale Brown 12/27/94  
Building Inspector Date

Approved: [Signature]  
Commissioner Date

Final approval given: \_\_\_\_\_  
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) \_\_\_\_\_  
Date

PERMIT NO. **3709**



STATE OF FLORIDA  
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY  
Bureau of Workers' Compensation Compliance  
2728 Centerview Drive  
Suite 100, Forrest Building  
Tallahassee, Florida 32399-0661

TO WHOM IT MAY CONCERN:

THIS COMPUTER PRINT-OUT CAN BE USED FOR EXCLUSION FOR ANY AND ALL PURPOSES  
UNDER OUR DEPARTMENT SEAL.

A handwritten signature in cursive script, appearing to read "E. A. Woodard", written over a horizontal line.

E. A. WOODARD  
ADMINISTRATOR

RECEIVED JUL 25 1994

7/20/94  
09:53:52

Display for: GERACE ROOFING CO INC  
F.ID= 660401505 WC No.= 131999-001

WV120M1  
City: PT ST LUCIE  
Page 1

No.	Name	SSN	Office	R/W	Effective	Expiration
1.	GERACE RONALD	261 25 6953	PR	R	5/19/92	5/19/94
	-> LICENSE# 1: 1625					BATCH#: 00000
2.	GERACE RONALD	261 25 6953	PR	R	3/28/94	3/28/96
	-> LICENSE# 1: 1625					BATCH#: 00000

3.  
4.  
5.

Enter data & press <ENTER>; for ADDS, use No.= 0; UPDATES use No.= on screen

No.= \_ Name= \_\_\_\_\_ SSN= \_\_\_\_\_ Office= \_\_\_\_\_ R/W= \_  
Effective: \_\_\_\_\_ LIC# 1: \_\_\_\_\_ LIC# 2: \_\_\_\_\_ BATCH#: \_\_\_\_\_

YOU ARE UNAUTHORIZED TO UPDATE THIS SCREEN

<PF12> Help; <PF5> Exit Construction Industry Rejection/Withdrawal Screen

RECEIVED JUL 25 1994

CITY OF STUART  
121 SW FLAGLER AVENUE  
STUART, FLORIDA 34994

CITY OF STUART, FLORIDA

COMPETENCY CARD #5736

CONTRACTOR FOR ROOFING

GERARD DONALD J.

EXPIRES SEPTEMBER 30, 1995

# ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
12/27/94

**PRODUCER**

PORT ST. LUCIE INSURANCE AGENCY  
8731 S. US HIGHWAY 1  
PORT ST. LUCIE, FL 34952

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.

**COMPANIES AFFORDING COVERAGE**

- COMPANY A: EUROFLORIDA INSURANCE COMPANY
- COMPANY B:
- COMPANY C:
- COMPANY D:

**INSURED**

GERACE ROOFING COMPANY, INC.  
1206 SUDDER AVENUE  
PORT ST. LUCIE, FL 34953

**COVERAGES**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY UNPAID CLAIMS.

CO CTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECT DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 300,000
A	XX COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP. OR INGG \$ 300,000
	CLAIMS MADE XX OCCUR	B0167G410018	08/08/94	08/08/95	PERSONAL & ADV INJURY \$
	OWNERS & CO-OP PROP				EACH OCCURRENCE \$ 300,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 1,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				STATUTORY LIMITS
	THE PROPRIETOR, PARTNERS, EXECUTIVE OFFICERS ARE	INCL			EACH ACCIDENT \$
	OTHER	EXCL			DISEASE POLICY LIMIT \$
					DISEASE - EACH EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

SEWELL'S POINT  
1 S. SEWELLS POINT RD.  
STUART, FL 34996

**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 CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Linda Taylor*

**5260**  
**RE-ROOF**

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 2/13/01

BUILDING PERMIT NO. 5260  
Type of Permit REEROOF (SHINGLE TO MET)

Building to be erected for RON LIBITSKY

Applied for by A&W CONST. - RFG. DIV. (Contractor) Building Fee \_\_\_\_\_

Subdivision RIO VISTA Lot 28 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 3 RIO VISTA DR. Impact Fee \_\_\_\_\_

Type of structure S.F.R. A/C Fee \_\_\_\_\_

Electrical Fee \_\_\_\_\_

Parcel Control Number:  
12-38-41-002-000-00280-80000

Plumbing Fee \_\_\_\_\_

Amount Paid \$120.00 Check # 2316 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )

Roofing Fee \$120.00

Total Construction Cost \$ 8,800.00 TOTAL Fees \$120.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Inspector OFFICIAL

# RE-ROOFING PERMIT

### INSPECTIONS

DRY IN  
PROGRESS

DATE \_\_\_\_\_  
DATE \_\_\_\_\_

PROGRESS  
FINAL

DATE \_\_\_\_\_  
DATE 3/30/01

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

**WORK HOURS - 8:00 AM UNTIL 5:00 PM**

**MONDAY THROUGH SATURDAY**

- New Construction
- Remodel
- Addition
- Demolition

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



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

**RECEIVED**

Bldg. Permit Number: \_\_\_\_\_

JAN 8 1 2001

Owner or Titleholder's Name Ron Libitsky BY: \_\_\_\_\_ Phone No. (561) 283-1334  
 Street: 3 Rivista Dr. City Stuart State: FL Zip 34996  
 Legal Description of Property: Rio Vista subdivision lot 28

Parcel Number: 12384100200000280000

Location of Job Site: 3 Rivista Dr. Stuart FL 34996

TYPE OF WORK TO BE DONE: re-roof Shingle to metal

CONTRACTOR/Company Name: A+W Construction Roofing Div. Phone No. (561) 283-8100  
 Street: 3301 Slater St. City Stuart State: FL Zip 34997  
 State Registration: \_\_\_\_\_ State License: CCC 057686

ARCHITECT: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
 Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

ENGINEER: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
 Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**AREA SQUARE FOOTAGE - SEWER - ELECTRIC:**

Living Area: \_\_\_\_\_ Garage Area: \_\_\_\_\_ Carport: \_\_\_\_\_ Accessory Bldg: \_\_\_\_\_  
 Covered Patio: \_\_\_\_\_ Scr. Porch: \_\_\_\_\_ Wood Deck: \_\_\_\_\_  
 Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_  
 New Electrical Service Size: \_\_\_\_\_ AMPS

**FLOOD HAZARD INFORMATION**

Flood zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD  
 Proposed first habitable floor finished elevation: \_\_\_\_\_ NGVD (minimum 1 foot above BFE)

**COSTS AND VALUES**

Estimated cost of construction or improvement: \$ 8,800.00  
 Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_  
 If Improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Method of determining Fair Market Value: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)**

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_  
 Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_  
 Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_  
 Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

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

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

**OWNER or AGENT SIGNATURE (Required)**

**CONTRACTOR SIGNATURE (Required)**

Ron Libitsky  
 Owner  
 State of Florida, County of: Martin On this the 30th day of January, 2000, by RON LIBITSKY who is personally known to me or produced FL DL as identification.

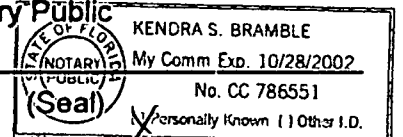
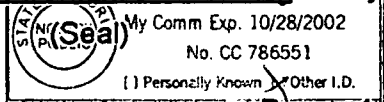
Kristopher Ashenbark  
 Contractor  
 State of Florida, County of: Martin On this the 30th day of January, 2000, by KRISTOPHER ASHENBARK who is personally known to me or produced \_\_\_\_\_ as identification.

Notary Public

Notary Public

My Commission Expires: 10/28/2002

My Commission Expires: 10/28/2002





**TREE REMOVAL (Attach sealed survey)**

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

DEVELOPMENT ORDER # \_\_\_\_\_

**1. ALL APPLICATIONS REQUIRE**

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

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

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

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

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

**ADDITIONAL Required Documents are:**

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

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

Approved by Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Town Engineer \_\_\_\_\_ Date: \_\_\_\_\_  
(If required)

PERMIT # \_\_\_\_\_

TAX FOLIO # 123841002 000 002 808.0000

**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 THE NOTICE OF COMMENCEMENT.

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

Rio Vista Subdivision Lot 28

GENERAL DESCRIPTION OF IMPROVEMENT Re-roof

OWNER: Ronald J & Ingrid P Libitsky

ADDRESS 1820 Jensen Bch Blvd #638 Jensen Bch 7134957

PHONE #: \_\_\_\_\_

CONTRACTOR: A&W Construction Roofing Division

ADDRESS 3301 SE Slater Ave. Stuart, FL 34997

PHONE #: 561-283-8100

FAX #: 561-283-0292

SURETY COMPANY (IF ANY) \_\_\_\_\_

ADDRESS \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_

LENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

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: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

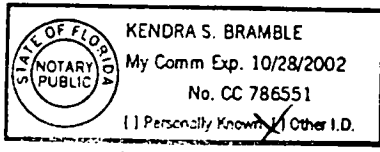
IN ADDITION TO HIMSELF, OWNER DESIGNATES \_\_\_\_\_ OF \_\_\_\_\_ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

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 30th DAY OF JANUARY 20 01 BY RON LIBITSKY

[Signature]  
NOTARY SIGNATURE

OR PERSONALLY KNOWN \_\_\_\_\_  
PRODUCED ID X  
TYPE OF ID FLDL

**ACORD CERTIFICATE OF LIABILITY INSURANCE** ID SB R&WCO-3 DATE (MM/DD/YY) 12/28/00

PRODUCER  
 Stuart Insurance, Inc.  
 3070 S W Mapp  
 Palm City FL 34990  
 Phone: 561-286-4334 Fax: 561-286-9389

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.

**COPY FILE**

**INSURERS AFFORDING COVERAGE**

INSURED  
 AWR of the Treasure Coast, Inc.  
 A & W Construction Inc  
 A & W Roofing Division  
 3301 SE Slater Street  
 Stuart FL 34994

INSURER A: Employers SIF  
 INSURER B: Auto Owners Insurance Co (TVBID)  
 INSURER C:  
 INSURER D:  
 INSURER E:

**FILE**  
*permut*

**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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	082100021004	07/16/00	07/16/01	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				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
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
B	AUTOMOBILE LIABILITY	4130139500	01/01/00 01/01/01	01/01/01 01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS 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 \$
					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

CERTIFICATE HOLDER **N** ADDITIONAL INSURED; INSURER LETTER: \_\_\_\_\_

**CANCELLATION**

**TOWNS-1**  
 Town of Sewalls Point  
 1 S Sewalls Point Road  
 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
*[Signature]*  
 Cabot W. Lord, CIC.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

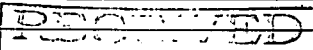
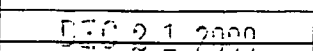
CERTIFICATE NO. / DATE  
VC2-47002-134085  
12/20/00 7:40:33 AM

Fin Bates & Associates  
4 Walnut Hill Lane #1081  
Dallas, TX 75231  
214-346-1501 fax: 425-671-4667

**FILE**  
LICENS.

**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

<b>INSURED</b> A & W CONSTRUCTION - ROOFING DIVISION 3301-SE SLATER ST. STUART, FL 34997 561-283-8100 fax: 561-283-0292	INSURER A: American Casualty Co. of Reading Pennsylvania
	INSURER B: 
	INSURER C: 
	INSURER D: 12/21/2000
	INSURER E: 12/21/2000

## 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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
	<b>GENERAL LIABILITY</b> <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 \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$												
	<b>AUTOMOBILE LIABILITY</b> <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) \$												
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$												
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$												
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC247859437	10/20/00	9/1/01	<table border="1"> <tr> <td>X</td> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td></td> <td>E.L. EACH OCCURRENCE</td> <td>\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	X	WC STATUTORY LIMITS	OTHER		E.L. EACH OCCURRENCE	\$ 1,000,000		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
X	WC STATUTORY LIMITS	OTHER															
	E.L. EACH OCCURRENCE	\$ 1,000,000															
	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000															
	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000															
	<b>OTHER</b> <input type="checkbox"/>				LIMIT \$ LIMIT \$												

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

1. Certificate holder is provided with a Waiver of Subrogation for Workers Compensation 2. Project Information 3. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc.

### CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

### CANCELLATION

TOWN OF SEWALLS POINT  
 T-S-W 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 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



**FILE**  
*he/mis*

**RECEIVED**  
SEP 26 2000  
BY: *g*

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

DATE	BATCH NUMBER	LICENSE NBR
8/15/2000	00004460	CB - C054502

The **BUILDING CONTRACTOR**  
named below **IS CERTIFIED**  
Under the provisions of Chapter 489 FS.  
Expiration date: **AUG 31, 2002**



**ASHENBACK, KRISTOPHER TODD**  
**A & W CONSTRUCTION INC**  
**3301 SLATER ST**  
**STUART FL 34997**

**JEB BUSH**  
**GOVERNOR**

**DISPLAY AS REQUIRED BY LAW**

**CYNTHIA A. HENDERSON**  
**SECRETARY**

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

DATE	BATCH NUMBER	LICENSE NBR
8/15/2000	00004460	CE - C057686

The **ROOFING CONTRACTOR**  
named below **IS CERTIFIED**  
Under the provisions of Chapter 489 FS.  
Expiration date: **AUG 31, 2002**



**ASHENBACK, KRISTOPHER TODD**  
**A & W CONSTRUCTION**  
**3301 SLATER ST**  
**STUART FL 34997**

**JEB BUSH**  
**GOVERNOR**

**DISPLAY AS REQUIRED BY LAW**

**CYNTHIA A. HENDERSON**  
**SECRETARY**

**MARTIN COUNTY ORIGINAL**  
**2000 COUNTY OCCUPATIONAL LICENSE 2001**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995  
(561) 288-5604

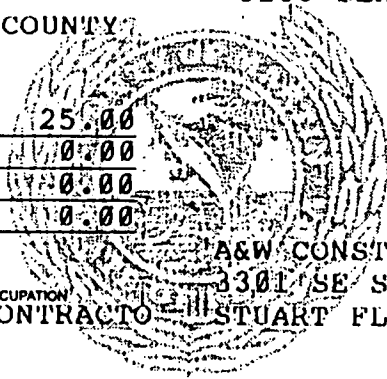
LICENSE 1999 513 020 CERT CCC57686

PHONE 561 283 8100 C NO 1761

LOCATION:  
5186 SLATER ST SE

**CHARACTER COUNTS IN MARTIN COUNTY**

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



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF **CONSTRUCTION/ROOFING CONTRACTOR** **A&W CONSTRUCTION ROOFING DIVISION**  
**3301 SE SLATER STREET**  
**STUART FL 34997**

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

8 DAY OF SEPTEMBER 2000  
AND ENDING SEPTEMBER 30, 2001

RECEIVED OF PAYMENT  
L.C. O'STEEN, T.C.  
99 09/08/2001  
199951300  
0220000903005123CK  
\$25.00

# A&W

## ROOFING

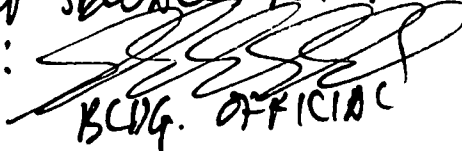
### DIVISION

## CONSTRUCTION

EST. 1982

### SCOPE OF WORK

- ❖ Complete removal and disposal of existing roof down to substrate.
- ❖ Install 30# ASTM felt fastened to code.
- ❖ Install 26 gauge Standing Seam Metal Roof System fastened to code with 1" pan head screws every 16" as per code

2/9/01 TOWN OF SECONALL'S POINT  
REVIEWED:   
BLDG. OFFICIAL

FILE TOWN COPY  
3 RIO VISTA DR.

PN 5260

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**PRODUCT CONTROL NOTICE OF ACCEPTANCE**Southeastern Metals Manufacturing Co., Inc.  
11801 Industry Drive  
Jacksonville FL 32226CONTRACTOR LICENSING SECTION  
(305) 375-2527 FAX (305) 375-2558CONTRACTOR ENFORCEMENT SECTION  
(305) 375-2966 FAX (305) 375-2908PRODUCT CONTROL DIVISION  
(305) 375-2902 FAX (305) 375-6339Your application for Product Approval of ~~\_\_\_\_\_~~  
~~Sem-Lok Snap-Lok Standing Seam Metal Roofing Panel~~

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.

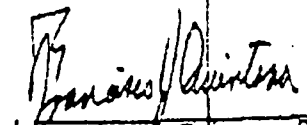
This approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing.

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 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.: 00-0201.03Expires: 03/24/2003Raul 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 Dade County, Florida under the conditions set forth above.



Francisco S. Quintana, R.A.

Director

Miami-Dade County

Building Code Compliance Office

Approved: 03/24/2000

1 of 5





**PRODUCT CONTROL NOTICE OF ACCEPTANCE  
ROOFING SYSTEM APPROVAL**

Applicant:  
Southeaster Metal Manufacturing Co. Inc.  
11801 Industry Drive  
Jacksonville, FL 32218

Product Control No.: 00-0201.03  
Approval Date: March 24, 2000

Expiration Date: March 24, 2003

Category: Prepared Roofing  
Sub-Category: Panels  
Type: Non-Structural  
Sub-Type: Metal

System Trade Names:

Southeaster Metal Manufacturing Co. Inc.  
"SEM-Lok Snap-Lok Standing Seam"

**TRADE NAMES OF PRODUCTS MANUFACTURED OR  
LABELED BY APPLICANT**

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
"SEM-Lok Snap-Lok Standing Seam"	i = various w = 16" min. 26 gage	PA 110 & PA 125	Corrosion resistant, galvanized, preformed, standing seam, coated, prefinished, metal panels.
Trim Pieces	l = varies w = varies min. 26 ga.	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>
Hurricane Test Laboratories, Inc.	0041-0703-98	UL-580 test PA 125	07/10/98
Celotex Corporation Testing Services	520504	PA 100	12/21/99



Frank Zuloaga, RRC  
Roofing Product Control Examiner

## SYSTEM DESCRIPTION

- SYSTEM A-1S:** "Sem-Lok Snap-Lok Standing Seam" 26 ga. Metal Panels
- Deck Type:** ~~Wood, Non-Insulated~~
- Deck Description:** ~~1/2" or greater plywood or wood plank.~~
- Slope Range:** 2":12" or greater
- Maximum Uplift Pressure:** The maximum allowable design pressure for the 16" wide panel shall be -57.5 psf.
- Deck Attachment:** In accordance with chapter 29 of the SFBC, but in no case it shall be less than # 8 x 2" screws spaced at 6" o.c. around the perimeter and 12" o.c. in the field. In re-roofing, where deck is less than 19/32" thick (minimum 15/32") the above attachment method must be in addition to existing attachment.
- Underlayment:** Minimum underlayment shall be a ASTM D 226 Type II installed with a minimum 4" side-laps and 6" end-laps. Underlayment shall be fastened with corrosion resistant tin-caps and 1 1/4" annular ring-shank nails, spaced 6" o.c. at all laps and two staggered rows 12" o.c. in the field of the roll.
- Valleys:** Valley construction shall be in compliance with Miami-Dade County Roofing Application Standard RAS 133 and with Southeastern Metal Manufacturing Company's current published installation instructions.
- Fire Barrier Board:** For class A or B fire rating, install minimum 1/2" thick Georgia Pacific "Dens Deck" (with current NOA) or minimum 4mm thick of Partek Insulations, Inc. (with current NOA) "Roctex" or 5/8" water resistant type X gypsum sheathing with treated core and facer, over the deck prior to installing the underlayment in compliance with Miami-Dade County Roofing Application Standard RAS 133.
- Metal Panels and Accessories:** Install the "SEM-Lok Panels" including flashings penetrations, valleys, and accessories in compliance with Southeastern Metal Manufacturing Company's current, published installation instructions and in compliance with the minimum requirements detailed in Miami-Dade Roofing Application Standard RAS 133.
- " SEM-Lok Panels" shall be installed through the prefabricated panel slot openings with a minimum #10 pancake wood fastener of sufficient length (but not less than 1") to penetrate through the sheathing. Fasteners shall be spaced a maximum of 7" o.c.

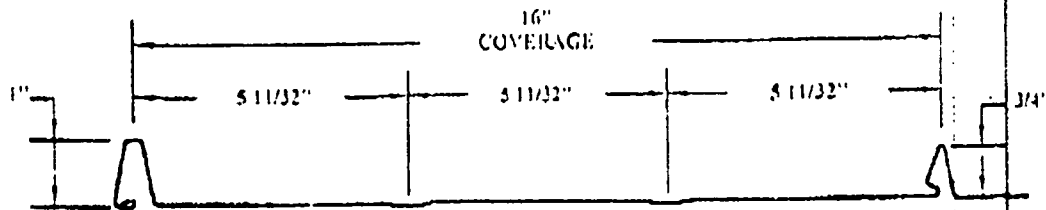


Frank Zulcaga, RRC  
Roofing Product Control Examiner

## SYSTEM LIMITATIONS

1. Increased design pressures at perimeter and corner areas, in compliance with chapter 23 of the SFBC, 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 proficient in structural design.
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 or logo, city, state and the following statement: "Miami-Dade County Product Control Approved."

## PROFILE DRAWINGS



"SEM-LOK SNAP-LOK STANDING SEAM" METAL ROOF PANELS

Frank Zuloaga, RRC  
Roofing Product Control Examiner

SOUTHEASTERN METALS MANUFACTURING CO., INC.

ACCEPTANCE NO: 00-0201.03

Southeastern Metals Manufacturing Co., Inc.  
11801 Industry Drive  
Jacksonville, FL 32218

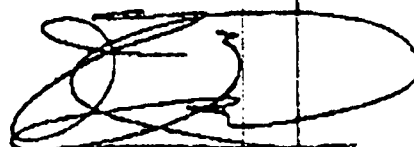
ACCEPTANCE NO: 00-0201.03  
APPROVED: March 24, 2000  
EXPIRES: March 24, 2003

### 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 5.

END OF THIS ACCEPTANCE

Page 3 of 5



Frank Zuloaga, RRC  
Roofing Product Control Examiner

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Thu 2/14/01, 2000; Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
✓ S 5209 ④	TRANTER 9 MIDDLE RD. PACIFIC	TIN TAG & METAL	2/16/01	
✓ S 5068 ③	WINER 19 RIDGELAND LEARN DEV.	SLAB	2/16/01	CALL BEFORE GOING (LEARN) 485-3082
✓ S ⑧	Libitsky <del>1110 Vista</del> Atw	<del>Shedding</del> EA ?	Passed	2/14 New siding over exist
✓ N ⑪	Rao 20 Castle Hill AR Prati	Slab	Passed	2/14
✓ S ①	Ribolina 18 Island Rd. Wilson	Columns front 2 <sup>nd</sup> floor	Passed	2/14
✓ S ②	Piceu 65 S. River Seagate	Slab R4 front portion	Passed	2/14

OTHER: \_\_\_\_\_

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri  Sat  Sun, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
S 5269	DANIELSON 161 S. RIVER RD. PACIFIC RFG.	SHEATHING (RESCHEDULE 2/19)	Passed	REKOP EXST'G. SFR. 2670116 Rob INSPECTOR: [Signature]
S 5226	GRIFFITH 140 S. SEWALL'S POINT RD. FOLDING SHUTTER	STORM SHUTTER- FINAL INSP.	Passed	(ROLLOVER FROM 2/19) INSPECTOR: [Signature] 2/21
S T/R	NICHOLS 17 PALMETTO DR. MONTE'S TREE SERVICE	FIELD VERIFICATION	Passed	tree effects scr. encl. INSPECTOR: [Signature] 2/21
S 5273	<del>LIBITSKY INSULL</del> 3 RIO VISTA DR. A+W	<del>IN PROGRESS</del> (SIDING REPLACEMENT) IN PROGC.	<del>TT+NO</del> Passed	<del>TT+NO</del> INSPECTOR: [Signature] 2/21
S 5230	DENNISON 49 W HIGHPOINT 018223-5945x1155	INSULATION CANCEL BY OWNER 2/21 7:20 AM.	X	INSPECTOR:
S 5063	ROBINSON 173 S. RIVER RD. DRIFTWOOD	TIE BEAM 2nd Floor	Passed	INSPECTOR: [Signature] 2/21
S 5209	TRANTOR 9 MIDDLE RD. PACIFIC	FINAL-ROOF CANCEL & CONTR. TO OFFICE	X	- NO REQ. FROM SUBMITTER - [unclear] INSPECTOR: [Signature] 2/21

OTHER: \_\_\_\_\_

metal passed  
flat = in prog - Friday

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  ~~THU~~ ~~FRI~~ ~~SAT~~ ~~SUN~~ WED MARCH 30, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5299	O'BRIEN 36 E. HIGH POINT A&W RFG.	SHEATHING	<del>NO</del>	CANCELLED
				INSPECTOR:
✓ 5274	LIBITSKY 3 RIO VISTA DRIVE QUALITY FENCE BTR	FENCE - FINAL	Passed	
				INSPECTOR: <u>3/30</u>
✓ 5172	ECKNA 107 HENRY SEWALL WAY SELECT HOMES	FRAMING + All Trades / KBLV (2 Straps / Draft slope)	Passed	(RESCHED. FROM 3/20) 287-390
				INSPECTOR: <u>3/30</u>
✓ 5192	RAO 30 CASTLE HILL A&W	TIN TAG + METAL	Passed	
				INSPECTOR: <u>3/30</u>
✓ 5286	SCHULTZ 64 S. SPR ADVANTAGE POOLS	GROUND + STEEL	→ roll over	(no forward sur)
				INSPECTOR:
✓ <del>5270</del>	<del>LIBITSKY</del>	<del>ROOF FINISH</del>	<del>Passed</del>	
✓ <del>5260</del>	<del>3 RIO VISTA DR</del> (3) A&W RFG.			INSPECTOR: <u>3/30</u>
✓ 5312	ENRIQUEZ 1 KINGSTON CT ACH MORRIS - DRIFTWOOD HOME		Passed	TEMP. ELECT. CONST? (CALL COME TO VERIFY) Called PPL 9:30
		Support pole !!		INSPECTOR: <u>3/30</u>

OTHER: \_\_\_\_\_

**5273**  
**RE-SIDING**



MASTER PERMIT NO. N/A

### TOWN OF SEWALL'S POINT

Date 2/19/01 BUILDING PERMIT NO. 5273  
 Building to be erected for RONALD & INGRID LIBITSKY Type of Permit REPL. SIDING.  
 Applied for by A&W CONSTRUCTION (Contractor) Building Fee \$ 336.00  
 Subdivision RIO VISTA Lot 28 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_  
 Address 3 RIO VISTA DRIVE Impact Fee \_\_\_\_\_  
 Type of structure S.F.R. A/C Fee \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_  
12-38-41-002-000-00280-80000  
 Amount Paid \$369.60 Check # 2424 Cash \_\_\_\_\_ Other Fees ( REV. ) 33.60  
 Total Construction Cost \$ 35,000.00 TOTAL Fees \$369.60

Signed [Signature] Applicant  
 Signed [Signature] Town Building Inspector SPECIAL

**SIDING  
REPL.**

## BUILDING PERMIT

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>3/28/01</u>

FLOOD ZONE \_\_\_\_\_ LOWEST HABITABLE FLOOR ELEV. \_\_\_\_\_

**24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455**  
**WORK HOURS - 8:00 AM UNTIL 5:00 PM**  
**MONDAY THROUGH SATURDAY**

New Construction    Remodel    Addition    Demolition

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



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

**RECEIVED**

Bldg. Permit Number: \_\_\_\_\_

FEB 15 2001

Owner or Titleholder's Name Ronald J. Ingrid P. Libitsky Phone No. (501) 283-1334  
 Street: 1820 Jensen Bch Blvd. #638 City Jensen Bch State: FL Zip 34957  
 Legal Description of Property: Rio Vista Subdivision Lot 28

Parcel Number: 143841002000028080000  
 Location of Job Site: 3 Rio Vista Drive, Stuart, FL 34997

TYPE OF WORK TO BE DONE: Complete Removal of Siding - Reinstallation of Siding

CONTRACTOR/Company Name: A&W Construction Roofing Div. Phone No. (561) 283-8100  
 Street: 3301 Slater Street City Stuart State: FL Zip 34997  
 State Registration: FLORIDA State License: CCC 057686

ARCHITECT: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
 Street: N/A City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

ENGINEER: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
 Street: N/A City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

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

FLOOD HAZARD INFORMATION N/A  
 Flood zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD  
 Proposed first habitable floor finished elevation: \_\_\_\_\_ NGVD (minimum 1 foot above BFE)

**COSTS AND VALUES**  
 Estimated cost of construction or improvement: \$ 35,000  
 Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_  
 If improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Method of determining Fair Market Value: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION:** (Notification to this office of subcontractor change is mandatory.)  
 Electrical: N/A State: \_\_\_\_\_ License # \_\_\_\_\_  
 Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_  
 Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_  
 Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

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

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

**OWNER or AGENT SIGNATURE (Required)**  
[Signature]  
 Owner

**CONTRACTOR SIGNATURE (Required)**  
[Signature]  
 Contractor

State of Florida, County of: MARTIN On this the 15<sup>th</sup> day of FEB., 2000, by RONALD LIBITSKY who is personally known to me or produced DL

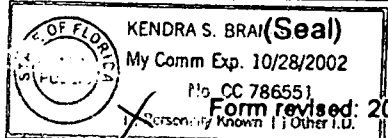
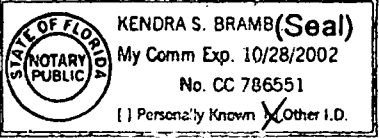
State of Florida, County of: MARTIN On this the 15<sup>th</sup> day of FEB., 2000, by KRISTOPHER ASHENBACK who is personally known to me or produced \_\_\_\_\_

as identification.  
[Signature]  
 Notary Public

as identification.  
[Signature]  
 Notary Public

My Commission Expires: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**TREE REMOVAL (Attach sealed survey)**

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

DEVELOPMENT ORDER # \_\_\_\_\_

**1. ALL APPLICATIONS REQUIRE**

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

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

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

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

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

**ADDITIONAL Required Documents are:**

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

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

Approved by Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Town Engineer \_\_\_\_\_ Date: \_\_\_\_\_  
(If required)

PERMIT # \_\_\_\_\_

TAX FOLIO # 123741002 0000028080000

**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 THE NOTICE OF COMMENCEMENT.

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

Rio Vista Subdivision Lot 28

GENERAL DESCRIPTION OF IMPROVEMENT Re-roof

OWNER: Ronald J & Ingrid P Libitsky

ADDRESS 1820 Jensen Bch Blvd #638 Jensen Bch 7134957

PHONE #: \_\_\_\_\_

CONTRACTOR: A&W Construction Roofing Division

ADDRESS 3301 SE Slater Ave. Stuart, FL 34997

PHONE #: 561-283-8100

FAX #: 561-283-0292

SURETY COMPANY (IF ANY) \_\_\_\_\_

ADDRESS \_\_\_\_\_

STATE OF FLORIDA  
MARTIN COUNTY

BOND AMOUNT: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE  
FOREGOING \_\_\_\_\_ PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL.

LENDER: \_\_\_\_\_

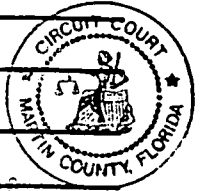
ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

MRS. HELENE E. CLARK

BY [Signature]  
DATE 1-30-01



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: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

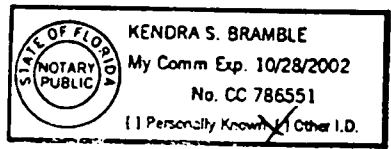
IN ADDITION TO HIMSELF, OWNER DESIGNATES \_\_\_\_\_ OF \_\_\_\_\_ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

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 30th DAY OF JANUARY 20 01 BY RON LIBITSKY

Kendra S. Bramble  
NOTARY SIGNATURE

OR PERSONALLY KNOWN \_\_\_\_\_  
PRODUCED ID \_\_\_\_\_  
TYPE OF ID FLDL

**ACORD CERTIFICATE OF LIABILITY INSURANCE** CSR-MR  
A&WCO-3 DATE (MM/DD/YY) 02/15/01

PRODUCER  
**Stuart Insurance, Inc.**  
 3070 S W Mapp  
 Palm City FL 34990  
 Phone: 561-286-4334 Fax: 561-286-9389 *he/wo*

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.

**FILE**  
*he/wo*  
**FILE**  
*permut*

INSURERS AFFORDING COVERAGE **COPY**

INSURED  
**AWR of the Treasure Coast, Inc.**  
 A & W Construction Inc  
 A & W Roofing Division  
 3301 SE Slater Street  
 Stuart FL 34994

INSURER A: **Employers SIF**  
 INSURER B: **Auto Owners Insurance Co**  
 INSURER C: **RECEIVED**  
 INSURER D:  
 INSURER E:  
**FEB 15 2001**

**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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	082100021004	07/16/00	07/16/01	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				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
GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B	<b>AUTOMOBILE LIABILITY</b>	4130139500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
<b>GARAGE LIABILITY</b>					
<input type="checkbox"/> ANY AUTO					
<b>EXCESS LIABILITY</b>					
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					
<input type="checkbox"/> DEDUCTIBLE					
RETENTION \$					
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER					
E.L. EACH ACCIDENT \$					
E.L. DISEASE - EA EMPLOYEE \$					
E.L. DISEASE - POLICY LIMIT \$					
<b>OTHER</b>					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
**Roofing - Residential**

<b>CERTIFICATE HOLDER</b>	<b>N</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
Town of Sewalls Point 1 S Sewalls Point Road Stuart FL 34996		TOWNS-1	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 <b>Cabot W. Lord, CIC.</b>

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NO. / DATE  
 VC2-47002-134085  
 12/20/00 7:40:33 AM

**PRODUCER**  
 Hanafin Bates & Associates  
 8144 Walnut Hill Lane #1081  
 Dallas, TX 75231  
 214-346-1501 fax: 425-671-4667

**FILE**  
 LICENS.

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**  
 A & W CONSTRUCTION - ROOFING DIVISION  
 3301 SE SLATER ST.  
 STUART, FL 34997  
 561-283-8100 fax: 561-283-0292

**INSURERS AFFORDING COVERAGE**

INSURER A:	American Casualty Co. of Reading Pennsylvania
INSURER B:	<i>DEFERRED</i>
INSURER C:	
INSURER D:	12/20/00
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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
	<b>GENERAL LIABILITY</b> <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 \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																
	<b>AUTOMOBILE LIABILITY</b> <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) \$																
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$																
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$																
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC247859437	10/20/00	9/1/01	<table border="1"> <tr> <td>X</td> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> <td></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 1,000,000</td> </tr> </table>	X	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
X	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																		
	<b>OTHER</b> <input type="checkbox"/>				LIMIT \$ LIMIT \$																

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

1. Certificate holder is provided with a Waiver of Subrogation for Workers Compensation 2. Project Information 3. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc.

**CERTIFICATE HOLDER**

ADDITIONAL INSURED; INSURER LETTER:

TOWN OF SEWALLS POINT  
 I S - SEWALLS POINT RD.  
 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 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  


RECEIVED  
SEP 26 2000  
BY: *[Signature]*

FILE  
*ref us*

AC# 5947302 STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONST. INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
08/15/2000	00004460	GB - C054502

The BUILDING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2002



ASHENBACK, KRISTOPHER TODD  
A & W CONSTRUCTION INC  
3301 SLATER ST  
STUART FL 34997

JEB BUSH  
GOVERNOR

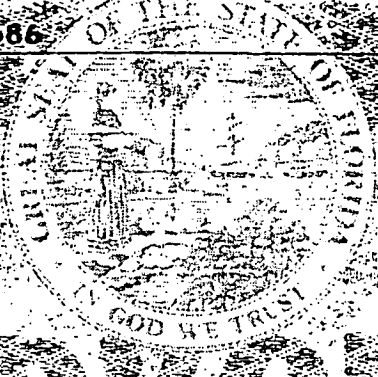
DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON  
SECRETARY

AC# 5947302 STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONST. INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
08/15/2000	00004460	CC - C057686

The ROOFING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2002



ASHENBACK, KRISTOPHER TODD  
A & W CONSTRUCTION  
3301 SLATER ST  
STUART FL 34997

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON  
SECRETARY

MARTIN COUNTY ORIGINAL  
2000 COUNTY OCCUPATIONAL LICENSE 2001

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995  
(561) 288-5604

LICENSE 1999 513 020 CERT CCC57686 1

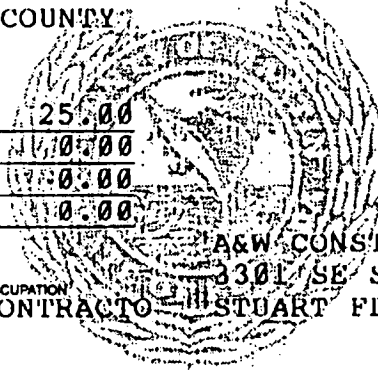
PHONE 561 283 8100 C NO 1761

LOCATION:

5186 SLATER ST SE

CHARACTER COUNTS IN MARTIN COUNTY

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



A&W CONSTRUCTION ROOFING DIVISION  
3301 SE SLATER STREET  
STUART FL 34997

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF CONSTRUCTION/ROOFING CONTRACTOR

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

8 DAY OF SEPTEMBER 2000  
AND ENDING SEPTEMBER 30, 2001

RECEIPT OF PAYMENT  
9900  
L.C. O'STEEN, T.C.  
99 09/08/2000 DCC NORMAL  
199951320  
0220000903005123CK \$25.00





FILE

*leaf us*

RECEIVED  
FEB 15 2001  
BY: RECEIVED  
FEB 16 2001  
BY: *[Signature]*

February 16, 2001

COPY

To whom it may concern:

A. & W construction & Roofing Division's Workers Compensation coverage includes both phases of construction and roofing.

Construction # cbc054507  
Roofing # ccc057686

FILE *percut*

BUSINESS SOLUTIONS FOR THE CONSTRUCTION INDUSTRY Insurance & Administrative Services

TEXAS

2366 Dorean Street  
Grand Prairie, TX 75050  
888-789-8001  
972-206-7995  
972-602-1633 FAX

FLORIDA

605 Crusem Executive Court  
Suite 300  
Lake Mary, FL 32746  
888-799-6001  
877-602-1633 FAX

CALIFORNIA

14776 Ramona Ave.  
Suite 410  
Chino Hills, CA 91710  
888-393-2556  
909-393-4100  
909-393-4432 FAX

Thank You

*Patsy Burns*

Patsy Burns

WEBSITE

www.amspeo.com

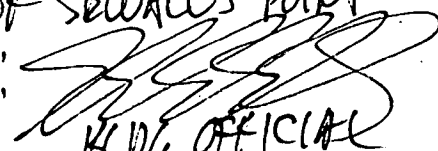
EMAIL

ams@amspeo.com

*Always Working harder for you.*

SCOPE OF WORK

Complete removal of existing siding and backerboard down to existing framing.  
Complete installation of 5/8" CDX Plywood fastened to code using 8D Ring Shank Galvanized nails. Complete installation of Tyvec house wrap moisture barrier. Complete of 7 1/4" Hardi panel siding fastened to code using 8D Stainless steel Ring Shank nails.  
All work will meet Dade County SBCCI codes.

2/16/01 TOWN OF SEWALL'S POINT  
REVIEW:   
BLDG OFFICIAL

FILE TOWN COPY  
3/10 VISIT PR.

PN 5273

## SCOPE OF WORK

Complete removal of existing siding and backerboard down to existing framing.  
Complete installation of 5/8" CDX Plywood fastened to code using 8D Ring Shank Galvanized nails. Complete installation of Tyvec house wrap moisture barrier. Complete of 7 1/4" Hardi panel siding fastened to code using 8D Stainless steel Ring Shank nails.  
All work will meet Dade County SBCCI codes.

# FAX COVER SHEET



**James Hardie**

James Hardie Building Products  
26300 La Alameda Suite 250  
Mission Viejo, CA 92691

Please deliver this fax to:

The person at extension

Thank you for requesting the following documents  
from James Hardie's fax-on-demand system:

2171 DADE COUNTY APPROVAL



MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING

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

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**

James Hardie Building Products, Inc.  
10901 Elm Ave.  
Fontana CA 92337

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

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

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

Your application for Product Approval of:

~~Aluminum~~ Hurdipanel and Hardisoffit

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 approval shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at anytime 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 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.: 99-0223.07

Expires: 05/01/2002

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 Dade County, Florida under the conditions set forth above.

Francisco J. Quintana, R.A.  
Director

Miami-Dade County  
Building Code Compliance Office

Approved: 05/20/1999

1 of 3



James Hardie Building Products, Inc.ACCEPTANCE NO: 99-0223.07

APPROVED

: MAY 20 1999

EXPIRES

: 05/01/2002NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS**1. SCOPE**

- 1.1 This renews the Notice of Acceptance No. 94-1230.04 that was issued on 05/01/96. It approves Fiber Cement Siding/Soffit as described in Section 2 of this Notice of Acceptance (N.O.A.) designed to comply with the South Florida Building Code 1994 Edition for Miami-Dade County (SFBC). It is approved for the location where the pressure requirements, as determined by the SFBC Chapter 23 do not exceed the design pressure rating values indicated in the approved drawing.

**2. PRODUCT DESCRIPTION**

- 2.1 The Hardipanel, Hardiplank & Hardisoffit and its components shall be constructed in strict compliance with the following documents: Drawing No. HPNL-8X, HPLK-4X8 & HSOFFIT-8X titled "Hardipanel, Hardiplank & Hardisoffit Installation Details", prepared by James Hardie Building Products, dated 03/31/99 with no revisions. They bear 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. These documents shall hereinafter be referred to as the Approved Drawing.

**3. LIMITATIONS**

- 3.1 This system is to be installed in front of a 5/8" (5 ply) plywood substrate supported by studs or joists at 16" on center as shown on the approved drawings.

**4. INSTALLATION**

- 4.1 The James Hardie Siding/Soffit and its components shall be installed in strict compliance with the approved drawing.
- 4.2 The installation of this product will not require Hurricane Protection System.

**5. LABELING**

- 5.1 Each component shall bear a permanent label with the manufacturer's logo, city, state and the 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, including duplicate copies of the approved drawings, as identified in Section 2 of this N.O.A.
- 6.1.2 Any other document required by the Building Official or the SFBC in order to properly evaluate the installation of this system.



Candido Font PE, Senior Product Control Examiner  
Product Control Division

James Hardie Building Products, Inc.


ACCEPTANCE NO.: 99-0223.07

APPROVED : MAY 20 1999

EXPIRES : 05/01/2002

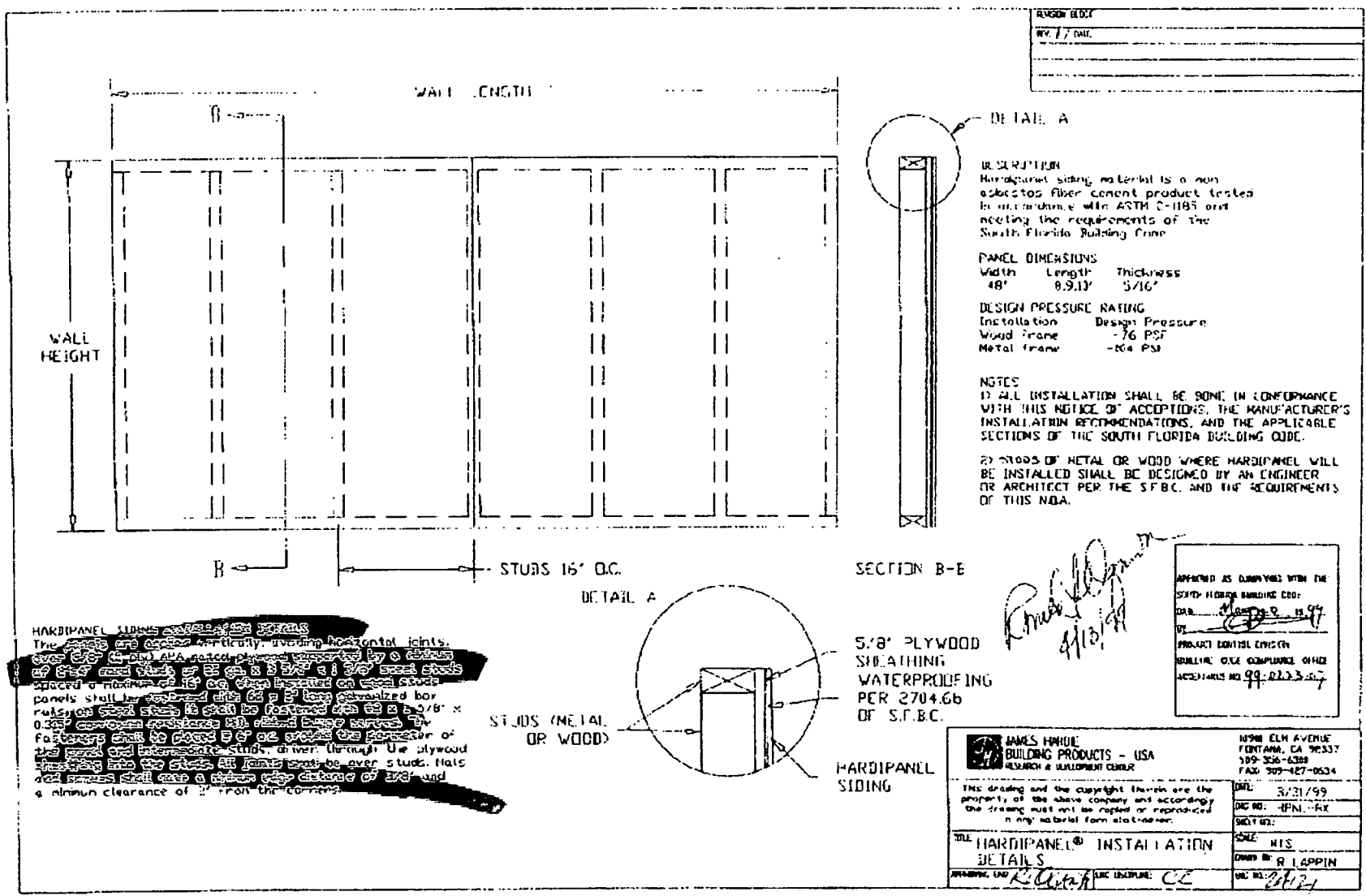
**NOTICE OF ACCEPTANCE STANDARD CONDITIONS**

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 purpose.
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 time. The engineer need not reseal the copies.
8. Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
9. This Notice of Acceptance consists of pages 1, 2 and this last page 3.

