

10 Rio Vista Drive

APPROVED
AUG - 9 1978

TOWN OF
SEWALL'S POINT
FLORIDA

863
Permit No. _____
Date 9 Aug 78

APPLICATION FOR BUILDING PERMIT

This application must be accompanied by three sets of complete plans, to scale (1/4" scale for building drawings), including plot plan, foundation plan, floor plans, wall and roof cross-sections, plumbing and electrical layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house construction.

- Owner GUSTAV SCHICEDANZ Present address 2300 S.E. OCEAN BLVD
Phone 283-0060 STUART, FL
- General contractor SCHICEDANZ BROS address SAME
Phone SAME
- Where licensed MARTIN CO. License No. 27
- Plumbing contractor HEIDINGER License No. _____
- Electrical contractor LARSON License No. _____
- Name the street on which the building, its front building line and its front yard will face RIO VISTA DR
- Subdivision RIO VISTA Lot No. 66 Area _____
- Building area, inside walls (excluding garage, carport, porches, etc.)..square feet 2083
- Other construction (pools, additions, etc.) NONE
- Contract price (excluding land, carpeting, appliances, landscaping, etc) \$ 47,000
- Total cost of permit \$ 255⁰⁰
- Plans approved as submitted _____ Plans approved as marked _____

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

[Signature]
General Contractor

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

[Signature] agent for Gustav Schickedanz
Owner

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

TOWN RECORD Date submitted _____

863
Approved: [Signature] Building Inspector Date 8/10/78

Approved: [Signature] Commissioner Date 10 August 1978

Certificate of Occupancy issued July 17, 1979 Date _____

#863

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Post Office Box 210 Jacksonville, Florida 32201

Application and Permit
of

Individual Sewage Disposal Facilities

Permit VOID if well or septic system is installed in a location other than area permitted. PRIOR HEALTH DEPARTMENT APPROVAL REQUIRED

Application/Permit No. HD 78-660 THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE 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.): RIO VISTA DRIVE
Lot 66 Block _____ Subdivision RIO VISTA S/D
Date Platted _____ Directions to Job E OCEAN BLVD TO SOUTH ON SEWELL PT ROAD TO RIGHT ON RIOVISTA DRIVE LOT ON RIGHT
2. Owner or Builder SCHICKEDANE BROS INC
P.O. Address _____ City 2300 SE OCEAN BLVD, STUART, FLA.
Septic tank system to be installed by:

Scale 1" = 50'

(Rear)

3. Specifications:

300 gallon tank with 255 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: [Signature]
Please Print

Signature: [Signature]

Date: 8/1/78

See Sheet 2

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

(Name of Street or State Road)
(Side)

(Name of Street or State Road)
(Side)

(Front)

(Name of Street or State Road)

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

Section III - Application Approval & Construction Authorization

Installation subject to following special conditions: _____

The above signed application has been found to be in compliance with Chapter 10D-6, Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.
By: [Signature] County Health Dept. Martin Date 8/3/78