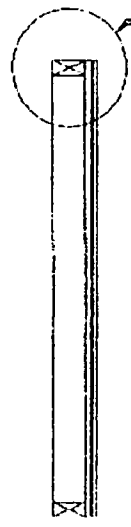
  
Candido Font PE, Senior Product Control Examiner  
Product Control Division

END OF THIS ACCEPTANCE

-3 of 3-



REVISION BLOCK
REV. / DATE



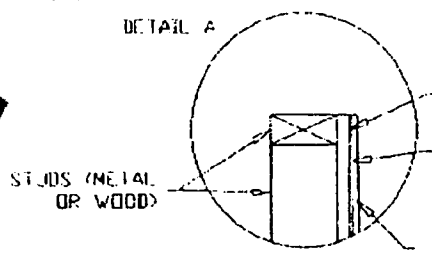
**DESCRIPTION**  
 Hardipanel siding material is a non asbestos fiber cement product tested in accordance with ASTM C-1185 and meeting the requirements of the South Florida Building Code.

**PANEL DIMENSIONS**  
 Width Length Thickness  
 48" 8.9.13" 5/16"

**DESIGN PRESSURE RATING**  
 Installation Design Pressure  
 Wood frame -76 PSF  
 Metal frame -104 PSF

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

**HARDIPANEL SIDING INSTALLATION**  
 The studs and panels vertically covering horizontal joints. Cover joints (and APA rated plywood supported by a minimum of 2" wood studs or 2" x 4" or 2" x 6" steel studs spaced a maximum of 16" on center) installed on steel studs panels shall be supported side to side by 2" x 4" or 2" x 6" plywood on steel studs. The studs shall be fastened with 2" x 5/8" x 0.305" corrosion resistance #30 stainless steel screws. Fasteners shall be placed 3/4" on center the perimeter of the panel and intermediate studs, driven through the plywood sheathing into the studs. All panels shall be over studs. Hats and panels shall have a minimum edge distance of 3/8" and a minimum clearance of 1/4" from the corners.



SECTION B-E

5/8" PLYWOOD SHEATHING WATERPROOFING PER 2704.6b OF S.F.B.C.

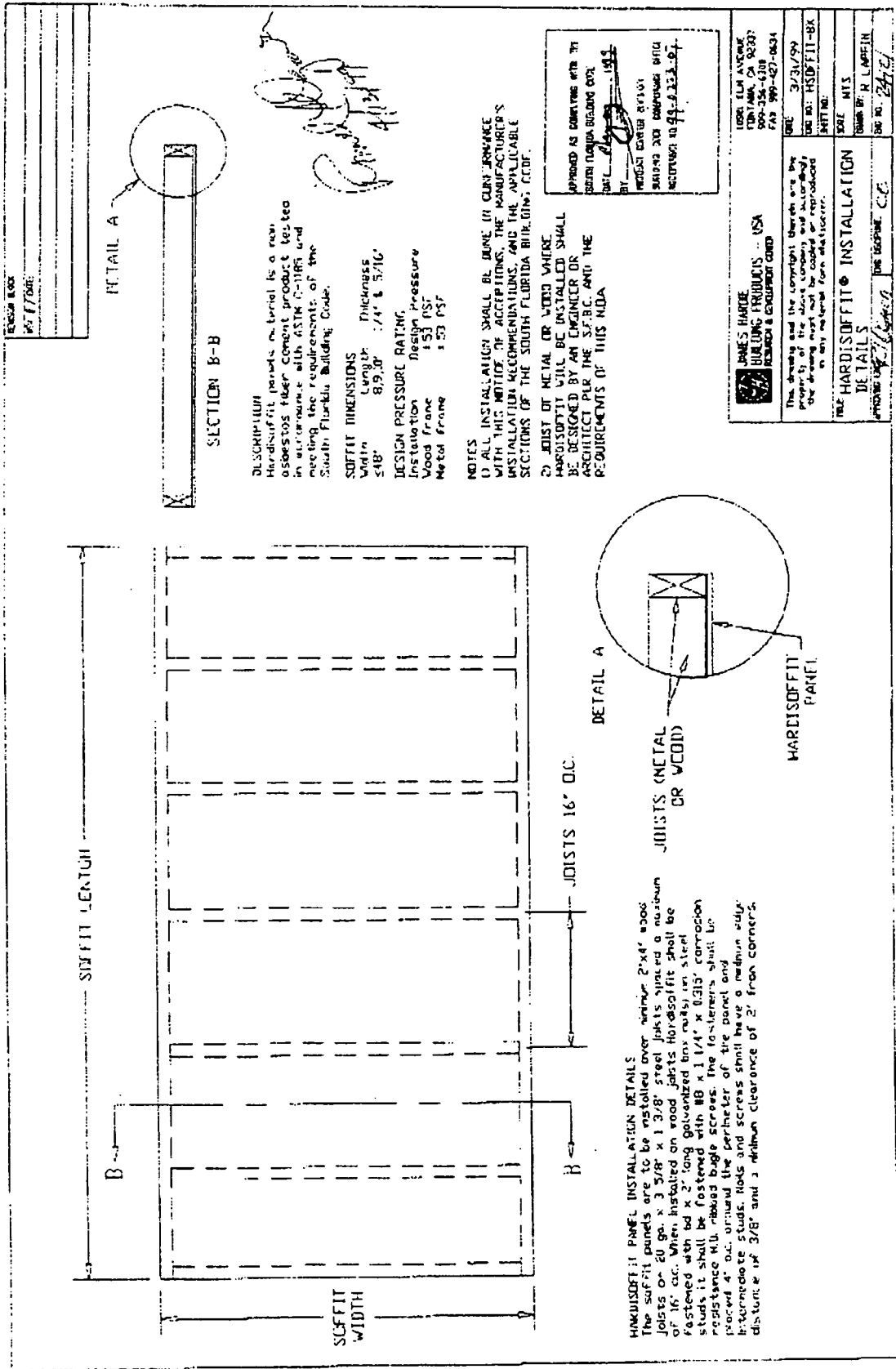
HARDIPANEL SIDING

*Handwritten signature and date: 4/13/01*

APPROVED AS COMPLIANT WITH THE SOUTH FLORIDA BUILDING CODE:
DATE: 3/21/99
BY: [Signature]
PROJECT ENGINEER
EXHIBIT ONE COMPLIANCE CHECK
ACCEPTABLE NO. 99-0233-07

	10908 ELM AVENUE FORT WORTH, TX 76137 817-356-1000 FAX: 817-427-0534
	DATE: 3/21/99 Dwg No.: JPN-11K SHEET NO.: SCALE: NIS DRAWN BY: R LAPPIN CHECKED BY: [Signature]
TITLE: HARDIPANEL® INSTALLATION DETAILS DRAWING AND SPECIFICATIONS: CE	





**DESCRIPTION**  
 Hardsoffit panels material is a non-  
 asbestos fiber cement product tested  
 in accordance with ASTM C-1181 and  
 meeting the requirements of the  
 South Florida Building Code.

**SOFFIT DIMENSIONS**  
 Length: 8'-9.0"  
 Width: 1'-4" & 5/16"

**DESIGN PRESSURE RATING**  
 Installation Design Pressure  
 Wood frame 153 PSF  
 Metal frame 173 PSF

**NOTES**  
 1) ALL INSTALLATION SHALL BE DONE IN CONFORMANCE WITH THIS NOTICE OF ACCEPTANCE, THE MANUFACTURER'S INSTALLATION RECOMMENDATIONS, AND THE APPLICABLE SECTIONS OF THE SOUTH FLORIDA BUILDING CODE.  
 2) JOIST OR METAL OR WOOD VAISE HARDSOFFIT SHALL BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER OR ARCHITECT PER THE S.F.B.C. AND THE REQUIREMENTS OF THIS NDA

APPROVED AS SHOWN WITH THE SOUTH FLORIDA BUILDING CODE  
 DATE: 1/15/01  
 BY: [Signature]  
 PROJECT CODE: 01101  
 SHEETS AND COMMENTS: 0110  
 NUMBER: 10-95-0333-07

**JAMES HARDIE BUILDING PRODUCTS - USA**  
 Research & Development Center

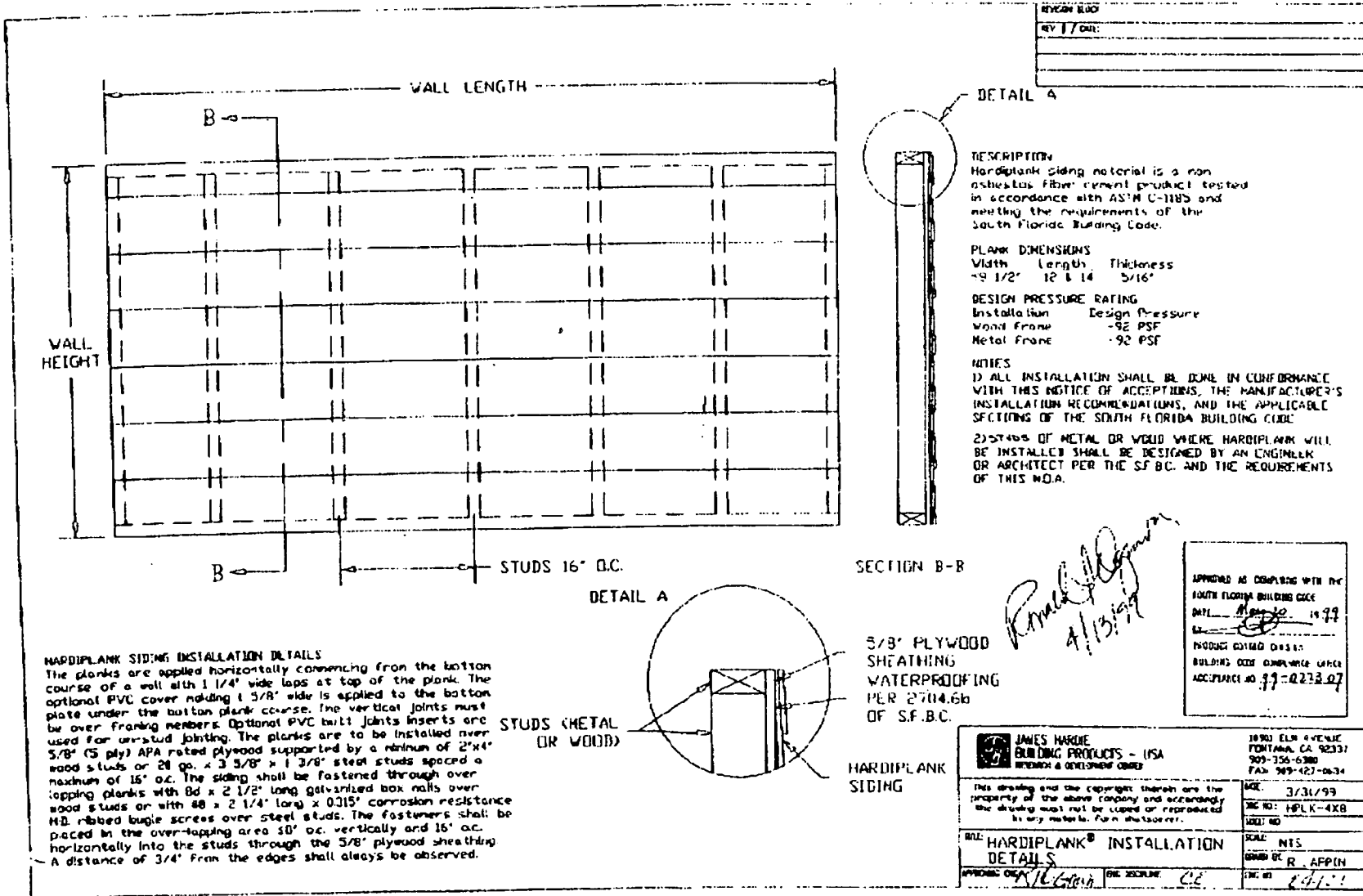
1001 ELM AVENUE  
 FONTANA, CA 92337  
 909-354-6200  
 FAX 909-427-0634

DATE: 3/31/99  
 SHEET NO: HSDSFT-01-BX  
 SHEET TITLE: SOFFIT

SCALE: N.T.S.  
 DRAWN BY: R. LAMPEIN  
 CHECKED BY: [Signature]

**HARDISOFFIT® INSTALLATION DETAILS**  
 APPROVED BY: [Signature] THE DESIGN: C.C.

**HARDISOFFIT PANEL INSTALLATION DETAILS**  
 The soffit panels are to be installed over minimum 2"x4" wood joists or 20 ga. x 3 5/8" x 1 3/8" steel joists spaced a maximum of 16" o.c. When installed on wood joists Hardsoffit shall be fastened with 6d x 2" long galvanized box nails in steel studs it shall be fastened with #8 x 1 1/4" x 0.313" corrosion resistance N.B. Headed lag screws. The fasteners shall be placed 4" o.c. around the perimeter of the panel and intermediate studs. Nails and screws shall have a minimum edge distance of 3/8" and a minimum clearance of 2" from corners.



REVISION	
REV	DATE

DETAIL A

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

**PLANK DIMENSIONS**  
 Width Length Thickness  
 49 1/2" 12 1/4" 5/16"

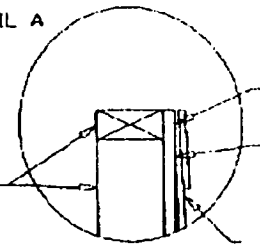
**DESIGN PRESSURE RATING**  
 Installation Design Pressure  
 Wood Frame -92 PSF  
 Metal Frame -92 PSF

**NOTES**  
 1) ALL INSTALLATION SHALL BE DONE IN CONFORMANCE WITH THIS NOTICE OF ACCEPTIONS, THE MANUFACTURER'S INSTALLATION RECOMMENDATIONS, AND THE APPLICABLE SECTIONS OF THE SOUTH FLORIDA BUILDING CODE.  
 2) STAYS OF METAL OR WOOD WHERE HARDIPLANK WILL BE INSTALLED SHALL BE DESIGNED BY AN ENGINEER OR ARCHITECT PER THE S.F.B.C. AND THE REQUIREMENTS OF THIS M.O.A.



SECTION B-B

DETAIL A



5/8" PLYWOOD SHEATHING WATERPROOFING PER 2704.6b OF S.F.B.C.

HARDIPLANK SIDING

**HARDIPLANK SIDING INSTALLATION DETAILS**  
 The planks are applied horizontally commencing from the bottom course of a wall with 1/4" wide laps at top of the plank. The optional PVC cover molding 1/2" wide is applied to the bottom plate under the bottom plank course. The vertical joints must be over framing members. Optional PVC built joints inserts are used for over-stud jointing. The planks are to be installed over 5/8" (5 ply) APA rated plywood supported by a minimum of 2"x4" wood studs or 21 ga. x 3 5/8" x 1 3/8" steel studs spaced a maximum of 16" o.c. The siding shall be fastened through over-lapping planks with 8d x 2 1/2" long galvanized box nails over wood studs or with #8 x 2 1/4" long x 0.315" corrosion resistance HB ribbed bugle screws over steel studs. The fasteners shall be placed in the over-lapping area 10' o.c. vertically and 16' o.c. horizontally into the studs through the 5/8" plywood sheathing. A distance of 3/4" from the edges shall always be observed.

*James H. H. H.*  
 4/13/99

APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
DATE: <u>4/13/99</u> 1999
ISSUED BY: <u>[Signature]</u>
PROJECT CONTROL DESIGN: <u>[Signature]</u>
BUILDING CODE COMPLIANCE CHECK: <u>[Signature]</u>
ACCEPTANCE NO. <u>99-0273-07</u>

<p><b>JAMES HACHE BUILDING PRODUCTS - USA</b>                  INVENTION &amp; DEVELOPMENT CORP.</p>	10910 ELM STREET FONTANA, CA 92337 909-356-6380 FAX: 909-427-0634
	DATE: 3/31/99 SHEET NO: HPLK-4XB SHEET NO:
TITLE: <b>HARDIPLANK INSTALLATION DETAILS</b>	SCALE: NTS DRAWN BY: R. APFIN CHECKED BY: <u>[Signature]</u> DATE: <u>4/13/99</u>

James Hardie Building Products, Inc.

ACCEPTANCE NO: 99-0223.07

APPROVED : MAY 20 1999

EXPIRES : 05/01/2002

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

**A DRAWING**

1. Drawing prepared by James Hardie Building Products, Inc. titled "Hardiepanel, Hardieplank & Hardiesoffit Installation Details", drawing No HPNL-8X, HPLK-4X8 & HSOFFIT-8X, dated 03/31/99, with no revisions, signed and sealed by R. L. Ogana, PE.

**B TEST**

**Laboratory Report**

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

**C CALCULATIONS**

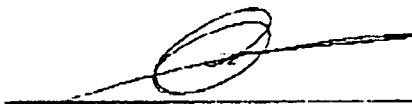
None

**D MATERIAL CERTIFICATION**

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

**E STATEMENT**

- 1 No change letter issued by James Hardie Building Products, Inc. issued on 02/16/99, signed and by J. L. Mulder.

  
 \_\_\_\_\_  
 Candido Font PE, Senior Product Control Examiner  
 Product Control Division

# HARDIPLANK<sup>®</sup> LAP SIDING INSTALLATION INSTRUCTIONS



**James Hardie<sup>®</sup>**

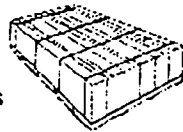
MARCH 2006

**SELECT CEDARMILL<sup>®</sup> • SMOOTH • COLONIAL SMOOTH<sup>™</sup> • COLONIAL ROUGHSAWN<sup>™</sup> • BEADED CEDARMILL • BEADED SMOOTH**

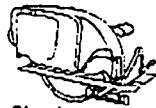
IMPORTANT: FAILURE TO INSTALL AND FINISH HARDIPLANK<sup>®</sup> IN ACCORDANCE WITH APPLICABLE BUILDING CODE COMPLIANCE REPORTS AND JAMES HARDIE'S WRITTEN APPLICATION INSTRUCTIONS, MAY AFFECT SYSTEM PERFORMANCE, VIOLATE LOCAL BUILDING CODES REQUIREMENTS, AND VOID THE PRODUCT ONLY WARRANTY.

## HANDLING & STORAGE:

Store flat and keep dry prior to installation. Installing siding wet or saturated may result in shrinkage at butt joints. Carry planks on edge.



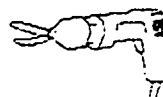
## CUTTING OPTIONS:



Circular saw with dust collector



Circular saw blade with carbide-tipped teeth



Electric or pneumatic hand shear



Pneumatic shear



Carbide score and snap knife



▲ JH recommends Makita<sup>®</sup> #5044KS 4" or #5057KB 7-1/4" saw with dust collection. Call 800-4MAKITA.  
▲ Hitachi<sup>®</sup> HARDIBLADE<sup>™</sup> w/4 PCD Diamond Teeth. Call Hitachi<sup>®</sup> at 800-548-1965 for nearest dealer.  
▲ SNAPPER SHEAR<sup>™</sup> electric, pneumatic, or hand shear. Call 800-287-7437 for tool information.

Always wear safety glasses and dust protection when operating power tools. For more information on avoiding inhalation refer to the MATERIAL SAFETY DATA SHEET available wherever James Hardie fiber-cement products are sold.

## FRAMING REQUIREMENTS:

Hardiplank lap siding can be installed over braced wood or steel studs spaced a maximum of 24" o.c. or directly to minimum 7/16" thick OSB sheathing. Hardiplank lap siding can also be installed over foam insulation up to 1" thick. Irregularities in framing, sheathing, and/or foam insulation can mirror through the finished application. A weather-resistant barrier is required\*. Install Hardiplank siding with joints butted in moderate contact. Optionally, install the lap siding with a maximum 1/8" gap and caulk the joint\*\* (see detail at right).

The first course of any wall should be installed over a 1/4" lath strip to ensure a consistent plank angle (see figure 1).

† For application over foam insulation, the length of the specified fastener shall be increased by the thickness of the foam insulation.

\* Use a weather-resistant barrier in accordance with: BOCA National Building Code Section 1403.3; SBCCI Standard Building Code Section 2303.3; ICBC Uniform Building Code Section 1402.1; or CABO One-and-Two Family Dwelling Code Section 703.2.1.

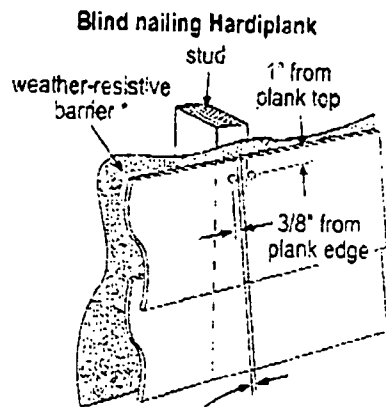
NCTE: Some Building Codes exempt the use of weather-resistant barriers over "water-repellent panel sheathing" or exterior panels classified as "weather-resistant barriers". James Hardie recommends the use of "building paper type" weather-resistant barriers with all siding products. James Hardie will assume no responsibility for water infiltration within the wall.

Double Wall Construction

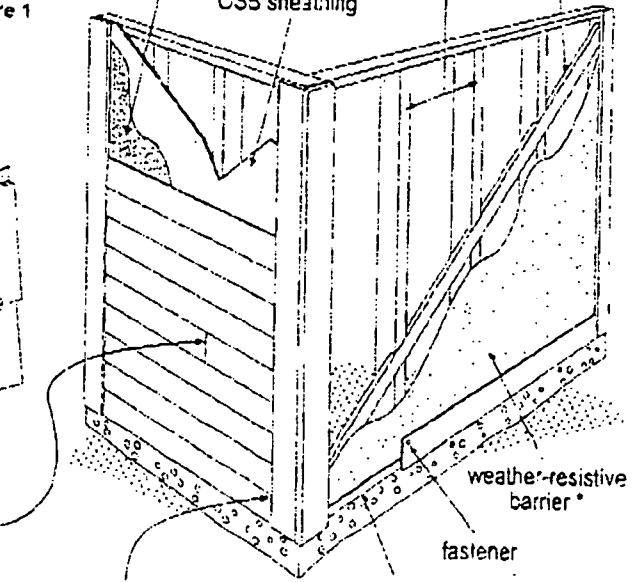
Single Wall Construction

weather-resistant barrier\*  
plywood or OSB sheathing  
16" or 24" on center  
let-in bracing

figure 1



\*\* moderate contact, or maximum 1/8" gap



leave 1/8" gap between plank and trim, then caulk

1/4" thick lath strip



James Hardie's seal of approval indicates products recommended for use by James Hardie Building Products

APPROVALS: HARDIPLANK lap siding is recognized as an exterior wall cladding in National Evaluation Report No. NER405 (BOCA, ICBO, SBCCI); City of Los Angeles, Research Report No. 24862; (Boca County Florida) Approval No. 99-0223.077 US Dept. of HUD Materials Release 1263a, California DSA PS-019 and City of New York MEA 223-93-M. These documents should also be consulted for additional information concerning the suitability of this product for specific applications.

## WARNING: AVOID BREATHING SILICA DUST

Product contains Silica. Inhalation of respirable silica dust can cause silicosis a potentially disabling lung disease, and is known to the State of California to cause lung cancer. When drilling, cutting, or abrading product during installation or handling, (1) Work outdoors where feasible, otherwise use mechanical ventilation, (2) Wear a dust mask or, if dust may exceed PEL, use NIOSH/MSHA approved respirator, (3) Warn others in area. For further information, refer to material safety data sheet or consult employer.

FAILURE TO ADHERE TO WARNINGS, MSDS, AND INSTALLATION INSTRUCTIONS MAY VOID WARRANTY.



## JAMES HARDIE BUILDING PRODUCTS

10941 Elm Avenue, Fontana, CA 92337

### HARDIPLANK® HARDIPANEL® HARDISOFFIT™ 50-Year Express Limited Transferable Product Warranty

**LUMBER WARRANTY COVERAGE:** James Hardie Building Products, Inc. ("Hardie") warrants to the purchaser and all transferees prior to the first owner of the structure to which the Product is applied, and the first transferee of such structure (each a "covered person") that when manufactured, the Hardie Fiber-Cement Plank Siding, Panel or Soffit Product (HARDIPLANK®, HARDIPANEL® or HARDISOFFIT™, the "Product") complies with ASTM C1186, as Grade II, Type A, and is free from defects in material and manufacture. When used for its intended purpose, properly installed and maintained according to Hardie's published installation instructions, the Product for a period of 50 years from the date of purchase will (a) remain non-combustible, (b) resist damage caused by hail or falling objects, and (c) will not crack, rot or delaminate.

If during the Warranty period, any Product proves to be defective, Hardie, in its sole discretion, shall offer to replace the defective Product before it is installed, or refund an amount up to range the retail cost of the defective portion of the Product, during the first year. During the 2nd through the 50th year, Warranty payments shall be reduced by 2% each year such that after the 50th year, no Warranty shall be applicable. If the original retail cost cannot be established by the covered person, the cost shall be determined by Hardie in its sole and reasonable discretion.

**3. CONDITIONS OF WARRANTY:** Hardie's liability hereunder to the covered person shall be subject to the following terms and conditions:

- The claimant must provide proof that he/she is a covered person.
- The Product must be stored according to the manufacturer's instructions at all times between purchase and installation.
- The Product must be installed, according to Hardie's printed installation instructions and all building codes adopted by federal, state or local governments or government agencies and applicable to the installation. Failure to install and finish the product per the manufacturer's published instructions may affect Product performance and void the Warranty.
- The covered person must provide written notice to James Hardie Building Products, Inc. within 30 days after discovery of any claimed defect or failure covered by this Warranty and before beginning any permanent repair. The notice must describe the location and details of the defect and such information as is necessary for Hardie to investigate the claim. Photos of the product, showing the defect or failure are helpful and should accompany the notice.
- Upon discovery of a possible defect or failure, the covered person must immediately, and at the covered person's own expense, provide for protection of all property that could be affected until the defect or failure is resolved. Before any permanent repair to the Product, the covered person must allow Hardie or Hardie's agent to enter the property and structure where the Product is installed, and examine, photograph and take samples of the Product.
- Hardie's replacement of the defective Product or granting of a refund pursuant to Section 2 of this Warranty shall be the sole exclusive remedy available to the covered person with respect to such defect. Hardie will not refund or pay any costs in connection with labor or accessory materials.

**1. EXCLUSIONS:** This Warranty does not cover damage or defect resulting from (a) any act attributable to (a) the improper usage,

handling or installation of the Product (including, without limitation, failure of the Product to be installed in strict compliance with the terms and conditions set forth in Section 2 of this warranty) or improper installation of studs or other accessories; (b) neglect or abuse; (c) misuse; (d) repair or alteration; (e) settlement or structural movement and/or movement of materials to which the Product is attached; (f) damage from incorrect design of the structure; (g) exceeding the maximum designed wind loads; (h) acts of God including, but not limited to, hurricanes, tornado, flood, earth quake or other severe weather or natural phenomena; (i) application of paint or coatings applied to the Product after time of lack thereof; (k) failures related to mold or mildew on siding surfaces; (l) lack of proper maintenance; (m) any cause other than materials and/or defects attributable to Hardie.

#### 4. DISCLAIMER:

The attempt to this Warranty contract is the only warranty extended by Hardie for the Product. HARDIE DISCLAIMS ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, EXCEPT WHERE PRODUCT PURCHASE IS SUBJECT TO CONSUMER PRODUCT WARRANTY LAW. IN WHICH INSTANCES THE DURATION OF ANY APPLICABLE IMPLIED WARRANTIES ARE LIMITED TO THE FIRST ELAPSE OF THE WARRANTY PERIOD PROVIDED ABOVE, OR SUCH SHORTER PERIOD AS APPLICABLE LAW PERMITS OR REQUIRES. Some states do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply to you.

NO OTHER WARRANTY WILL BE MADE BY OR ON BEHALF OF THE MANUFACTURER OR THE SELLER OR BY OPERATION OF LAW WITH RESPECT TO THE PRODUCT OR ITS INSTALLATION, STORAGE, HANDLING, MAINTENANCE, USE, REPLACEMENT OR REPAIR. This Warranty gives you specific legal rights and you may also have other rights which vary from state to state.

**5. EXCLUSION OF OTHER REMEDIES:** IN NO EVENT WILL HARDIE HAVE ANY LIABILITY FOR ANY INCIDENTAL, CONSEQUENTIAL OR OTHER DAMAGES (SUCH AS INJURY TO PERSONS OR DAMAGE TO ANY STRUCTURE OR ITS CONTENTS). Some states do not allow the exclusion or limitation of consequential damages, so the above limitation or exclusion may not apply to you.

**6. MODIFICATIONS AND ALTERATIONS OF PRODUCT:** Hardie shall have no responsibility hereunder for defective Product subjected to further processing or alteration after shipment, other than ordinary finishing by the installer.

**7. SETTLEMENT OF CLAIMS:** Any refund or material replacement by Hardie pursuant to Section 2 hereof shall constitute a settlement and release of all claims of covered person hereunder for damages or other relief.

**8. MODIFICATION OR DISCONTINUATION OF PRODUCTS:** Hardie reserves the right to modify or discontinue any of its products.



James Hardie™  
1-800-9-HARDIE

PRODUCT WIDTH (INCHES)	PRODUCT THICKNESS (INCHES)	FASTENER TYPE	FASTENER SPACING	FRAME TYPES	STUD SPACING (INCHES)	HEIGHT OF BUILDING (FEET)	MAXIMUM BASIC WIND SPEED FOR EXPOSURE CATEGORY	
							B	C
Hardplank 3-1/2" wide or less	5/16"	0.089 in. shank x 0.221 in. HD x 2 in. long galvanized siding nail	Through Overlap	2x4 wood <sup>1</sup>	16	0-15	100 <sup>2, 11</sup>	8-15
						20	100 <sup>2, 12</sup>	8-16
						40	90 <sup>2, 13</sup>	8-18
						60	85 <sup>2, 14</sup>	10-17
						100	75 <sup>2, 15</sup>	16
Hardplank 9-1/2" wide or less	5/16"	6d common, 2 in. long	Through Overlap	2x4 wood <sup>1</sup>	16	20	130 <sup>2</sup>	100 <sup>2</sup>
						40	120 <sup>2</sup>	80 <sup>2</sup>
						60	110 <sup>2</sup>	80 <sup>2</sup>
						100	100 <sup>2</sup>	80 <sup>2</sup>
						200	90 <sup>2</sup>	80 <sup>2</sup>
	5/16"	6d common, 2 in. long	Through Overlap	2x4 wood <sup>1</sup>	24	20	100 <sup>2</sup>	70 <sup>2</sup>
						40	100 <sup>2</sup>	70 <sup>2</sup>
						60	80 <sup>2</sup>	70 <sup>2</sup>
						80	80 <sup>2</sup>	70 <sup>2</sup>
						200	70 <sup>2</sup>	
Hardplank 1 1/2 in.	5/16"	6d common 2 in. long	Through Overlap	2x4 wood <sup>1</sup>	16 & 24	20	80	
						40	70	
Hardplank 1 1/2" wide or less	5/16"	Min. No. 8-18 x 0.323 in. HD x 1-8/8 in. long Hi-Lo S or 8- 12 ribbed bugle screws	Through Overlap	Min. No 16 ga. x 3-5/8 in. x 1-3/8 in. metal C-stud	16 & 24	20	90 <sup>2</sup>	
						40	80 <sup>2</sup>	
						100	70 <sup>2</sup>	
Hardplank 1-1/2" wide or less	5/16"	Minimum 0.083 in. shank x 0.222 in HD x 2 in. long galvanized siding nail	Through top edge of plank	2x4 wood <sup>1</sup>	16	0-15	100 <sup>12, 19</sup>	16-21
						20	90 <sup>12, 20</sup>	17
						40	85 <sup>12, 21</sup>	18
						60	75 <sup>13</sup>	18
						100	75 <sup>14</sup>	18
Hardplank 8-1/4" wide or less	5/16"	Minimum 0.083 in. shank x 0.222 in HD x 2 in. long galvanized siding nail	Through top edge of plank	2x4 wood <sup>1</sup>	16	0-15	92 <sup>12, 20</sup>	17-21
						20	90 <sup>13, 20</sup>	17
						40	80 <sup>18, 21</sup>	18
						60	75 <sup>21</sup>	18
						80		
Hardplank 9-1/2" wide or less w/one/splice	5/16"	No. 11 ga. 1-1/8 in long galvanized roofing nail	Through top edge of plank	2x4 wood <sup>1</sup>	16	20	110	90
						40	100	80
						100	90	70
						200	80	70
Hardplank 9-1/2" wide or less	5/16"	Min. No. 8-18 x 0.375 in. HD x 1-1/4 in. long Hi-Lo S or 3- 12 ribbed phillips Waterhead screws	Through top edge of plank	2x4 wood <sup>1</sup>	16	20	120	90
						40	110	80
						60	100	80
						100	90	80
						200	80	70
Hardplank 9-1/2 in.	5/16"	0.091 in. shank, 0.221 in. HD, 1.5 in. long corrosion resistant nail	Face nailed through the overlap @ 12 in. o.c.	7/16 in. thick APA rated OSB sheathing or equivalent solid sheathing	16	0-15	90 <sup>15, 22</sup>	19-29
						20	85 <sup>16, 24</sup>	20-30
						40	80 <sup>16, 25</sup>	21-31
						60	75 <sup>16, 26</sup>	
						100	75 <sup>21, 31</sup>	

**WIND LOAD TABLE FOOT NOTES:**

1. Values are for species of wood having a specific gravity of 0.67 or greater. 2. Values are reduced by 10 mph when Hardplank Lap Siding is installed with offset joints. 3. The Maximum Basic Wind Speed may be increased to 120 mph in areas regulated by the 1967 Standard Building Code. 4. The Maximum Basic Wind Speed may be increased to 110 mph in areas regulated by the 1997 Standard Building Code. 5. The Maximum Basic Wind Speed may be increased to 105 mph in areas regulated by the 1997 Standard Building Code. 6. The Maximum Basic Wind Speed may be increased to 100 mph in areas regulated by the 1998 Standard Building Code. 7. The Maximum Basic Wind Speed may be increased to 98 mph in areas regulated by the 1997 Standard Building Code. 8. The Maximum Basic Wind Speed may be increased to 90 mph in areas regulated by the 1997 Standard Building Code. 9. The Maximum Basic Wind Speed may be increased to 80 mph in areas regulated by the 1997 Standard Building Code. 10. The Maximum Basic Wind Speed may be increased to 70 mph in areas regulated by the 1997 Standard Building Code. 11. The Maximum Basic Wind Speed may be increased to 120 mph in areas regulated by the 1997 Uniform Building Code. 12. The Maximum Basic Wind Speed may be increased to 110 mph in areas regulated by the 1997 Uniform Building Code. 13. The Maximum Basic Wind Speed may be increased to 100 mph in areas regulated by the 1997 Uniform Building Code. 14. The Maximum Basic Wind Speed may be increased to 98 mph in areas regulated by the 1997 Uniform Building Code. 15. The Maximum Basic Wind Speed may be increased to 90 mph in areas regulated by the 1997 Uniform Building Code. 16. The Maximum Basic Wind Speed may be increased to 80 mph in areas regulated by the 1997 Uniform Building Code. 17. The Maximum Basic Wind Speed may be increased to 80 mph in areas regulated by the 1998 BOCA National Building Code. 18. The Maximum Basic Wind Speed may be increased to 70 mph in areas regulated by the 1998 National Building Code. 19. The Maximum Basic Wind Speed may be increased to 120 mph in areas regulated by the 1998 BOCA National Building Code. 20. The Maximum Basic Wind Speed may be increased to 105 mph in areas regulated by the 1998 BOCA National Building Code. 21. The Maximum Basic Wind Speed may be increased to 90 mph in areas regulated by the 1998 BOCA National Building Code.

may be increased to 120 mph in areas regulated by the 1997 Uniform Building Code. 12. The Maximum Basic Wind Speed may be increased to 110 mph in areas regulated by the 1997 Uniform Building Code. 13. The Maximum Basic Wind Speed may be increased to 100 mph in areas regulated by the 1997 Uniform Building Code. 14. The Maximum Basic Wind Speed may be increased to 98 mph in areas regulated by the 1997 Uniform Building Code. 15. The Maximum Basic Wind Speed may be increased to 90 mph in areas regulated by the 1997 Uniform Building Code. 16. The Maximum Basic Wind Speed may be increased to 80 mph in areas regulated by the 1997 Uniform Building Code. 17. The Maximum Basic Wind Speed may be increased to 80 mph in areas regulated by the 1998 BOCA National Building Code. 18. The Maximum Basic Wind Speed may be increased to 70 mph in areas regulated by the 1998 National Building Code. 19. The Maximum Basic Wind Speed may be increased to 120 mph in areas regulated by the 1998 BOCA National Building Code. 20. The Maximum Basic Wind Speed may be increased to 105 mph in areas regulated by the 1998 BOCA National Building Code. 21. The Maximum Basic Wind Speed may be increased to 90 mph in areas regulated by the 1998 BOCA National Building Code.

APPROVALS: HARDPLANK lap siding is recognized as an exterior wall cladding in National Evaluation Report No. NER405 (BOCA, ICBO, SBCC); City of Los Angeles, Research Report No. 24862; Metro-Dade County, Florida, Acceptance No. 99-0223.07; US Dept. of HUD Materials Release 1263a; California DSA PS-019; and City of New York MEA 223-93-NL. These documents should also be consulted for additional information concerning the suitability of this product for specific applications. For Technical assistance Call 1-800-9-HARDIE.

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Corporate Headquarters  
26300 La Alameda, Suite 250  
Mission Viejo, CA 92691  
1999 James Hardie Building Products  
Printed in USA

For Technical Assistance  
Call 1-800-9-HARDIE  
(1-800-943-7343)  
www.jameshardie.com



James Hardie™



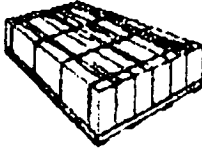
# LAP SIDING - INSTALLATION INSTRUCTIONS

MAY 1996

**SELECT CEDARMILL® • SMOOTH • COLONIAL SMOOTH® • COLONIAL ROUGHSAWN® • BEADED CEDARMILL • BEADED SMOOTH**  
**IMPORTANT: FAILURE TO INSTALL AND FINISH HARDIPLANK® PER JAMES HARDIE'S WRITTEN INSTRUCTIONS WILL VOID THE PRODUCT WARRANTY. LOCAL BUILDING CODE REQUIREMENTS ALSO APPLY.**

### HANDLING & STORAGE:

Store flat and keep dry prior to installation. Installing siding wet or saturated may result in shrinkage at butt joints. Carry planks on edge.



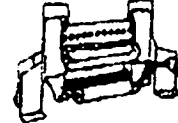
### CUTTING OPTIONS:



Circular saw with carbide tipped blade



"SNAPPER STEEL HEAD™"  
Electric Hand Shear  
Call 800-297-7487 for shear tool information.



"SNAPPER SHEAR™"  
Pneumatic Shear



Carbide score and snap knife

Always wear safety glasses and dust protection when operating power tools. For more information on avoiding inhalation refer to the MATERIAL SAFETY DATA SHEET available wherever James Hardie fiber-cement products are sold.

### FRAMING REQUIREMENTS:

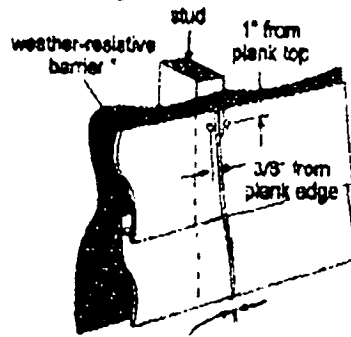
Hardiplank lap siding can be installed over braced wood or steel studs spaced a maximum of 24" o.c. or directly to minimum 7/16" thick OSB sheathing. Hardiplank lap siding can also be installed over foam insulation up to 1" thick. Irregularities in framing, sheathing, and/or foam insulation can mirror through the finished application. A weather-resistant barrier is required\*. Install Hardiplank siding with joints butted in moderate contact. Optionally, install the lap siding with a maximum 1/8" gap and caulk the joint\*\* (see detail at right).

The first course of any wall should be installed over a 1/4" lath strip to ensure a consistent plank angle (see figure 1).

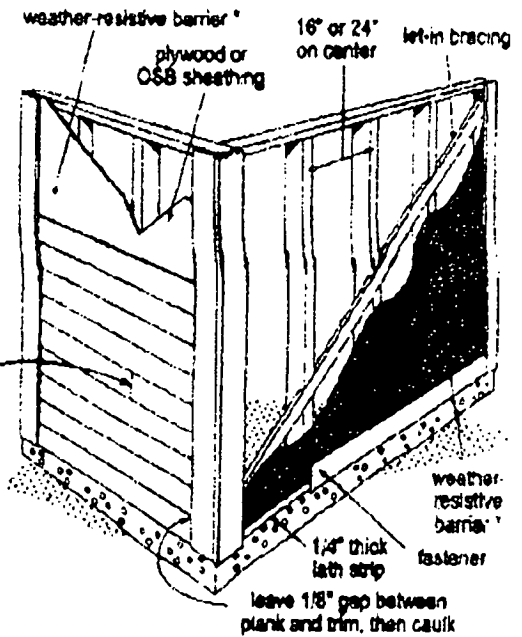
Figure 1 Double Wall Construction

Single Wall Construction

#### Blind nailing Hardiplank



\*\* moderate contact, or maximum 1/8" gap

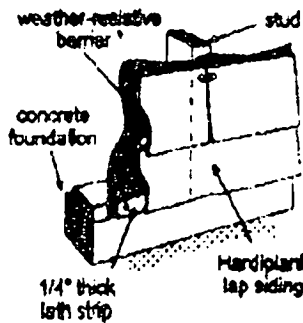


\* Use a weather-resistant barrier in accordance with: BOCA National Building Code Section 1403.3; SBCCI Standard Building Code Section 2503.3; ICBO Uniform Building Code Section 1402.1; or CABO One-and-Two Family Dwelling Code Section 703.2.1.

NOTE: Some Building Codes exempt the use of weather-resistant barriers over "water-repellent panel sheathing" or exterior panels classified as "weather-resistant barriers". James Hardie recommends the use of "building paper type" weather-resistant barriers with all siding products. James Hardie will assume no responsibility for moisture within the wall.

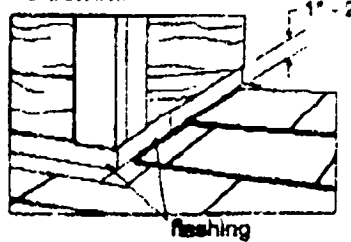
### GRADE CLEARANCE figure 2

Install Hardiplank/Hardiplank such that they are not in ground contact and not subjected to standing water.



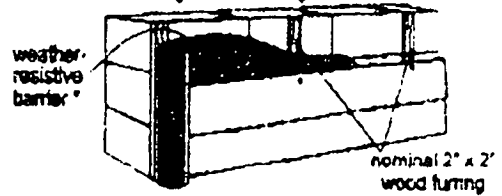
### ROOF CLEARANCE figure 3

At the juncture of the roof and vertical surfaces, flashing and counterflashing shall be provided per the roofing manufacturer's instructions. Provide a 1"-2" clearance between the roofing and bottom edge of siding or as recommended by the roofing manufacturer.



### CONCRETE CONSTRUCTION figure 4

Hardiplank siding can be installed directly to masonry block. Hardiplank siding can also be installed to concrete construction, when the wall is turned out with wood framing or minimum No. 20 gauge steel framing anchored to the wall. Framing can be spaced up to 24" OC. Consult National Evaluation Service report NER-405 for recognized applications to masonry block and wood or metal framing. A weather-resistant barrier\* is recommended between the framing and the siding.





# LAP SIDING - INSTALLATION INSTRUCTIONS

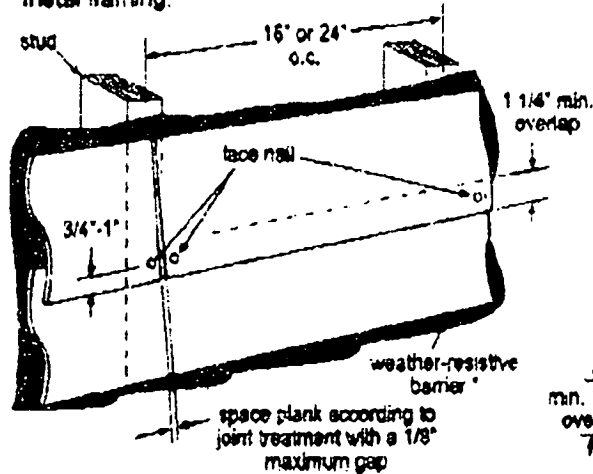
MAY 1999

## FACE NAIL: (All Lap Products) Figure 6

- Corrosion Resistant Nails (galvanized or stainless steel)**
- 6d (0.118" shank x 0.267" HD x 2" long)
  - Siding nail (0.089" shank x 0.221" HD x 2" long) \*\*
  - Siding nail (0.091" shank x 0.221" HD x 1 1/2" long) †

### Corrosion Resistant Screws

- Ribbed Bugle-head or equivalent (No. 8-18 x 0.323" HD x 1 5/8" long) Screws must penetrate 1/4" or 3 threads into metal framing.



† For face nail application of 9 1/2" wide or less siding to OSB, fasteners are spaced a maximum of 12" o.c.

\*\* The use of a siding nail or roofing nail may not be applicable to all installations where greater windloads or higher exposure categories of wind resistance is required by the Local Building Code. Consult Report No. NER-405 for specific details.

## BLIND NAIL: Figure 6

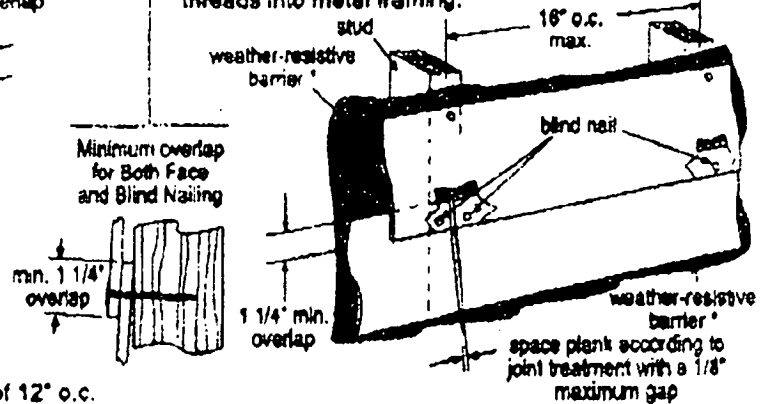
Hardiplank siding cannot be blind nailed 24" o.c. 12" wide Hardiplank siding cannot be blind nailed. When blind nailing 9 1/4" or 9 1/2" Hardiplank, use 11 ga. roofing nail x 1 1/4" long.

### Corrosion Resistant Nails (galvanized or stainless steel)

- 6d (0.118" shank x 0.267" HD x 2" long)
- Siding nail (0.089" shank x 0.221" HD x 2" long) \*\*
- 11ga. roofing nail (0.121" shank x 0.371" HD x 1 1/4" L)

### Corrosion Resistant Screws

- Ribbed Bugle-head or equivalent (No. 8-18 x 0.323" HD x 1 5/8" long) Screws must penetrate 1/4" or 3 threads into metal framing.



## PNEUMATIC FASTENING:

Hardiplank can be hand nailed or fastened with the use of a pneumatic tool. Set your air pressure so that the fastener is driven snug with the shingle surface.



## RECOMMENDED:

Use a flush mount attachment on pneumatic tool. This will help control the depth that the nail is driven. This will be especially helpful when more than one pneumatic tool is driven off the same compressor.

## FASTENER REQUIREMENTS:

- Drive fasteners perpendicular to siding and framing.
- Fastener heads should fit snug against siding (no air space). (Fig. A & B)
- Do not over-drive nail heads or drive nails at an angle.
- If nail is countersunk, caulk nail hole and add a nail. (Fig. C)



## NAIL TYPE:

Fasteners must be corrosion resistant, galvanized or stainless steel. Electro-galvanized nails are acceptable for use with James Hardie Siding Products, but may exhibit premature corrosion. James Hardie recommends the use of quality, hot-dipped galvanized nails. (James Hardie is not responsible for the corrosion resistance of fasteners.)

## FINISHING HARDIPLANK:

### Patching:

Dents, chips and cracks can be filled with a cementitious patching compound.



### Caulking:

A high quality, paintable caulk is recommended. For best results use a caulk that complies either ASTM C 834 or ASTM C 920. Caulking should be applied in accordance with caulking manufacturers written instructions. (Leave 1/8" gap at trim for caulk. Caulking at butt joints is optional.)



### Painting:

James Hardie products must be painted. For best results install Hardiplank siding with our exclusive Prime Plus™ factory priming system and a 100% acrylic topcoat (s). \* If our Prime Plus™ factory priming is not being used, Hardie recommends the application of an alkali-resistant primer along with 100% acrylic topcoat (s). (For paint manufacturer's paint specifications, refer to JH Technical Bulletin No. 3-100.) \*Note: Please refer to paint manufacturer's specifications for application rates.



APPROVALS: HARDIPLANK lap siding is recognized as an exterior wall cladding in National Evaluation Report No. NER405 (BOCA, ICBO, SBCC); City of Los Angeles, Research Report No. 24862; Dade County, Florida, Acceptance No. 99-0223.07, US Dept. of HUD Materials Release 1263a, California DSA PS-019 and City of New York MIA 223-83-M. These documents should also be consulted for additional information concerning the suitability of this product for specific applications. For technical assistance call 1-800-9-HARDIE. © 1999 James Hardie Building Products FAILURE TO ADHERE TO WARNINGS, MSDS, AND INSTALLATION INSTRUCTIONS MAY LEAD TO SERIOUS PERSONAL INJURY.



# TOWN OF SEWALL'S POINT

## Building Department Inspection Log

Date of Inspection:  Mon  Wed  Fri  Sat  Sun, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
S 5269	DANIELSON 161 S. RIVER RD. PACIFIC RFG.	SHEATHING (RESCHEDULE 2/19)	Passed	RE ROOF EXST'G. SFR. 2670116 Rob INSPECTOR: [Signature]
S 5226	GRIFFITH 140 S. SEWALL'S POINT RD.	STORM SHUTTER- FINAL INSP.	Passed	(ROLOVER FROM 2/19) INSPECTOR: [Signature] 2/21
S T/R	NICHOLS 17 PALMETTO DR. MONTE'S TREE SERVICE	(FIELD) VERIFICATION	Passed	tree affects scr. encl. INSPECTOR: [Signature] 2/21
S 5228	LIBITSKY PN5260 3 RIO VISTA DR. A+W	IN PROGRESS <del>(STUDY REPAIRS) IN PROG.</del>	TT+No. Lal Passed	INSPECTOR: [Signature] 2/21
S 5230	DENNISON 49 W HIGHPOINT O/B 223-5945x1155	INSULATION CANCEL BY OWNER 2/21 7:20 AM.	X	INSPECTOR:
S 5063	ROBINSON 173 S. RIVER RD. DRIFTWOOD	TIE BEAM 2nd Floor	Passed	INSPECTOR: [Signature] 2/21
S 5209	TRANTOR 9 MIDDLE RD. PACIFIC	FINAL-ROOF CANCEL CONTR. TO OFFICE	X	- NO RFG. PROP. SUBMITTAL - ATTENTION? INSPECTOR: [Signature] 2/21

OTHER: \_\_\_\_\_

metal passed  
flat = in prog → Friday

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed ~~THURSDAY~~, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 4978	Rimer	Tie Beam	Passed	early am
S ①	29 S. River Rd. Loar Dev. 485 3082			INSPECTOR: J 3/9
✓ 5138	RIBELLINO	PLYWOOD	Passed	(high roof)
S ①	18 ISLAND RD. WILSON			INSPECTOR: J 3/9
✓ 5271	GEISINGER	DRY IN	→	roll over 3/12
N ⑦	8 CASTLE HILL WAY A+W	METAL		INSPECTOR:
✓ 5273	LUBITSKY	<del>SIDING</del>	Passed	
S ②	<del>3 RIO VISTA DR.</del> A+W	IN PROGRESS		INSPECTOR: J 3/9
✓ 5283	LIBITSKY	WINDOWS -	Failed	→ need clarification!
S ③	3 RIO VISTA DR. A+W	IN PROGRESS	Passed	→ Eng. statement req. INSPECTOR: J 3/9
✓ 5282	ALLMAN	SHEATHING	Passed	partial (rear slope)
S ④	45 RIO VISTA DR. A+W			INSPECTOR: J 3/9
✓ 5228	FOGLIA	TIE BEAM +	Passed	Late
S ⑥	102 ABBIE CT. FOGLIA	COLUMN		INSPECTOR: J 3/9

OTHER: ① PN 5192; RAD 30 CASTLE HILL WAY / AR MARTIN; FIELD COPY (TRUSS BRIDGE) TO SITE.

⑦a

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Monday  Wednesday  Friday ~~3/28/2001~~, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5075	Varquez	roof tile		9 <sup>00</sup>
S (3)	82 S. Sewall's Pt Grozg	→ need specs/eng. Council		INSPECTOR: [Signature] 3/28
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5172	Eckna	All Trades	→ roll over	10 <sup>15</sup>
S (5)	107 H. Sewall way Select Homes	running late 1 hr nobody on site		(GC to see Ed. A! request) INSPECTOR: [Signature] 3/28
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5213	LIBITSKY	<del>RESIDUAL FIDUCIARY</del>	Passed	
S (1)	<del>3 RIO VISTA DR.</del> A&W CONST.			INSPECTOR: [Signature] 3/28
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5283	LIBITSKY	WINDOW REPL; FIDUCIARY	Passed	
S (2)	3 RIO VISTA DR. A&W CONST.			INSPECTOR: [Signature] 3/28
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5138	RIBELL (NO)	TIE-DOWN (TRUSS)	Passed	10 <sup>00</sup>
S (7)	18 ISLAND ROAD WILSON BLVD 288-2000			INSPECTOR: [Signature] 3/28
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 4965	DANIELSON	DRIVEWAY	PASSED	
S (6)	161 S. RIVER ROAD DAVID MILLER			INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5292	26 SIMARA	T/T & MTL.	Passed	
S (4)	PIPE PACIFIC RFG			INSPECTOR: [Signature] 3/28

OTHER: \_\_\_\_\_

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 3-19-01

BUILDING PERMIT NO. 5274

Building to be erected for RONALD & INGRID LIBITSKY Type of Permit FENCE - WOOD

Applied for by QUALITY FENCE (Contractor) Building Fee \$30.00

Subdivision RIO VISTA Lot 28 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_

Address 3 RIO VISTA DR. Impact Fee \_\_\_\_\_

Type of structure S.F.R A/C Fee \_\_\_\_\_

Parcel Control Number: \_\_\_\_\_ Electrical Fee \_\_\_\_\_

12-38-41-002-000-00280-80000 Plumbing Fee \_\_\_\_\_

Amount Paid 30XX Check # 3462 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 1,580.00 TOTAL Fees \$30.00

Signed [Signature]  
Applicant

Signed [Signature]  
Town Building Inspector [Signature]

# FENCE PERMIT

### INSPECTIONS

SETBACKS  
FOOTINGS

DATE \_\_\_\_\_  
DATE \_\_\_\_\_

HEIGHT  
FINAL

DATE \_\_\_\_\_  
DATE 3/30/01

24 HOURS NOTICE REQUIRED FOR INSPECTIONS.

CALL 287-2455

**WORK HOURS - 8:00 AM UNTIL 5:00 PM**

**MONDAY THROUGH SATURDAY**

- New Construction
- Remodel
- Addition
- Demolition

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

TOWN OF SEWALL'S POINT  
**BUILDING PERMIT APPLICATION**

Owner or Titleholder's Name Ron Libitsky Phone No. ( ) \_\_\_\_\_

Street: 3 Rio Vista City Sewalls Point State: FLA Zip \_\_\_\_\_

Legal Description of Property: Lot 28 Rio Vista Parcel Number: \_\_\_\_\_

**RECEIVED**  
FEB - 6 2001  
BY: [Signature]

Location of Job Site: Same as Above

TYPE OF WORK TO BE DONE: Fence

CONTRACTOR/Company Name: Quality Fence Phone No. ( ) \_\_\_\_\_

Street: 2513 SE Richmond St City PSL State: FLA Zip 34952

State Registration: \_\_\_\_\_ State License: SP02470

ARCHITECT: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

ENGINEER: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**AREA SQUARE FOOTAGE - SEWER - ELECTRIC:**

Living Area: \_\_\_\_\_ Garage Area: \_\_\_\_\_ Carport: \_\_\_\_\_ Accessory Bldg: \_\_\_\_\_

Covered Patio: \_\_\_\_\_ Scr. Porch: \_\_\_\_\_ Wood Deck: \_\_\_\_\_

Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_

New Electrical Service Size: \_\_\_\_\_ AMPS

**FLOOD HAZARD INFORMATION**

Flood zone: \_\_\_\_\_ Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD

Proposed first habitable floor finished elevation: \_\_\_\_\_ NGVD (minimum 1-foot above BFE)

**COSTS AND VALUES**

Estimated cost of construction or Improvement: \$ 1580

Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_

If Improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_\_\_ NO \_\_\_\_\_

Method of determining Fair Market Value: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)**

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

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

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

OWNER or AGENT SIGNATURE (Required)

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

Notary Public  
My Commission Expires: \_\_\_\_\_  
(Seal)

CONTRACTOR SIGNATURE (Required)

James J. Kutz  
Contractor  
State of Florida, County of: Martin On  
this the 5<sup>th</sup> day of Feb, 2000,  
by James J. Kutz who is personally  
known to me or produced \_\_\_\_\_  
as identification.

Notary Public  
My Commission Expires: 4-13-01

STAR M. GARDNER (Seal)  
NOTARY PUBLIC  
My Comm Exp. 4/13/2001  
No. CC 638429  
Personally Reviewed Form revised 20 April 2000

**TREE REMOVAL (Attach sealed survey)**

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

**DEVELOPMENT ORDER # \_\_\_\_\_**

**1. ALL APPLICATIONS REQUIRE**

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

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

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

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

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

**ADDITIONAL Required Documents are:**

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

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

Approved by Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Town Engineer \_\_\_\_\_ Date: \_\_\_\_\_  
(If required)

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
2/8/01

**PRODUCER**  
Kearns Agency of Florida, Inc.  
P O Box 1849  
Jensen Beach, Fl. 34958

**INSURED**  
Quality Fence Company  
James Kierstead DBA  
2513 SE Richmond St.  
Port St. Lucie, FL 34952

*FILE permit*  
**COPY FILE**  
*help us*

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**

INSURER A: Auto Owners Insurance Company  
INSURER B: Auto Owners Insurance Company  
INSURER C:  
INSURER D:  
INSURER E:

**RECEIVED**

**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.

FEB 9 2001

INSURER LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input 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"/> PROJECT <input type="checkbox"/> LOC	20533955	5/22/00	5/22/01	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 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
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	42-519-238-00	10/12/00	10/12/01	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 \$ AUTO ONLY: AGG \$
	EXCESS 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				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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

Sales and Installation of Fences - State of Florida

**CERTIFICATE HOLDER**

ADDITIONAL INSURED: INSURER LETTER:

**CANCELLATION**

Town of Sewall's Point  
1 South Sewall's Point Rd.  
Stuart, Fl. 34996  
Fax #220-4765

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  
**Lawrence E. Kearns**

RD.

# CERTIFICATE OF LIABILITY INSURANCE

DP ID KR  
RYSGR-1

DATE (MM/DD/YY)  
02/08/01

Provia Insurance Services  
Baldwin Division  
P.O. Box 25277  
Tampa FL 33622  
Phone: 813-287-1936 Fax: 813-282-1020

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

INSURED

AYS Group, Inc.  
dba AYS employee leasing  
FAX: 561/778-5772  
QUALITY FENCE COMPANY  
2145 14th Ave. Suite 6  
Vero Beach FL 32960

**FILE**  
*liens*

INSURER A: **Continental Casualty**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**RECEIVED**  
FEB 12 2001  
BY:

### 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <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 \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC194262248	05/01/00	05/01/01	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS   <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
FOR EMPLOYEES LEASED TO QUALITY FENCE COMPANY FROM AYS EMPLOYEE LEASING.

CERTIFICATE HOLDER

**N** ADDITIONAL INSURED; INSURER LETTER:

### CANCELLATION

TOWN SE

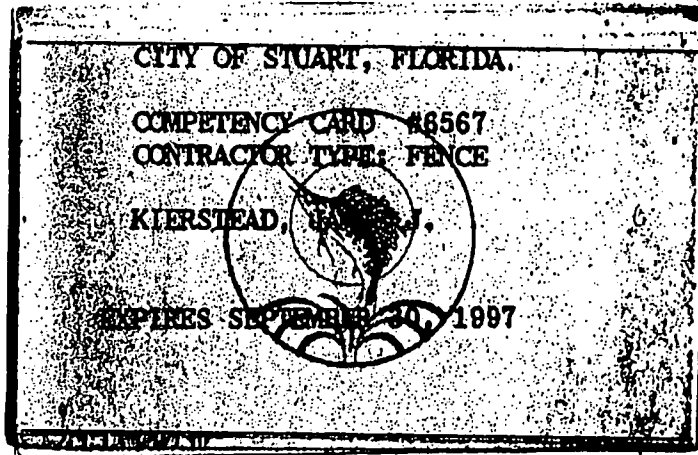
The Town of Sewells Point  
ATTN: Ed Arnold  
FAX: 561/220-4765  
1 South Sewell Point Road  
Sewell's FL 34996

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 SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ACORD CORPORATION 1988



335 0013



**CERTIFICATE OF COMPETENCY CARD**

*Detach along perforation*

CITY OF FORT PIERCE, FLORIDA  
 CERTIFICATE OF COMPETENCY  
 FENCE SPECIALITY CONTRACTOR  
 CONTROL # 0006195 LICENSE # 01-06208

TO: QUALITY FENCE COMPANY  
 KIERSTEAD, JAMES J.  
 2513 SE RICHMOND STREET  
 PORT ST LUCIE FL 34952

AMOUNT PAID 15.00 DATE 9/27/00  
 EXPIRES 11/30/01 **005069**

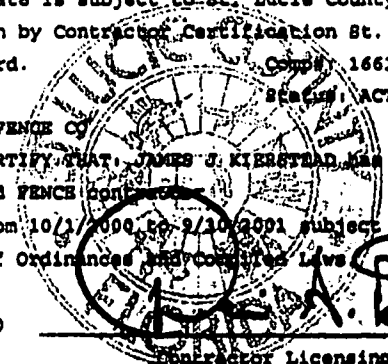


MARTIN COUNTY, FLORIDA  
 Construction Industry Lic Bd  
 Certificate of Competency

License: SP02470  
 Expires September 30, 2001

KIERSTEAD, JAMES J  
 QUALITY FENCE CO  
 498 SW VOLTAIR TE3  
 PSL, FL 34953  
 FENCE ERECTION

This Certificate is subject to St. Lucie County revocation and suspension by Contractor Certification St. Lucie County Examining Board.



DBA: QUALITY FENCE CO  
 THIS IS TO CERTIFY THAT JAMES J. KIERSTEAD has qualified as a certified FENCE contractor for period from 10/1/2000 to 9/30/2001 subject to St. Lucie County Code of Ordinances and Compulsory Laws

Date: 10/03/00

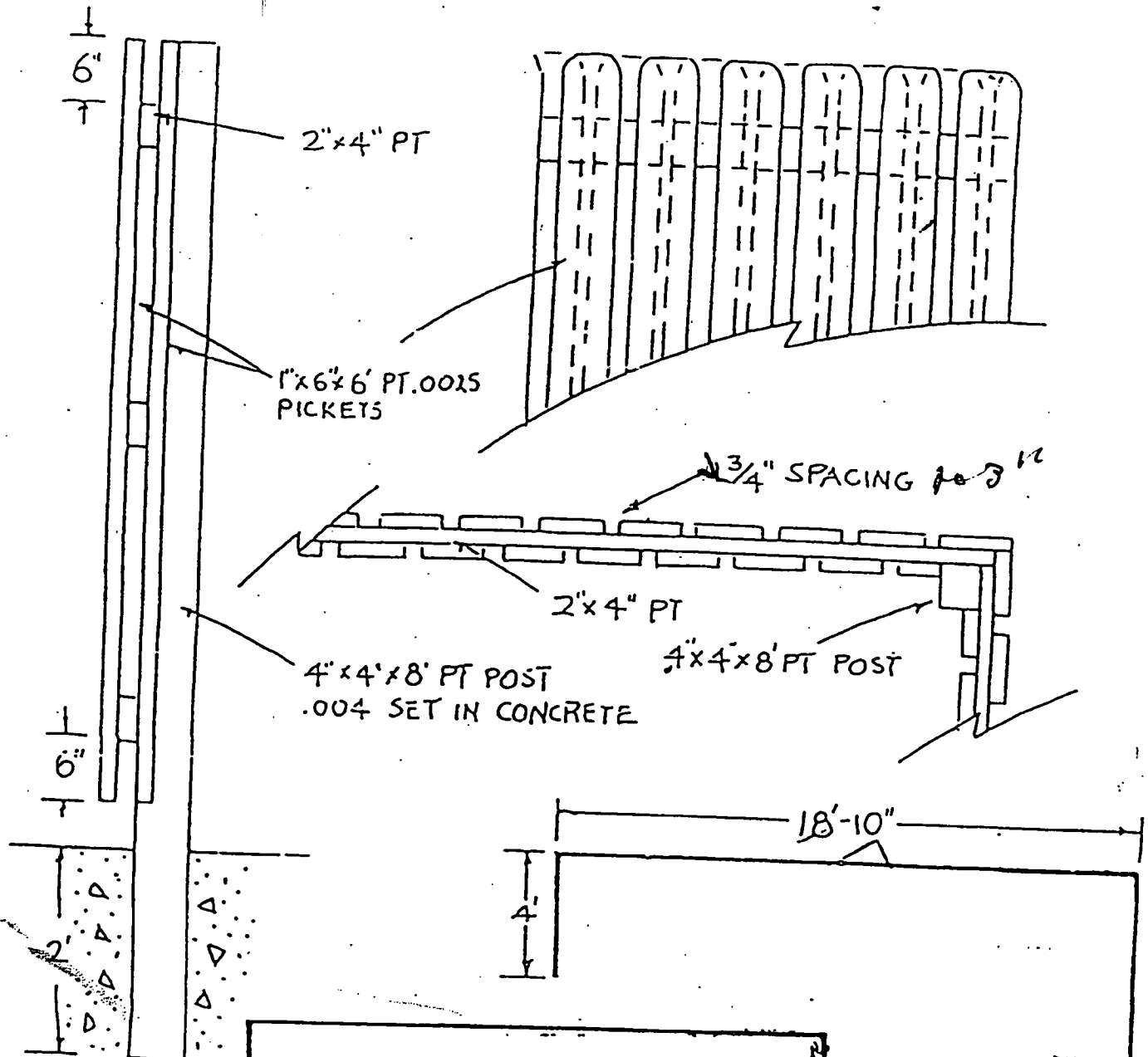
Contractor Licensing Official

CITY OF PORT ST. LUCIE  
 CONTRACTORS  
 CERTIFICATE OF COMPETENCY  
 EXPIRES SEPTEMBER 30, 2001

NAME: KIERSTEAD, JAMES J  
 FIRM: QUALITY FENCE CONTRACTORS, INC  
 2513 SE RICHMOND STREET

Indian River County Contractor Licensing  
 1840 25th Street, Vero Beach, FL 32980  
 (561) 567.8000 Ext. 288

FENCE ERECTION SPECIALTY  
 Cert Nbr: 10881 Exp: 7/31/2001 Status: ACTIVE  
 State Nbr. Exp:  
 QUALITY FENCE COMPANY

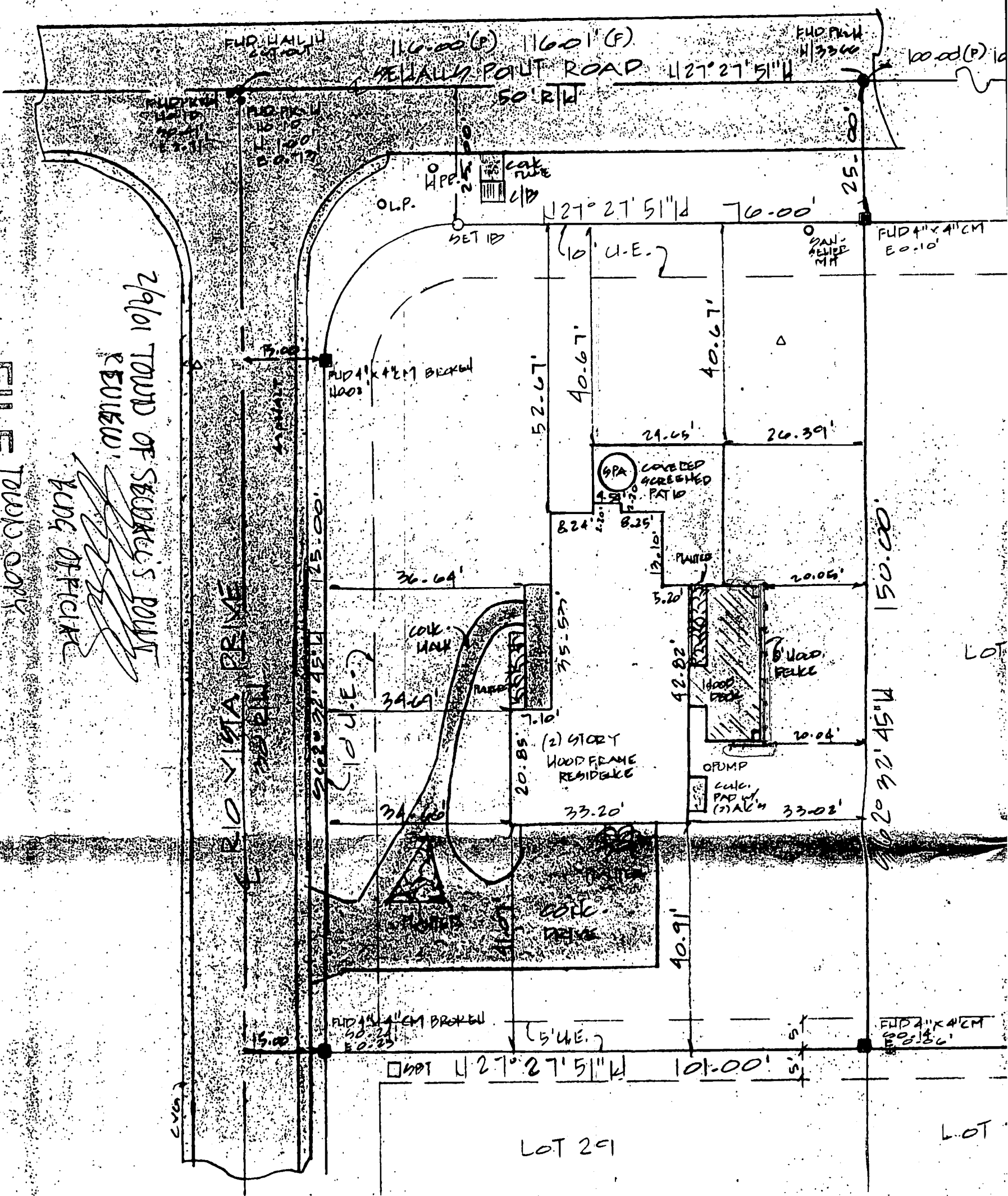


ALL MATERIAL TO BE .0025 PT  
 4"x4" POSTS TO BE .004 PT  
 ALL FASTENERS GALVANIZED NAILS  
 HEIGHT OF FENCE TO BE 6'  
 PERIMETER FENCE DIMENSIONS  
 ARE +/- 6"

Shadow Box Fence

FILE  
TWO COPY  
3 RIO VISTA DR

29101 TOWN OF SEABOARD'S POLICE  
REVIEW  
RUND OFFICER



AC	ACRE	CHD	CHORD	EP	EDGE OF PAVEMENT	I & E	INGRESS & EGRESS EASEMENT	N & TT	NAIL & TIN
A/C	AIR-CONDITIONER	CONC	CONCRETE	EW	EDGE OF WATER	INV	INVERT	N & W	NAIL & WA
ALUM	ALUMINUM	CBS	CONC. BLOCK STRUCTURE	EM	ELECTRIC METER	IB	IRON BAR	NGVD	NATIONAL
ANCH	ANCHOR	CM	CONCRETE MONUMENT	ES	ELECTRIC SERVICE	IP	IRON PIPE	NTS	NOT TO SC
APPROX	APPROXIMATE	CNR	COULD NOT READ	ELEV	ELEVATION	IB & C	IRON BAR & CAP	NO	NORTH
AVE	AVENUE	CPP	CONCRETE POWER POLE	ENCL	ENCLOSURE	IP & C	IRON PIPE & CAP	N	NUMBER
BRO	BEARING	COR	CORNER	X 17.00	EXISTING ELEVATION	L	ARC LENGTH	ORB	OFFICIAL R
BLK	BLOCK	COV	COVERED	FT	FEET	LE	LANDSCAPE EASEMENT	O/S	OFFSET
BLVD	BOULEVARD	CMP	CORRUGATED METAL PIPE	F	FIELD MEASUREMENT	LB	LICENSED BUSINESS NUMBER	OH	OVERHANG
BLDG	BUILDING	CVG	CONCRETE VALLEY GUTTER	FNC	FENCE	LP	LIGHT POLE	OHV	OVERHEAD
BM	BENCHMARK	D	DEED	FPE	FINISH FLOOR ELEVATION	LAE	LIMITED ACCESS EASEMENT	PG	PAGE
CATV	CABLE TELEVISION BOX	D/F	DRAINFIELD	FH	FIRE HYDRANT	MAG	MAG NAIL	PK	PARKER-K
C	CALCULATED	DE	DRAINAGE EASEMENT	FPL	FLORIDA POWER & LIGHT	ME	MAINTENANCE EASEMENT	PK & TT	PARKER-K
CB	CATCH BASIN	ESMT	DRAINAGE FLOW EASEMENT	FND	FOUND	MH	MANHOLE	PK & W	PARKER-K
CA	CENTRAL ANGLE	E	EAST	GOVT	GOVERNMENT	MHWL	MEAN HIGH WATER LINE	PVMT	PAVEMENT
CLF	CHAINLINK FENCE			HSE	HOUSE	NL	NAIL	PRM	PERMANEN

1. PROPERTY ADDRESS: 3 RIO VISTA DRIVE
2. CERTIFIED TO: RONALD J. & INGRID P. LIBITSKY FIRST AMERICAN TITLE INSURANCE COMPANY JORDAN FIELDS, P.A.

NOT VALID WITHOUT THE SIGNA ORIGINAL RAISED SEAL OF A F SURVEYOR AND MAPPER.

STEPHEN J. BROW

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  ~~Wed~~ WED ~~FRI~~ WED ~~30~~ 30, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5299	O'BRIEN 36 E. HIGH POINT A&W RFG.	SHEATHING	<del>70</del>	CANCELLED
				INSPECTOR:
✓ <del>5274</del>	<del>LIBITSKY</del> <del>3 RIO VISTA DRIVE</del>	<del>FENCE - FINAL</del>	<del>Passed</del>	
②	QUALITY FENCE B79			INSPECTOR: <u>3/30</u>
✓ 5172	ECKNA 107 HENRY SEWALL WAY SELECT HOMES	FRAMING + All Trades / KENNY (2 Steps / Draft steps)	Passed	(RESCHED. FROM 3/20) 2870390 INSPECTOR: <u>3/30</u>
✓ 5192	RAO 30 CASTLE HILL A&W	TIN TAG + METAL	Passed	INSPECTOR: <u>3/30</u>
✓ 5286	SCHULTZ 64 S. SPR ADVANTAGE POOLS	GROUND + STEEL	→ roll over	(no forward sur) INSPECTOR:
✓ <del>5270</del>	<del>LIBITSKY</del> 3 RIO VISTA DR. ③ A&W RFG.	ROOF - FINAL	Passed	INSPECTOR: <u>3/30</u>
✓ 5312	ENRIQUEZ 1 KINGSTON CT ALAN MORRIS - DRIFTWOOD HOME		Support pole !!	TEMP. ELEC. CONST? (CALL COME TO VERIFY) Called PPL 9:30 INSPECTOR: <u>3/30</u>

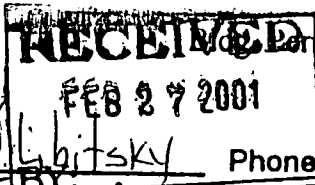
OTHER: \_\_\_\_\_

**5283**

**WINDOW  
REPLACEMENTS**



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



Permit Number: 5283

Owner or Titleholder's Name Ronald J. Ignored A. Libitsky Phone No. (601) 283-1334  
 Street: 1820 Jensen Beach Blvd. #038 City Jensen Beach State: FL Zip 34957  
 Legal Description of Property: Rio Vista Subdivision Lot 28

Parcel Number: 1238410070000028080000

Location of Job Site: 3 Rio Vista Drive Sewalls Point, FL 34997

TYPE OF WORK TO BE DONE: Complete installation of New P&T windows

CONTRACTOR/Company Name: A&W Construction Roofing Div. Phone No. (561) 283-8100

Street: 3301 Slater Street City Stuart State: FL Zip 34997

State Registration: FLORIDA State License: CCC 057686

ARCHITECT: N/A Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

ENGINEER: N/A Phone No. ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:  
 Living Area: \_\_\_\_\_ Garage Area: \_\_\_\_\_ Carport: \_\_\_\_\_ Accessory Bldg: \_\_\_\_\_

Covered Patio: N/A Scr. Porch: \_\_\_\_\_ Wood Deck: \_\_\_\_\_

Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_

New Electrical Service Size: \_\_\_\_\_ AMPS

FLOOD HAZARD INFORMATION

Flood zone: N/A Minimum Base Flood Elevation (BFE): \_\_\_\_\_ NGVD

Proposed first habitable floor finished elevation: \_\_\_\_\_ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or Improvement: \$ 2,500.00

Estimated Fair Market Value (FMV) prior to improvement: \$ \_\_\_\_\_

If Improvement, is cost greater than 50% of Fair Market Value? YES \_\_\_\_\_ NO \_\_\_\_\_

Method of determining Fair Market Value: \_\_\_\_\_

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Plumbing: N/A State: \_\_\_\_\_ License # \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

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

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

OWNER or AGENT SIGNATURE (Required)  
[Signature]  
 Owner

CONTRACTOR SIGNATURE (Required)  
[Signature]  
 Contractor

State of Florida, County of: MARTIN On this the 27<sup>th</sup> day of FEB., 2000, by RONALD LIBITSKY who is personally known to me or produced FL DL as identification.

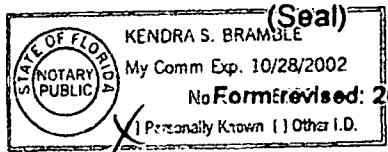
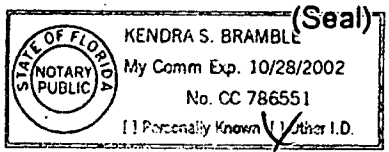
State of Florida, County of: MARTIN On this the 27<sup>th</sup> day of FEB., 2000, by KRISTOPHER ASHENBACK who is personally known to me or produced \_\_\_\_\_ as identification.

Kendra S. Bramble  
 Notary Public

Kendra S. Bramble  
 Notary Public

My Commission Expires: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**TREE REMOVAL (Attach sealed survey)**

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

DEVELOPMENT ORDER # \_\_\_\_\_

**1. ALL APPLICATIONS REQUIRE**

- a. Property Appraisers Parcel Number.
  - b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
  - c. Contractors name, address, phone number & license numbers.
  - d. Name all sub-contractors (properly licensed).
  - e. Current Survey
2. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architects seal and the following items:
- a. Floor Plan
  - b. Foundation Details
  - c. Elevation Views - Elevation Certificate due after slab inspection,
  - d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
  - e. Truss layout
  - f. Vertical Wall Sections (one detail for each wall that is different)
  - g. Fireplace drawing: If prefabricated submit manufacturers data

**ADDITIONAL Required Documents are:**

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

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

Approved by Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Town Engineer \_\_\_\_\_ Date: \_\_\_\_\_  
(If required)

PERMIT # \_\_\_\_\_

TAX FOLIO # 123841002000028080000

**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 THE NOTICE OF COMMENCEMENT.

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

RIO VISTA SUBDIVISION Lot 28

3 RIO VISTA DR.

GENERAL DESCRIPTION OF IMPROVEMENT Re-roof

RECEIVED  
MAR - 2 2001  
BY: [Signature] (3/5/01)

OWNER: Ronald J. & Ingrid P. Libitsky

ADDRESS 1820 JENSEN BCH BLVD #638 JENSEN BCH, FL. 34957

PHONE #: \_\_\_\_\_

CONTRACTOR: A&W Construction Roofing Division

ADDRESS 3301 SE Slater Ave. Stuart, FL 34997

PHONE #: 561-283-8100

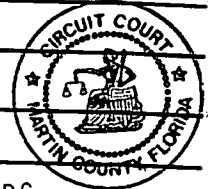
FAX #: 561-283-0292

STATE OF FLORIDA  
MARTIN COUNTY

SURETY COMPANY (IF ANY) \_\_\_\_\_

ADDRESS \_\_\_\_\_

THIS IS TO CERTIFY THAT THE  
FOREGOING \_\_\_\_\_ PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL.



MARSHA EWING, CLERK

BOND AMOUNT: \_\_\_\_\_

LENDER: \_\_\_\_\_

BY [Signature] D.C.

ADDRESS: \_\_\_\_\_

DATE 3-1-01

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

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: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

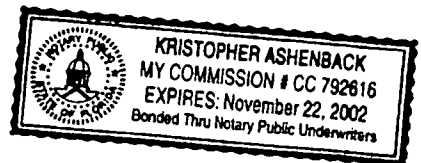
IN ADDITION TO HIMSELF, OWNER DESIGNATES \_\_\_\_\_ OF \_\_\_\_\_ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.

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 28 DAY OF February 2001 BY [Signature]

[Signature]  
NOTARY SIGNATURE

OR PERSONALLY KNOWN   
PRODUCED ID \_\_\_\_\_  
TYPE OF ID \_\_\_\_\_



# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR MR  
A&WCO-3

DATE (MM/DD/YY)  
02/15/01

PRODUCER  
Stuart Insurance, Inc.  
3070 S W Mapp  
Palm City FL 34990  
Phone: 561-286-4334 Fax: 561-286-9389

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.

INSURERS AFFORDING COVERAGE

INSURED  
AWR of the Treasure Coast, Inc  
A & W Construction Inc  
A & W Roofing Division  
3301 SE Slater Street  
Stuart FL 34994

INSURER A: Employers SIF  
INSURER B: Auto Owners Insurance Co  
INSURER C:  
INSURER D:  
INSURER E:

RECEIVED  
FEB 15 2001

COPY

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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	082100021004	07/16/00	07/16/01	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				NEO EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
					GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC
B	AUTOMOBILE LIABILITY	4130139500	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER
					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  
Roofing - Residential

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
TOWNS-1			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.
Town of Sewalls Point 1 S Sewalls Point Road Stuart FL 34996			AUTHORIZED REPRESENTATIVE Cabot W. Lord, CIC.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE NO. / DATE  
 W03-47002-13495  
 12.20.00 7:40:33 AM

Fin Bates & Associates  
 4 Walnut Hill Lane #1081  
 Dallas, TX 75231  
 214-346-1501 fax: 425-671-4667

**FILE**  
 LICENS.

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

**INSURED**  
 A & W CONSTRUCTION - ROOFING DIVISION  
 3301 SE SLATER ST.  
 STUART, FL 34997  
 561-283-8100 fax: 561-283-0292

INSURER A: American Casualty Co. of Reading Pennsylvania
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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
	<b>GENERAL LIABILITY</b> <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 \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																
	<b>AUTOMOBILE LIABILITY</b> <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) \$																
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$																
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$																
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC247859437	10/20/00	9/1/01	<table border="1"> <tr> <td>X</td> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> <td></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 1,000,000</td> </tr> </table>	X	WC STATU-TORY LIMITS	OTH-ER			E.L. EACH ACCIDENT		\$ 1,000,000		E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000		E.L. DISEASE - POLICY LIMIT		\$ 1,000,000
X	WC STATU-TORY LIMITS	OTH-ER																			
	E.L. EACH ACCIDENT		\$ 1,000,000																		
	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000																		
	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000																		
	<b>OTHER</b> <input type="checkbox"/>				LIMIT \$ LIMIT \$																

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 1. Certificate holder is provided with a Waiver of Subrogation for Workers Compensation Information 2. Project Information 3. Insured is afforded Workers Compensation & Employers Liability as a co-employer under the policy for employees leased from AMS Staff Leasing, Inc.

### CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

### 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

*Reel C B...*

© ACORD CORPORATION 1988

RECEIVED  
SEP 26 2000  
BY: *[Signature]*

FILE  
*he/m*

AC# 5947801 STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
8/15/2000	00004460	CB - C054502

The BUILDING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2002

ASHENBACK, KRISTOPHER TODD  
A & W CONSTRUCTION INC  
3301 SLATER ST  
STUART FL 34997

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON  
SECRETARY

AC# 5947802 STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONST INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
8/15/2000	00004460	CC - C057686

The ROOFING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2002

ASHENBACK, KRISTOPHER TODD  
A & W CONSTRUCTION  
3301 SLATER ST  
STUART FL 34997

JEB BUSH  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON  
SECRETARY

MARTIN COUNTY ORIGINAL  
2000 COUNTY OCCUPATIONAL LICENSE 2001

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995  
(561) 288-5604

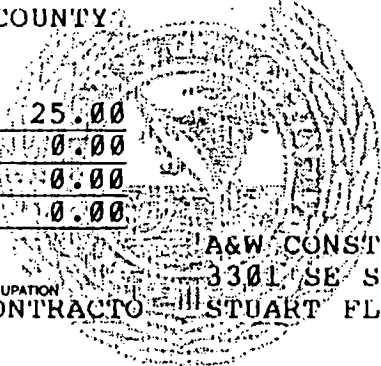
LICENSE 1995 113 020 CERT 00057680

PHONE 561 283 8100 C NO 1761

LOCATION:  
5186 SLATER ST SE

CHARACTER COUNTS IN MARTIN COUNTY

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



IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF CONSTRUCTION/ROOFING CONTRACTOR

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

8 DAY OF SEPTEMBER 2000  
AND ENDING SEPTEMBER 30, 2001

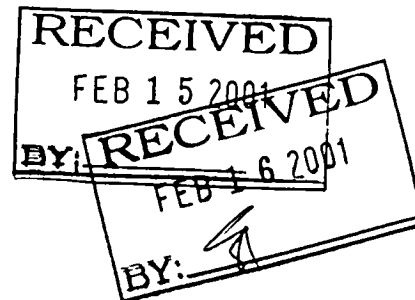
A&W CONSTRUCTION ROOFING DIVISION  
3301 SE SLATER STREET  
STUART FL 34997

RECEIPT OF PAYMENT  
9000  
L.C. O'STEEN T.C. NORMAL  
99 09/08/2001  
19951130  
0220000903051230K  
\$25.00



FILE

*leaf us*



**BUSINESS SOLUTIONS FOR THE CONSTRUCTION INDUSTRY**  
Insurance & Administrative Services

February 16, 2001

To whom it may concern:

A & W construction & Roofing Division's Workers Compensation coverage includes both phases of construction and roofing.

Construction # cbc054507  
Roofing # ccc057686

**TEXAS**

2388 Doreen Street  
Grand Prairie, TX 75050  
888-799-6001  
972-706-7995  
972-602-1633 FAX

**FLORIDA**

605 Crescent Executive Court  
Suite 300  
Lake Mary, FL 32746  
888-799-6001  
877-602-1633 FAX

**CALIFORNIA**

14776 Ramona Ave.  
Suite 410  
Chino Hills, CA 91710  
888-393-2556  
909-393-4100  
909-393-4432 FAX

Thank You

*Patsy Burns*

Patsy Burns

**WEBSITE**

www.amspeo.com

**EMAIL**

ams@amspeo.com

# A & W

## ROOFING DIVISION

### CONSTRUCTION

EST. 1982

# COPY

### AUTHORIZATION FOR CHANGE OF SPECIFICATIONS

RECEIVED  
MAR - 2 2001  
BY: \_\_\_\_\_

Customer Name: Libitsky, Ron P.O.# 2203

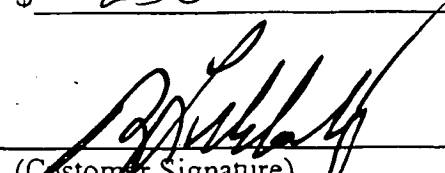
To: A&W Roofing Division

I hereby authorize and assume responsibility for the following changes from the original Contract and specifications on my agreement dated 30 Jan, 2001. I understand that \$ 2500.00 will be added to my final invoice.

Changes to be made:

Install All NEW ~~PTP~~ WINDOWS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Cost \$ 2500.00

Approved by:   
(Customer Signature)

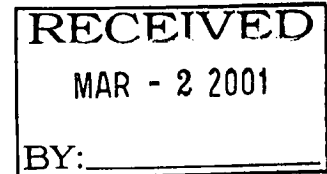
**A&W ROOFING**  
CONSTRUCTION DIVISION  
EST. 1982

*Always Working harder for you.*

---

March 1, 2001

Town of Sewalls Point Building Dept.  
Attn: Ed Arnold



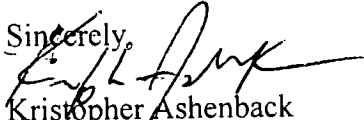
Dear Mr. Arnold-

Please find attached a new Notice of Commencement requested by yourself that has been filed at the court house for the window portion of the work being done at the Libitsky residence at 3 Rio Vista Dr.

Please also find attached a work order change that Mr. Libitsky signed approving for us to INSTALL the windows only at a charge of \$2,500.00. Mr. Libitsky chose to purchase the windows himself. This should clear up any confusion regarding the permit cost.

The last issue to clarify is the matter of Dade County acceptance papers. Please find attached a photo copy I had Fed-Exed from the engineer's department of Vinyl Tech/ Progressive Glass Technology (P.G.T.) Corporation. Please be aware that after specking with them and 3 other companies that we purchase roofing material from that only Metro Dade has original documents and only photo copies are sent to the manufacturers themselves and they therefore fax to contractors their photocopies. Metro Dade does not provide original sets. I hope that the attached photocopies will better serve you.

Per your phone conversation with my office on Tuesday and with the above mentioned items clarified I'll be in touch with you on Monday.

Sincerely,  
  
Kristopher Ashenback  
Sec./Treasurer/Owner

**MATHERS ENGINEERING CORP.**

2431 SE Dixie Hwy.  
STUART, FLORIDA 34996  
(561) 287-0525

JOB A&W CONST.