Section IV - Final Construction Approval

Construction of installation approved: Yes No

Date: _____ By: _____

FHA No. _____ VA No. _____

#863

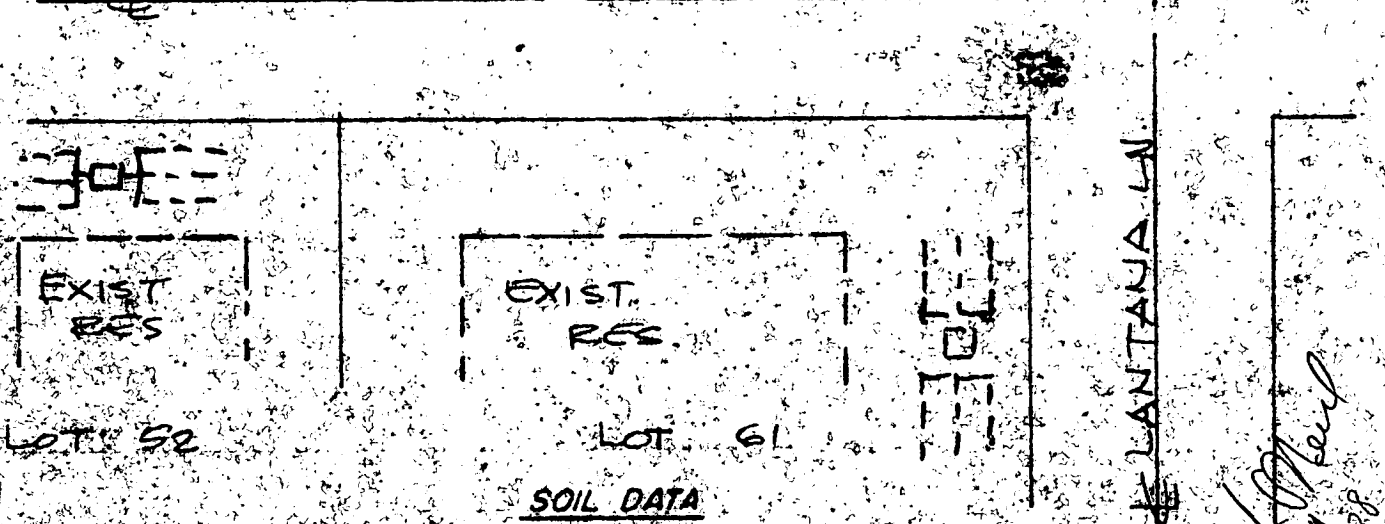
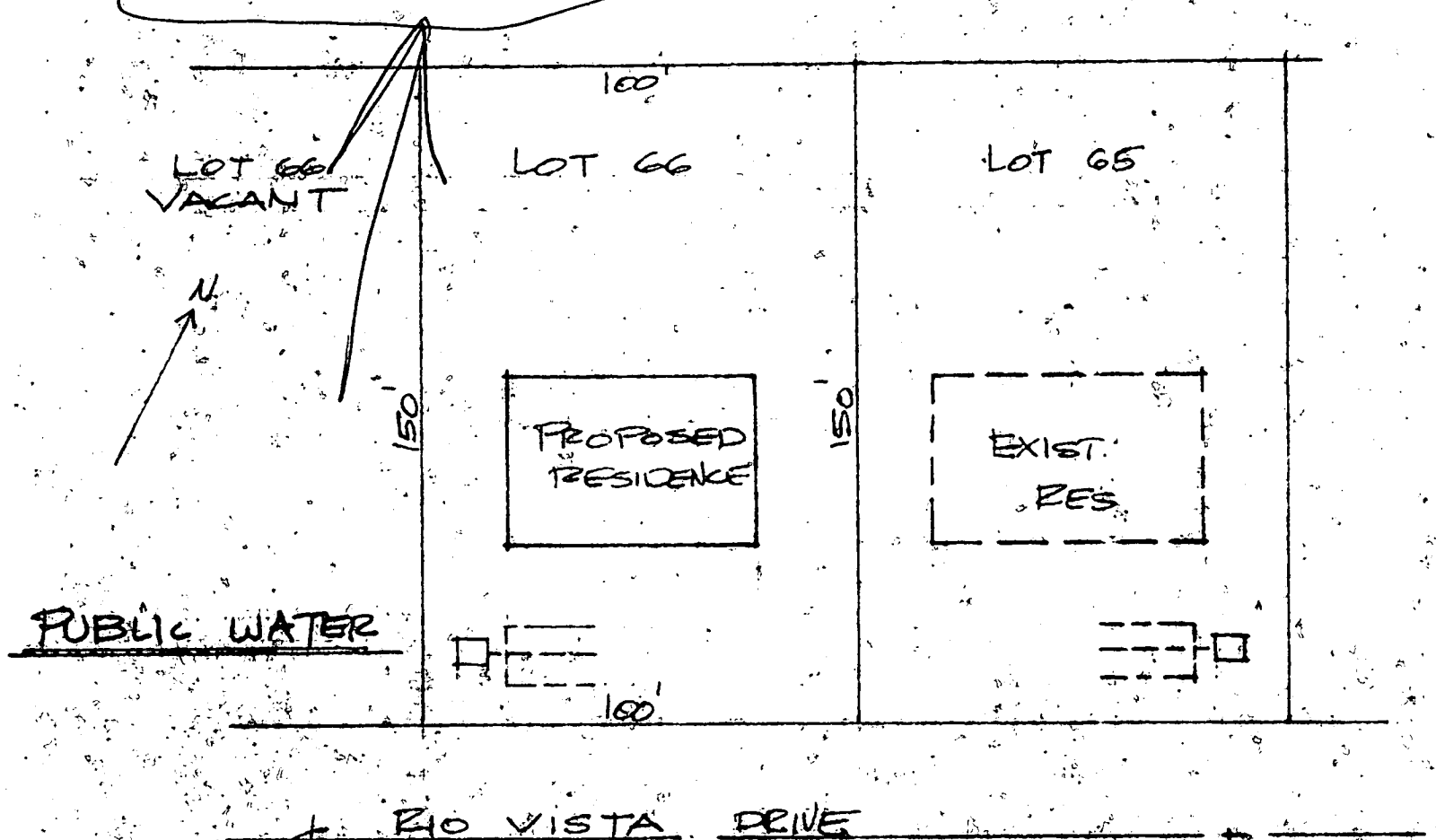
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DIVISION OF HEALTH