SHEET NO. 1 OF 1

CALCULATED BY WSM DATE 3-13-01


CHECKED BY WSM DATE 3-13-01

SCALE NTS

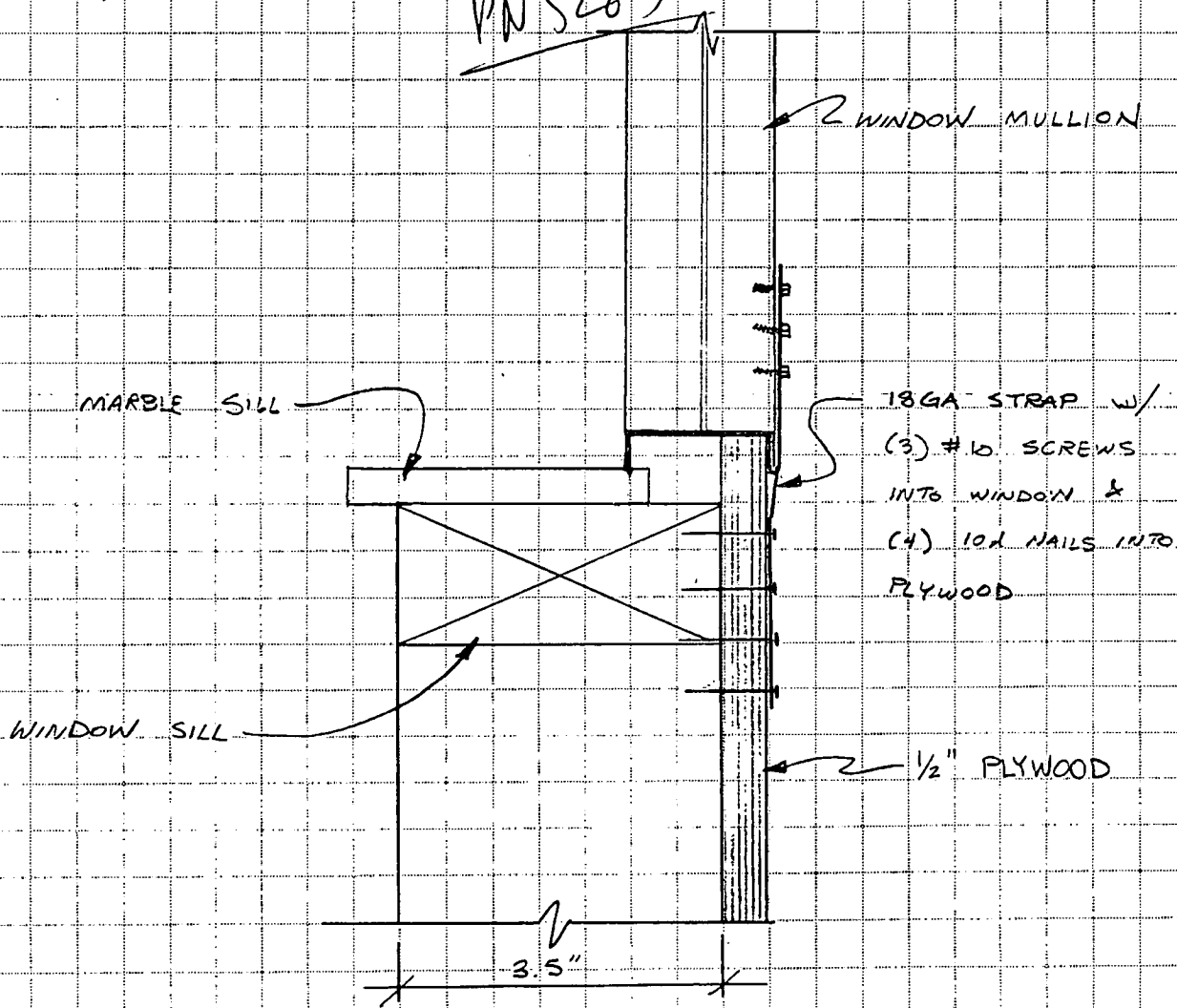
WINDOW ATTACHMENT @ CENTER MULLION

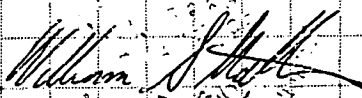
LIBITSKY RESIDENCE

~~13010 VIS A DRIVE~~

RECEIVED  
MAR 14 2001  
BY: 

FILE  
TOWN COPY  
PN 5283



  
3/13/01

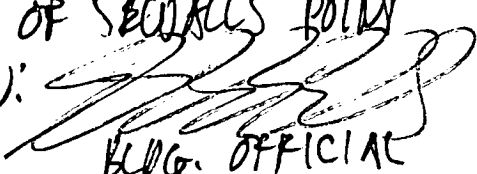


*Always Working harder for you.*

---

**Scope of work**

Complete removal of existing windows. Complete installation of new PGT windows fastened to code.

3/6/01 TOWN OF SECOY'S POINT  
REVIEW:   
BLDG. OFFICIAL

FILE TOWN COPY  
3 RIO VISTA DR.

**PN 5283**



MATHERS ENGINEERING  
CORPORATION

2431 SE Dixie Highway  
Stuart, FL 34996  
Phone: (561) 287-0525  
Fax: (561) 220-8686

February 27, 2001

FILE

TO: A&W Construction – Roofing Division  
3301 SE Slater Street  
Stuart, FL 34997

RE: #3 Rio Vista Drive  
Sewall's Point  
• Wind Pressures for Windows & Doors  
• Review of Test Documentation for Windows to be installed

Dear Kris Ashenback:

Mathers Engineering has done the wind analysis on the above structure to meet the ASCE 7-98 requirements using a D or coastal exposure. The required design pressures are shown on the attached drawings.

We have also reviewed the test documentation for the window type to be installed on the project. The test was for Vinyl Tech / Progressive Glass Technology with an acceptance of 98-0218.02 for *Series 4000 Aluminum Single Hung Window (3/16" annealed glass)*. Adequacy of the windows is based upon a chart labeled *Data from Test Report FTL-1139 Series 4000, Comparative Analysis Table for Engineering Windows using 3/16" annealed glass*. The results are as follows:

Part Designation	Design Pressures	Allowable Pressures
A	+51.8 / -56.2	+55.33 / -93
B	+51.8 / -56.2	+55.33 / -93
C	+50.1 / -54.0	+55.33 / -73
D	+50.1 / -65.0	+55.33 / -73
E	+43.5 / -50.1	EXIST. GARAGE DOOR

As seen in the above table, the windows to be installed will be sufficient to meet the required wind loading. However, the windows are not impact windows and would require impact protection for extreme wind events. This letter is to approve the use of the window components covered in the test report only for use on this specific project only.

Approved by:

William J. Mathers, PE



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

**PRODUCT CONTROL NOTICE OF ACCEPTANCE**

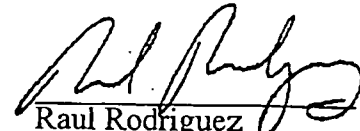
Vinyl Tech/Progressive Glass Technology  
1070 Technology Drive  
Nokomis FL 34275

**RECEIVED**  
MAR - 2 2001  
BY: \_\_\_\_\_

Your application for Product Approval of:  
*Series 4000 Aluminum Single Hung Window (3/16" annealed glass)*  
under Chapter 8 of the Metropolitan Miami-Dade County Code governing the use of Alternate Materials and Types of Construction, and completely described in the plans, specifications and calculations as submitted by: *Applicant, along with drawings prepared by Mr. Robert L. Clark, P.E., and test reports prepared by Fenestration Testing Laboratory, Inc.*  
has been recommended for acceptance by the Building Code Compliance office to be used in Miami-Dade County, Florida under the conditions set forth herein. This approval contains 3 pages.

This approval shall not be valid after the expiration date stated below. The Office of Building Code Compliance reserves the right to secure this product or material at anytime from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, the Building Code Compliance Office may revoke, modify, or suspend the use of such product or material immediately. The applicant shall re-evaluate this product or material should any ammendments to the South Florida Building Code be enacted affecting this product or material. The Building Code Compliance Office reserves the right to revoke this approval, if it is determined by the Building Code Compliance Office 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.

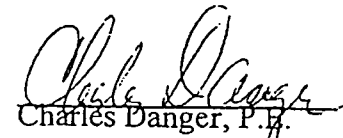
Acceptance No.: 98-0218.02  
Expires: 08/20/2001

  
Raul Rodriguez  
Product Control Supervisor

**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL CONDITIONS**

**BUILDING CODE COMMITTEE**

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

  
Charles Danger, P.E.  
Director  
Building Code Compliance Dept.  
Metropolitan Dade County

Approved: 08/20/1998

Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No. : 98-0218.02

APPROVED : AUG 20 1998

EXPIRES : AUG 20 1999

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

**1. SCOPE**

- 1.1 This renews the Notice of Acceptance No. 94-1031.03 which was issued on September 21, 1995. It approves an aluminum single hung window, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County, for the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

**2. PRODUCT DESCRIPTION**

- 2.1 The Series 4000 Aluminum Single Hung Window and its components shall be constructed in strict compliance with the following document: Drawing No. 137, Sheet 1 of 4, titled "Single Hung Elevations," Sheet 2 of 4 titled "Single Hung Layout," Sheet 3 of 4 titled "Comparative Analysis," and Sheet 4 of 4 titled "Typ. Single Hung Anchorage," prepared by Vinyl Tech/Progressive Glass Technology, dated March 17, 1998, except for Sheet 3 of 4 which is dated June 10, 1998, 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. These documents shall hereinafter be referred to as the approved drawings.

**3. LIMITATIONS**

- 3.1 This approval applies to single unit applications only, as shown in approved drawings.

**4. INSTALLATION**

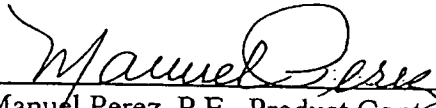
- 4.1 The aluminum single hung window and its components shall be installed in strict compliance with the approved drawings.
- 4.2 The installation of this product will require a hurricane protection system.

**5. LABELING**

- 5.1 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".

**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 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.
- 6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.

  
Manuel Perez, P.E., Product Control Examiner  
Product Control Division

Vinyl Tech/Progressive Glass Technology

ACCEPTANCE No. : 98-0218.02


APPROVED : AUG 20 1998

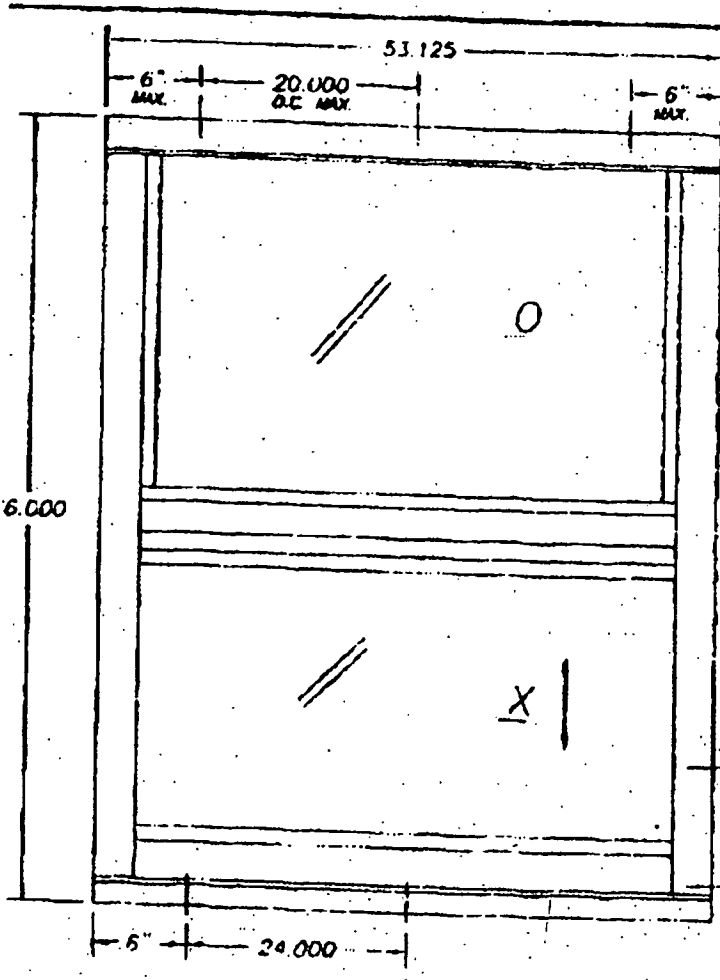
EXPIRES : AUG 20 2001

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 documents, 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 Approval", 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 time. The engineer needs not reseal the copies.
8. Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
9. This Notice of Acceptance consists of pages 1, 2 and this last page 3.

END OF THIS ACCEPTANCE

  
Manuel Perez, P.E., Product Control Examiner  
Product Control Division



ITEM	DESCRIPTION	V.T. #	VENDOR	VENDOR #
1	FLANGED FRAME HEAD	6958J	ALUMAX	AF-9563
2	FLANGED FRAME SILL	66377	ALUMAX	AF-6377
3	FLANGED FRAME JAMB	66379	ALUMAX	AF-6379
4	FIXED MEETING RAIL	69316	ALUMAX	AF-9316
5	SASH TOP RAIL	69336	ALUMAX	AF-9336
6	SASH BOTTOM RAIL	66384	ALUMAX	AF-6384
7	SASH SIDE RAIL	66385	ALUMAX	AF-6385
8	SASH STOP	66387	ALUMAX	AF-6387
9	SASH CAM INSERT (L.H. & R.H.)	41901/41902	VINYL-TECH/P.C.T.	
10	#8 x .750 Ph. Pn. SMS	7834A	MERCHANTS FASTENER	
11	WEATHERSTRIP, VINYL BULB W/LEAF	64664	TEAM PLASTICS	466-4
12	SWEEP LATCH	76722		672204
13	#8 x .625 Ph. Pn. SMS	7858	MERCHANTS FASTENER	
14	WEATHERSTRIP, .187 x .200 in	6200J	SCHLEGEL	FSB319-187
15	WEATHERSTRIP, VINYL BULB, 1.60 DIA.	E4667	TEAM PLASTICS	466-7
16	WEATHERSTRIP, B314-150 x 155	6X831G	SCHLEGEL	
17	BALANCE TAKE-OUT CLIP	7121UM		
18	SLICON	62899	DUN CORNING	639
19	BALANCE		CALDWELL	
20	3/16" ANNEALED GLASS		P.P.G. LOF	
21	3/16" GLAZING BEAD	65030	FLORIDA SCREEN	05-030
22	#8 x 1.500 Quad. Pn. SMS	78112A	MERCHANTS FASTENER	
23	#10 x .750 Ph. Pn. SMS	71034	FASTEC WND CORP	
24	#10 x 1.500 Ph. Pn. SMS			
25	1" x 1.5" Open Cell Foam Pad	7816QA		

05/10/08

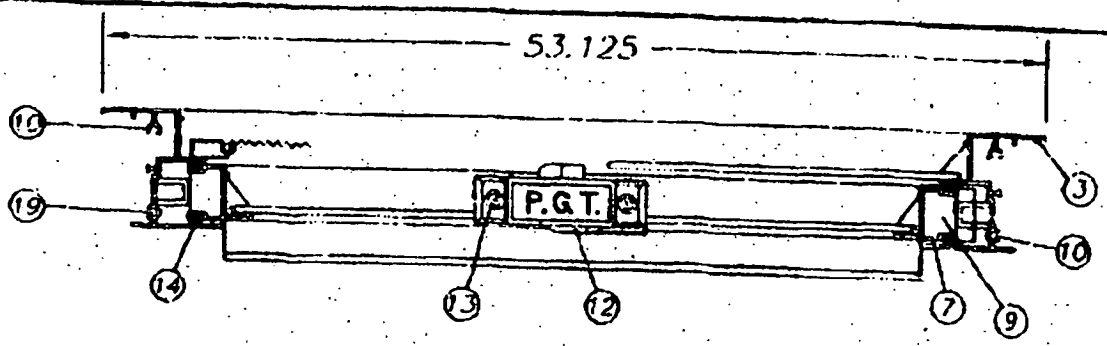
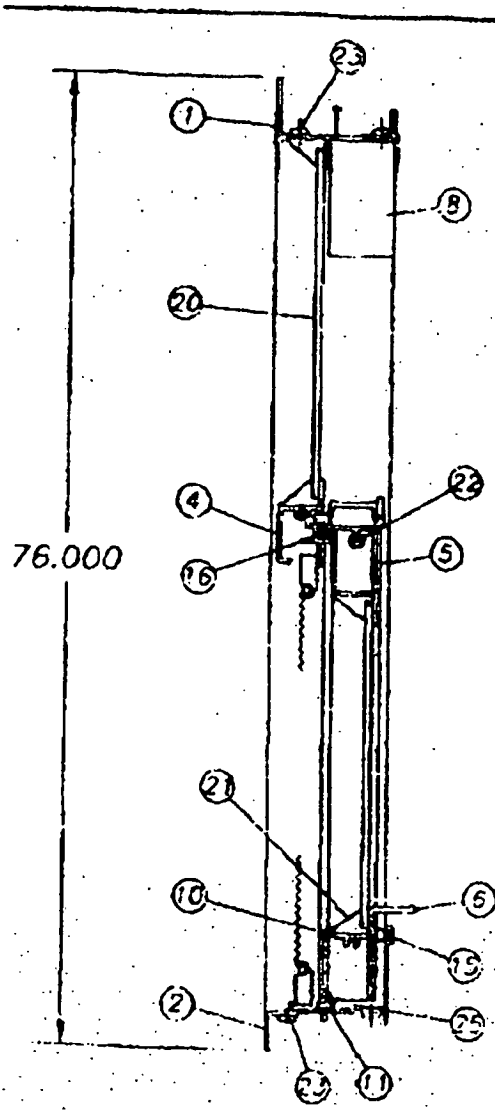
05/30 11:23 AM, 2001 ID: PGT INDUSTRIES TEL NO: (341) 483-1900 #822/0 PAGE: 5/8

**NON-IMPACT WINDOWS**  
 1) GLAZING: 3/16" ANNEALED  
 2)   
 3)   
 IMPACT RESISTANT FILLS ARE REQUIRED AT ALL INSTALLATIONS

*011101*  
*6/28/08*

PRODUCT REVIEWED  
 ACCEPTANCE NO. 98-0719-1-2  
 EXPIRES: 01/01/09  
 BY: *M. Mann*  
 MATCHING IT: *1/23/08*

VINYL-TECH / progressive GLASS	
Model: <i>517</i>	Series: <i>400X</i>
Color: <i>D.S.</i>	Year: <i>07/11/08</i>
Assigned By: <i>N.T.S.</i>	Draw: <i>N.T.S.</i>
P.O. BOX 1529 NOKOMIS, FL 34274	
B	137



PRODUCT RENEWED  
 ACCEPTANCE #1-011-02  
 10-SEALING UNIT (Accepted 11/1/01)  
 By *[Signature]*  
 P.O. OF CERTIFICATED OFFICE  
 12-1-1991

*Robert Clark  
 4/22/91*

<b>WINDY TECH</b> / progressive <b>GLASS</b> technology <small>Manufacturers of Windy Tech Windows</small>		Product Category: SH Series/Model: 6000 Unit: 2 x 4
Order No.: U.B. Date: 3/17/98	<b>SINGLE HUNG LAYOUT</b>	
Order No.: N.T.S.	Address: P.O. BOX 1529 NOKOMIS, FL. 34274	Order No.: B Order No.: 137

Data from Test Report FTL-1139 for Series 541-2000  
 Comparative Analysis Table for Single Hung Windows using 3/16" annealed glass, etc. fig. 0X

Negative Design Loads based on Comparative Analysis (per) and Glass Table  
 Positive Design Loads based on Comparative Analysis (per) and Glass Test Pressure

Window Heights	Window Widths									
	17.125	24.000	24.500	32.000	37.000	44.000	44.500	50.125		
26.000	-120.0	+55.33	-117.00	+55.33	-123.00	+55.33	-119.00	+55.33	-119.00	+55.33
36.375	-128.0	+55.33	-119.00	+55.33	-119.00	+55.33	-117.00	+55.33	-116.00	+55.33
46.750	-119.0	+55.33	-117.00	+55.33	-116.00	+55.33	-100.00	+55.33	-93.00	+55.33
63.000	-104.0	+55.33	-98.00	+55.33	-92.00	+55.33	-85.00	+55.33	-81.00	+55.33
74.000	-87.0	+55.33	-71.00	+55.33	-68.00	+55.33	-63.00	+55.33	-61.00	+55.33

Window Heights	Window Widths			
	48.000	64.000	68.000	50.125
24.000	-110.00	+55.33	-100.00	+55.33
37.375	-115.00	+55.33	-99.00	+55.33
46.625	-106.00	+55.33	-101.00	+55.33
63.000	-85.00	+55.33	-82.00	+55.33
74.000	-67.00	+55.33	-61.00	+55.33

**NOTES:**

- 1.) REFERENCE: TEST FTL-1139
- 2.) REFERENCE: N.O.A. 94-1031.03
- DESIGN: +55.33 PSF
- 61.8 PSF

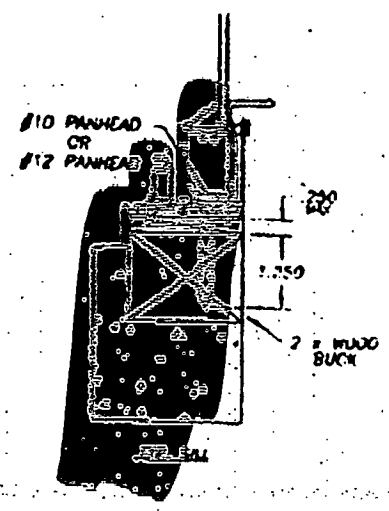
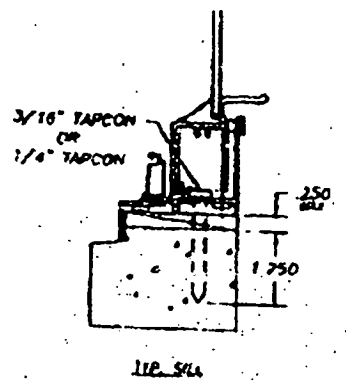
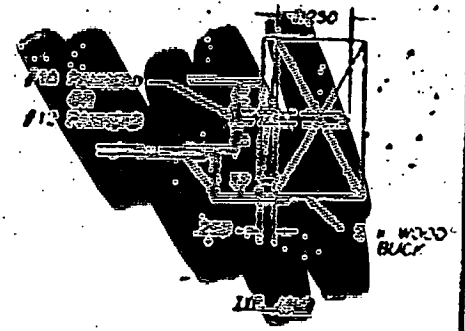
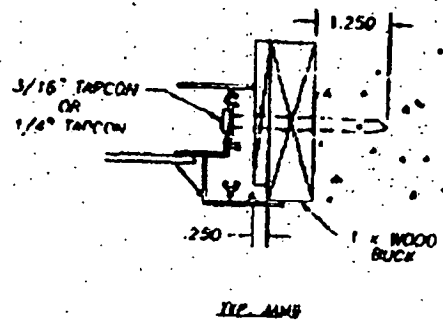
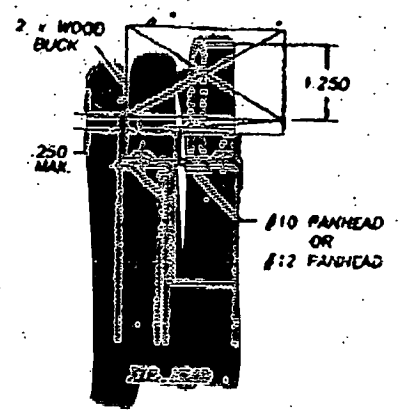
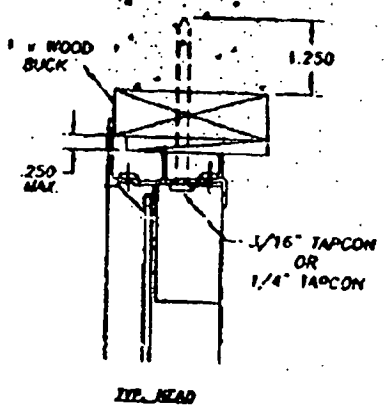
NEW N.O.A.# 98-0218.02

PROJECT RENEWED  
 APPROVED BY: *[Signature]*  
 DATE: August 10, 1994  
 PROJECT MANAGER: *[Signature]*  
 PROJECT SUPERVISOR: *[Signature]*

*Robert Clark*  
 4/22/94

Product Name: <b>VINYL-BOND</b>		Product Category: <b>SM</b>		Series: <b>4000</b>		Date: <b>FTL-1139</b>		Sheet: <b>3 of 4</b>	
Project No.: <b>0.02</b>		Date: <b>8/10/94</b>		<b>COMPARATIVE ANALYSIS</b>					
Sheet No.: <b>1X</b>		Address: <b>P.O. BOX 1579 NOKOMIS, FL 34274</b>							

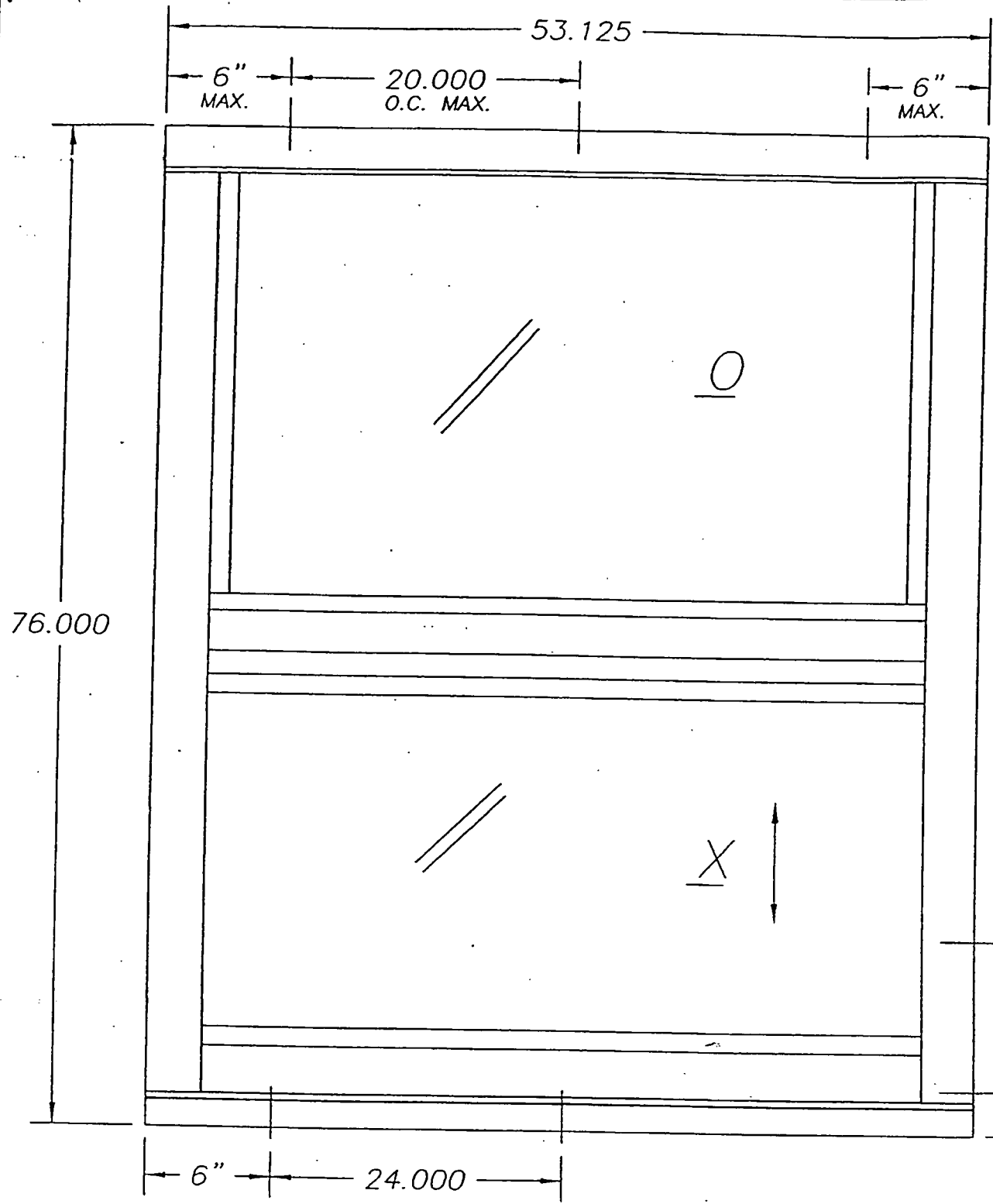




PRODUCT RENEWED  
 98-2210-01  
 August 10, 2001  
 J. H. ...  
 ... COMPLIANCE OFFICE

*Robert J. ...*  
*W/2/98*

<b>WINDY BUSH</b> / <b>PROFESSIONAL GLASS</b> (technology) <small>Manufacturers of Energy Efficient Windows</small>	
Product Name:	311
Quantity:	4000
Order No.:	P.B.
Date:	3/11/98
<b>TYP. SINGLE HUNG ANCHORAGE</b>	
Order No.:	N.T.S.
Address:	P.O. BOX 1529 NOKOMIS, FL 34274
Phone:	B
Rating No.:	1.37



ITEM	DESCRIPTION	V.T. #	VENDOR	VENDOR #
1	FLANGED FRAME HEAD	69563	ALUMAX	AF-9563
2	FLANGED FRAME SILL	66377	ALUMAX	AF-6377
3	FLANGED FRAME JAMB	66379	ALUMAX	AF-6379
4	FIXED MEETING RAIL	69316	ALUMAX	AF-9316
5	SASH TOP RAIL	69336	ALUMAX	AF-9336
6	SASH BOTTOM RAIL	66384	ALUMAX	AF-6384
7	SASH SIDE RAIL	66385	ALUMAX	AF-6385
8	SASH STOP	66387	ALUMAX	AF-6387
9	SASH CAM INSERT (L.H. & R.H.)	41901/41902	VINYL-TECH/P.G.T.	
10	#8 x .750 Ph. Pn. SMS	7834A	MERCHANTS FASTENER	
11	WEATHERSTRIP, VINYL BULB W/LEAF	64664	TEAM PLASTICS	466-4
12	SWEEP LATCH	76722		672204
13	#8 x .625 Ph. Fl. SMS	7858	MERCHANTS FASTENER	
14	WEATHERSTRIP, .187 x .200 fin	62003	SCHLEGEL	FS8319-187
15	WEATHERSTRIP, VINYL BULB .160 DIA.	64667	TEAM PLASTICS	466-7
16	WEATHERSTRIP, 8314-150 x 155	6X831G	SCHLEGEL	
17	BALANCE TAKE-OUT CLIP	7121UM		
18	SILICON	62899	DOW CORNING	899
19	BALANCE		CALDWELL	
20	3/16" ANNEALED GLASS		P.P.G. LOF	
21	3/16" GLAZING BEAD	65030	FLORIDA SCREEN	05-030
22	#8 x 1.500 Quad. Pn. SMS	78112A	MERCHANTS FASTENER	
23	#10 x .750 Ph.. Pn. SMS	71034	FASTEC IND. CORP.	
24	#10 x 1.500 Ph.. Pn. SMS			
25	1" x 1.5" Open Cell Foam Pad	781PQA		

**NON-IMPACT WINDOWS**

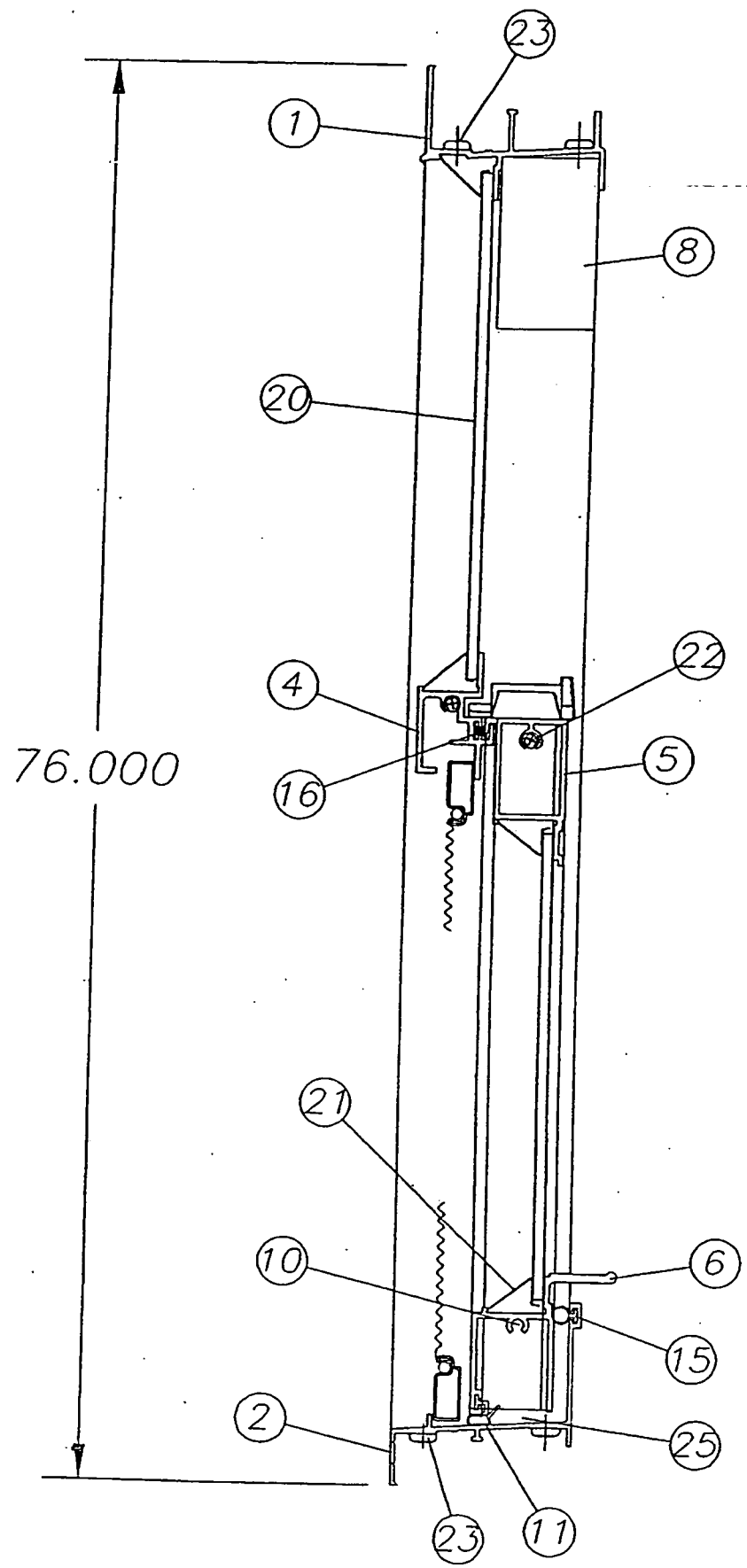
- 1.) GLAZING: 3/16" ANNEALED
- 2.) CONFIGURATIONS: O/X
- 3.) SHUTTER REQUIREMENT:  
SHUTTERS ARE REQUIRED AT ALL INSTALLATIONS

*Robert Aluk*  
4/22/91

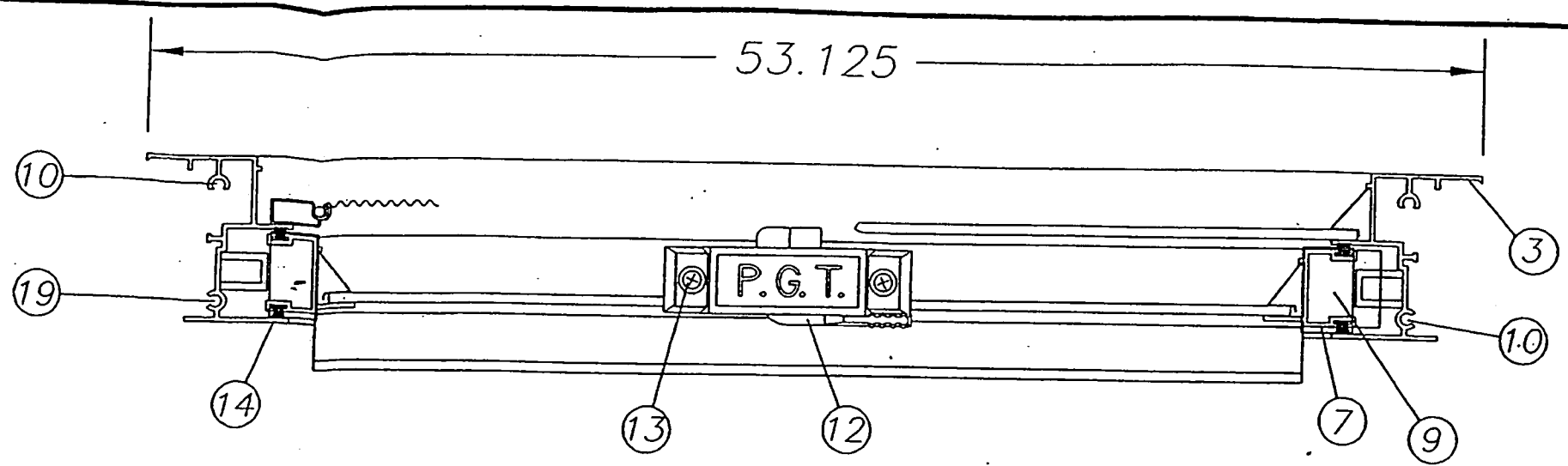
**PRODUCT RENEWED**

ACCEPTANCE No. 98-0218.02  
 EXPIRATION DATE August 20, 2001  
 By Manuel Pera  
 PRODUCT CONTROL DIVISION  
 BUILDING CODE COMPLIANCE OFFICE

Revisions:		<b>VINYL TECH</b> / progressive <b>GLASS</b> technology <small>Manufactures of Quality Vinyl Enclosures</small> / <small>Manufactures of Standard &amp; Custom Glass Windows</small>			
Material:	-	Classification:	Prod. Category: SH	Series/Model: 4000	Item: Sheet: 1 of 4
Drawn By:	D.B.	Date:	3/17/98		
Revised By:		Date:			
Vendor No.:		Scale:	N.T.S.		
Description:		SINGLE HUNG ELEVATIONS			
Address:		P.O. BOX 1529 NOKOMIS, FL. 34274		Size:	B
Drawing No.:		137			



VERTICAL SECTION



HORIZONTAL SECTION

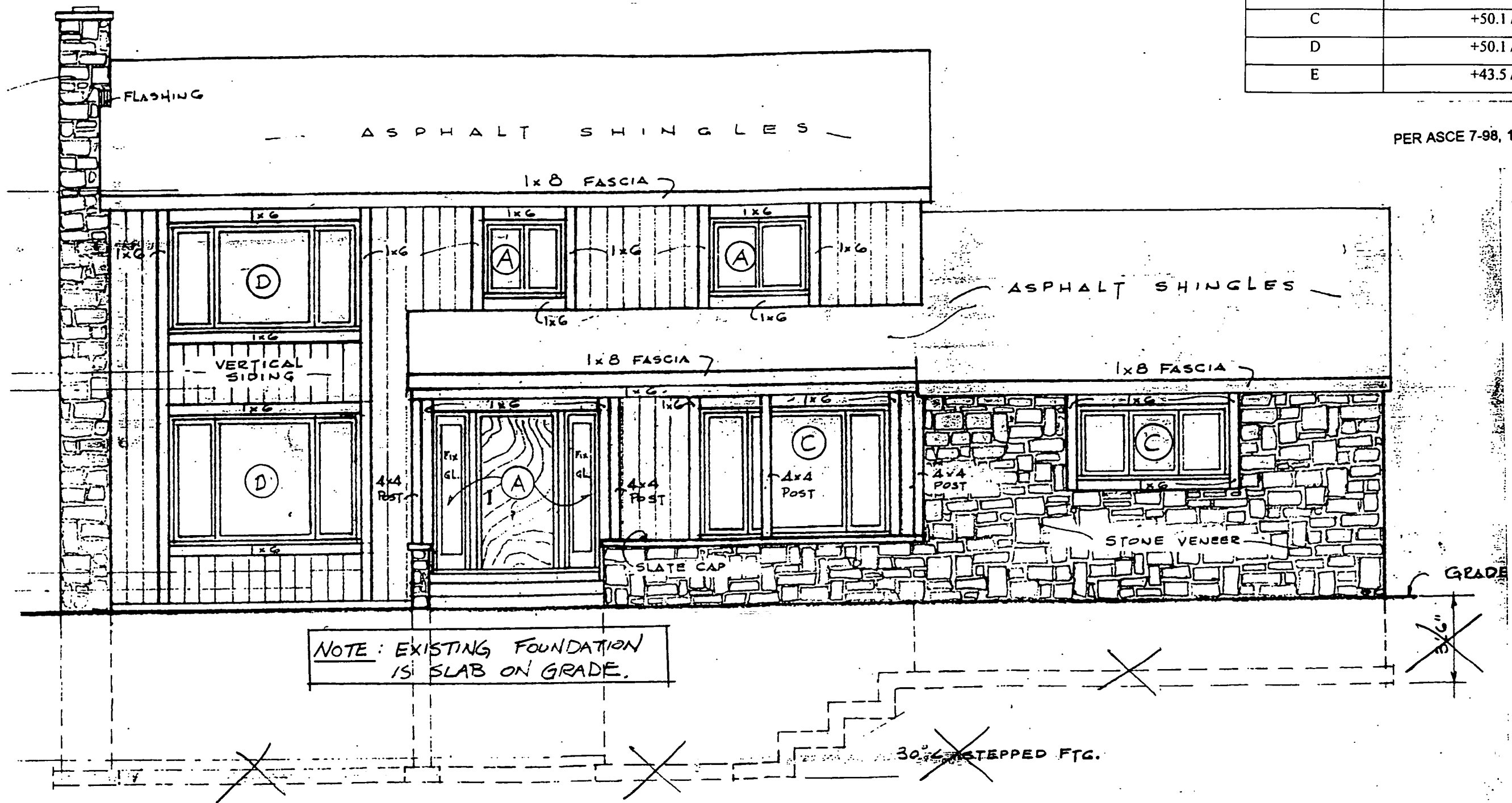
*Robert Hart*  
4/22/98

**PRODUCT RENEWED**  
ACCEPTANCE No. 98-0218.02  
EXPIRATION DATE August 20, 2001  
By M. J. [Signature]  
PRODUCT CONTROL DIVISION  
BUILDING CODE COMPLIANCE OFFICE

Revisions:		<b>VINYL TECH</b> / progressive <b>GLASS</b> technology <small>Manufacturers of Quality Vinyl Enclosures</small> / <small>Manufacturers of Standard &amp; Custom Glass Windows</small>			
Material:	-	Classification:	Prod. Category: SH	Series/Model: 4000	Item: Sheet: 2 of 4
Drawn By:	D.B.	Date:	3/17/98		
Revised By:		Date:			
Vendor No.:		Scale:	N.T.S.		
Description:		SINGLE HUNG LAYOUT			
Address:	P.O. BOX 1529 NOKOMIS, FL. 34274	Size:	B	Drawing No.:	137

Part Designation	Window & Door Pressure (psf)
A	+51.8 / -56.2
B	+51.8 / -56.2
C	+50.1 / -54.0
D	+50.1 / -65.0
E	+43.5 / -50.1

PER ASCE 7-98, 140 MPH- EXP. D



NOTE: EXISTING FOUNDATION IS SLAB ON GRADE.

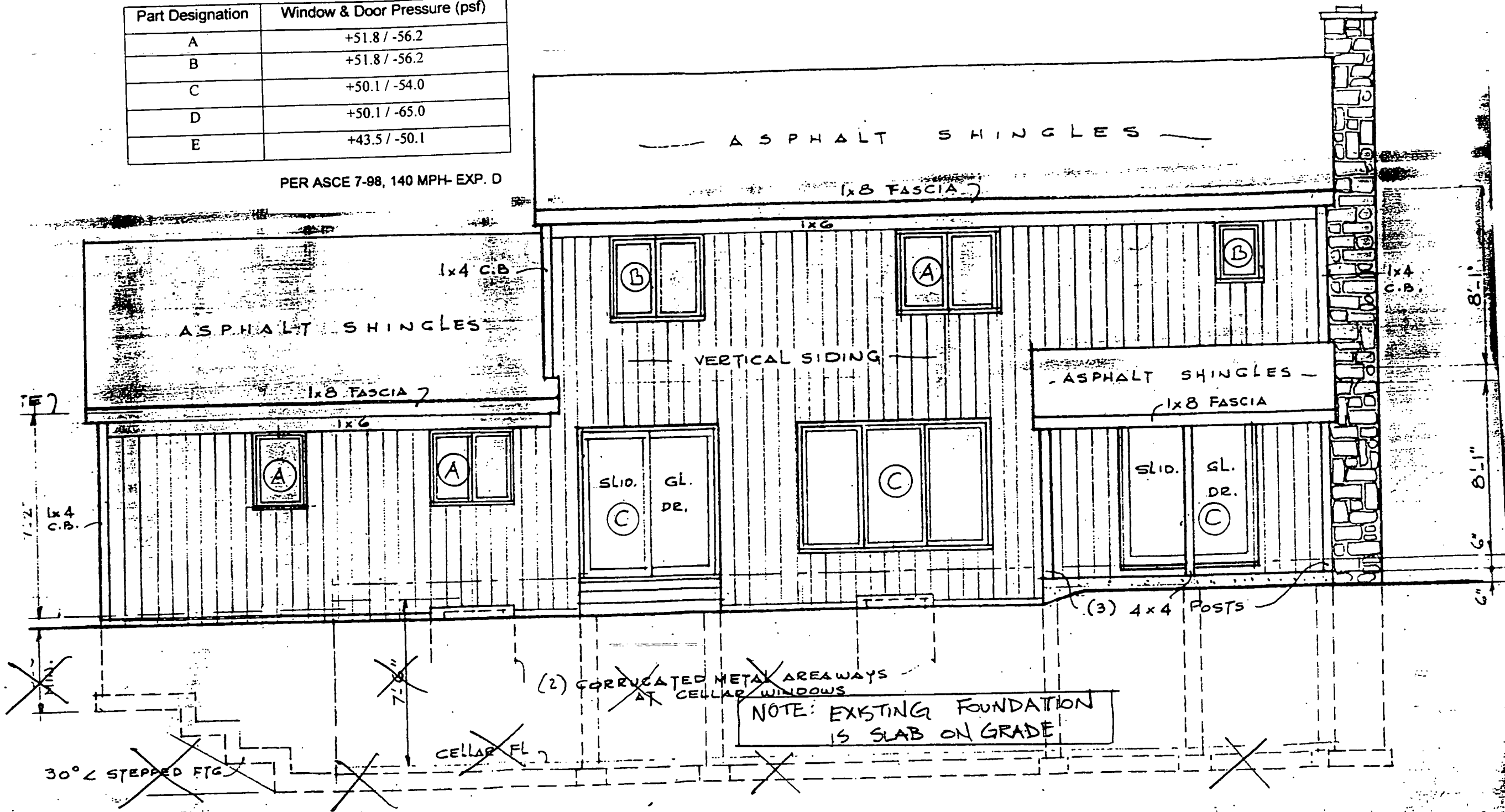
FRONT ELEVATION

DRAWN BY: T.O.M. CHECKED BY: W.J.M. DATE: 02/28/01 SCALE: N.T.S. JOB NO.: 1619-02	A & W CONST. 3 RIO VISTA DRIVE, SEWALL'S POINT	2431 SE DOGE HIGHWAY STUART, FL 34998 PHONE: (888) 287-0025 FAX: (888) 220-8808
	WINDOW & DOOR PRESSURES	 <b>MATHERS ENGINEERING CORPORATION</b> <small>CONS. STRUCTURAL ARCHITECTURE LAND PLANNING</small>

*W. J. Mathers*  
2/27/01


Part Designation	Window & Door Pressure (psf)
A	+51.8 / -56.2
B	+51.8 / -56.2
C	+50.1 / -54.0
D	+50.1 / -65.0
E	+43.5 / -50.1

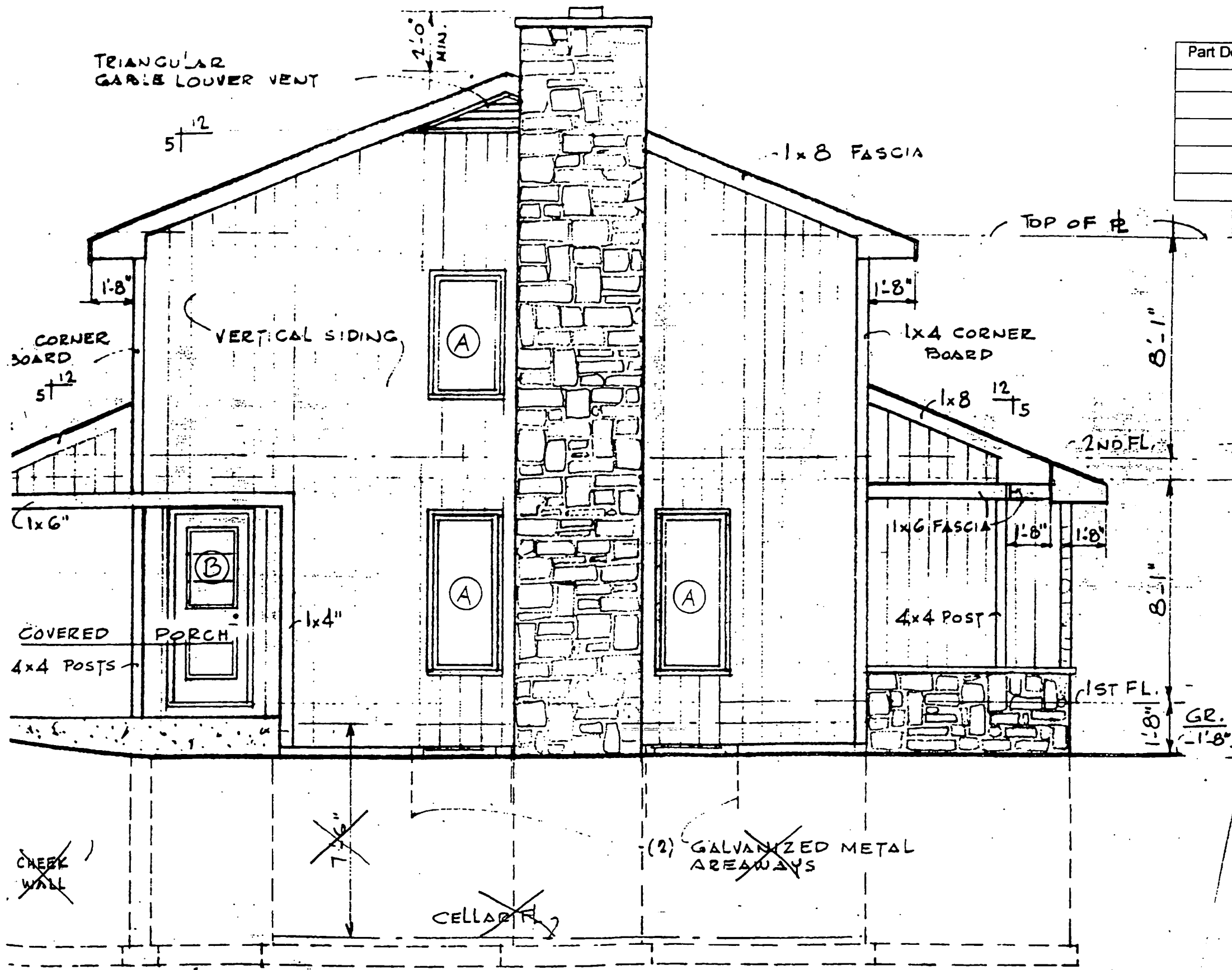
PER ASCE 7-98, 140 MPH- EXP. D



**REAR ELEVATION**

*W. J. Math*  
2/21/01

DRAWN BY: T.O.M. CHECKED BY: W.J.M. DATE: 02/26/01 SCALE: N.T.S. JOB NO.: 1619-02	A & W CONST 3 RIO VISTA DRIVE, SEWALL'S POINT	2431 SE DORE HIGHWAY STUART, FL 34996 PHONE: (888) 267-0820 FAX: (888) 220-8880
	<b>WINDOW &amp; DOOR PRESSURES</b>	 <b>MATHERS ENGINEERING CORPORATION</b> ONE STRUCTURE ARCHITECTURE LAND PLANNING



Part Designation	Window & Door Pressure (psf)
A	+51.8 / -56.2
B	+51.8 / -56.2
C	+50.1 / -54.0
D	+50.1 / -65.0
E	+43.5 / -50.1

PER ASCE 7-98, 140 MPH- EXP. D

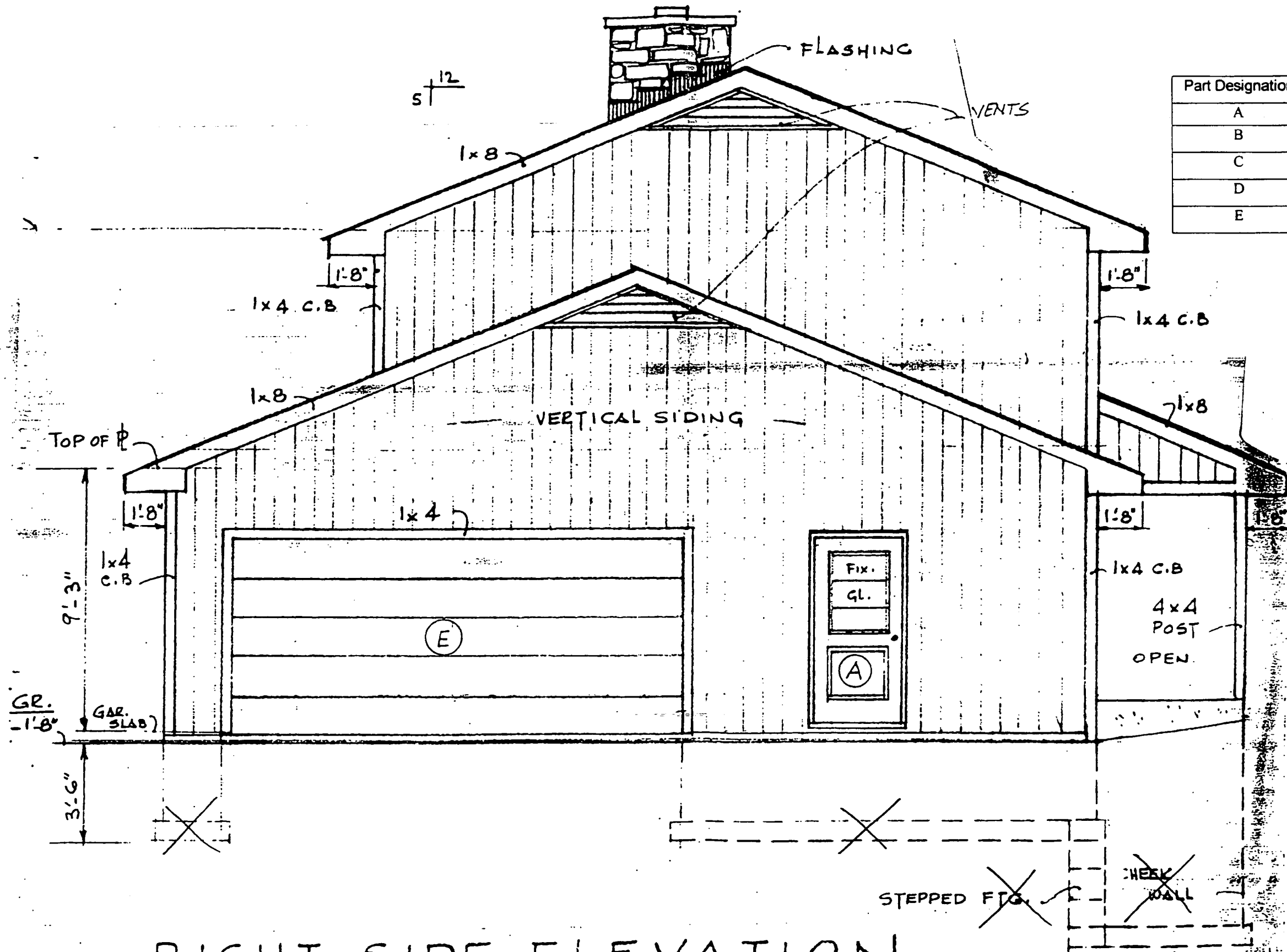
# LEFT SIDE ELEVATION

DRAWN BY: T.O.M.  
 CHECKED BY: W.J.M.  
 DATE: 02/28/01  
 SCALE: N.T.S.  
 JOB NO.: 1819-02

**A & W CONST**  
 3 RIO VISTA DRIVE, SEWALL'S POINT  
**WINDOW & DOOR PRESSURES**

2431 SE DORE HIGHWAY  
 STUART, FL 34988  
 PHONE: (888) 287-0000  
 FAX: (888) 220-0000  
  
**MATHERS ENGINEERING CORPORATION**  
 CIVIL STRUCTURAL ARCHITECTURE LAND PLANNING

*[Handwritten Signature]*  
 2/27/01



Part Designation	Window & Door Pressure (psf)
A	+51.8 / -56.2
B	+51.8 / -56.2
C	+50.1 / -54.0
D	+50.1 / -65.0
E	+43.5 / -50.1

PER ASCE 7-98, 140 MPH- EXP. D

# RIGHT SIDE ELEVATION

*M. J. Mathis*  
2/27/01

DRAWN BY: T.O.M.  
CHECKED BY: W.J.M.  
DATE: 02/26/01  
SCALE: N.T.S.  
JOB NO.: 1619-02

A & W CONST  
3 RIO VISTA DRIVE, SEWALL'S POINT  
WINDOW & DOOR PRESSURES

2431 SE DODGE HIGHWAY  
STUART, FL 34988  
PHONE: (888) 287-0825  
FAX: (888) 230-0806

**M**  
MATHIS ENGINEERING CORPORATION  
CIVIL STRUCTURAL ARCHITECTURE LAND PLANNING

**6986**

**REPAIR DRYWALL  
& CABINETS**



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

### TOWN OF SEWALL'S POINT

Date 10/27/04

BUILDING PERMIT NO. 6986

Building to be erected for LIBITSKY

Type of Permit REPAIR DAYWALL

Applied for by O/P (Contractor)

Building Fee \_\_\_\_\_

Subdivision RIO VISTA Lot 28 Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 3 RIO VISTA

Impact Fee \_\_\_\_\_

Type of structure SM

A/C Fee N/C

Electrical Fee HURRICANE

Parcel Control Number:  
1238410020000028080000

Plumbing Fee DAMAGE

Roofing Fee \_\_\_\_\_

Amount Paid — Check # — Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_

Total Construction Cost \$ 10,000.

TOTAL Fees \_\_\_\_\_

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 \_\_\_\_\_

RECEIVED

OCT 27 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: \_\_\_\_\_

Date: \_\_\_\_\_ BY: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: RON LIBITSKY Phone (Day) 283-0511 (Fax) \_\_\_\_\_

Job Site Address: 3 RIO VISTA City: STUART State: FLA Zip: 34994

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

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

Description of Work To Be Done: HANG DRYWALL, CABINETS

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 10,000
(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: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Registration Number: \_\_\_\_\_ 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: \_\_\_\_\_

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: \_\_\_\_\_

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
National Electrical Code: 2002 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: MARTIN

This the 27th day of OCTOBER, 2004

by RONALD J LIBITSKY who is personally

known to me or produced EOL 6132A730-42-207-D

as identification \_\_\_\_\_ x6/7/07

CONTRACTOR SIGNATURE (required) \_\_\_\_\_

On State of Florida, County of: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

by \_\_\_\_\_ who is personally

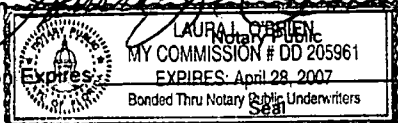
known to me or produced \_\_\_\_\_

As identification. \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

Seal



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

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

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

**DISCLOSURE STATEMENT**

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

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

Name: Ron L. Butsky Date: 10/07/04

Signature: [Handwritten Signature]

Address: 3 Rio Vista Dr.

City & State: SEWALL PT.

Permit No. \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 10/28, 2004 Page      of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6718	GULICK	FINAL DEMO	PAU	
7	78 SEWALLS PT RD GULICK + McLAUGHLIN			INSPECTOR: <i>[Signature]</i>
<del>6986</del>	<del>LIBESKY</del>	<del>DEMOLITION</del>	<del>PAU</del>	<del>CLOSE</del>
	3 RIO VISTA O/B	After 9:30		INSPECTOR: <i>[Signature]</i>
TREE			PAU	
	33 N.S.P.R. ANDREWS			INSPECTOR: <i>[Signature]</i>
			—	
	HARBOR BAY-			WORK W/O PERMIT? 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:

**OTHER:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 1/28, 2005 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>6812</del>	<del>MAYER</del>	<del>SLAB</del>	<del>---</del>	<del>CANCEL</del>
	106 ABBIE COURT	SLAB <sup>MAIN HOUSE</sup>		
	Pruceker Homes			INSPECTOR: <i>[Signature]</i>
7156	MORAN	ROUGH EXTER	CANCEL	WILL RESCHEDULE
7	32 N. SEWALL PT	" FLOOR	---	
	McCOMB	PARTIAL FRAMING	---	INSPECTOR: <i>[Signature]</i>
<del>6986</del>	<del>LIBITSKY</del>	<del>REPAIR DRIVEWAY</del>	<del>PASS</del>	<del>CLOSE</del>
3	32 VISTA	CABINETS FINAL		
	OB			INSPECTOR: <i>[Signature]</i>
7131	NEWLEY	FINAL ROOF	PASS	CLOSE
4	7 N. V. A LUCINDIA			
	ARZELA CONST.			INSPECTOR: <i>[Signature]</i>
<del>6232</del>	<del>MOORE</del>	<del>FINAL ROOF</del>	<del>---</del>	<del>CANCEL</del>
9	5 OAK HILLWAY			
	AR MARTIN			INSPECTOR: <i>[Signature]</i>
7175	ARNETTE	FINAL ROOF	PASS	CLOSE
6	7 COPAIRE			
	PUD DEVELOPMENT			INSPECTOR: <i>[Signature]</i>
7193	BORGEN	FINAL FENCE	PASS	CLOSE
5	21 EMARITA			
	OB			INSPECTOR: <i>[Signature]</i>

**OTHER:**

1st HOUSE ON LEFT ON EMARITA

BT RIDGELAND

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

### TOWN OF SEWALL'S POINT

Date 1/14/05

BUILDING PERMIT NO. 7.1.99

Building to be erected for LIBITSKY

Type of Permit FILL

Applied for by O/B (Contractor)

Building Fee 35.00

Subdivision RIO VISTA Lot 28 Block \_\_\_\_\_

Radon Fee \_\_\_\_\_

Address 3 RIO VISTA DRIVE

Impact Fee \_\_\_\_\_

Type of structure SFR

A/C Fee \_\_\_\_\_

Parcel Control Number:

123841002000028080500

Electrical Fee \_\_\_\_\_

Plumbing Fee \_\_\_\_\_

Roofing Fee \_\_\_\_\_

Amount Paid 35.00 Check # \_\_\_\_\_ Cash  Other Fees ( \_\_\_\_\_ )

Total Construction Cost \$ 250.90

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 \_\_\_\_\_

RECEIVED

DEC 20 2004

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: \_\_\_\_\_

Date: 12/30/04
BY: [Signature]

OWNER/TITLEHOLDER NAME: RON LIBITSKY Phone (Day) 283-0511 (Fax) \_\_\_\_\_

Job Site Address: 3 RD VISTA DR. City: SEWALLS PT State: FLA Zip: 34991

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

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

Description of Work To Be Done: REPLENISH LAST FILL \* 2" ON LAWN 10" ON ISLAND

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 250.-

(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: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Registration Number: \_\_\_\_\_ 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: \_\_\_\_\_

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: \_\_\_\_\_

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
National Electrical Code: 2002 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: MARTIN

This the 30th day of DECEMBER, 2004

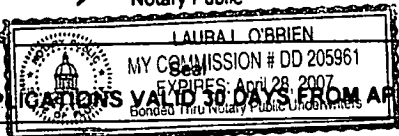
by RONALD J LIBITSKY who is personally

known to me or produced FDLL132-730-92-207-0

as identification. [Signature] 6/7/07

Notary Public

My Commission Expires:



CONTRACTOR SIGNATURE (required)

On State of Florida, County of: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_ 200

by \_\_\_\_\_ who is personally

known to me or produced \_\_\_\_\_

As identification. \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

Seal

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

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

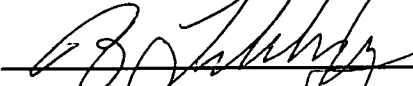
**TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT**  
(To be submitted if permit is to be pulled by Owner/Builder)

**DISCLOSURE STATEMENT**

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

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

Name: Ron Libytsky Date: 12/30/04

Signature: 

Address: 3 Rio Vista DR.

City & State: SEWALLS PT. FLA

Permit No. \_\_\_\_\_

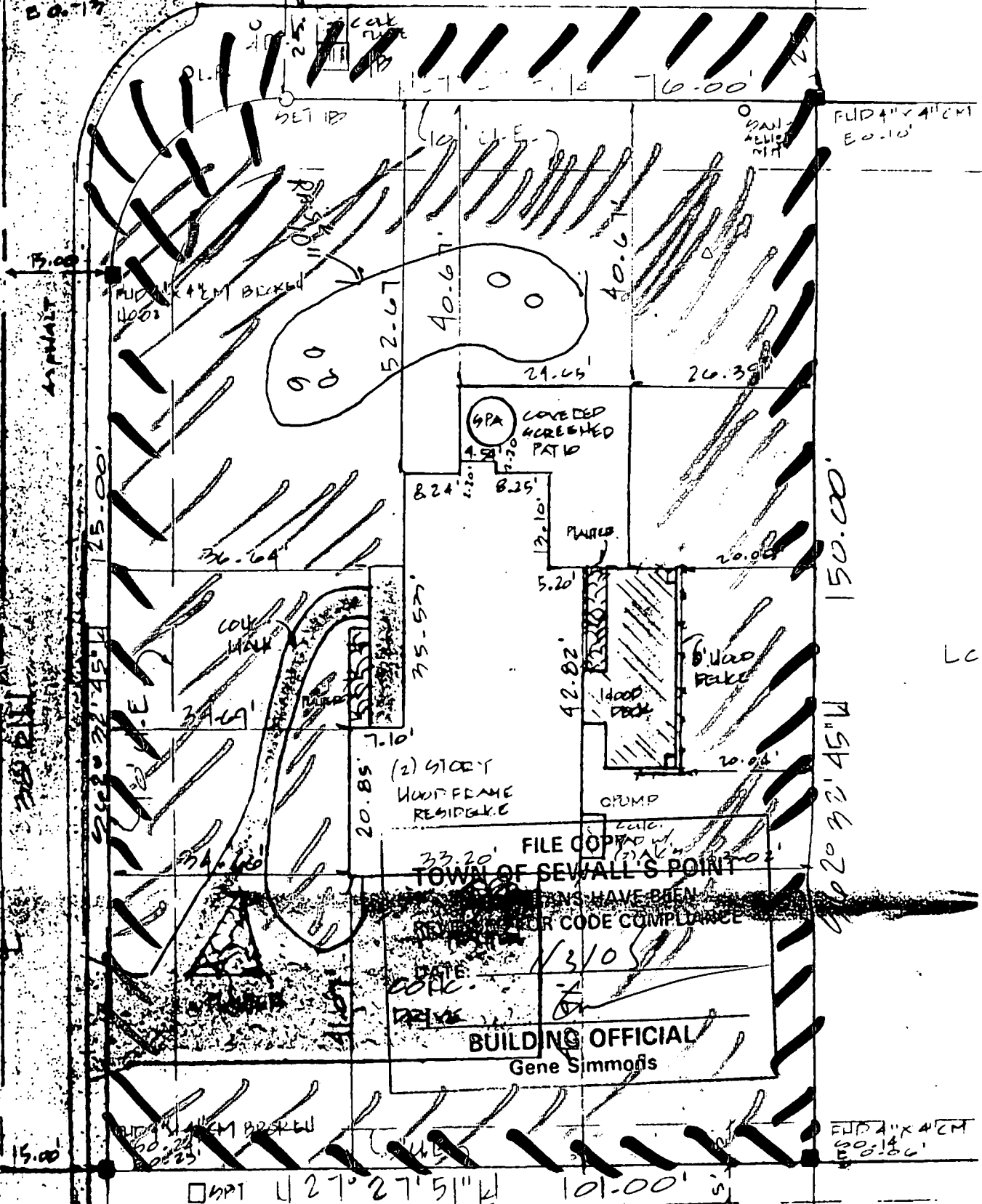


26901 TOWN OF SEWALL'S POINT  
 (EUBRW)

RIO VISTA PRIME

MARK U  
 L. 100'  
 B. 17'

50' R/W



**SWALE AREAS CANNOT BE FILLED IN.**

- |      |                       |      |                  |        |                           |        |         |
|------|-----------------------|------|------------------|--------|---------------------------|--------|---------|
| CHD  | CHORD                 | EP   | EDGE OF PAVEMENT | I & E  | INGRESS & EGRESS EASEMENT | N & TT | NAIL &  |
| CONC | CONCRETE              | EW   | EDGE OF WATER    | INV    | INVERT                    | N & W  | NAIL &  |
| CBS  | CONC. BLOCK STRUCTURE | EM   | ELECTRIC METER   | IB     | IRON BAR                  | NGVD   | NATIONA |
| CM   | CONCRETE MONUMENT     | ES   | ELECTRIC SERVICE | IP     | IRON PIPE                 | NTS    | NOT TO  |
| CNR  | COULD NOT READ        | ELEV | ELEVATION        | IB & C | IRON BAR & CAP            | N      | NORTH   |
| 333  | CONCRETE POWER POLE   | ENCL | ENCLOSURE        | IP & C | IRON PIPE & CAP           | NO     | NUMBER  |

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4/4, 2005 Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6705	ANDERSON	ROOF METAL	PASS	
8	9 PALMETTO PALM BEACH CR.	(DRY-IN)		INSPECTOR: <i>[Signature]</i>
6705	ANDERSON	FRAMING	PASS	
8	9 PALMETTO PALM BEACH CR.			INSPECTOR: <i>[Signature]</i>
7380	BONIFACE	Gr. Rough	PASS	
4	63 S. RIVER RD WILSON BLDGS			INSPECTOR: <i>[Signature]</i>
7320	BEATTIE	DRY IN + METAL	FAIL	NOT READY #10
5	4 ADMIRAL'S WALK SMART ROOFING			INSPECTOR: <i>[Signature]</i>
6857	PRELSSMAN	SUC CHG	PASS	
6	28 RIO VISTA FORWARD H & A			INSPECTOR: <i>[Signature]</i>
7415	SMITH	FENCE FINAL	PASS	
3	211 S. SEWALLS PT OIB			INSPECTOR: <i>[Signature]</i>
		SLAB		
10A	18 FIELDWALK DE THOMAS COUL.			INSPECTOR: <i>[Signature]</i>
OTHER:	<del>7199</del>	<del>3-12-05</del>	<del>FINAL</del>	<del>PASS</del> / CLOSE

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4/6, 2005 Page 1 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7279	DOMENICO	SHEATHING	PASS	
1	6 FIELDWAY DR			INSPECTOR:
	CARDINAL POOLING	1ST THING		
7127	MULLIGAN	FINAL ELEC	PASS	
2	20 FIELDWAY	POWER RELEASE		INSPECTOR:
	GARY G. FOLD			
7374	RIBELLINO	POCK ELEC FINAL	PASS	CLOSE
10	18 ISLAND RD			INSPECTOR:
	RIVERSIDE ELEC	REINSPECT (SCREEN)		
7261	MILORD	FINAL FENCE	PASS	CLOSE
6	10 N. SEWALL'S Pt			INSPECTOR:
	MILORD			
<del>7199</del>	<del>LOTTSUM</del>	<del>FINAL FENCE</del>	<del>PASS</del>	<del>CLOSE</del>
11	3 RIO VISTA			INSPECTOR:
	01B			
TREE	JOHNSON	TREE	PASS	
3	2 OAK HILL WAY			INSPECTOR:
TREE	CONWAY	TREE	PASS	
4	4 OAK HILL WAY			INSPECTOR:

OTHER: \_\_\_\_\_

**8494**

**STORM PANELS**

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

### TOWN OF SEWALL'S POINT

Date 1-17-07 BUILDING PERMIT NO. 8494  
 Building to be erected for Libitsky Type of Permit Storm Panels  
 Applied for by O/B (Contractor) Building Fee 120  
 Subdivision Rio Vista Lot 28 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_  
 Address 6 Rio Vista Impact Fee \_\_\_\_\_  
 Type of structure SFR A/C Fee \_\_\_\_\_  
 Electrical Fee \_\_\_\_\_  
 Plumbing Fee \_\_\_\_\_  
 Roofing Fee \_\_\_\_\_

Parcel Control Number:  
123841-002-000-002-808-0000

Amount Paid \$120 Check # 653 Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ ) \_\_\_\_\_  
 Total Construction Cost \$ 1300 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 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 checked="" 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

Date: 1/16/07

Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: Ron Libitsky

Phone (Day) 283-0511 (Fax) \_\_\_\_\_

Job Site Address: 3 Rio Vista

City: Sewall's Pt State: FL Zip: 39996

Legal Desc. Property (Subd/Lot/Block) Rio Vista 128

Parcel Number: 123841-002-000-002808-0000

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

Description of Work To Be Done: INSTALL STORM PANELS

WILL OWNER BE THE CONTRACTOR?:

YES  NO

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

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 1,300<sup>00</sup>  
(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: COST

CONTRACTOR/Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Registration Number: \_\_\_\_\_ 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: \_\_\_\_\_

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)  
Ronald J Libitsky  
State of Florida, County of: Martin  
This the 16th day of January, 2007  
by Ronald J Libitsky who is personally known to me or produced PLN# 132-730-42-207-0 as identification.

CONTRACTOR SIGNATURE (required)  
\_\_\_\_\_  
On State of Florida, County of: \_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_, 2007  
by \_\_\_\_\_ who is personally known to me or produced \_\_\_\_\_ as identification.

My Commission Expires: \_\_\_\_\_  
VALERIE MEYER  
MY COMMISSION # DD552119  
REISSUE ONLY TO 2010

Notary Public  
My Commission Expires: \_\_\_\_\_  
Seal

# TOWN OF SEWALL'S POINT OWNER/BUILDER DISCLOSURE STATEMENT

## APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES AND ACCESSORY STRUCTURES

PERMIT NUMBER \_\_\_\_\_

### OWNER/BUILDER DISCLOSURE STATEMENT

NOTICE: STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION:

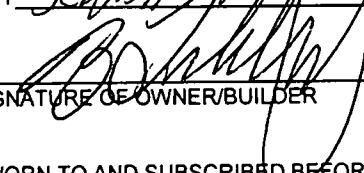
1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR.
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE. THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS OR CODE SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)
12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.
13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.
14. AS AN OWNER/BUILDER YOU MAY BECOME LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.

15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT ON THIS 16 DAY OF JANUARY, 2007.

PROPERTY ADDRESS 3 R.O VISTA DR.

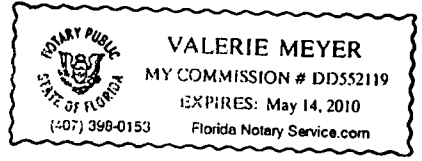
CITY SEWALL'S POINT STATE FLA. ZIP \_\_\_\_\_

SIGNATURE OF OWNER/BUILDER 

SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF 16th Jan, 2007 BY RONALD J. LIBITSKY

PERSONALLY KNOWN \_\_\_\_\_  
OR PRODUCED ID ✓  
TYPE OF ID \_\_\_\_\_

NOTARY SIGNATURE 





HARVEY E. KOEHNEN, P.E.  
7205 Elyse Circle  
Port St. Lucie, FL. 34952  
(772) 466-5509 (772) 489-3035 - fax

Date: November 14, 2005  
Manufacturer: Storm Depot  
Product Name: "E" Panel, a HDPE Hurricane Shutter

**EVALUATION REPORT**

Harvey E. Koehnen, P.E. has reviewed the data submitted for compliance with the Florida Building Code 2004 - Building, and submits to the building official or other authority having jurisdiction the following report.

CATEGORY: Storm Panel System

SUBMITTED BY:

StormDepot USA, LLC  
562 NW Interpark Place  
Port St. Lucie, Florida 34986  
772-344-2299

1. PRODUCT TRADE NAME

"E" High Density Polyethylene Storm Panels

2. SCOPE OF EVALUATION

- 2.1 Impact Resistance in accordance with ASTM E1886/E1996 (Level D)
- 2.2 Structural-Transverse Wind Loads

3. USES

"E" High Density Polyethylene Storm Panels to protect glazed openings and doors from windborne debris.

4. DESCRIPTION

4.1 General

"E" High Density Polyethylene Storm Panels are corrugated .125 inch thick high density polyethylene extrusions. Panels are supplied in a 15" overall, 14" net width, with a depth of 2 inches with corrugations. The Panel lengths vary. The panels are overlapped to provide unlimited width openings. Panels may be direct mounted to structure, or mounted using the following

aluminum extrusions of 6063-T6 alloy:

**FILE COPY**

**TOWN OF SEWALL'S POINT**

THESE PLANS HAVE BEEN  
REVIEWED FOR CODE COMPLIANCE  
DATE 1/17/07 *JR*

---

**BUILDING OFFICIAL**

"F-Track", "F-Track Left", "F-Track Right", "Build-Out F-Track", "Studded Angle". See Table 1 and 2 for allowable loads

4.2 Large Missile Impact Resistance

The "E" High Density Polyethylene Storm Panels were tested for large missile impact resistance followed by cyclic loading testing in accordance with the requirements of ASTM E1886/E1996 (Level D). The tested panels passed the large missile impact and cyclic load test requirements for use with a Florida Building Code 2004- Building equivalent 3 second gust wind speed up to and including 140 MPH. The panels used in this report may be used to protect glazed windows, curtainwall and doors from windborne debris, both large and small missiles.

4.3 Wind Loads

The "E" High Density Polyethylene Storm Panels were tested for transverse wind pressures under ASTM E330. Allowable transverse wind loads are shown in Table 1.

6. INSTALLATION

5.1 General

"E" High Density Polyethylene Storm Panels are installed in accordance with the manufacturer's engineering drawings attached to this report.

The manufacturer's published installation instructions, engineering drawings, and a copy of this report shall be strictly adhered to, and a copy of these instructions shall be available at all times on the job site during installation.

The instructions within this report govern if there are any conflicts between the manufacturer's instructions and this report.

5.2 Allowable Transverse Wind Loads

The design wind loads on the panels shall be determined in accordance with Section 1606 of the Florida Building Code 2004 Building as applicable, and shall not exceed the allowable transverse wind loads shown in Tables 1 & 2.

5.3 Special Inspection - Powers Calkin, ITW Tapcon, Elco Textron PanelMates

Special inspection is required for these anchor systems by a registered design professional, an SBCCI certified building inspector, an employee of an SBCCI PST & ESI or NES listed quality assurance or inspection agency, or other third party qualified person who demonstrates competence to the satisfaction of the building official.

Such inspection shall be of a nature as to determine that the construction and quality of work are in accordance with the contract drawings and specifications and the manufacturers installation instructions.

Items to be verified by the special inspector include tightening torque, screw type, hole diameter, screw diameter, screw embedment, screw spacing, edge distances, concrete type, concrete compressive strength, slab thickness, grade of steel, and other requirements specified in this report.

**TABLE 1**  
**"E" HIGH DENSITY POLYETHYLENE**  
**STORM PANELS**  
**DIRECT MOUNT & FACE MOUNT TO**  
**WOOD USING "F-TRACK" or STUDDED**  
**ANGLE**

PANEL LENGTH	ALLOWABLE DESIGN LOADS (PSF)
36	+96.0 -86.0
39	+88.7 -88.2
42	+83.2 -82.6
45	+78.5 -77.8
48	+74.2 -73.5
51	+70.3 -69.6
54	+66.8 -66.1
57	+63.5 -63.0
60	+60.5 -60.1
63	+57.7 -57.4
66	+55.1 -54.9
70	+52.0 -52.0
72	+50.5 -50.6
75	+48.4 -48.6
78	+46.4 -46.9
81	+44.6 -45.2
84	+43.0 -43.7
87	+41.4 -42.4
90	+40.0 -41.1
93	+38.6 -40.0
96	+37.4 -38.9
99	+36.3 -38.0
103	+35.0 -37.0

**TABLE 2**  
**"E" HIGH DENSITY POLYETHYLENE**  
**STORM PANELS**  
**FACE MOUNT TO WOOD USING "F-**  
**TRACK" or STUDDED ANGLE**

PANEL LENGTH	ALLOWABLE DESIGN LOADS (PSF)
36	+96.0 -86.0
39	+88.4 -88.4
42	+80.2 -80.2
45	+75.2 -75.2
48	+70.9 -70.9
51	+67.3 -67.3
54	+64.1 -64.1
57	+61.2 -61.2
60	+58.7 -58.7
63	+56.4 -56.4
66	+54.3 -54.3
70	+52.0 -52.0
72	+50.9 -50.9
75	+49.4 -49.4
78	+48.1 -48.1
81	+47.0 -47.0
84	+46.0 -46.0
88	+45.0 -45.0

**8.0 FINDINGS**

In view of the data submitted, it is my opinion that the "E" High Density Polyethylene Storm Panels as described in this report conform with or are suitable alternatives to that specified in the Standard Building Code, the SBCCI Standard for Hurricane Resistant Residential Construction SSTD10-99, the International One and Two Family Dwelling Code, and the Florida Building Code 2004- Building, or supplements thereto.

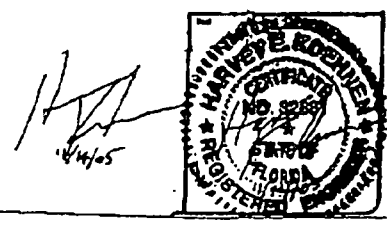
**9.0 LIMITATIONS**

- 9.1 This Evaluation Report and the Installation Instructions, when required by the Code Official, shall be submitted at the time of permit application.
- 9.2 The "E" Panel HDPE PLASTIC STORM PANELS shall be installed in accordance with the Installation Instructions in this Report and the manufacturer's Engineering Drawings.
- 9.3 The structural elements supporting the panels shall be designed for the wind loads shown on the drawings. The calculations shall be submitted to the Code Official when applying for a permit. The calculations shall be signed, sealed, and dated by a registered professional engineer when required by the code.
- 9.4 The panels shall not be installed in areas where the transverse wind loads exceed the allowable loads shown in Tables 1 & 2.
- 9.5 Fire performance of the panels is outside the scope of this Evaluation Report.
- 9.6 For Powers Fastening, Inc. & Elco Textron, Inc. anchors into concrete or masonry that require special inspection for tension loads, see Section 5.3 above.
- 9.7 Powers Fastening, Inc. and Elco Textron, Inc. anchors shall be installed in concrete with a minimum compressive strength of 2500 psi and hollow concrete masonry units (CMU) with a minimum f' pf 1900 psi.

- 9.8 Wood framing shall be a minimum of #2 SPF when fastening into wood.
- 9.9 The panels have not been evaluated for use in High Velocity Hurricane Zones (Broward and Dade Counties) as covered in the Florida Building Code 2004- Building.

**10.0 IDENTIFICATION**

Where required, Each "E" Panel HDPE PLASTIC STORM PANEL covered by this report shall be labeled with the Manufacturer's name and/or trademark followed by "SSTD 12-99 LARGE MISSILE IMPACT RESISTANT"



### GENERAL NOTES

1. Removeable "E" HIGH DENSITY POLYETHYLENE STORM PANELS, have been designed and tested as a large missile impact protective system in accordance with requirements of the FLORIDA BUILDING CODE 2004, specifically ASTM E1886/E1996 (Level D), SBCCI Standard SSTD 12-99, and for Uniform Static Air Pressure in conformance with ASTM F330. All tests were conducted by

HURRICANE TEST LABORATORY, INC.  
6855 Garden Road  
Riviera Beach, FL 33404  
Job Numbers 0295-0103-1 & 0295-0917-02, dated 6/9/03.

2. A 33% increase in allowable stress has not been used in the design of this product.

3. These documents are provided in order to insure that "E" HIGH DENSITY POLYETHYLENE STORM PANELS are provided and installed strictly within the noted test parameters. These documents are the exclusive property of

StormDepot USA, LLC  
740 Buck Hendry Way  
Suwanee, Florida 34994  
Ph (772) 692-3300

and may not be altered or duplicated in any manner without the express written consent of StormDepot USA, LLC.

4. These product evaluation and installation documents are suitable for contractor application, provided the contractor does not deviate from the details contained herein, and verifies that the existing structure is capable of withstanding the superimposed loads.

5. Any deviation from the requirements set forth in these documents will render them unacceptable for permit application without accompanying project-specific documentation prepared by, and bearing the original signature, date, and embossed seal, of a Florida Registered P.E., verifying that the deviation is appropriate and acceptable for the specific application.

6. Where compliance with SSTD 12-99 is required, panels shall be permanently labeled with a minimum of one label per opening, or the manufacturer and installer shall provide a certificate of compliance. Where labels are used, the labels shall read as follows:

StormDepot USA, LLC  
Suwanee, Florida  
SSTD 12-99 LARGE MISSILE IMPACT RESISTANT

7. Head and sill details shown may be interchanged as application conditions require. Panels may be mounted either horizontally or vertically.

8. All aluminum extrusions shall be 6063-T6 unless otherwise noted.

### DOCUMENT USE INSTRUCTIONS

**STEP 1**  
The following parameters must be determined for each opening prior to using the drawings attached as a part of this set:

TYPE STRUCTURE  
INSTALLATION METHOD  
REQUIRED COMPONENT & CLADDING PRESSURES

The TYPE STRUCTURE must be either CMU (Concrete Masonry Unit) or WOOD (Wood framed).  
The INSTALLATION METHOD must be either DIRECT or FACE MOUNT.  
The REQUIRED COMPONENT & CLADDING PRESSURES must be as verified by a Florida Registered Professional Engineer for each applicable opening of the specific project.  
Note that these pressures vary based on many factors including project location, the Design Wind Pressure, the location within the project, etc.

**STEP 2**  
Determine the applicable INSTALLATION DETAILS to be used from SCHEDULE 1 based upon the TYPE STRUCTURE and the desired INSTALLATION METHOD, refer to the installation details, and determine the REQUIRED PANEL LENGTH.










**STEP 3**  
If the ALLOWABLE DESIGN PRESSURE for the REQUIRED PANEL LENGTH is equal to or greater than the REQUIRED COMPONENT & CLADDING PRESSURE obtained from STEP 1, then installation in accordance with the applicable drawing criteria is ACCEPTABLE.

If the ALLOWABLE DESIGN PRESSURE is less than the REQUIRED COMPONENT & CLADDING PRESSURE, or if all requirements shown on the appropriate drawing cannot be met, then the installation is NOT ACCEPTABLE as defined by these documents. Refer all data to a Florida Registered P.E. with experience in this type application for special analysis.

### SCHEDULE 1 - INDEX TO APPROPRIATE DETAILS

TYPE STRUCTURE	TYPE MOUNTING	ANCHORS (SEE SCHEDULE 1)	INSTALLATION DETAILS
CMU	DIRECT	ELCO PanelMates (Male or Female)	SHEET 2
CMU	DIRECT	Elco PanelMates (Male or Female) and/or Powers Galval	SHEET 3
CMU	FACE	F-Track and/or Studded Angle	SHEET 4
WOOD	DIRECT	ELCO PanelMates (Male or Female)	SHEET 5
WOOD	FACE	F-Track and/or Studded Angle	SHEET 6

### GENERAL FASTENER SCHEDULE

	ELCO 1/4" FEMALE PANEL-MATE w/ 1/4-20 SS WHMS x 1/2" 1 3/4" MIN EMBEDMENT
	ELCO 1/4" MALE PANEL-MATE w/ 1/4-20 WH NUT OR WING NUT 1 3/4" MIN EMBEDMENT
	ELCO 1/4" HM TAPCON 1 3/4" MIN EMBEDMENT
	ELCO 1/4" CRETE-FLEX 1 3/4" MIN EMBEDMENT
	POWERS #9220 CALK-IN w/ 1/4-20 x 1/2" SS PHMS 7/8" MIN EMBEDMENT
	1/4" x 3" PHPH WS 2 1/2" MIN EMBEDMENT
	1/4 -20 HHMS OR MS STUD
	1/4 -20 WH WING NUT
	KEYHOLE WASHER 7/8" x 1 3/8" x .090 ALUM

7723441546  
1/17/03

**StormDepot**  
STORMDEPOT USA, LLC  
740 Buck Hendry Way  
Suwanee, FL 34994  
(772) 692-3300

**"E" PANEL**  
HOPE PLASTIC  
STORM PANELS

PRODUCT INFORMATION & INSTALLATION

HARRY E. BERRIN  
Professional Engineer  
No. 12000  
1000 N. US Highway 1  
Suwanee, FL 34994  
(772) 692-3300

1 of 6

*Handwritten signature and date*

**INSTALLATION NOTES**

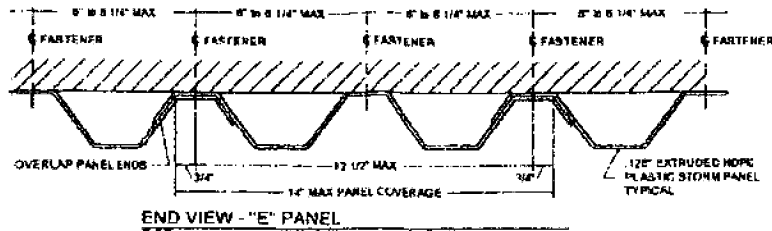
THE GENERAL NOTES SHOWN ON SHEET 1 APPLY

FASTENER EDGE DISTANCES AND IMBED DISTANCES TO BE MEASURED FROM THE STRUCTURE ONLY, EXCLUDING WALL FINISH ITEMS SUCH AS STUCCO, WOOD TRIM, ETC

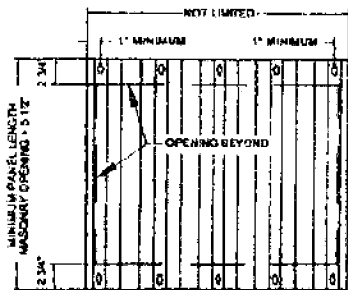
ALL FASTENERS TO BE INSTALLED IN STRICT ACCORDANCE WITH THE MANUFACTURERS PUBLISHED INSTRUCTIONS, WITH NO EXCEPTIONS. MISSING OR IMPROPERLY INSTALLED FASTENERS WILL RENDER THE INSTALLATION NOT ACCEPTABLE.

PANELS ARE DETAILED FOR VERTICAL INSTALLATION. HORIZONTAL INSTALLATION IS ACCEPTABLE MAINTAINING THE SAME PROVISIONS SHOWN.

ANCHORS SPECIFIED THIS SHEET MAY BE SUBSTITUTED FOR EACH OTHER AS DESIRED WITHOUT VIOLATING THE ALLOWABLE DESIGN LOADS SHOWN.