INDIVIDUAL SEWAGE DISPOSAL FACILITIES

DATA SHEET

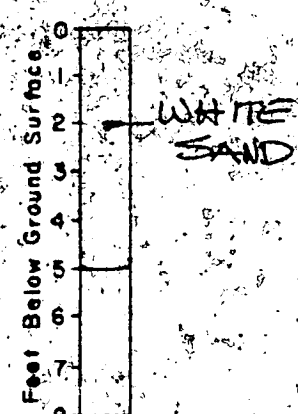
Location: Lot 66 Applicant: SCHICKEDANZ PROS INC
RIO VISTA SP County: MARTIN

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 40
Scale 1" = 40'

SOIL DATA



LEGEND

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

SOIL BORING LOG
Soil Identification: CLASS I GROUP SW
Soil Characteristics: SANDY
Percolation Rate: 1 min/inch
Water Table Depth: OVER 5'-0"
Water Table Depth During Wet Season: OVER 5'-0"
Compacted Fill Of: 0 Req'd
Compacted Fill Checked By: _____
Date: _____

CERTIFIED BY: Joseph Mead
FLORIDA PROFESSIONAL No. 16756
Date: 8/1/78 Job No. 98-73-07863
Sheet 2 of 2

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date July 16, 1979

This is to request that a Certificate of Approval for Occupancy be issued to _____
For property built under Permit No. 863 Dated August 14, 1978 when completed in
conformance with the Approved Plans.

Signed [Signature]

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings	<u>9/11/78</u>	<u>Jan</u>
Rough plumbing	<u>9/29/78 & 10/9/78</u>	<u>Jan</u>
Slab	<u>10/9/78</u>	<u>Jan</u>
Perimeter beam	<u>10/24/78</u>	<u>Jan</u>
Close-in, roof and rough electric	<u>12/7/78</u>	<u>Jan</u>
Final Plumbing	<u>7/16/79</u>	<u>Jan</u>
Final Electric	<u>7/16/79</u>	<u>Jan</u>

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector [Signature] date _____

Approved by Building Commissioner [Signature] date 17 July 1979

Utilities notified July 17, 1979 date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

1239

POOL & PATIO

RECEIVED NOV 7 1980

#239

TOWN OF SEWALL'S POINT FLORIDA

Permit No. _____

Date 11/6/80

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

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

Owner Mr + Mrs ^{H.B.} Krzepisz Present address 10 Rio Vista Dr.
Phone 287-5687 Sewalls Pt - Jensen Bch

Contractor Martin County Custom Pools Inc Address PO Box 1799
Phone 283-6363 Stuart Fla 33494

Where licensed Martin County License number #00001

Electrical contractor - License number -

Plumbing contractor - License number -

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

State the street address at which the proposed structure will be built:
10 Rio Vista Dr.