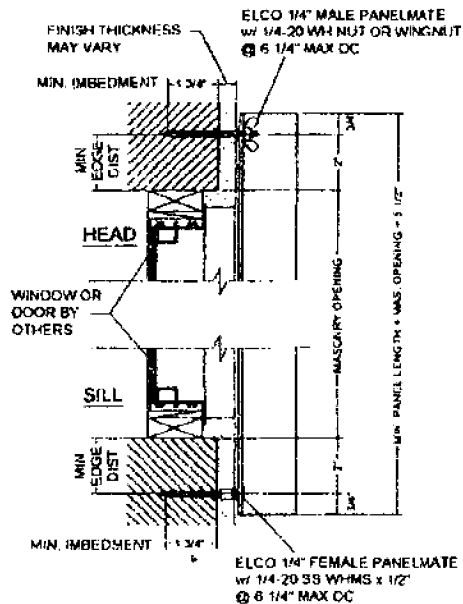
END VIEW - "E" PANEL



ELEVATION - "E" PANEL - VERTICAL DIRECT MOUNT  
HORIZONTAL MOUNTING SIMILAR

**FASTENER SCHEDULE**

	ELCO 1/4" FEMALE PANEL-MATE w/ 1/4-20 SS WHMS x 1/2" 1 3/4" MIN EMBEDMENT
	ELCO 1/4" MALE PANEL-MATE w/ 1/4-20 WH WING NUT 1 3/4" MIN EMBEDMENT
	KEYHOLE WASHER 7/8" x 1 3/8" x .050 ALUM



VERTICAL SECTION  
INSTALLATION #1 - CMU DIRECT MOUNT

**ALLOWABLE DESIGN LOADS**

PANEL LENGTH	CMU/DIRECT/ELCO PANEL-MATES	ALLOWABLE DESIGN LOAD (PSF)
36"		+ 96.0 - 96.0
39"		+ 88.7 - 88.2
42"		+ 83.2 - 82.0
45"		+ 78.5 - 77.8
48"		+ 74.2 - 73.9
51"		+ 70.3 - 69.8
54"		+ 66.8 - 66.1
57"		+ 63.5 - 63.0
60"		+ 60.5 - 60.1
63"		+ 57.7 - 57.4
66"		+ 55.1 - 54.9
70"		+ 52.0 - 52.0
72"		+ 50.5 - 50.8
75"		+ 48.4 - 48.5
78"		+ 46.4 - 46.0
81"		+ 44.6 - 45.2
84"		+ 43.0 - 43.7
87"		+ 41.4 - 42.4
90"		+ 40.0 - 41.1
93"		+ 38.6 - 40.0
96"		+ 37.4 - 38.9
99"		+ 36.3 - 38.0
103"		+ 35.0 - 37.0

**Storm Depot**

STORMDEPOT USA, LLC  
14000 Highway 100  
Houston, Texas 77040  
(713) 458-2800

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**"E" PANEL**  
HDPE PLASTIC  
STORM PANELS

PRODUCT DESCRIPTION/INSTALLATION

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2 of 6

**INSTALLATION NOTES**

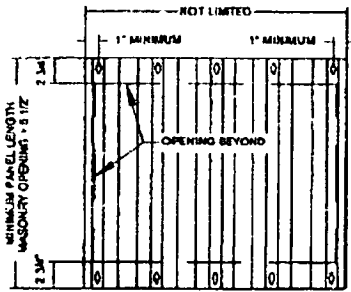
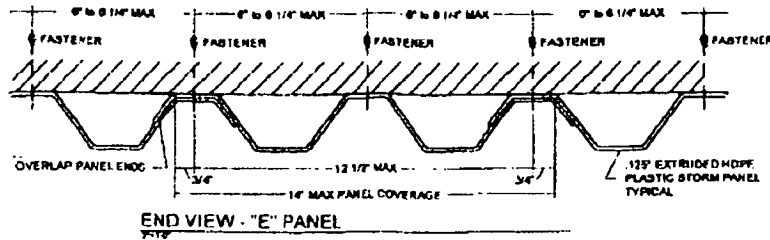
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ALL FASTENERS TO BE INSTALLED IN STRICT ACCORDANCE WITH THE MANUFACTURERS PUBLISHED INSTRUCTIONS, WITH NO EXCEPTIONS MISSING OR IMPROPERLY INSTALLED FASTENERS WILL RENDER THE INSTALLATION NOT ACCEPTABLE.

PANELS ARE DETAILED FOR VERTICAL INSTALLATION. HORIZONTAL INSTALLATION IS ACCEPTABLE MAINTAINING THE SAME PROVISIONS SHOWN.

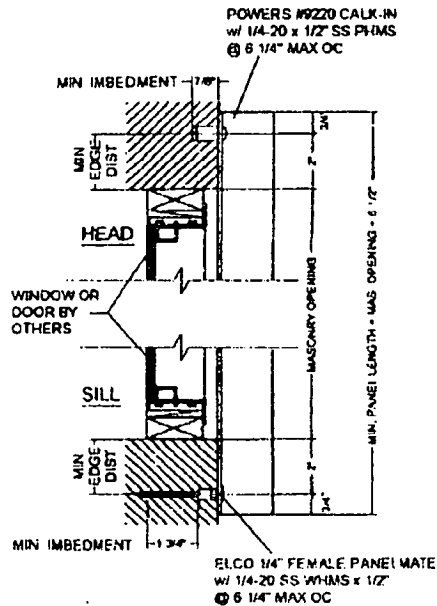
ANCHORS SPECIFIED THIS SHEET MAY BE SUBSTITUTED FOR EACH OTHER AS DESIRED WITHOUT VIOLATING THE ALLOWABLE DESIGN LOADS SHOWN.



ELEVATION - "E" PANEL - VERTICAL DIRECT MOUNT  
HORIZONTAL MOUNTING SIMILAR

**FASTENER SCHEDULE**

	ELCO 1/4" FEMALE PANEL-MATE w/ 1/4-20 SS WHMS x 1/2" 1 3/4" MIN EMBEDMENT
	ELCO 1/4" MALE PANEL-MATE w/ 1/4-20 WH WHMS IN IT 1 3/4" MIN EMBEDMENT
	POWERS #9220 CALK-IN w/ 1/4-20 x 1/2" SS PHMS 7/8" MIN EMBEDMENT
	KEYHOLE WASHER 7/8" x 1 3/8" x .090 ALUM



VERTICAL SECTION  
INSTALLATION #2 - CMU DIRECT MOUNT

**ALLOWABLE DESIGN LOADS**

PANEL LENGTH	CMU/DIRECT/ELCO PANELMATES	
	ALLOWABLE DESIGN LOAD (PSF)	
36"	+ 96.0	- 96.0
39"	+ 88.7	- 88.2
42"	+ 83.2	- 82.6
45"	+ 78.5	- 77.8
48"	+ 74.2	- 73.5
51"	+ 70.3	- 69.8
54"	+ 66.8	- 66.1
57"	+ 63.5	- 63.0
60"	+ 60.5	- 60.1
63"	+ 57.7	- 57.4
66"	+ 55.1	- 54.9
70"	+ 52.0	- 52.0
77"	+ 50.5	- 50.8
75"	+ 48.4	- 48.0
78"	+ 46.4	- 46.9
81"	+ 44.6	- 45.2
84"	+ 43.0	- 43.7
87"	+ 41.4	- 42.4
90"	+ 40.0	- 41.1
93"	+ 38.6	- 40.0
96"	+ 37.4	- 38.9
99"	+ 36.3	- 38.0
102"	+ 35.0	- 37.0

**Storm Depot**

STORMDEPOT USA, LLC  
100 Blackberry Way  
Plant, FL 33486  
(772) 863-3300

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**"E" PANEL**  
HDPE PLASTIC  
STORM PANELS

PRODUCT DESCRIPTION & INSTALLATION

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REVISED 1/16/11  
By: [Signature]  
Checked by: [Signature]  
Date: 1/16/11

3 of 6



**INSTALLATION NOTES**

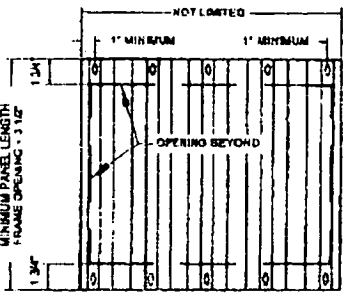
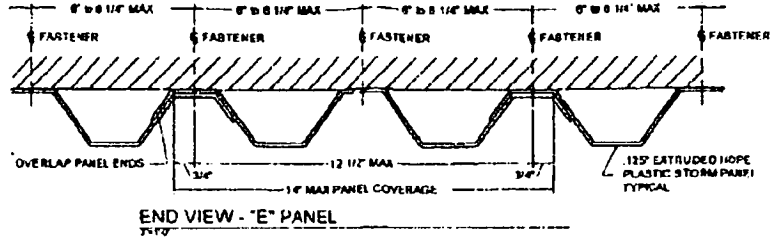
THE GENERAL NOTES SHOWN ON SHEET 1 APPLY

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ALL FASTENERS TO BE INSTALLED IN STRICT ACCORDANCE WITH THE MANUFACTURERS PUBLISHED INSTRUCTIONS, WITH NO EXCEPTIONS. MISSING OR IMPROPERLY INSTALLED FASTENERS WILL RENDER THE INSTALLATION NOT ACCEPTABLE.

PANELS ARE DETAILED FOR VERTICAL INSTALLATION. HORIZONTAL INSTALLATION IS ACCEPTABLE MAINTAINING THE SAME PROVISIONS SHOWN.

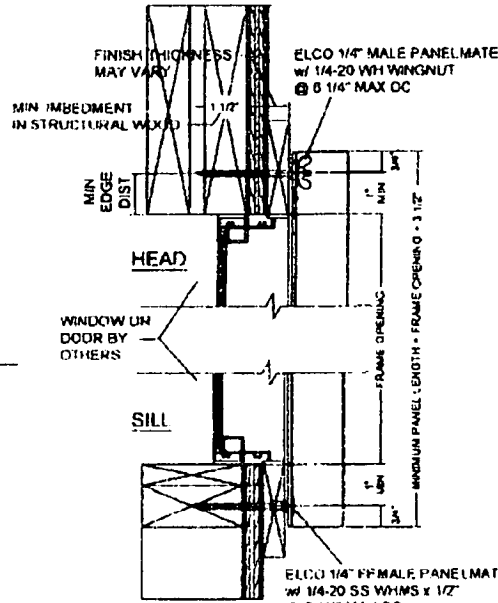
ANCHORS SPECIFIED THIS SHEET MAY BE SUBSTITUTED FOR EACH OTHER AS DESIRED WITHOUT VIOLATING THE ALLOWABLE DESIGN LOADS SHOWN.



ELEVATION - "E" PANEL - WOOD DIRECT MOUNT  
HORIZONTAL MOUNTING SIMILAR

**FASTENER SCHEDULE**

	ELCO 1/4" FEMALE PANEL-MATE w/ 1/4-20 SS WHIMS x 1/2" 1 3/4" MIN EMBEDMENT
	ELCO 1/4" MALE PANEL-MATE w/ 1/4-20 WH WING NUT 1 1/2" MIN EMBEDMENT
	KEYHOLE WASHER 7/8" x 1 3/8" x .090 ALUM



VERTICAL SECTION  
INSTALLATION #4 - WOOD DIRECT MOUNT

**ALLOWABLE  
DESIGN LOADS**

WOOD DIRECT/ELCO PANELMATES		
PANEL LENGTH	ALL DIRECTION DESIGN LOAD (PSF)	
36"	+ 96.0	- 98.0
39"	+ 88.7	- 88.7
42"	+ 83.2	- 82.6
45"	+ 78.5	- 77.8
48"	+ 74.2	- 73.5
51"	+ 70.3	- 69.6
54"	+ 66.8	- 66.1
57"	+ 63.5	- 63.0
60"	+ 60.5	- 60.1
63"	+ 57.7	- 57.4
66"	+ 55.1	- 54.9
70"	+ 52.0	- 52.0
72"	+ 50.5	- 50.8
75"	+ 48.4	- 48.6
78"	+ 46.4	- 48.9
81"	+ 44.6	- 45.2
84"	+ 43.0	- 43.7
87"	+ 41.4	- 42.4
90"	+ 40.0	- 41.1
93"	+ 38.6	- 40.0
96"	+ 37.4	- 38.9
99"	+ 36.3	- 38.0
103"	+ 35.0	- 37.0

*Handwritten signature and date: 1/16/14*

**StormDepot**  
 STORMDEPOT USA, LLC  
 146 Bush Street, Suite 200  
 San Francisco, CA 94102  
 (415) 774-3322

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"E" PANEL  
 HOPE PLASTIC  
 STORM PANELS  
 PRODUCT DESCRIPTION & INSTALLATION

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MARKET & MOBILITY  
 Product Number: 111111  
 Date of Issue: 1/16/14  
 5 of 6



**INSTALLATION NOTES**

THE GENERAL NOTES SHOWN ON SHEET 1 APPLY

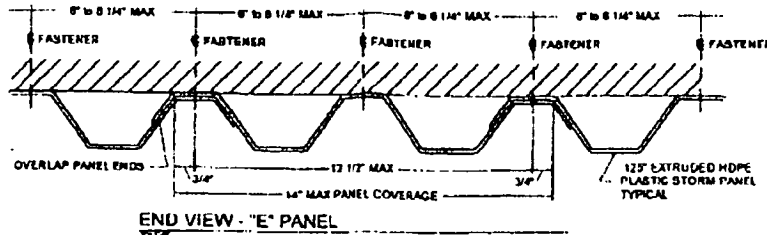
FASTENER EDGE DISTANCES AND IMBED DISTANCES TO BE MEASURED FROM THE STRUCTURE ONLY, EXCLUDING WALL FINISH ITEMS SUCH AS STUCCO, WOOD TRIM, ETC.

ALL FASTENERS TO BE INSTALLED IN STRICT ACCORDANCE WITH THE MANUFACTURERS PUBLISHED INSTRUCTIONS, WITH NO EXCEPTIONS. MISSING OR IMPROPERLY INSTALLED FASTENERS WILL RENDER THE INSTALLATION NOT ACCEPTABLE.

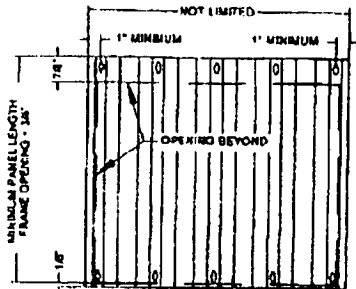
PANELS ARE DETAILED FOR VERTICAL INSTALLATION. HORIZONTAL INSTALLATION IS ACCEPTABLE MAINTAINING THE SAME PROVISIONS SHOWN

ANCHORS SPECIFIED THIS SHEET MAY BE SUBSTITUTED FOR EACH OTHER AS DESIRED WITHOUT VIOLATING THE ALLOWABLE DESIGN LOADS SHOWN.

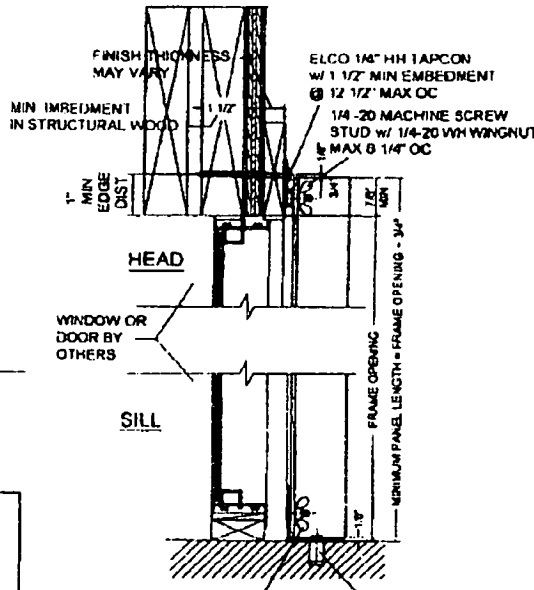
ALUMINUM EXTRUSIONS MAY BE SUBSTITUTED WITH EACH OTHER PROVIDED THAT SIMILAR ANCHORING IS APPLIED.



END VIEW - "E" PANEL

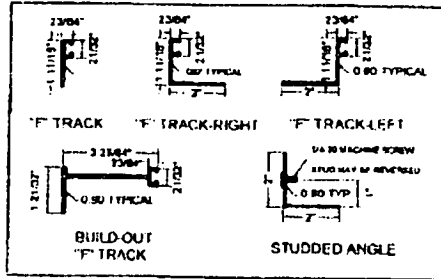


ELEVATION - "E" PANEL - WOOD FACE MOUNT  
HORIZONTAL MOUNTING SIMILAR



VERTICAL SECTION  
INSTALLATION #5 - WOOD FACE MOUNT

**OPTIONAL ALUMINUM EXTRUSIONS**



**FASTENER SCHEDULE**

	1/4-20 HHMS SS
	1/4-20 WH WINGNUT
	1/4-20 MACHINE SCREW STND
	ELCO 1/4" HH TAPCON 1 1/2" MIN EMBEDMENT
	POWERS #9220 CALX-IN w/ 1/4-20 x 1/2" SS PHMS 7/8" MIN EMBEDMENT
	1/4" x 3" PHPH WS 2 1/2" MIN EMBEDMENT
	KEYHOLE WASHER 7/8" x 1 3/8" x .090 ALUM

**ALLOWABLE DESIGN LOADS**

WOOD FACE / TRACK  
OR STUDDED ANGLE

PANEL LENGTH	ALLOWABLE DESIGN LOAD (PSF)
36"	+ 86.0 - 96.0
39"	+ 88.7 - 86.2
42"	+ 83.2 - 82.6
45"	+ 78.5 - 77.8
48"	+ 74.2 - 73.5
51"	+ 70.3 - 69.6
54"	+ 65.8 - 66.1
57"	+ 63.5 - 63.0
60"	+ 60.5 - 60.1
63"	+ 57.7 - 57.4
66"	+ 55.1 - 54.9
70"	+ 52.0 - 52.0
72"	+ 50.5 - 50.6
75"	+ 48.4 - 48.8
78"	+ 46.4 - 46.9
81"	+ 44.6 - 45.2
84"	+ 43.0 - 43.7
87"	+ 41.4 - 42.4
90"	+ 40.0 - 41.1
93"	+ 38.8 - 40.0
96"	+ 37.4 - 38.9
99"	+ 36.3 - 38.0
103"	+ 35.0 - 37.0

**Storm Depot**  
STORM DEPOT USA, LLC  
10000 W. 10th Street, Suite 100  
Denver, CO 80231  
(303) 950-3300

"E" PANEL  
HDPE PLASTIC  
STORM PANELS

PRODUCT DESCRIPTION & INSTALLATION

MADE IN THE USA

6 of 6

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 1-26, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8494	Subitsky 3 Rio Vista	Final-shutters	PASS	CLOSE
3	O/B			INSPECTOR:
7659	Holland 16 N. Ridgerview Rd	Fence final	FAIL	
4	O/B	Permit on fence-left side		INSPECTOR:
Tree	June 1 Michael Rd	Tree	PASS	
7	O/B			INSPECTOR:
6668	Pistole 21 Periwinkle Cres.	Final-remodel	PASS	CLOSE
also 6733	O/B	A/C Final	PASS	CLOSE
				INSPECTOR:
8409	Vanfossen 158 S River Rd	Final-roof	PASS	CLOSE
1	Pacific Roof			INSPECTOR:
8493	Galino 26 S Sewalls Pt	inspect Pool Steel + main drain	PASS	
6	Olympic Pools			INSPECTOR:
8441	Dressler 12 Island Rd	plumbing + elect rough	PASS	
1A	Harbor Course			INSPECTOR:

OTHER: \_\_\_\_\_

**8841**

**REPLACE FRONT  
DOOR**



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:	8841	DATE ISSUED:	MARCH 18, 2008
SCOPE OF WORK:	REPLACE FRONT DOOR		
CONDITIONS:			
CONTRACTOR:	O/B		
PARCEL CONTROL NUMBER:	123841002000002808	SUBDIVISION	RIO VISTA - LOT 28
CONSTRUCTION ADDRESS:	3 RIO VISTA DR		
OWNER NAME:	LIBITSKY		
QUALIFIER:		CONTACT PHONE NUMBER:	283-0511

**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: 3-13-08  
TOWN OF SEWALL'S POINT

Town of Sewall's Point

Date: \_\_\_\_\_ BUILDING PERMIT APPLICATION Permit Number: \_\_\_\_\_

OWNER/TITLEHOLDER NAME: RON & INGRID LIBITSKY Phone (Day) 772-283-0511 (Fax) SAME

Job Site Address: 3 RIO VISTA DR. City: SEWALL'S PT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) LOT 28 RIO VISTA SUBD Parcel Number: 12-38-41-002-0000-280800

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

Scope of work: FRONT DOOR REAR.

**WILL OWNER BE THE CONTRACTOR?**  
(If yes, Owner Builder questionnaire must accompany application)  
YES X NO \_\_\_\_\_

**COST AND VALUES:** (Required on ALL permit applications)  
Estimated Value of Improvements: \$ 1500.00  
(Notice of Commencement required when over \$2500 prior to first inspection)  
Is subject property located in flood hazard area? V \_\_\_ A9 \_\_\_ A8 \_\_\_ 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 \*\*\*

Has a Zoning Variance ever been granted on this property?  
YES \_\_\_\_\_ (YEAR) \_\_\_\_\_ NO X \_\_\_\_\_  
(Must include a copy of all variance approvals with application)

CONTRACTOR/Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: POB Trum-OK City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Municipality License Number: \_\_\_\_\_

PROJECT SUPERINTENDANT: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Lic.#: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER \_\_\_\_\_ Lic.# \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AREA SQ. FOOTAGE (W /SEWER & ELECTRIC): Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ Screened Porch: \_\_\_\_\_  
Carport: \_\_\_\_\_ Total Under Roof: \_\_\_\_\_ Wood Deck: \_\_\_\_\_ Accessory Building: \_\_\_\_\_

CODE EDITIONS IN EFFECT FOR T  
National Electrical Code: 2005  
  
NOTICES TO OWNERS AND CON:  
1. YOUR FAILURE TO RECORD A NC  
WHEN FINANCING, CONSULT WITH  
2. THERE ARE SOME PROPERTIES  
PROHIBIT THE WORK APPLIED FOR  
PROPERTY IS ENCUMBERED BY AN  
RECORDS OF MARTIN COUNTY OR  
GOVERNMENTAL ENTITIES SUCH A  
3. BUILDING PERMITS FOR SINGLE  
PERIOD OF 24 MONTHS RENEWAL

**DOOR DOCTOR**  
OF MARTIN COUNTY, INC.  
"Doc" Keiffer, Owner  
Doors • Windows • Screens  
**SERVICE & REPAIR**  
Commercial & Residential  
"The doctor is in."  
(772) 283-6900  
TheDoorDoc@bellsouth.net  
24-Hour Housecalls  
License #CNS5392 • Insured

nb., Fuel Gas): 2004 (W/2006 Rev.)  
Florida Fire Prevention Code 2004  
  
FOR IMPROVEMENTS TO YOUR PROPERTY.  
CE OF COMMENCEMENT.  
ESE RESTRICTIONS MAY LIMIT OR  
NSIBILITY TO DETERMINE IF YOUR  
PERTY MAY BE FOUND IN THE PUBLIC  
ERMENTS REQUIRED FROM OTHER  
L AGENCIES.  
E FAMILY RESIDENCES ARE VALID FOR A  
F 50.05

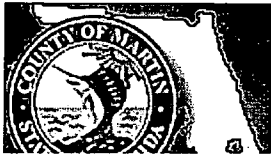
THIS PERMIT WILL BECOME NULL  
WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES  
WILL BE ASSESSED ON ALL NULL AND VOID PERMITS. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.  
I HEREBY CERTIFY THAT THE INFORMATION I HAVE 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 SIGNATURE (required) \_\_\_\_\_ CONTRACTOR SIGNATURE (required) \_\_\_\_\_

State of Florida, County of: Martin On State of Florida, County of: \_\_\_\_\_  
This the 13th day of March, 2008 This the \_\_\_\_\_ day of \_\_\_\_\_, 200      
by RONALD LIBITSKY who is personally by \_\_\_\_\_ who is personally  
known to me or produced FD#1-132-730-42-207-0 known to me or produced \_\_\_\_\_  
as identification. \_\_\_\_\_ as identification. \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ VALERIE MEYER Notary Public  
MY COMMISSION # DD552119  
EXPIRES: May 14, 2009 Commission Expires: \_\_\_\_\_ Notary Public

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 T1.14

**Summary**

print [grid] [refresh] [back] Owner  
1 of 1

**Parcel Info**

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-002-000-00280-8	3 RIO VISTA DR	27541	Owner	0	1

**Summary**

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

**Summary**

**Property Location** 3 RIO VISTA DR  
**Tax District** 2200 Sewall's Point  
**Account #** 27541  
**Land Use** 101 0100 Single Family  
**Neighborhood** 120250  
**Acres** 0.346

**Legal Description**  
**Property Information**  
 RIO VISTA S/D LOT 28

**Search By**

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

**Owner Information**  
**Owner Information**  
 LIBITSKY, RONALD J & INGRED P

**Mail Information**  
 3 RIO VISTA DR  
 STUART FL 34996

**Assessment Info**  
**Front Ft.** 0.00

**Market Land Value** \$247,500  
**Market Impr Value** \$172,910  
**Market Total Value** \$420,410

**Site Functions**

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

**Recent Sale**  
**Sale Amount** \$175,000

**Sale Date** 12/5/2000  
**Book/Page** 1520 0971

[Print](#) | << First < Previous Next > Last >>

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Data updated on 03/03/2008





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Contractor List



Search Door Doctor of Martin County · Display 15 · Go

Name	Company	License Type	License & Exp	Status	Address	Phone	Liability & Exp	Wk Comp & Exp
KEIFFER, ARTIMUS	THE DOOR DOCTOR OF MARTIN COUNTY INC	NON STRUCTURAL HOME IMPROVEMENT	CNS5392 30-SEP-08	ACTIVE	5043 SE ASKEW AVE/BOX 200 STUART FL 34997	937-324-2324	TEQUESTA AGENCY 05-JUL-08	W/C EXEMPT 06-JUL-09

Spread Sheet

1 - 1

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*need info*



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

**OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT  
 MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE**

**APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES  
 AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE**

NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT.

ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name: RON LIBITSKY

Site address of the proposed building work: 3 RIO VISTA DR.

Name of legal title owner of the address above: RON + INGRID LIBITSKY

Describe the scope of work for the proposed new construction: REPLACE FRONT ENTRY DOOR

Name of Architect of Record: N/A Structural Engineer of Record: N/A

Who will supervise the trade work to meet the applicable code? RON LIBITSKY

What provisions have you made for Liability and Property Damage Insurance? \_\_\_\_\_

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? NA

What previous Owner/Builder improvements have you done in the State of Florida?

Location: 3 RIO VISTA DR. Scope of Work Done: INSTALL STORM PANELS Year: 07  
Permit # 8494

Location: 3 RIO VISTA DR. Scope of Work Done: REPAIR DRYWALL HANGING Year: 04  
Permit # 8996

What code books do you have available for reference? Building: \_\_\_\_\_

Electric: \_\_\_\_\_ Plumbing: \_\_\_\_\_ HVAC: \_\_\_\_\_

Other: \_\_\_\_\_

I have internet access and will view The Florida Building code at [www.floridabuilding.org](http://www.floridabuilding.org) YES  NO \_\_\_\_\_

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? (yes)

Have you consulted with your Homeowner's Insurance Agent? YES Lender? \_\_\_\_\_ Attorney? \_\_\_\_\_

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project. RL (initials).





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

**OWNER/BUILDER DISCLOSURE STATEMENT**

**NOTICE: STATE LAW REQUIRES THAT ALL PERMITTING AGENCIES PROVIDE INDIVIDUALS SUBMITTING APPLICATIONS FOR OWNER/BUILDER PERMITS THE FOLLOWING INFORMATION:**

1. THE TOWN OF SEWALL'S POINT CODE OF LAWS AND ORDINANCES REQUIRES THAT ANY PERSON DESIRING TO ENGAGE IN BUSINESS AS A CONTRACTOR IN THE TOWN OF SEWALL'S POINT BE A HOLDER OF A CERTIFICATE OF COMPETENCY.
2. FLORIDA STATUTES 489.103 (7) ALLOWS YOU, AS A PROPERTY OWNER, AN EXEMPTION TO CONSTRUCT OR IMPROVE A SINGLE FAMILY DWELLING AND ACCESSORY-USE STRUCTURES ON SAID PROPERTY FOR YOUR OWN USE OR OCCUPANCY WITHOUT HAVING A CERTIFICATE OF COMPETENCY.
3. AS AN OWNER/BUILDER, YOU MUST PHYSICALLY PERFORM OR MATERIALLY SUPERVISE ALL CONSTRUCTION/IMPROVEMENTS SPECIFIED ON YOUR OWNER/BUILDER PERMIT AND YOU ARE TOTALLY RESPONSIBLE FOR ALL ACTIVITIES ASSOCIATED THEREWITH. OWNER/BUILDERS WHO WISH TO DO ELECTRICAL OR PLUMBING WORK MUST PASS A SHORT OPEN BOOK QUIZ ADMINISTERED BY THE BUILDING DEPARTMENT.
4. IF YOU DO NOT PHYSICALLY PERFORM A SPECIFIC PHASE OF SAID CONSTRUCTION/IMPROVEMENT, BUT CHOOSE TO SUB-CONTRACT IT, THEN SUCH CONSTRUCTION/IMPROVEMENT MUST BE SUB-CONTRACTED TO A LOCALLY LICENSED OR STATE CERTIFIED CONTRACTOR.
5. YOU MAY NOT HIRE AN UNLICENSED INDIVIDUAL WHO IN ANY MANNER ACTS IN THE CAPACITY OF A GENERAL CONTRACTOR, THAT IS, ONE WHO FULFILLS YOUR DUTIES UNDER PARAGRAPH (3) ABOVE.
6. UNDER AN OWNER/BUILDER PERMIT YOU MAY NOT CONSTRUCT A BUILDING WHICH YOU INTEND TO SELL OR LEASE. THE SALE OR LEASE, OR OFFERING FOR SALE OR LEASE, OF ANY SUCH STRUCTURE BY THE OWNER-BUILDER WITHIN 1 YEAR AFTER COMPLETION OF SAME CREATES A PRESUMPTION THAT THE CONSTRUCTION WAS UNDERTAKEN FOR PURPOSES OF SALE OR LEASE WHICH IS A VIOLATION OF THIS EXEMPTION.
7. THIS EXEMPTION SHALL NOT APPLY TO ANY PERSON WHO HAS LEASED, SOLD, OR OFFERED FOR SALE MORE THAN 1 STRUCTURE BUILT UNDER AN OWNER-BUILDER PERMIT IN ANY JURISDICTION WITHIN THE 5 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A PERMIT.
8. THERE MUST BE A THIRTY-SIX (36) MONTH PERIOD BETWEEN THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY FOR THE INITIAL DWELLING AND THE SUBMITTAL OF AN OWNER/BUILDER APPLICATION FOR A SUBSEQUENT DWELLING. NO OTHER BUILDING PERMIT FOR A HOME SHALL BE ISSUED TO THAT OWNER/BUILDER, THE OWNER/BUILDER'S SPOUSE OR ANY MEMBER OF THE OWNER/BUILDER'S IMMEDIATE FAMILY UNDER EIGHTEEN YEARS OF AGE UNTIL THREE YEARS AFTER THE HOME BUILT UNDER THE FIRST BUILDING PERMIT HAS RECEIVED A CERTIFICATE OF OCCUPANCY.
9. ALL CONSTRUCTION IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT MUST BE IN STRICT COMPLIANCE WITH FLORIDA STATE STATUTE SECTION 489, SEWALL'S POINTS CODE OF LAWS AND ORDINANCES, ALL BUILDING & ZONING CODES AND REGULATIONS PERTAINING TO SINGLE FAMILY DWELLINGS, ACCESSORY USE STRUCTURES AS APPLICABLE.
10. YOUR OWNER/BUILDER EXEMPTION DOES NOT WAIVE ANY PERMIT CONDITIONS OR REQUIREMENTS OR WAIVE ANY PORTION OR PORTIONS OF ANY APPLICABLE BUILDING OR SWIMMING POOL CODES OR TOWN ORDINANCES.
11. ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDING PERMIT MUST ALSO BE IN STRICT COMPLIANCE WITH ALL APPLICABLE ZONING REGULATIONS (QUESTIONS REGARDING ZONING REGULATIONS SHOULD BE DIRECTED TO THE TOWN OF SEWALL'S POINT AT 772-287-2455.)



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

12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.

13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.

14. AS AN OWNER/BUILDER, YOU ARE LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.

15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT. OWNER/BUILDER APPLICANTS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT APPLICATION.

PHOTO ID IS REQUIRED FOR PERSON SUBMITTING PERMIT APPLICATION.

PERSON'S NAME SUBMITTING APPLICATION Ron I. Libitsky

ON THIS DAY OF 20

PROPERTY ADDRESS 3 RIO VISTA DR.

CITY SEWALL'S PT. STATE FL. ZIP 34996

SIGNATURE OF OWNER/BUILDER [Handwritten Signature]

SWORN TO AND SUBSCRIBED BEFORE ME THIS 13th DAY OF March 20 08

BY Ronald Libitsky

PERSONALLY KNOWN

OR PRODUCED ID [checked]

TYPE OF ID EIDL# L132-730-42-207-0

NOTARY SIGNATURE [Handwritten Signature]
VALERIE MEYER
MY COMMISSION # DDSS2119
EXPIRES: May 14, 2010
Florida Notary Service.com



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

## WINDOW/DOOR REPLACEMENT CHECKLIST AND SCHEDULE

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

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

- \_\_\_\_\_ 1 Copy Completed Permit Application
- \_\_\_\_\_ 2 Copies Window/Door Schedule
- \_\_\_\_\_ 2 Copies Manufacturer's Product Approval and Specifications
- \_\_\_\_\_ 2 Copies Floor Plan Sketch – Show location & ID number of each window/door.  
**Must match window/door schedule.**

**\*PLEASE NOTE: At least one (1) exterior window or door must comply with the 2004 F.B.C. R310.4 as a single means of escape.**

**ALL NEW WINDOWS AND/OR DOORS WITH GLAZING MUST HAVE IMPACT PROTECTION (SHUTTERS OR IMPACT GLASS). IF SHUTTERS ARE USED, A SEPARATE SHUTTER PERMIT MUST BE ISSUED PRIOR TO FINAL INSPECTION OF THE WINDOW/DOOR REPLACEMENT PERMIT.**

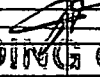
*Shutters issued. PN 8494*



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

**WINDOW/DOOR SCHEDULE**

ID NO	APPOX OPENING SIZE (WXH)	DESIGNATION	* TYPE	IMPACT PROTECTION		REMARKS
				IMPACT GLASS	SHUTTER	
	37" X 63"	25	SH		X	EXAMPLE
1	74 X 80.3	1	Fix		X	FRONT DOOR REPL.
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
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20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

FILE COPY  
 TOWN OF SEWALL'S POINT  
 THESE PLANS HAVE BEEN  
 REVIEWED FOR CODE COMPLIANCE  
 DATE 3-17-08  
  
 BUILDING OFFICIAL

TOTAL GLAZED OPENING AREA FOR STRUCTURE: \_\_\_\_\_ S.F.

\*PERCENTAGE OF NEW GLAZED AREA: \_\_\_\_\_ %  
 (TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (windows & doors) in one & two family dwellings within a 12 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2004 FBC EXISTING BUILDING 507.3.

\* TYPE WINDOWS

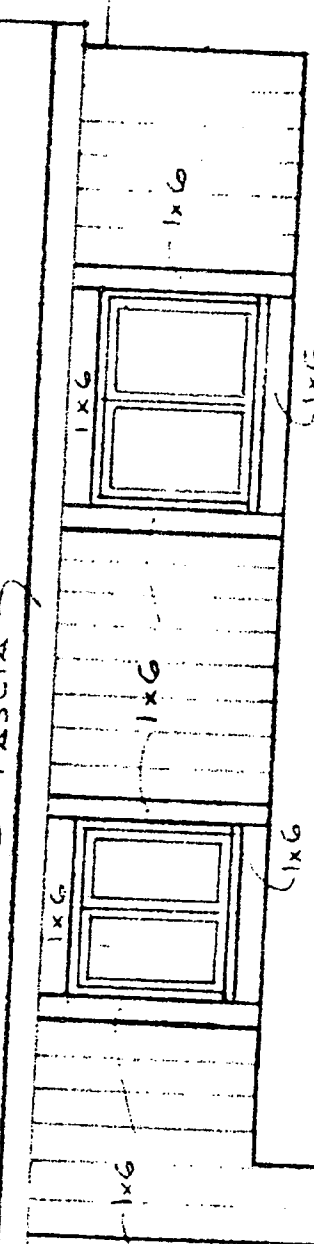
- SH - SINGLE HUNG                      AWN - AWNING                      SL - SLIDING
- DH - DOUBLE HUNG                    CAS - CASEMENT                    FIX - FIXED

TOWN OF BEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

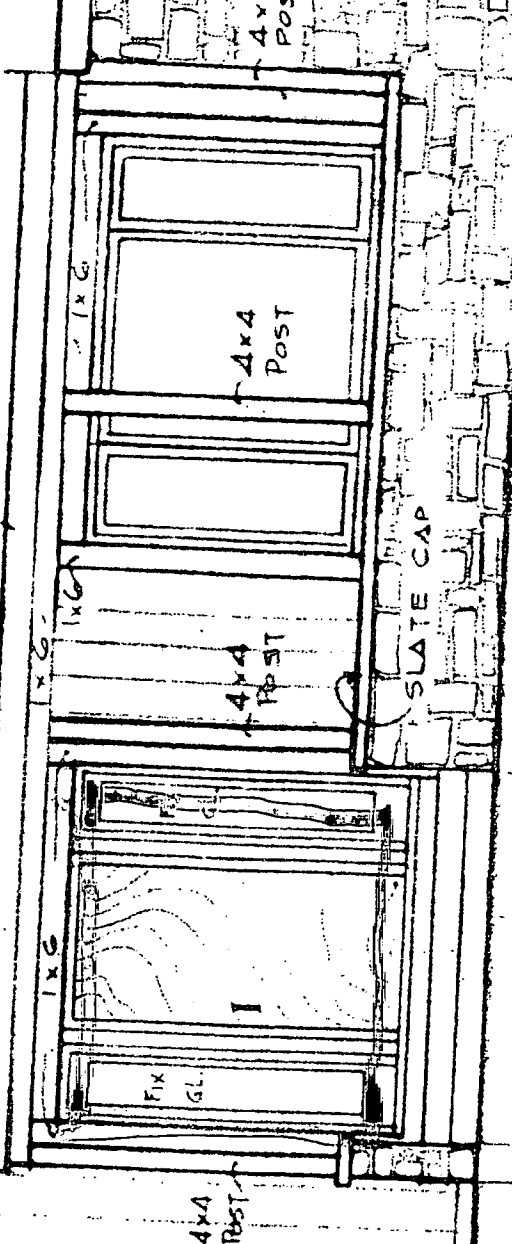
FLASHING

ASPHALT SHINGLES

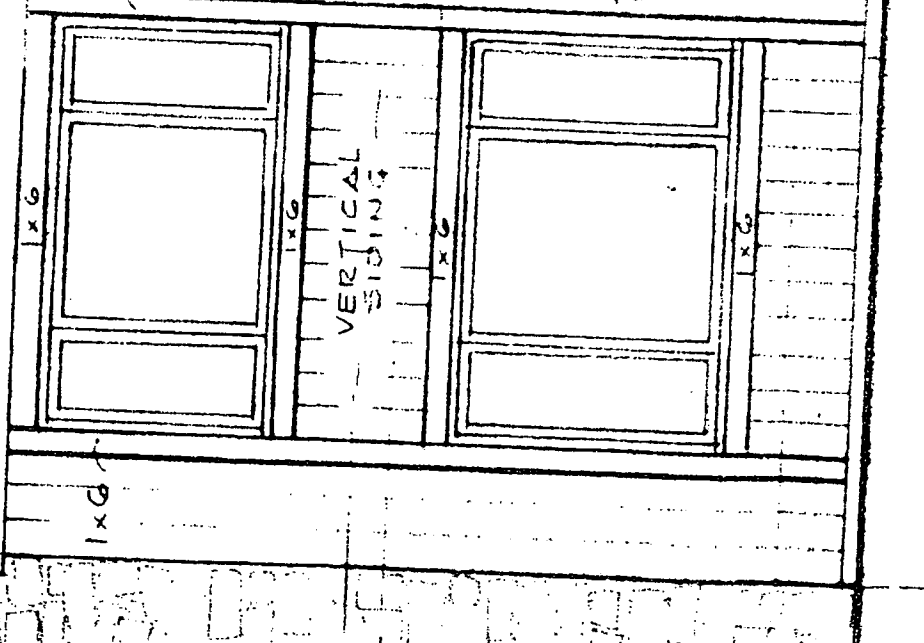
1x8 FASCIA

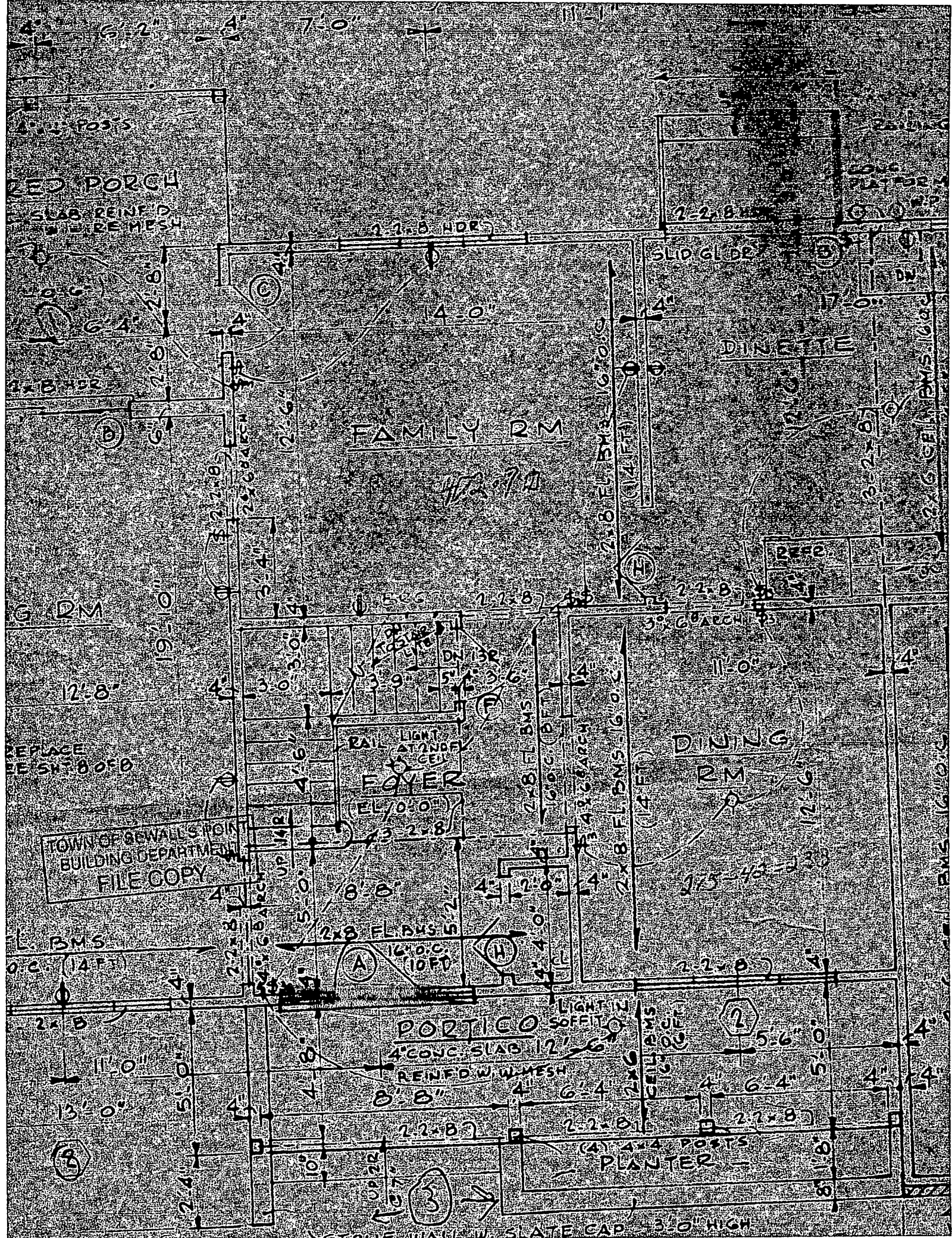


1x8 FASCIA



VERTICAL SIDING





TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

FAMILY RM

DINING RM

FOYER

PORTICO

DECK PORCH

DINETTE

G. RM

REPLACE  
SLAB REINFD W W MESH

L. BMS

LIGHT IN  
SOFFIT

4" CONC SLAB

REINFD W W MESH

UP 1/4\" R

UP 1/2\" R

UP 3/4\" R

(4) 4x4 POSTS

PLANTER

SLATE CAP - 3.0\" HIGH

R  
W  
B  
C

# R W Building Consultants, Inc.

Consulting and Engineering Services for the Building Industry  
P.O. Box 230 Valrico, FL 33595 Phone 813.659.9197 Facsimile 813.754.9989

Florida Board of Professional Engineers Certificate of Authorization No. 9813

## Product Evaluation Report

Report No.: FL 6142.9  
Date: February 20, 2006  
Product Category: Exterior Doors  
Product sub-category: Swinging Exterior Door Assemblies  
Product Name: Distinction Series 6'0" x 6'8" Glazed Fiberglass Door  
Lip Lite Screw Frame Inswing / Outswing  
Manufacturer: Nan Ya Plastics Corporation  
Plastpro Inc.  
9 Peach Tree Hill Road  
Livingston, NJ 07039  
Phone: 800-779-0561 Facsimile: 973-758-4001

Scope: This is a Product Evaluation report issued by R W Building Consultants, Inc. and Wendell W. Haney, P.E. (System ID # 1993) for Nan Ya Plastics Corporation, Plastpro Inc. based on Rule Chapter No. 9B-72.070, Method 1d of the State of Florida Product Approval, Department of Community Affairs-Florida Building Commission.

RW Building Consultants and Wendell W. Haney, P.E. do not have nor will acquire financial interest in the company manufacturing or distributing the product or in any other entity involved in the approval process of the product named herein.


This product has been evaluated for use in locations adhering to the Florida Building Code (2004 Edition) and where pressure requirements, as determined by Chapter 16 of The Florida Building Code, do not exceed the following design pressures:

Design Pressure Rating:

Maximum Design Pressure Rating      Positive 50.0 PSF      Negative 50.0 PSF  
(See Limitations for size restrictions)

See Drawing No.: FL 806 prepared by R W Building Consultants, Inc. and signed and sealed by Wendell W. Haney, P.E. (FL # 54158) for specific use parameters.

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

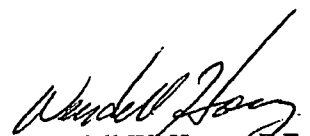
  
Wendell W. Haney, P.E.  
FL No. 54158  
February 20, 2006

## Limitations

1. The Distinction Series 6'0" x 6'8" Glazed Fiberglass Door Lip Lite Screw Frame Inswing ~~Outswing~~ has been evaluated and meets the requirements for use within the State of Florida excluding the "High Velocity Hurricane Zone".
2. When used in areas requiring windborne debris protection this product is required to be protected with an impact resistant covering that complies with Section 1609.1.4 of the Florida Building Code.
3. This product is intended for use where Section R 314.2.4 of the Florida Building Code is applicable.
4. Size Limitations:

<u>Configurations</u>		<u>MAX. Width</u>	<u>MAX. Height</u>
Double	XX	74.00"	82.0"

5. See Drawing # FL 806 for Design Pressure ratings.

  
Wendell W. Haney, P.E.  
FL No. 54158  
February 20, 2006



## Supporting Documents

A Drawing

1. Drawing No. FL 806 titled Distinction Series 6'0" x 6'8" Glazed Fiberglass Door Lip Lite Screw Frame Inswing / Outswing prepared by R W Building Consultants, Inc. (Florida Board of Professional Engineers Certificate of Authorization No. 9813), with no revisions, signed and sealed by Wendell W. Haney, P.E.

B Tests Performed

1. Testing per 101/I.S.2-97 as performed by Certified Testing Laboratories and reported in test report numbers CTLA 900W5-3 signed by Ramesh Patel, P.E.

C Calculations

1. Product anchoring is in accordance with manufacturer's published recommendations as substantiated by tested specimens reported in test report numbers CTLA 900W5-3.
2. Buck anchor analysis for loading conditions, prepared, signed and sealed by Wendell W. Haney, P.E.
3. Glass Load Resistance Report ASTM E1300-02 prepared by Wendell W. Haney, P.E.

D Other

1. Certificate of Participation issued by National Accreditation & Management Institute, Inc., certifying that Nan Ya Plastics Corporation, Plastpro Inc is manufacturing products within a quality assurance program.



Wendell W. Haney, P.E.

FL No. 54158

February 20, 2006



**NAN YA PLASTICS CORP.  
PLASTPRO INC.**

9 PEACH TREE HILL ROAD  
LIVINGSTON, NEW JERSEY 07039  
PH: 800-779-0561 FAX: 973-758-4001

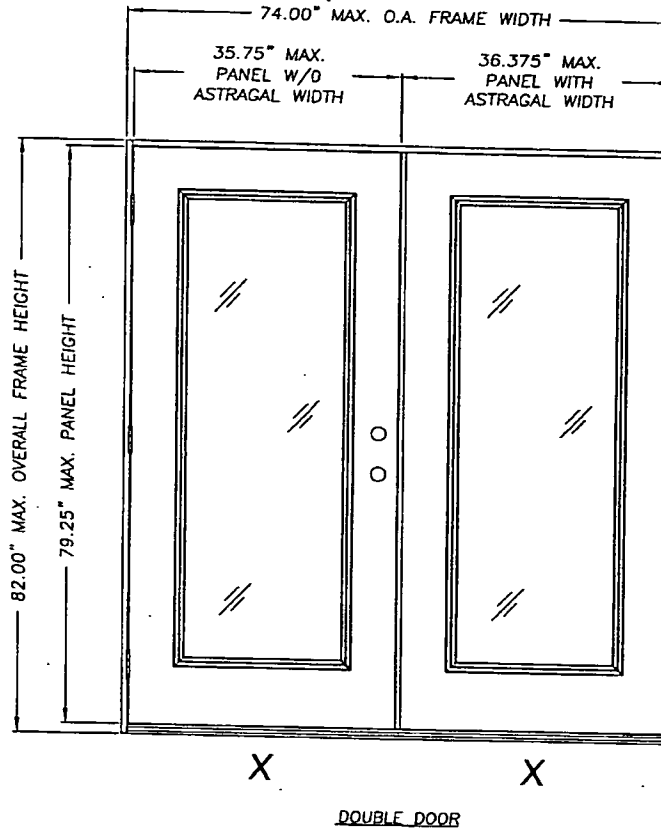
**DISTINCTION SERIES  
6'0" x 6'8" GLAZED FIBERGLASS DOOR  
LIP LITE SCREW FRAME  
IN SWING / ~~OUT SWING~~**

**GENERAL NOTES**

1. THIS PRODUCT HAS BEEN EVALUATED AND IS IN COMPLIANCE WITH THE 2004 FLORIDA BUILDING CODE EXCLUDING THE "HIGH VELOCITY HURRICANE ZONE".
2. PRODUCT ANCHORS SHALL BE AS LISTED AND SPACED AS SHOWN ON DETAILS. ANCHOR EMBEDMENT TO BASE MATERIAL SHALL BE BEYOND WALL DRESSING OR STUCCO.
3. WHEN USED IN AREAS REQUIRING WIND-BORNE DEBRIS PROTECTION THIS PRODUCT IS REQUIRED TO BE PROTECTED WITH AN IMPACT RESISTANT COVERING THAT COMPLIES WITH SECTION 1609.1.4 OF THE FLORIDA BUILDING CODE.
4. FOR 2X STUD FRAMING CONSTRUCTION, ANCHORING OF THESE UNITS SHALL BE THE SAME AS THAT SHOWN FOR 2X BUCK MASONRY CONSTRUCTION.
5. CONDITIONS NOT COVERED BY THIS DRAWING ARE SUBJECT TO FURTHER ENGINEERING ANALYSIS.

TABLE OF CONTENTS	
SHEET #	DESCRIPTION
1	TYPICAL ELEVATION, DESIGN PRESSURES & GENERAL NOTES
2	HORIZONTAL & VERTICAL CROSS SECTION
3	VERTICAL CROSS SECTIONS
4	BUCK & FRAME ANCHORING
5	ASTRAGAL DETAILS & GLAZING DETAILS
6	BILL OF MATERIALS & COMPONENTS

**TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY**



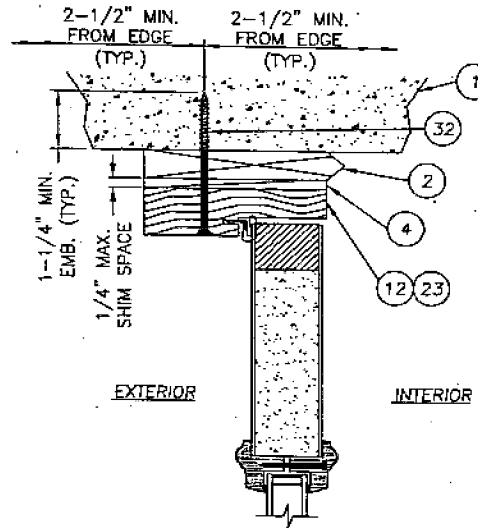
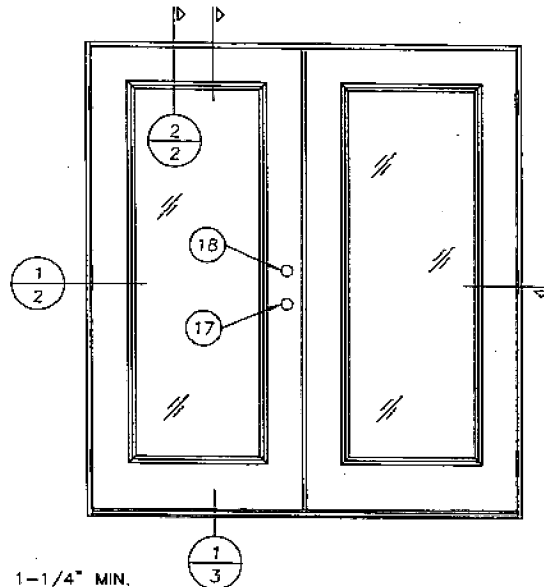
TYPE	OVERALL FRAME DIMENSION	DOOR DAYLIGHT DIMENSION	GLASS TYPE	DESIGN PRESSURE (PSF)	
				POSITIVE	NEGATIVE
IN SWING	74.00" x 82.00"	21.00" x 63.00"	1/8" TEMP.  - AIR -	+47.0	-47.0
OUT SWING	74.00" x 80.37"	21.00" x 63.00"	1/8" TEMP.	+50.0	-50.0

Documents Prepared By: **RW** BUILDING CONSULTANTS, INC.  
P.O. Box 230 Venice FL 33595  
Phone No.: 813.998.197  
Florida Board of Professional Engineers  
Certificate of Authorization No. 9813  
Wendell W. Howard, P.E. 2-22-06  
No. 54158

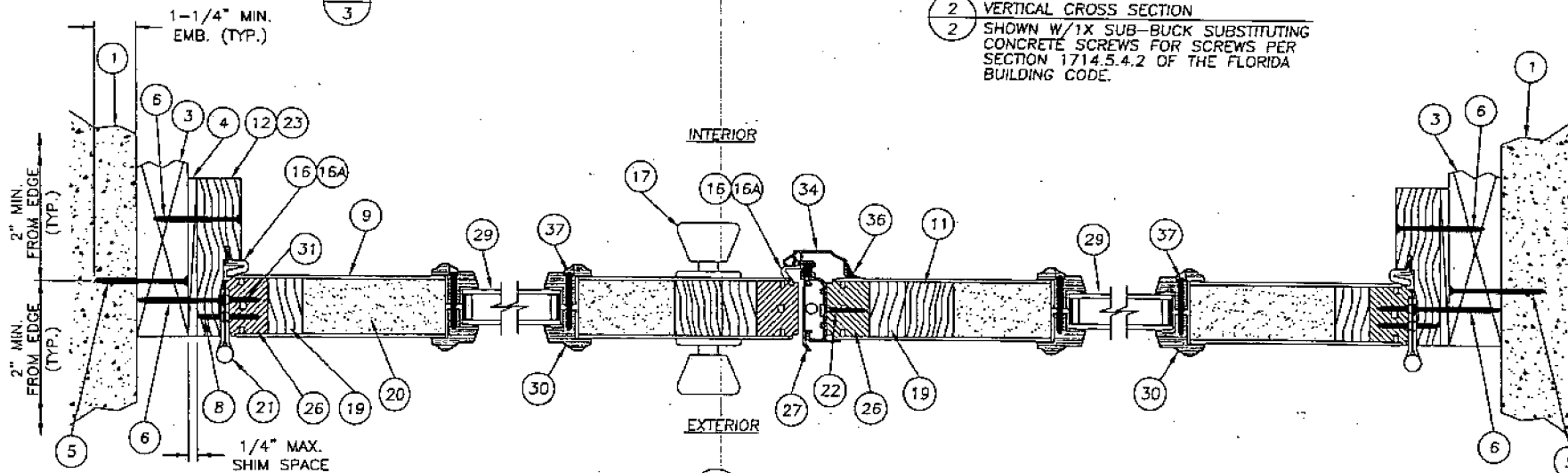
PRODUCT: DISTINCTION SERIES 6'0" x 6'8" GLAZED FIBERGLASS LIP LITE DOOR IN SWING / OUT SWING  
PART OR ASSEMBLY:  
TYPICAL ELEVATION, DESIGN PRESSURE & GENERAL NOTES

NO.	DATE	BY	REVISIONS

DATE: 01/13/06  
SCALE: N.T.S.  
DWG. BY: EW  
CHK. BY: WWH  
DRAWING NO.: FL-806  
SHEET 1 of 6



2 VERTICAL CROSS SECTION  
 2 SHOWN W/1X SUB-BUCK SUBSTITUTING CONCRETE SCREWS FOR SCREWS PER SECTION 1714.5.4.2 OF THE FLORIDA BUILDING CODE.



1 HORIZONTAL CROSS SECTION  
 2 OUTSWING CONFIGURATION

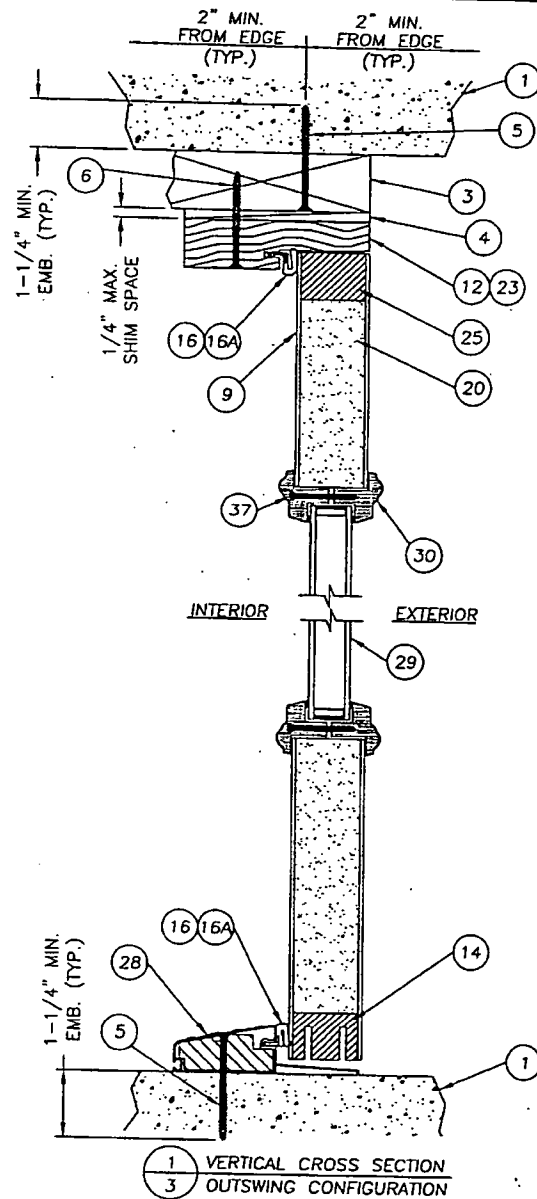
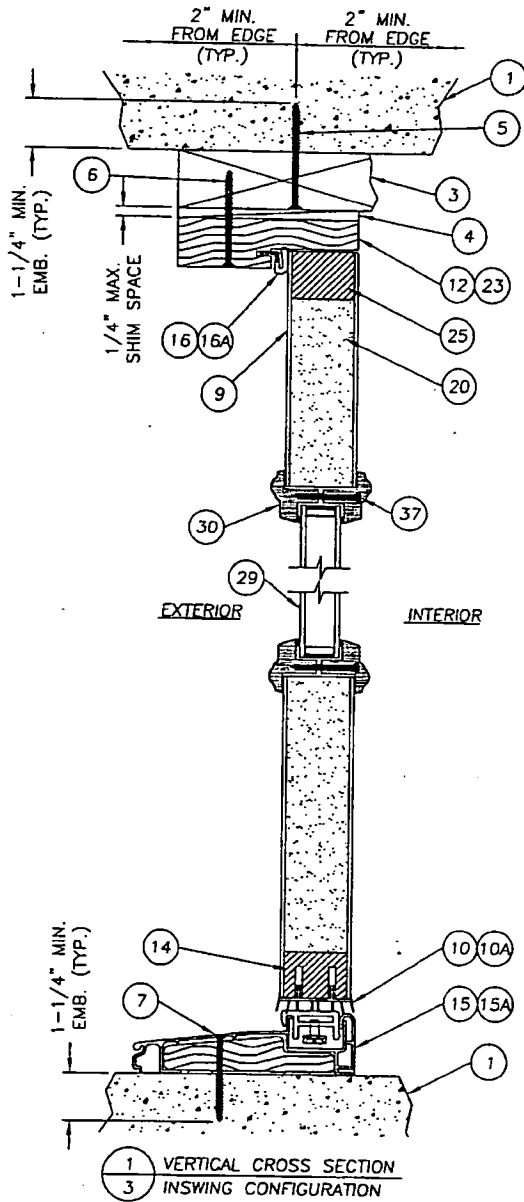
Documents Prepared By:  
**RW BUILDING CONSULTANTS, INC.**  
 P.O. Box 230 Venice, FL 33595  
 Phone No.: 813.955.9197  
 Florida Board of Professional Engineers  
 Certificate of Authorization No. 0613  
*Wendell W. Bandy, P.E. No. 2-22-06*  
 Wendell W. Bandy, P.E. No. 54150

PRODUCT:  
 DISTINCTION SERIES 610" X 618"  
 CLAZED FIBERGLASS LIP LITE  
 DOOR INSULATED OUTSWING

PART OR ASSEMBLY:  
 HORIZONTAL & VERTICAL  
 CROSS SECTIONS

NO.	DATE	BY	REVISIONS

DATE: 01/13/06  
 SCALE: N.T.S.  
 DWG. BY: EW  
 CHK. BY: WWH  
 DRAWING NO.: FL-806  
 SHEET 2 OF 6

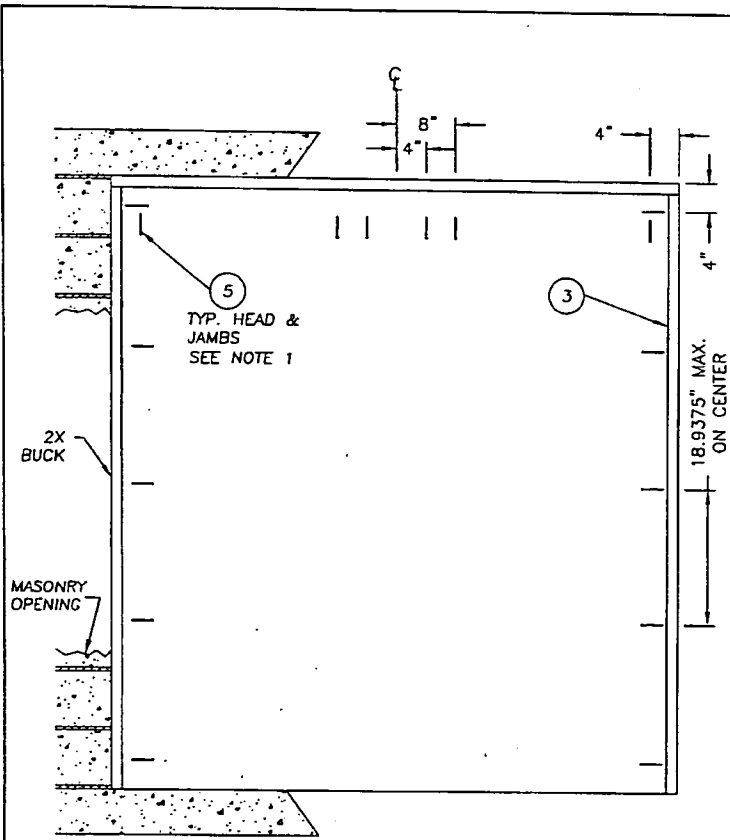


Documents Prepared By:  
**RW** BUILDING CONSULTANTS, INC.  
 P.O. Box 230 Vero Beach, FL 33595  
 Phone No.: 813.659.9197  
 Florida Board of Professional Engineers  
 Certificate of Authorization No. 9813  
*Wendell W. Loney, P.E.* B-22-06  
 Wendell W. Loney, P.E. No. 94130

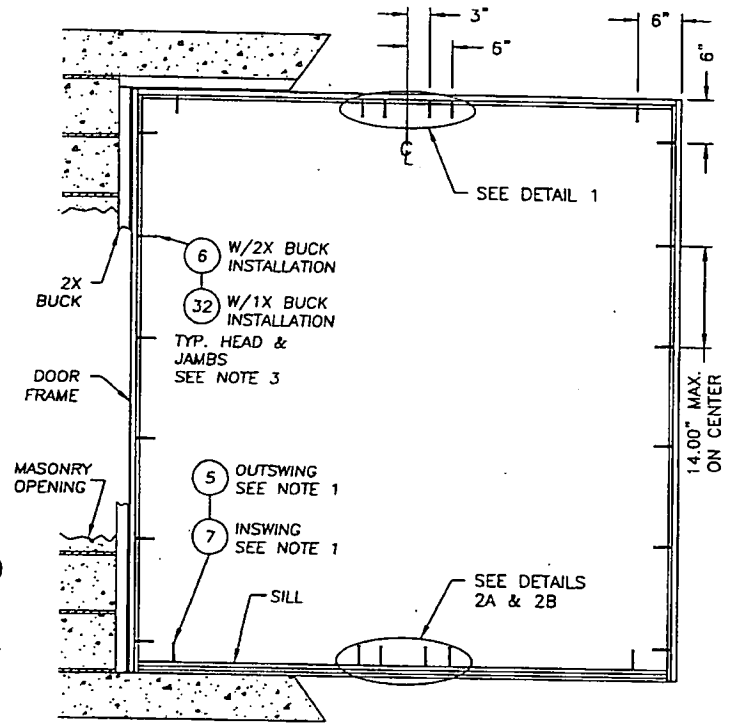
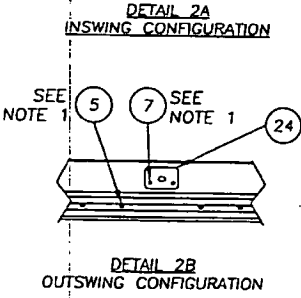
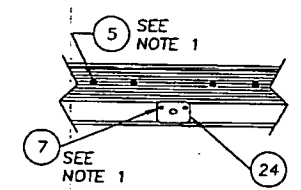
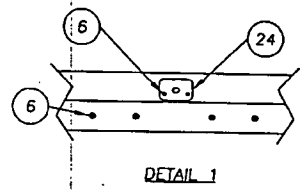
PRODUCT: DISTINCTION SERIES 6'0" x 6'8" GLAZED FIBERGLASS LIP LITE DOOR INSWING / OUTSWING  
 PART OR ASSEMBLY: VERTICAL CROSS SECTIONS

NO.	DATE	BY	REVISIONS

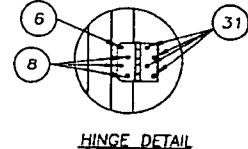
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 SCALE: N.T.S.  
 DWG. BY: EW  
 CHK. BY: WWH  
 DRAWING NO.: FL-806  
 SHEET 3 of 6



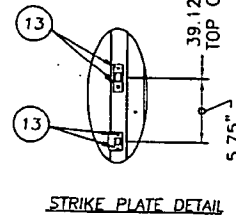
BUCK ANCHORING



FRAME ANCHORING



HINGES (3) LOCATED @ 9.46, 40.71" AND 71.965" FROM TOP OF FRAME TO CENTER LINE OF HINGE.



STRIKE PLATE DETAIL

NOTES:

1. 3/16" TAPCONS REQUIRE A MINIMUM 2" CLEARANCE TO MASONRY EDGES AND A MINIMUM 2-1/4" CLEARANCE TO ADJACENT TAPCONS.
2. 1/4" TAPCONS REQUIRE A MINIMUM 2-1/2" CLEARANCE TO MASONRY EDGES AND A MINIMUM 3" CLEARANCE TO ADJACENT TAPCONS.
3. WHEN ANCHORING DOOR FRAME UTILIZING A 1X BUCK THEN ITEM #6 IS SUBSTITUTED WITH ITEM #32 (1/4" X 3-3/4" ELCO ANCHOR). THE QUANTITY AND SPACING OF ANCHORS DOES NOT CHANGE. SEE NOTE 2.

Documents Prepared By: **RW** BUILDING CONSULTANTS, INC.  
P.O. Box 230 Vero Beach, FL 33595  
Phone No.: 813.058.9197  
Florida Board of Professional Engineers  
Certificate of Authorization No. 9813  
Wendell W. Turner, P.E. No. 54158

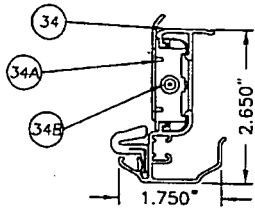
2-22-06

PRODUCT: DISTINCTION SERIES 6'0" x 6'0" GLAZED FIBERGLASS INSULATED GLASS UNIT WITH GLASS DOOR INSULATING / GLAZING PART OR ASSEMBLY

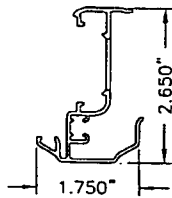
BUCK & FRAME ANCHORING

NO.	DATE	BY	REVISIONS

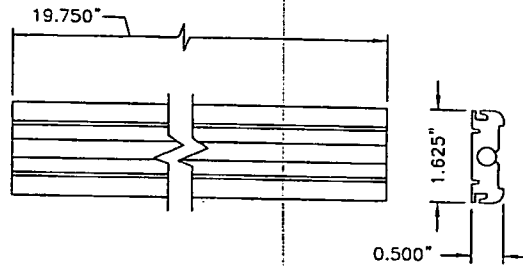
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SCALE: N.T.S.  
DWC BY: EW  
CHK BY: WWH  
DRAWING NO.: FL-806  
SHEET 4 OF 6



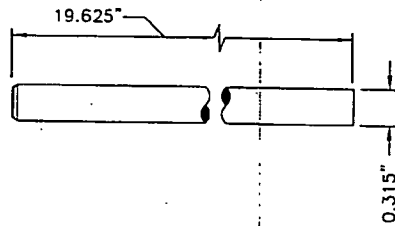
ASTRAGAL ASSEMBLY  
BY ENDURA



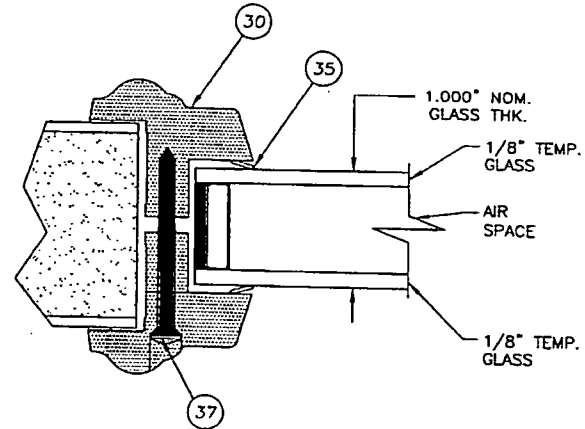
34 ALUMINUM ASTRAGAL  
BY ENDURA PRODUCTS



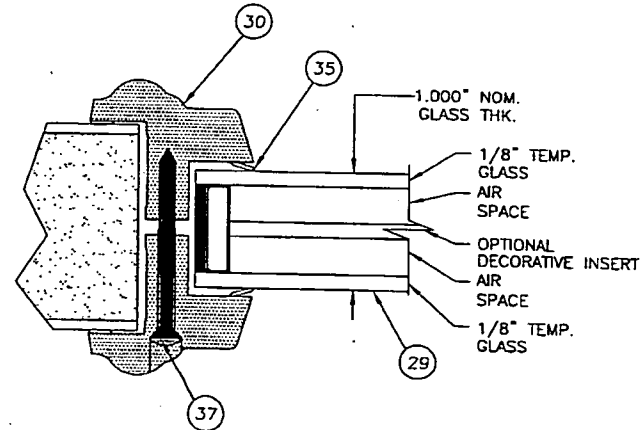
34A BOLT RET.  
TOP / BOTTOM



34B SLIDE BOLT ROD



GLAZING DETAIL



GLAZING DETAIL

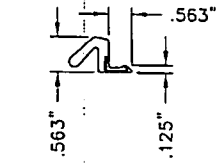
Documents Prepared By:  
**RW** BUILDING CONSULTANTS, INC.  
 P.O. Box 230 Venice FL 33595  
 Phone No.: 813.858.9107  
 Florida Board of Professional Engineers  
 Certificate of Authorization No. 9813  
*Wendell W. Jolley* 2-22-06  
 Wendell W. Jolley, P.E. No. 94158

PRODUCT: DISTINCTION SERIES 6'0" x 6'8" GLAZED FIBERGLASS LIP LINE DOOR INSITING / OUTFISHING PART OR ASSEMBLY:  
 ASTRAGAL DETAILS & GLAZING DETAILS

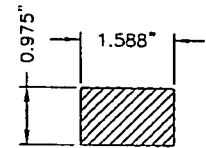
NO.	DATE	BY	REVISIONS

DATE: 01/13/06  
 SCALE: N.T.S.  
 DWG. BY: EW  
 CHK. BY: WWH  
 DRAWING NO.: FL-806  
 SHEET 5 OF 6

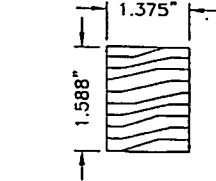
ITEM	DESCRIPTION	MATERIAL
1	MASONRY	CONC.
2	1X BUCK	WOOD
3	2X BUCK	WOOD
4	SHIM 1/4" MAX. THK.	WOOD
5	3/16" x 2-3/4" TAPCON	STEEL
6	#10 x 2-1/2" PFH WOOD SCREW	STEEL
7	3/16" x 2-1/4" TAPCON	STEEL
8	#9 x 3/4" PFH WOOD SCREW	STEEL
9	DOOR SKIN (MIN. 0.075" THICK)	FIBERGLASS
10	INSWING VINYL DOOR BOTTOM SWEEP BY ENDURA	VINYL
10A	VINYL DOOR BOTTOM SWEEP #3628 BY HOLM IND.	VINYL
11	REINFORCEMENT WOOD FOR LOCKS	WOOD
12	FINGER JOINTED PINE FRAME, HEAD & HINGE JAMBS	WOOD
13	#9 x 2-1/4" PHILLIPS FLAT HEAD WOOD SCREW	STEEL
14	BOTTOM RAIL	FOAM PVC
15	INSWING ADJUSTABLE THRESHOLD BY ENDURA	AL/WOOD
15A	INSWING ADJUSTABLE ALUMINUM THRESHOLD BY DLP	AL/WOOD
16	FORCE 5 WEATHER STRIPPING BY ENDURA	FOAM
16A	COMPRESSION WEATHER STRIP QLOX 650 BY SCHLEGEL	FOAM
17	KWIKSET KEYS ENTRY GRADE 2	STEEL
18	KWIKSET DEADBOLT GRADE 2	STEEL
19	CONTINUOUS LATCH AND HINGE STILE REINFORCEMENT	WOOD
20	POLYURETHANE FOAM BY NANYA	FOAM
21	4" x 4" BUTT HINGE	STEEL
22	#9 x 1-1/4" PFH SCREW	STEEL
23	POLY FIBER JAMB	COMP. / VINYL
24	FLUSH BOLT STRIKE PLATE	STEEL
25	TOP RAIL	FOAM PVC
26	HINGE & LATCH STILE	FOAM PVC
27	STRIKE PLATE	STEEL
28	OUTSWING BUMP THRESHOLD	ALUM.
29	1" THICK INSULATED GLASS 1/8" TEMP. - AIR - 1/8" TEMP.	GLASS
30	LIP LITE ODL/WESTERN REFLECTIONS HP	POLYPROPYLENE
31	#9 x 1" PFH WOOD SCREW	STEEL
32	1/4" x 3-3/4" TAPCON	STEEL
33	NOT USED	-
34	ASTRACAL BY ENDURA	ALUM.
34A	BOLT RETAINER	PLASTIC
34B	SLIDE BOLT ROD	STEEL
35	GLAZING COMPOUND	SILICONE
36	SEALANT	SILICONE
37	#8 x 1-1/2" LITE FRAME SCREW	STEEL



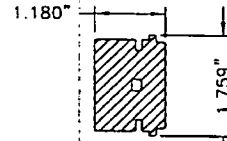
16 WEATHER STRIP  
16A



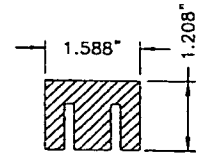
25 DOOR TOP RAIL  
FOAM PVC



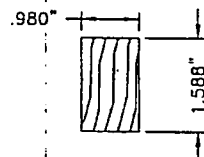
11 REINFORCEMENT WOOD  
FOR LOCK



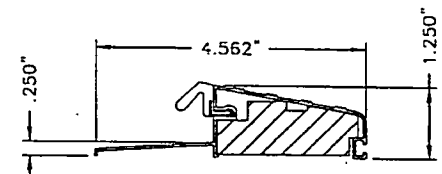
26 LATCH / HINGE STILE  
FOAM PVC



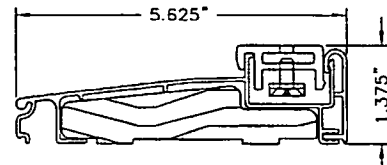
14 DOOR BOTTOM RAIL  
FOAM PVC



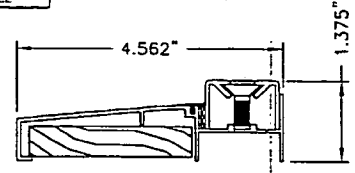
19 LATCH & HINGE  
STILE SUPPORT



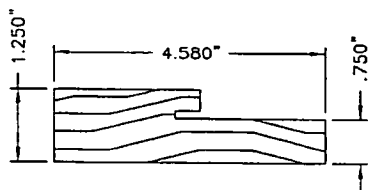
28 OUTSWING BUMP THRESHOLD



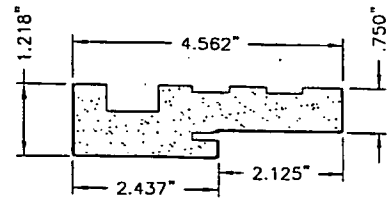
15 ADJUSTABLE INSWING SILL



15A ADJUSTABLE INSWING SILL



12 JAMB



23 POLY FIBER JAMB

Documents Prepared By:  
**RW** BUILDING CONSULTANTS, INC.  
 P.O. Box 28014, 33295  
 Phone No. 954-889-1917  
 Florida Board of Professional Engineers  
 Certificate of Authorization No. 9813  
*Wendell W. Marley* 2-22-06  
 Wendell W. Marley, P.E. No. 9413B

PRODUCT: DISTINGTION SERIES 6'0" x 6'8" GLAZED FIBERGLASS LIP LITE DOOR INSWING / OUTSWING PART OR ASSEMBLY

BILL OF MATERIALS & COMPONENTS

NO.	DATE	BY	REVISIONS

DATE: 01/13/06  
 SCALE: N.T.S.  
 DWG. BY: EW  
 CHK. BY: WWH  
 DRAWING NO.: FL-806  
 SHEET 6 OF 6

*Handwritten signature*

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 9-1, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>884</del>	<del>610072</del>	<del>Final</del>	<del>Pass</del>	
	3 Rio Vista	Don Rocco	Pass	INSPECTOR: <i>[Signature]</i>
	OWNER/GUILDER			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8145	Guisinger	UG <del>water</del>	Pass	
	8 Castle Hill	PIPE		INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8762	McCrauy	FINAL	Pass	Close
	22 PALMETTO	GAS FINAL		
	FINE DETAILS			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8144	Pingamfelter	final dock	Pass	Close
	17 mandalay rd			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	Williams	Tree	Pass	N/c Dead/ Dying Aickom
	110 Henry Sewall Way			
	OB			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER:

---



---



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# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 4-7, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7117	McGrath 123 SSPR OB	Reinspect Final on windows	PASS	INSPECTOR: <i>[Signature]</i>
<del>3241</del>	<del>Rubitey</del> 3 Rio Vista OB	<del>Final</del> (Front door)	<del>PASS</del>	<del>INSPECTOR: <i>[Signature]</i></del>
		APRASH ON SITE FAIL		INSPECTOR: <i>[Signature]</i>
	C.W. HIGH PT.			
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10279**

**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:	10279	DATE ISSUED:	NOVEMBER 15, 2012
SCOPE OF WORK:	AC CHANGEOUT <b>LADDER REQ'D FOR INSPECTION</b>		
CONTRACTOR:	MIRANDA SALES & SERVICES		
PARCEL CONTROL NUMBER:	123841002-000-002808	SUBDIVISION	RIO VISTA - LOT 28
CONSTRUCTION ADDRESS:	3 RIO VISTA DR		
OWNER NAME:	LIBITSKY		
QUALIFIER:	DON MIRANDA	CONTACT PHONE NUMBER:	878-5123

**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: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY**

### 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: 10-25-12 BUILDING PERMIT APPLICATION Permit Number: 10219

OWNER/LESSEE NAME: Ronald Libitsky Phone (Day) 283-0511 (Fax)
Job Site Address: 3 Rio Vista Drive City: Stuart State: FL Zip: 34994
Legal Description: Rio Vista S/D Lot 28 Parcel Control Number: 12-38-41-002-000-00280-8
Fee Simple Holder Name: Ronald Libitsky Address: 3 RIO VISTA DRIVE
City: Stuart State: FL Zip: 34996 Telephone: 772-283-0511

\*SCOPE OF WORK (PLEASE BE SPECIFIC):

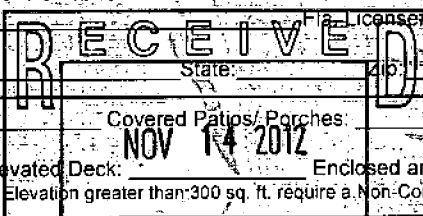
AC Changeout

WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES NO
Has a Zoning Variance ever been granted on this property? YES (YEAR) NO

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 5005.00
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: \$

Construction Company: Miranda Sales Service Inc. Phone: 878-5123 Fax: 871-0863
Qualifiers name: Don Miranda Street: 3 Rio Vista Dr City: Stuart State: FL Zip: 34996
State License Number: CAC1815486 OR: Municipality: License Number:
LOCAL CONTACT: Barbara Sykes Phone Number: 772-878-5123

DESIGN PROFESSIONAL: N/A
Street: City: State: Zip: Phone Number:



AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/Porches: Enclosed Storage:
Carport: Total under Roof: 2067 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): 2010
National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

WARNINGS 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. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED 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 2007 SECT. 105.4.1, 105.4.1.1 - 5.

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

AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK 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.

OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE:
State of Florida, County of St. Lucie
This the 25 day of October, 2012
Ron Libitsky who is personally known to me or produced driver's license as identification.
Notary Public
My Commission Expires: DD859311

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE:
State of Florida, County of St. Lucie
On this the 25 day of October, 2012
by Don Miranda who is personally known to me or produced personally known as identification.
Notary Public
My Commission Expires: DD859311

Lori Diodato COMMISSION # DD859311

Lori Diodato COMMISSION # DD859311

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**
*generated on 11/15/2012 10:31:32 AM EST*
**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-002-000-00280-8	27541	3 RIO VISTA DR, SEWALL'S POINT	\$210,600	11/10/2012

---

**Owner Information**

<b>Owner(Current)</b>	LIBITSKY RONALD J & INGRED P
<b>Owner/Mail Address</b>	3 RIO VISTA DR STUART FL 34996
<b>Sale Date</b>	12/5/2000
<b>Document Book/Page</b>	1520 0971
<b>Document No.</b>	JKL
<b>Sale Price</b>	175000

---

**Location/Description**

<b>Account #</b>	27541	<b>Map Page No.</b>	SP-04
<b>Tax District</b>	2200	<b>Legal Description</b>	RIO VISTA S/D LOT 28
<b>Parcel Address</b>	3 RIO VISTA DR, SEWALL'S POINT		
<b>Acres</b>	.3460		

---

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	120250 RIO VISTA DRY

---

**Assessment Information**

<b>Market Land Value</b>	\$108,000
<b>Market Improvement Value</b>	\$102,600
<b>Market Total Value</b>	\$210,600



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

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

**Air Conditioning Change out Affidavit**

Residential \_\_\_\_\_ Commercial \_\_\_\_\_  
 Package Unit \_\_\_ Yes  No (Use Condenser side of form below for equipment listing)  
 Duct Replacement \_\_\_ Yes  No - Refrigerant line replacement \_\_\_ Yes  No  
 Flushing Existing Refrigerant lines  Yes \_\_\_ No - Adding Refrigerant Drier \_\_\_ Yes  No  
 Rooftop A/C Stand Installation \_\_\_ Yes  No - Curb Installation \_\_\_ Yes  No  
 Smoke Detector in Supply (over 2000 CFM) \_\_\_ Yes  No

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

**REPLACEMENT SYSTEM COMPONENTS**

Lemox  
**Air handler:** Mfg: Lennox Model# CBX32MV/ab **Condenser:** Mfg Lemox Model# X16024230  
 Volts 230 CFM's unk Heat Strip 5 Kw Volts 230 SEER/EER 155 BTU's 25,400  
 Min. Circuit Amps 31 Wire gauge #10 Min. Circuit Amps 13.6 Wire gauge #10  
 Max. Breaker size 35 Min. Breaker size 35 Max. Breaker size 20 Min. Breaker size 20  
 Ref. line size: Liquid 3/8 Suction 5/8 Ref. line size: Liquid 3/8 Suction 5/8  
 Refrigerant type 410 Refrigerant type 410  
 Location: Existing  New \_\_\_\_\_ Location: Existing  New \_\_\_\_\_  
 Attic/Garage/Closet (specify) Attic-2nd fl Left/Right/Rear/Front/Roof Right/rear  
 Access: Scuttle in closet Condensate Location ground

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

**EXISTING SYSTEM COMPONENTS**

**Air handler:** Mfg: unk Model# unk **Condenser:** Mfg unk Model# unk  
 Volts 230 CFM's unk Heat Strip 5 Kw Volts 230 SEER/EER unk BTU's \_\_\_\_\_  
 Min. Circuit Amps unk Wire gauge #10 Min. Circuit Amps unk Wire gauge #10  
 Max. Breaker size 35 Min. Breaker size 35 Max. Breaker size 20 Min. Breaker size 20  
 Ref. line size: Liquid 3/8 Suction 5/8 Ref. line size: Liquid 3/8 Suction 5/8  
 Refrigerant type R22 Refrigerant type R22  
 Location: Ext.  New \_\_\_\_\_ Location: Ext.  New \_\_\_\_\_  
 Attic/Garage/Closet (specify) Attic 2nd fl Left/Right/Rear/Front/Roof right rear  
 Access: scuttle Condensate Location ground

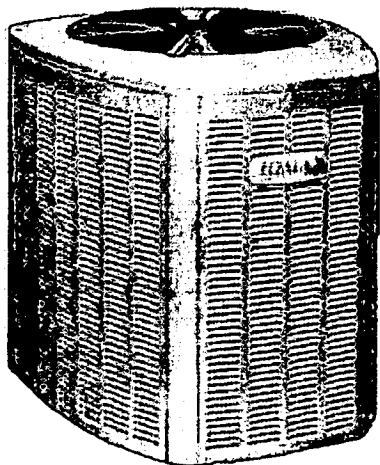
**Certification:**

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

Barbara Sykes  
 Signature

10-26-12  
 Date

**XC16 (HFC-410A) SERIES UNITS**



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The XC16 Air Conditioners, which will also be referred to in this instruction as the outdoor unit, uses HFC-410A refrigerant. This outdoor unit must be installed with a matching indoor unit and line set as outlined in the *Lennox XC16 Engineering Handbook*. XC16 Air Conditioners are designed for use in thermal expansion valve (TXV) systems.

*NOTE* — The XC16 outdoor unit is rated for 230V applications only. A hard-start kit is required for applications where the supply voltage is less than 230V.

**⚠ WARNING**

Improper installation, adjustment, alteration, service or maintenance can cause personal injury, loss of life, or damage to property.

Installation and service must be performed by a licensed professional installer (or equivalent) or a service agency.

**⚠ CAUTION**

Physical contact with metal edges and corners while applying excessive force or rapid motion can result in personal injury. Be aware of, and use caution when working near these areas during installation or while servicing this equipment.

**⚠ IMPORTANT**

The Clean Air Act of 1990 bans the intentional venting of refrigerant (CFCs, HCFCs and HFCs) as of July 1, 1992. Approved methods of recovery, recycling or reclaiming must be followed. Fines and/or incarceration may be levied for noncompliance.

**⚠ IMPORTANT**

This unit must be matched with an indoor coil as specified in *Lennox XC16 Engineering Handbook*. Coils previously charged with HCFC-22 must be flushed.

## Electrical Data

208/230V-60 Hz-1 Ph

Model Number	Unit		Compressor		Condenser Fan			
	Maximum Over-current Protection (amps) <sup>1</sup>	Minimum Circuitry Ampacity <sup>2</sup>	Rated Load Amps (RLA)	Locked Rotor Amps (LRA)	Motor HP	Nominal RPM	Full Load Amps (FLA)	Locked Rotor Amps (LRA)
XC16-024-230-01	20	13.6	10.25	52.0	1/10	1075	0.7	1.4
XC16-024-230-02	20	13.6	10.25	52.0	1/6	825	1.1	1.87

208/230V-60 Hz-1 Ph

Model Number	Unit		Compressor		Condenser Fan			
	Maximum Over-current Protection (amps) <sup>1</sup>	Minimum Circuitry Ampacity <sup>2</sup>	Rated Load Amps (RLA)	Locked Rotor Amps (LRA)	Motor HP	Nominal RPM	Full Load Amps (FLA)	Locked Rotor Amps (LRA)
XC16-036-230-01	35	22.0	16.67	82.0	1/6	825	1.1	2.1
XC16-036-230-02	35	22.0	16.67	82.0	1/6	825	1.1	1.87
XC16-036-230-03	35	22.0	16.67	82.0	1/10	825	1.1	1.87

208/230V-60 Hz-1 Ph

Model Number	Unit		Compressor		Condenser Fan			
	Maximum Over-current Protection (amps) <sup>1</sup>	Minimum Circuitry Ampacity <sup>2</sup>	Rated Load Amps (RLA)	Locked Rotor Amps (LRA)	Motor HP	Nominal RPM	Full Load Amps (FLA)	Locked Rotor Amps (LRA)
XC16-048-230-01	45	28.2	21.15	96.0	1/4	825	1.7	3.1
XC16-048-230-02	45	28.2	21.15	96.0	1/4	825	1.7	3.1

208/230V-60 Hz-1 Ph

Model Number	Unit		Compressor		Condenser Fan			
	Maximum Over-current Protection (amps) <sup>1</sup>	Minimum Circuitry Ampacity <sup>2</sup>	Rated Load Amps (RLA)	Locked Rotor Amps (LRA)	Motor HP	Nominal RPM	Full Load Amps (FLA)	Locked Rotor Amps (LRA)
XC16-060-230-01	55	33.9	25.64	118.0	1/3	825	1.8	2.9
XC16-060-230-02	55	33.9	25.87	118.0	1/3	825	1.8	2.9

<sup>1</sup> HACR type circuit breaker or fuse.

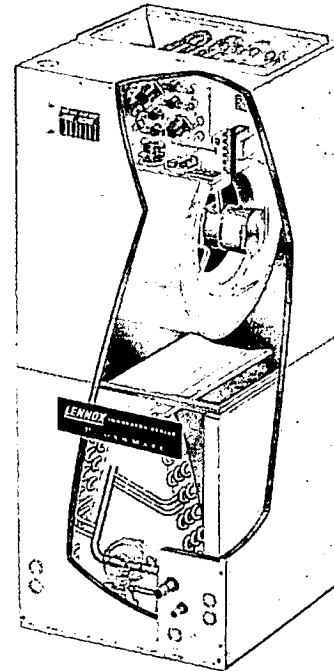
<sup>2</sup> Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements.



**CBX32MV (HFC-410A) SERIES UNITS**

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 II- Unit Components ..... 11  
 III- Troubleshooting the Variable Speed Motor ..... 15  
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**Introduction**

The CBX32MV is a high efficiency residential split system blower/coil featuring a variable speed motor controlled by an electronic blower drive control (BDC).

CBX32MV series units are designed to be matched with Lennox two-speed or single-speed HFC-410A condensing units and heat pumps. Several models are available in sizes ranging from 1.5 through 5 tons. All units are equipped with factory installed check and expansion valve for cooling or heat pump applications.

Electric heat is available in several voltages and KW sizes, and can be field installed in the cabinet.

Some CBX32MV applications may include the optional Lennox ComfortSense® 7000, SignatureStat™ or Efficiency Plus Comfort Management Control (CCB1). The purpose of both controls is to vary indoor blower speed in response to indoor dehumidification demand. When a two-speed outdoor unit is used, compressor speed can also be controlled by the SignatureStat or CCB1 in response to indoor dehumidification demand.

Information contained in this manual is intended for use by experienced HVAC service technicians only. All specifications are subject to change. Procedures outlined in this manual are presented as a recommendation only and do not supersede or replace local or state codes.

**⚠ WARNING**



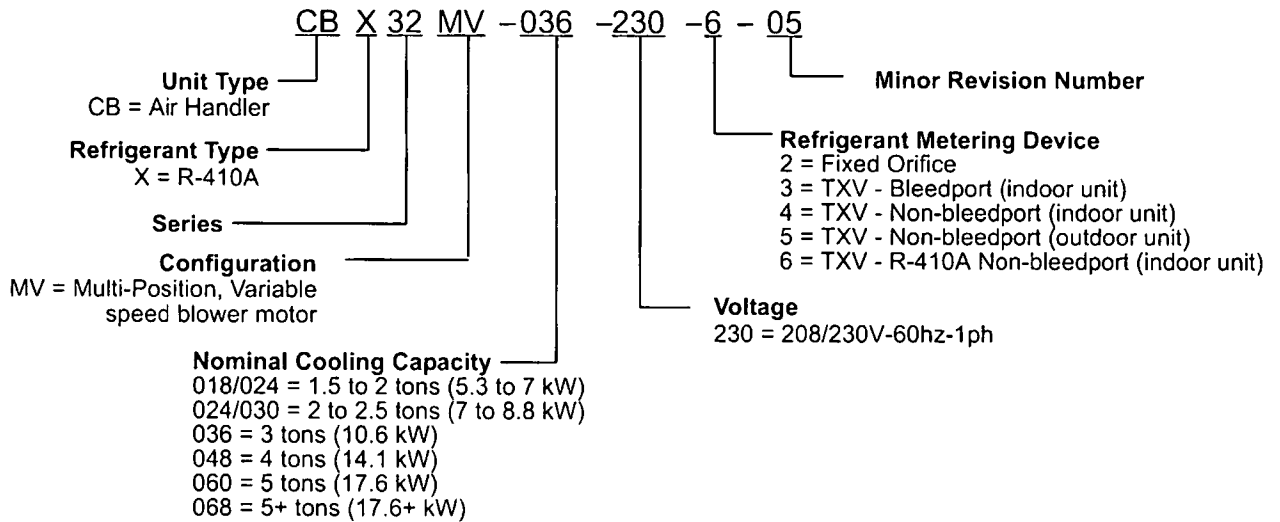
**Electric shock hazard. Can cause injury or death. Before attempting to perform any service or maintenance, turn the electrical power to unit OFF at disconnect switch(es). Unit may have multiple power supplies.**

**ELECTROSTATIC DISCHARGE (ESD)  
Precautions and Procedures**

**⚠ CAUTION**

**Electrostatic discharge can affect electronic components. Take precautions during unit installation and service to protect the unit's electronic controls. Precautions will help to avoid control exposure to electrostatic discharge by putting the unit, the control and the technician at the same electrostatic potential. Neutralize electrostatic charge by touching hand and all tools on an unpainted unit surface before performing any service procedure.**

## Model Number Identification



## Specifications

General Data		Model Number	CBX32MV-018/024	CBX32MV-024/030	CBX32MV-036
	Nominal cooling capacity - tons (kW)		1.5 - 2 (5.3 - 7)	2 - 2.5 (7 - 8.8)	3 (10.6)
	Refrigerant		R-410A	R-410A	R-410A
Connections in. (mm)	Suction (vapor) line - sweat		5/8 (15.8)	3/4 (19)	3/4 (19)
	Liquid line - sweat		3/8 (9.5)	3/8 (9.5)	3/8 (9.5)
	Condensate drain (fpt)		(2) 3/4 (19)	(2) 3/4 (19)	(2) 3/4 (19)
Indoor Coil	Net face area - ft. <sup>2</sup> (m <sup>2</sup> )		3.56 (0.33)	4.44 (0.41)	5.0 (0.46)
	Tube outside diameter - in. (mm)		3/8 (9.5)	3/8 (9.5)	3/8 (9.5)
	Number of rows		3	3	3
	Fins per inch (fins per m)		12 (472)	12 (472)	12 (472)
Blower Data	Wheel nominal diameter x width - in. (mm)		10 x 7 (279 x 178)	10 x 8 (279 x 203)	10 x 8 (279 x 203)
	Motor output - hp (W)		1/2 (373)	1/2 (373)	1/2 (373)
Filters	<sup>1</sup> Number and size - in.		(1) 15 x 20 x 1	(1) 20 x 20 x 1	(1) 20 x 22 x 1
	mm		381 x 508 x 25	508 x 508 x 25	508 x 559 x 25
Shipping Data - 1 Package lbs. (kg)			126 (57)	152 (69)	183 (83)
ELECTRICAL DATA					
Voltage - phase - 60hz			208/230V-1ph	208/230V-1ph	208/230V-1ph
<sup>2</sup> Maximum overcurrent protection (unit only)			15	15	15
Minimum circuit ampacity (unit only)			5	5	5

TABLE 4 - ELECTRIC HEAT DATA

SINGLE PHASE ELECTRIC HEAT					CBX32MV-018/024			CBX32MV-024/030					
Model Number	No. of Steps	Volts Input	kW Input	1 Btuh Input	2 Blower Motor Full Load Amps	3 Minimum Circuit Ampacity	5 Maximum Overcurrent Protection	2 Blower Motor Full Load Amps		3 Minimum Circuit Ampacity		5 Maximum Overcurrent Protection	
								1	2	1	2	1	2
2.5 kW 4 lbs. ECB29-2.5 (28K30) Terminal Block	1	208	1.9	6,400	4.3	17	15	---	---	---	---	---	---
		220	2.1	7,200	4.3	17	20	---	---	---	---	---	---
		230	2.3	7,800	4.3	18	20	---	---	---	---	---	---
		240	2.5	8,500	4.3	18	20	---	---	---	---	---	---
5 kW 4 lbs. ECB29-5 (28K31) Terminal Block ECB29-5CB (28K32) 30A Circuit breaker	1	208	3.8	12,800	4.3	28	30	4.3	28	---	30	---	---
		220	4.2	14,300	4.3	31	35	4.3	31	---	35	---	---
		230	4.6	15,700	4.3	31	35	4.3	31	---	35	---	---
		240	5.0	17,100	4.3	31	35	4.3	31	---	35	---	---
6 kW 4 lbs. ECB29-6 (47L22) Terminal Block ECB29-6CB (47L23) 35A Circuit breaker	1	208	4.5	15,400	4.3	32	35	4.3	32	---	35	---	---
		220	5.0	17,100	4.3	37	40	4.3	37	---	40	---	---
		230	5.5	18,800	4.3	37	40	4.3	37	---	40	---	---
		240	6.0	20,500	4.3	37	40	4.3	37	---	40	---	---
8 kW 5 lbs. ECB29-8 (28K33) Terminal Block ECB29-8CB (28K34) 45A Circuit breaker	2	208	6.0	20,500	4.3	41	45	4.3	41	---	45	---	---
		220	6.7	22,900	4.3	47	50	4.3	47	---	50	---	---
		230	7.3	25,100	4.3	47	50	4.3	47	---	50	---	---
		240	8.0	27,300	4.3	47	50	4.3	47	---	50	---	---
9 kW 5 lbs. ECB29-9CB (10L11) 50A Circuit breaker ECB29EH-9CB (91K67) 50A Circuit breaker	2	208	6.8	23,100	4.3	46	50	4.3	46	---	50	---	---
		220	7.6	25,800	4.3	52	60	4.3	52	---	60	---	---
		230	8.3	28,200	4.3	52	60	4.3	52	---	60	---	---
		240	9.0	30,700	4.3	52	60	4.3	52	---	60	---	---
10 kW 6 lbs. ECB29-10 (28K35) Terminal Block ECB29-10CB (28K36) 60A Circuit breaker	2	208	7.5	25,600	4.3	51	60	---	---	---	---	---	---
		220	8.4	28,700	4.3	53	60	---	---	---	---	---	---
		230	9.2	31,400	4.3	55	60	---	---	---	---	---	---
		240	10.0	34,100	4.3	58	60	---	---	---	---	---	---
12.5 kW 10 lbs. ECB29-12.5CB (28K37) (1) 25A & (1) 50A Circuitbreaker ECB29EH-12.5CB (91K68) (1) 25A & (1) 50A Circuitbreaker	3	208	9.4	32,000	---	---	---	4.3	24	31	25	<sup>4</sup> 45	---
		220	10.5	35,800	---	---	---	4.3	27	35	30	50	---
		230	11.5	39,200	---	---	---	4.3	27	35	30	50	---
		240	12.5	42,600	---	---	---	4.3	27	35	30	50	---
15 kW 12 lbs. ECB29-15CB (28K38) (1) 30A & (1) 60A Circuit breaker ECB29EH-15CB (91K69) (1) 30A & (1) 60A Circuit breaker	3	208	11.3	38,400	---	---	---	4.3	28	37	30	<sup>4</sup> 50	---
		220	12.6	43,000	---	---	---	4.3	31	42	35	60	---
		230	13.8	47,000	---	---	---	4.3	31	42	35	60	---
		240	15.0	51,200	---	---	---	4.3	31	42	35	60	---

NOTE - Circuit 1 Minimum Circuit Ampacity includes the Blower Motor Full Load Amps.

<sup>1</sup> Electric heater capacity only — does not include additional blower motor heat capacity.

<sup>2</sup> Amps shown are for blower motor only.

<sup>3</sup> Refer to National or Canadian Electrical Code manual to determine wire, fuse and disconnect size requirements. Use wires suitable for at least 167°F (75°C).

<sup>4</sup> Bold text indicates that the circuit breaker on "CB" circuit breaker models must be replaced with size noted.

<sup>5</sup> HACR type circuit breaker or fuse.



# Certificate of Product Ratings

AHRI Certified Reference Number: 3068839

Date: 10/30/2012

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

Outdoor Unit Model Number: XC16-024-230-02

Indoor Unit Model Number: CBX32MV-018/024\*+TDR

Manufacturer: LENNOX INDUSTRIES, INC.

Trade/Brand name: XC16 SERIES

Manufacturer responsible for the rating of this system combination is LENNOX INDUSTRIES, INC.

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

Cooling Capacity (Btuh):	25400
EER Rating (Cooling):	12.20
SEER Rating (Cooling):	15.50

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

#### DISCLAIMER

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

#### TERMS AND CONDITIONS

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

#### CERTIFICATE VERIFICATION

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



Air-Conditioning, Heating, and Refrigeration Institute

©2012 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.:

129960802618841415



# DesignStar Load Calculation

Results are intended for use with Rheem heating and cooling systems only

The New Degree of Comfort™

## Customer Information

### Location:

Street Address	3 RioVista Drive, Stuart, FL 34996
Latitude, Longitude	26.6726°, -80.0706°
House Square Footage:	1200 sq. ft.
Name:	Ron Libitsky
Phone:	772-283-0511
Email:	

## House Information

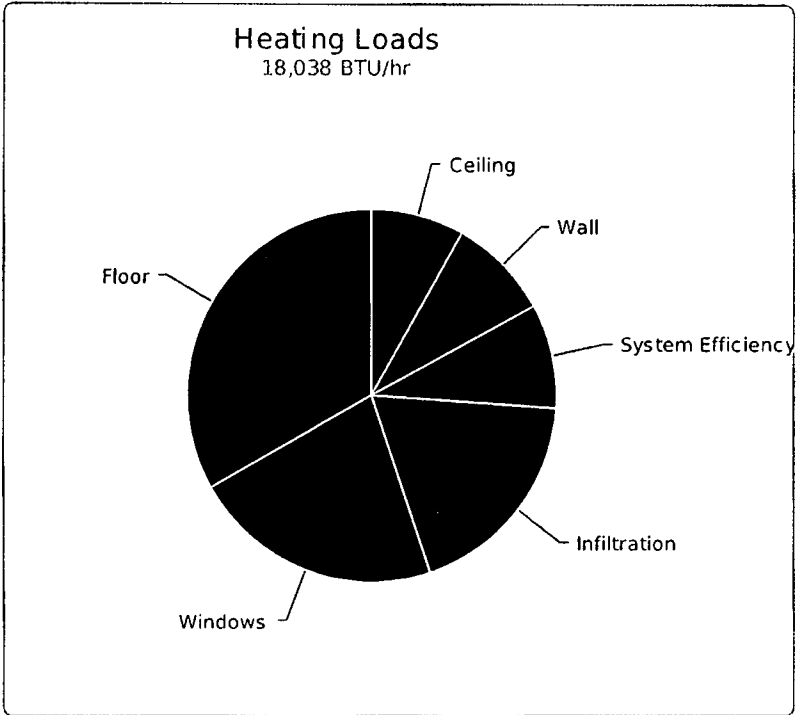
SHR	.75
Number of residents	2
Ceiling height	9
Wall U-value   R-value	0.09   11
Floor U-value   R-value	0.2   5
Ceiling U-value   R-value	0.053   19
Window U-value	1.0
Window SHGF	0.85
Moisture grains	64
Duct loss %	10
Duct gain %	20
Cooling infiltration (ACH)	0.6
Heating infiltration (ACH)	0.8
Winter ventilation	0
Summer ventilation	0

**DESIGN CONDITIONS**

	<b>Outdoor</b>	<b>Heating</b>	<b>Cooling</b>
Dry bulb (°F)		47	90
Daily range			M
Relative humidity			50%
Moisture difference			64
	<b>Indoor</b>	<b>Heating</b>	<b>Cooling</b>
Indoor temperature (°F)		70	75
Design temperature difference(°F)		23	15

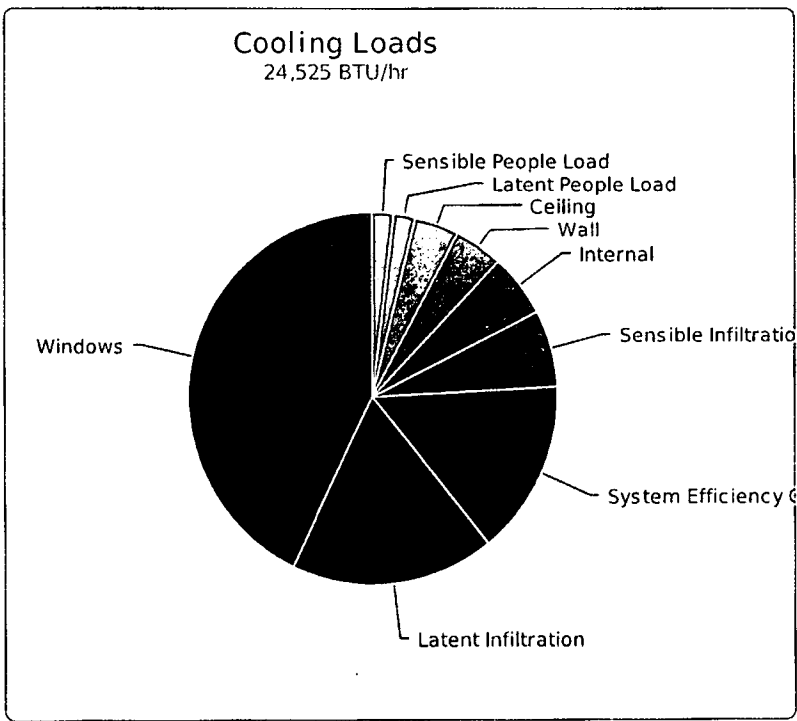
# HEATING LOADS

Area	Btuh	% of load
Wall	1602	8.9
Floor	5989	33.2
Ceiling	1463	8.1
Windows	3956	21.9
Infiltration	3388	18.8
System Efficiency Loss	1640	9.1
Total:	18038	



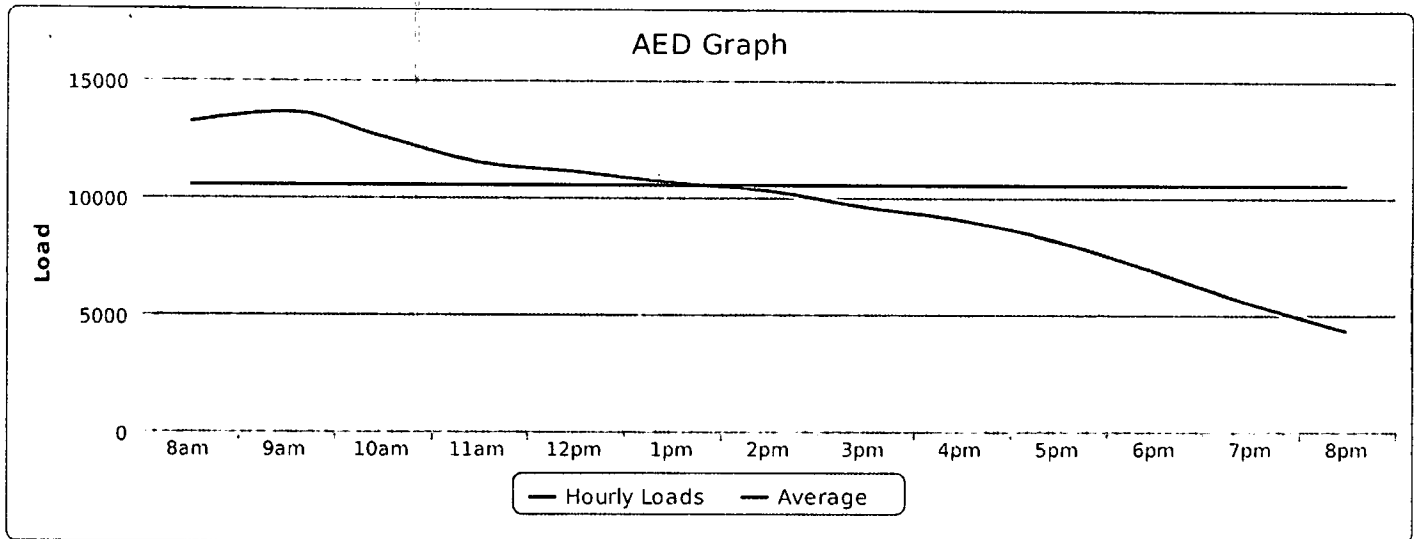
# Cooling Loads

Area	Btuh	% of load
Wall	1045	4.3
Ceiling	954	3.9
Windows	10522	42.9
Sensible Infiltration	1657	6.8
Latent Infiltration	4371	17.8
System Efficiency Gain	3710	15.1
Internal	1346	5.5
Sensible People Load	460	1.9
Latent People Load	460	1.9
<b>Total:</b>	<b>24525</b>	
<b>Sensible load</b>	<b>19694</b>	
<b>Latent load</b>	<b>4831</b>	
<b>SHR</b>	<b>0.8</b>	
<b>Capacity at .75 SHR</b>	<b>2.19 Tons</b>	





## Adequate Exposure Diversity



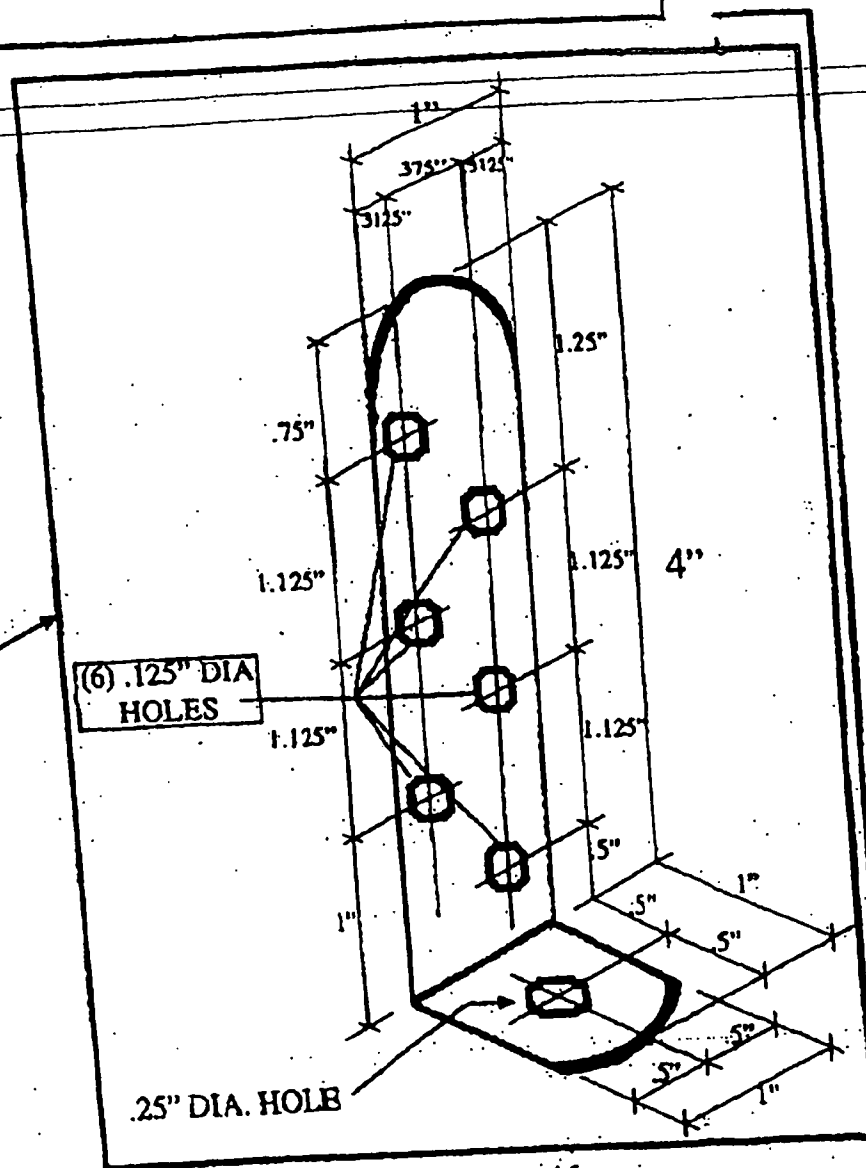
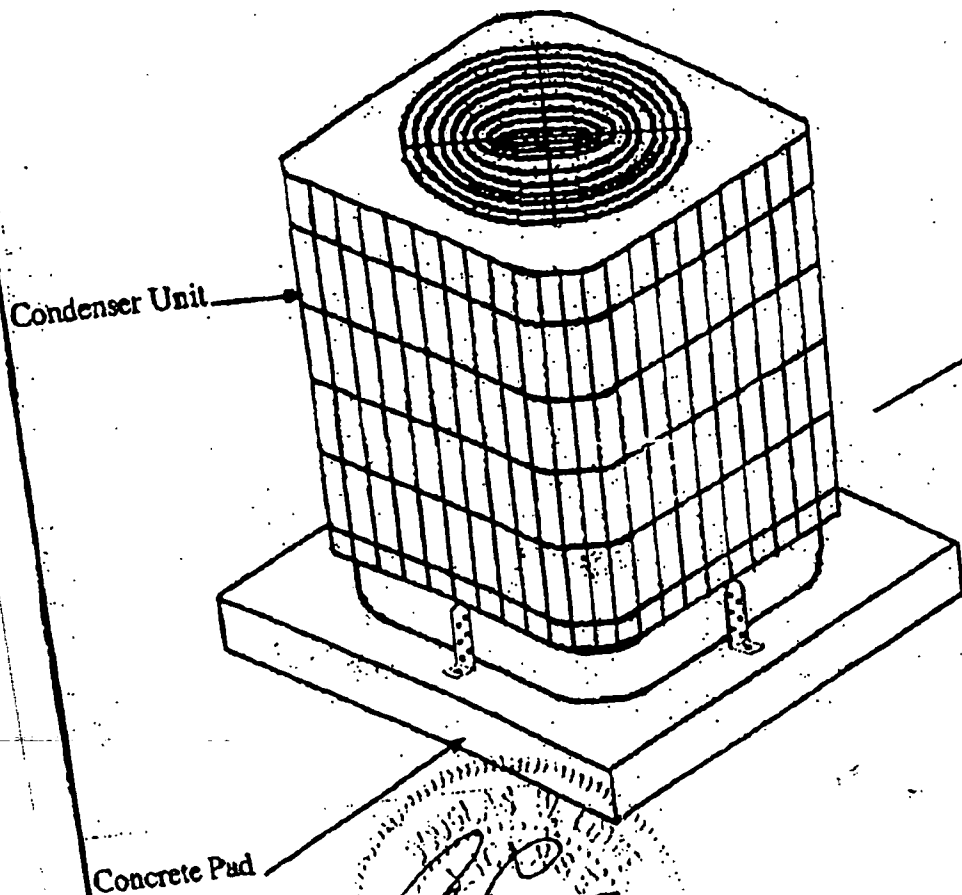
## Equipment selection

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

Summer Outdoor	90°F
Summer Wet Bulb	78°F
Summer Indoor	75°F
Summer Design Grains	50%
Winter Outdoor	47°F
Winter Indoor	70°F
Sensible Cooling	19,694 Btuh
Latent Cooling	4,831 Btuh
Required Cooling Airflow	895 CFM
Sensible Heating	18,038 Btuh
Required Heating Airflow	234 CFM

All calculations are based upon approved hvac industry standards and procedures, and comply with all local, state and federal code requirements. All computed results are Estimates. Product provided by Energy Design Systems and Idea Tree

#771 (4 pk.) / #772 (100 box) Anchor Clip



The Metal Shop  
1139 Eldridge Street  
Clearwater  
FL 33755

Ph: (727) 441-2492  
Fac: (727) 442-8493  
Web: www.metalsshop.org

Consulting Engineer:

Douglas W. Lowe, P.E.  
FLA # 13355  
1206 Millennium Parkway  
Brandon, FL 33511

Revision Date:

2/14/08

Drawn by:

K.P.R.

Scale - Not to scale

Page:

1 of 1



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

**FLORIDA ENERGY CONSERVATION CODE**

**Mandatory Duct Inspection Certification for HVAC change-out**

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: Ron Libitsky Contractor name: Miranda Sales & Service, Inc.  
Street address: 3 Rio Vista Drive Jurisdiction: \_\_\_\_\_  
City: Stuart Permit No.: \_\_\_\_\_  
Zip: 34994 Final inspection date: \_\_\_\_\_

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: Barbara Sykes Date: 10-26-12  
Printed Name: Barbara Sykes  
Contractor License #: CAC 1815486

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 11-30-12 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10288	fare	in-progress		
PM	601 N River Rd Duren Roofing		Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10297</del>	<del>Libetakey</del>	<del>Final</del>	<del>Pass</del>	<del>Close</del>
	3300 Vista Miranda Sales	AC	Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	50 S SAT RD	PARKING	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	20 Palm Rd	Investigate	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Prehony 6 Leuview	Tree	OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TREE PERMITS

TOWN OF SEWALL'S POINT, FLORIDA

Date 5-15- 00 TREE REMOVAL PERMIT No 0327

APPLIED FOR BY NESTOR SALA 3 RIO VISTA DR (Contractor or Owner)

Owner O/B; SITE: 18 CRANES NEST (VACANT)

Sub-division RIO VISTA, Lot 19, Block \_\_\_\_\_

Kind of Trees PINE -

No. Of Trees: REMOVE 1

No. Of Trees: RELOCATE -0- WITHIN 30 DAYS (NO FEE)

No. Of Trees: REPLACE -0- WITHIN 30 DAYS

REMARKS DEAD; DROPPED LIMB HAS DAMAGED ADJ. FENCE

Signed, Nesta R. Sala Applicant Signed, [Signature] Town Clerk BENJ OFFICER

FILED INSP.  
5/12/00

FEE \$ -0-

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for permit details]

PROJECT DESCRIPTION \_\_\_\_\_

[Empty lines for project description]

REMARKS \_\_\_\_\_

[Empty lines for remarks]

TOWN OF SEWALL'S POINT

RECEIVED

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

MAY 11 2000

TREE LOCATION SKETCH  
ON REVERSE.

BY: Permit #

0327

SCREEN WSP 5/12/00

SITE:  
18 CRABS NEST

Date Issued

5/15/00

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

Owner: NOSTO SALLA Address 3 Rio Vista Dr Phone (561) 286 1483

Contractor: NOSTO SALLA Address " (CRABS NEST) Phone (561) 286 1483

Number of trees to be removed (list kinds of trees) 1 pine tree (dead)

Number of trees to be relocated within 30 days (no fee) (list kinds of trees):  
VACANT LOT 19 RIO VISTA S/P RELOCATED  
LARGE DEAD CUMBS

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

Permit Fee \$ 0 ~~(\$25.00 first tree plus \$10.00 - each additional tree - not to exceed \$100.00 or \$15.00)~~

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

Plans approved as submitted X Plans approved, as marked \_\_\_\_\_

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

Signature of applicant Nosto Salla Date submitted 5-11-00

Approved by Building Inspector [Signature] Date 5/12/00

Approved by Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_

Completed \_\_\_\_\_ Date \_\_\_\_\_ Checked by \_\_\_\_\_

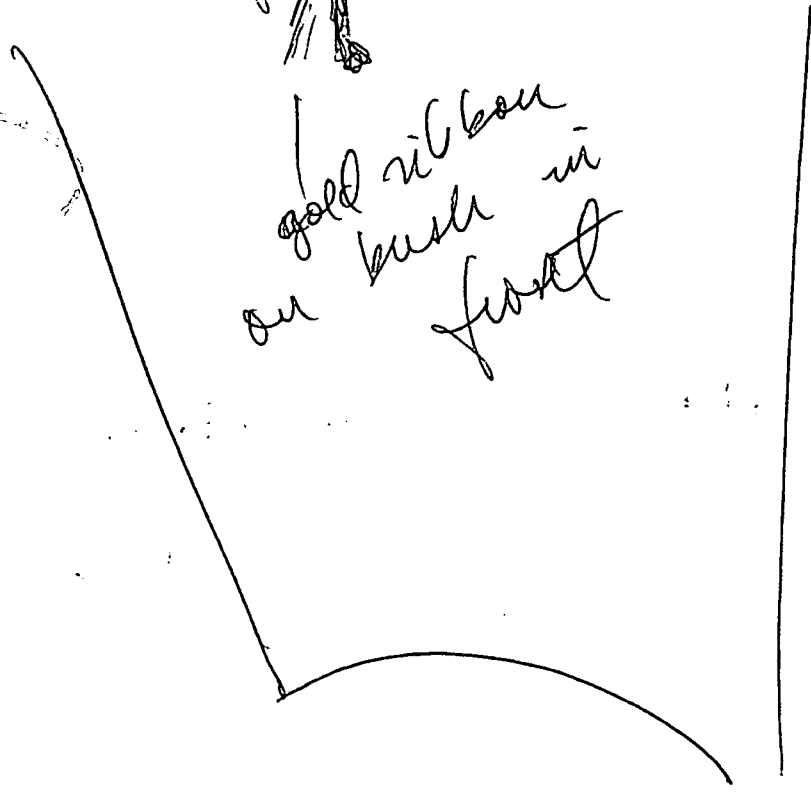
THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT ~~OBJECTING A PERMIT~~ **FEE**. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE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

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

0251



gold in brown  
on bush in  
front







MASTER PERMIT NO. N/A

**TOWN OF SEWALL'S POINT**

Date 3/7/01 BUILDING PERMIT NO. 5283  
 Building to be erected for RONALD & INGRID LIBITSKY Type of Permit WINDOW REPL.  
 Applied for by A & W CONST. REG. DIV. (Contractor) Building Fee \$ 64.32  
 Subdivision RIO VISTA Lot 28 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_  
 Address 3 RIO VISTA DR. Impact Fee \_\_\_\_\_  
 Type of structure S.F.R. A/C Fee \_\_\_\_\_  
 Parcel Control Number: \_\_\_\_\_ Electrical Fee \_\_\_\_\_  
12-38-41-002-000-00280-80000 Plumbing Fee \_\_\_\_\_  
 Amount Paid \$ 70.75 Check # 2500 Cash \_\_\_\_\_ Other Fees ( PLAN REV ) 6.43  
 Total Construction Cost \$ 6,700.00 TOTAL Fees \$ 70.75

Signed Kathleen Apalant Applicant Signed [Signature] Town Building Inspector OFFICIAL

**BUILDING PERMIT**

FORM BOARD SURVEY	DATE _____	SHEATHING	DATE _____
COMPACTION TESTS	DATE _____	FRAMING	DATE _____
GROUND ROUGH	DATE _____	INSULATION	DATE _____
SOIL POISONING	DATE _____	ROOF DRY-IN	DATE _____
FOOTINGS / PIERS	DATE _____	ROOF FINAL	DATE _____
SLAB ON GRADE	DATE _____	METER FINAL	DATE _____
TIE-BEAMS & COLUMNS	DATE _____	AS BUILT SURVEY	DATE _____
STRAPS AND ANCHORS	DATE _____	STORM PANELS	DATE _____
DRIVEWAY	DATE _____	LANDCAPE & GRADE	DATE _____
AS-BUILT SURVEY	DATE _____	FINAL INSPECTION	DATE <u>3/28/01</u>

FLOOD ZONE \_\_\_\_\_ LOWEST HABITABLE FLOOR ELEV. \_\_\_\_\_

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

**WORK HOURS – 8:00 AM UNTIL 5:00 PM**  
**MONDAY THROUGH SATURDAY**

New Construction     Remodel     Addition     Demolition

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  ~~Thu~~ ~~Fri~~ ~~Sat~~ ~~Sun~~ , 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
4978	Rimer	Tie Beam	Passed	early am
①	29 S. River Rd. Loar Dev. 485 3082			INSPECTOR: J 3/9
5138	RIBELLINO	PLYWOOD	Passed	(high roof)
①	18 ISLAND RD. WILSON			INSPECTOR: J 3/9
5271	GEISINGER	DRY IN	→	roll over 3/12
⑦	8 CASTLE HILL WAY A+W	METAL		INSPECTOR:
5273	LIBITSKY	SIDING -	Passed	
②	3 RIO VISTA DR. A+W	IN PROGRESS		INSPECTOR: J 3/9
<del>5183</del>	LIBITSKY	WINDOWS -	Failed	→ wood clarification!
③	<del>3 RIO VISTA DR.</del> A+W	<del>IN PROGRESS</del>	Passed	→ Eng. statement
5282	ALLMAN	SHEATHING	Passed	partial (rear slope)
④	45 RIO VISTA DR. A+W			INSPECTOR: J 3/9
5228	FOGLIA	TIE BEAM +	Passed	Late
⑥	102 ABBIE CT. FOGLIA	COLUMN		INSPECTOR: J 3/9

OTHER: ① PN 5192; RAO 30 CASTLE HILL WAY / AR MARTIN; FIELD COPY (TRUSS ENGR) TO SITE.

⑦a

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri  Sat  Sun, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5187	Libitsky	Windows install.	Passed	9:00
S (4)	3 Rio Vista Dr. Atw	(In progress)		INSPECTOR: J 3/21
✓ 5284	St. Lucie Bldg. Condo	Sheathing	No access!	
S (6)	2601 E. Ocean Blvd. Atw	T-Tag (west/N)	→ see Friday	INSPECTOR: J 3/21
✓ 5001	Bercaw	Metal Lath	Passed	(see specs)
N (7)	11 River Quest Renar	(staples !!)		6927300 INSPECTOR: J 3/21
✓ 5269	Trantor 9 Middle Rd. Emmick	M-Lath (staples)		(see specs) INSPECTOR:
✓ 5209	TRANTRER 9 MIDDLE RD EMMICK	WIRE LATH	Passed	-AM- INSPECTOR: J 3/21
5214	Rohloff 20 RIVERVIEW DR. C+D ENTERPRISES	FINAL-ROOF		CANCEL BY CONTR. 3/20 3:12 PM INSPECTOR:
✓ 4978	RIMER 29 S. RIVER RD. LEAR DEV.	TEMP POWER POLE - REINSPECT ELECT. SVC. ON RELOCATED. BLDG.	Passed Failed	9:00 PPL called INSPECTOR: J 3/21

OTHER: \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri  Sat  Sun, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5075	Varquez	roof tile		900
S (3)	82 S. Sewall's Pt Grosa	→ need specs/eng. Council		INSPECTOR: [Signature] 3/28
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5172	Eckna	All Trades	→ roll over	105
S (5)	107 H. Sewall way Select Homes	running late 1 hr nobody on site		(GC to see Ed. A! request) INSPECTOR: [Signature] 3/28
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5273	LIBITSKY	RE-SIDING; FINAL	Passed	
S (1)	3 RIO VISTA DR. A&W CONST.			INSPECTOR: [Signature] 3/28
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ <del>5182</del>	<del>LIBITSKY</del>	<del>RE-SIDING; FINAL</del>	<del>Passed</del>	
S (2)	<del>3 RIO VISTA DR.</del> A&W CONST.			INSPECTOR: [Signature] 3/28
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5138	RIBELLINO	TIE-DOWN (TRUSS)	Passed	105
S (7)	18 ISLAND ROAD WILSON BLVD 288-2000			INSPECTOR: [Signature] 3/28
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 4965	DANIELSON	DRIVEWAY	PASSED	
S (6)	161 S. RIVER ROAD DAVID MILLER			INSPECTOR: [Signature]
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5292	26 SIMARA	T/T & MTL.	Passed	
S (4)	PIPE PACIFIC RFG			INSPECTOR: [Signature] 3/28

OTHER: \_\_\_\_\_

TOWN OF SEWALL'S POINT, FLORIDA

Date 12-18-06 19\_\_\_\_ TREE REMOVAL PERMIT No 0559

APPLIED FOR BY Libitsky (Contractor or Owner)

Owner 3 Blue Vista

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees \_\_\_\_\_

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

\_\_\_\_\_ FEE \$ \_\_\_\_\_

Signed, \_\_\_\_\_ Applicant

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

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

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.).

**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:**

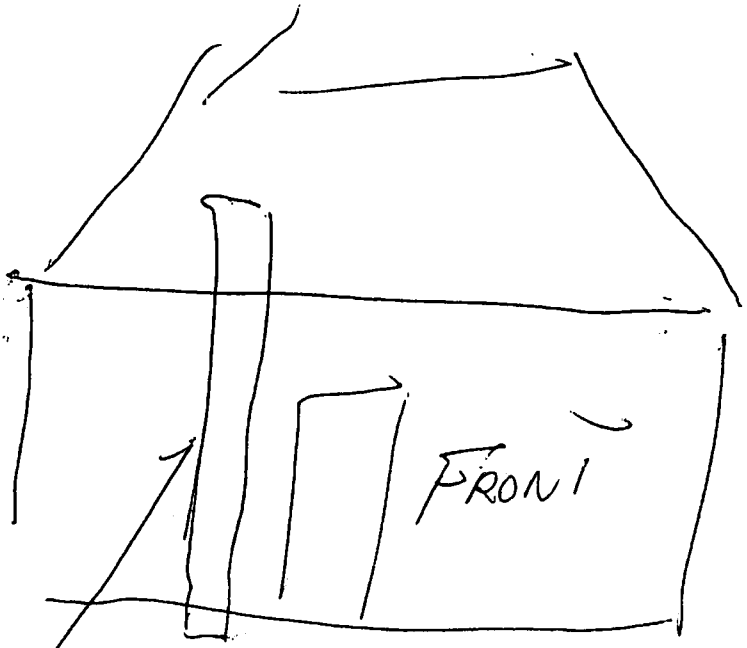
1. Fill out application information below to include:
  - a. applicant information
  - b. written statement giving reasons for removal, relocation, or replacement if necessary
  - c. for a new single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector 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 Ron L. b. Fry Address 3 R.O VISTA Phone 283-0511  
Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 1 Type: \_\_\_\_\_  
No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_  
No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: \_\_\_\_\_  
Signature of Property Owner [Signature] Date 12/15/06

Approved by Building Inspector: [Signature] Date 12/18 Fee: 0  
Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_



DEAD PALM



TOWN OF SEWALL'S POINT, FLORIDA

Date 1/31 ~~1/2005~~ TREE REMOVAL PERMIT No 2408

APPLIED FOR BY LIBITSKY (Contractor or Owner)

Owner 3 RIV NISTA

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees \_\_\_\_\_

No. Of Trees: REMOVE 1 GRAPEFRUIT

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

\_\_\_\_\_  
FEE \$ 0  
Signed, \_\_\_\_\_ Applicant Signed Gene Simmons (Att)  
Town Clerk  
BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box for notes or drawings]

PROJECT DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**No permit required for:**

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

**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.).

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

**Application procedures:**

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

Owner RON L. b. TSKY Address 3 R.O VISTA Phone 283-0511

Contractor SETP Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 1 Type: GRAPEFRUIT

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

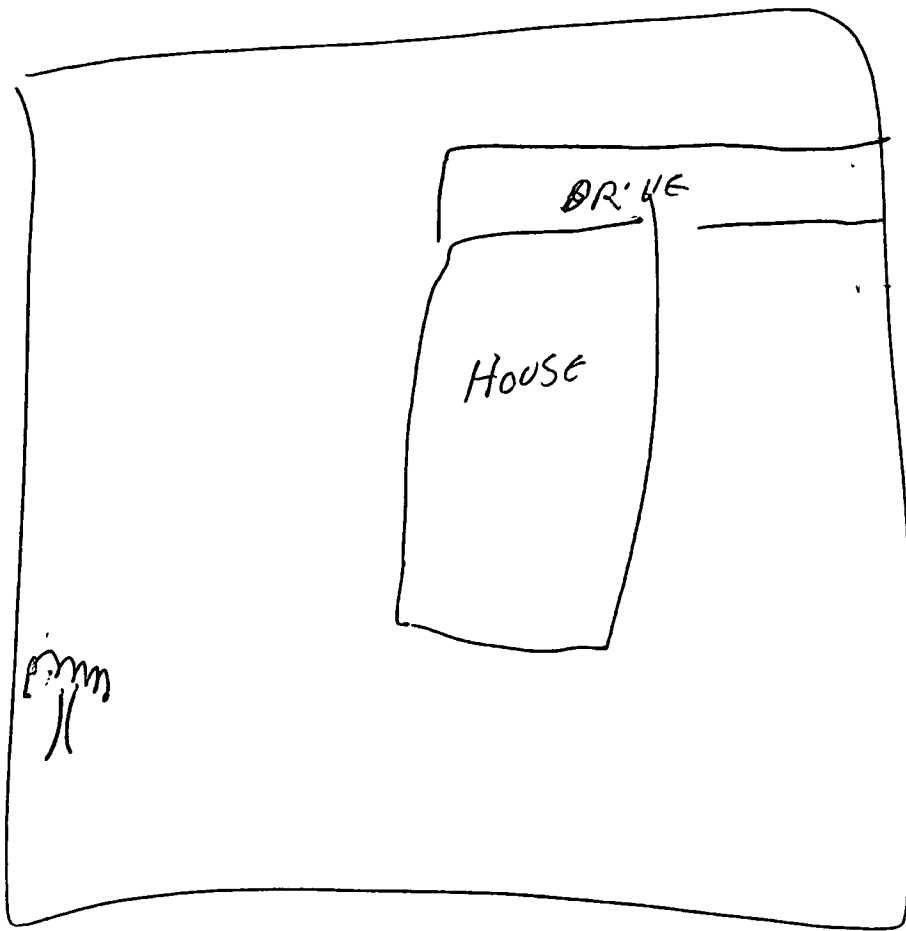
No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: TREE DEAD - TOAST - KAPUT - DECEASED

Signature of Property Owner [Signature] Date 1/30/05

Approved by Building Inspector: [Signature] Date 1/31 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_



SEWALS

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TOWN OF SEWALL'S POINT, FLORIDA

Date MARCH 21 2005 TREE REMOVAL PERMIT No 2442

APPLIED FOR BY LIBITSKY (Contractor or Owner)

Owner 3 RIO VISTA DR

Sub-division \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

Kind of Trees \_\_\_\_\_

No. Of Trees: REMOVE 1 SLASH PINE

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

No. Of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS

REMARKS \_\_\_\_\_

\_\_\_\_\_ FEE \$ 0

Signed, \_\_\_\_\_ Applicant Signed Jane Summons (Att) ~~Town Clerk~~ BUILDING OFFICIAL

TOWN OF SEWALL'S POINT

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

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for drawing or site plan.

PROJECT DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

**No removal permits will be issued for native species trees:** Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberrry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeve, 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:**

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  - b. written statement giving reasons for removal, relocation, or replacement if necessary
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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 RON Lebitsky Address 3 R'D VISTA DR. Phone \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

No. of Trees: REMOVE 1 Type: SLASH PINE

No. of Trees: RELOCATE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

No. of Trees: REPLACE \_\_\_\_\_ WITHIN 30 DAYS Type: \_\_\_\_\_

Written statement giving reasons: DEAD

Signature of Property Owner [Signature] Date \_\_\_\_\_

Approved by Building Inspector: [Signature] Date 3/21 Fee: 0

Plans approved as submitted \_\_\_\_\_ Plans approved as revised/marked: \_\_\_\_\_

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection:  Mon  Wed  Fri 3/21, 2005 Page 2 of     

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7256	SCHADER	Pool Plumbing	<del>FAIL</del> PASS	
10	4 EMERITAWAY	POOL ELECTRICAL	FAIL	INSPECTOR:
	OLYMPIC POOLS			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7350	GOVEL	FLOOR FRAMING	PASS	
9	5 RIVERVIEW			INSPECTOR:
	01B			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7327	GRIFFEN	DRY-IN	PASS	
3	19 RIO VISTA			INSPECTOR:
	PACIFIC ROOFING			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7272	HB ASSOC.	CLG. MECH.	PASS	<del>FAIL</del>
1A	3706 SE OCEAN			INSPECTOR:
	KIRCHMAN			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>7200</del>	<del>LIBITSKY</del>	<del>TREE</del>	<del>PASS</del>	
	3 RIO VISTA DR			INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: 

OTHER: \_\_\_\_\_