Subdivision Rio Vista Lot No. 7066

Contract price \$ 9,800 Cost of Permit \$ 50.00

Plans approved as submitted Plans approved as marked

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

Contractor Martin County Custom Pools Inc

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

Owner George R. Krzepisz

TOWN RECORD Date submitted _____

Approved: J. Mazzuca Building Inspector Date 11/7/80

Approved: J.C. Stube Commissioner Date 11/10

Final Approval given: Jew Date 12/30/80

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.

#239

Steel Grounding 11/19/80
Patio Steel 12/11/80

1559

**SOLAR HOT
WATER SYSTEM**

TOWN OF
SEWALL'S POINT
FLORIDA

1559

Permit No. _____

Date 3-30-82

APPLICATION FOR BUILDING PERMIT

This application must be accompanied by three sets of complete plans, to scale (1/4" scale for building drawings); including plot plan, foundation plan, floor plans, wall and roof cross-sections, plumbing and electrical layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house construction.

-Owner HENRYK R. KRZEPISZ Present Address 10 RIO VISTA DR

Phone 287-5687

-General Contractor SUNCOAST DISTRIBUTORS Address P.O. Box 783 Port Salerno
OF STUART INC. FLA 33492

Phone _____

Where Licensed MAATIN CO. License No. 3765-00377

-Plumbing Contractor _____ License No. _____

-Electrical Contractor _____ License No. _____

Describe building or other structure, or alteration to existing structure. SOLAR HOT WATER SYSTEM as approved by FSEC # S10246

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

Subdivision RIO VISTA DR Lot No. 66 Area _____

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

-Contract Price (excluding land, carpeting, appliances, landscaping, etc.)\$ 1550⁰⁰

-Total 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 building must be completed in accordance with the approved plan, and that the site will be clean and rough-graded within the 12 month period. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code.

General Contractor Henryk R. Krzepisz

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

Owner Hildegard Krzepisz

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

TOWN RECORD

Date submitted _____

Approved: [Signature] Building Inspector Date 4/4/83

Approved: [Signature] Commissioner Date 4/13/83

Certificate of Occupancy issued _____ Date _____

1559

FLORIDA SOLAR ENERGY CENTER

300 State Road 401, Cape Canaveral, Florida 32920. Telephone: (305) 783-0300



Approved Solar Energy System

FSEC # S1024b

Revised Jan 82

Revised Nov 81

DISTRIBUTOR

SYSTEM

Solar Development, Inc.
3630 Reese Avenue
Riviera Beach, FL 33404

80D

The system listed below was evaluated by the Florida Solar Energy Center (FSEC) in accordance with the Florida Standards Program for Solar Domestic Water and Pool Heating Systems (FSEC-GP-80-7) and was found to meet the minimum standards established by FSEC.

Description

Collector	Model	Units	Total Rating
	1 SDI SD7CRW(4x10)	1	37,000 Btu
	2 SDI SD7CR	2	31,400 Btu
	3 SDI SD7CRW	2	32,600 Btu
	4 SDI SD6A	2	35,200 Btu

Tank	Model	Capacity
<input checked="" type="checkbox"/> Direct	1 Rheem 81V-80-1	80 gals.
<input type="checkbox"/> Int. Heat Exch.	2 _____	_____
	3 _____	_____
	4 _____	_____

Pump	Model	Power Draw	Rated Power
	1 Taco, Inc. 006B-2	75 watts	1/40 H.P.
	2 March Mfg. 809	30 watts	1/100 H.P.
	3 Grundfos UM25-18SU	75 watts	1/35 H.P.
	4 _____	_____	_____

Controller	Model
<input checked="" type="checkbox"/> Differential Temperature	1 del Sol Control Corp. 02B
<input type="checkbox"/> Absolute Temperature	2 HI Square, Inc. H-1503-A
<input type="checkbox"/> Thermosiphon	3 Heliotrope General DTT-90
<input type="checkbox"/> Other	4 _____

Freeze protection by automatic recirculation or manual draindown during power failure.
Optional freeze protection method manual draindown.

RECEIVED

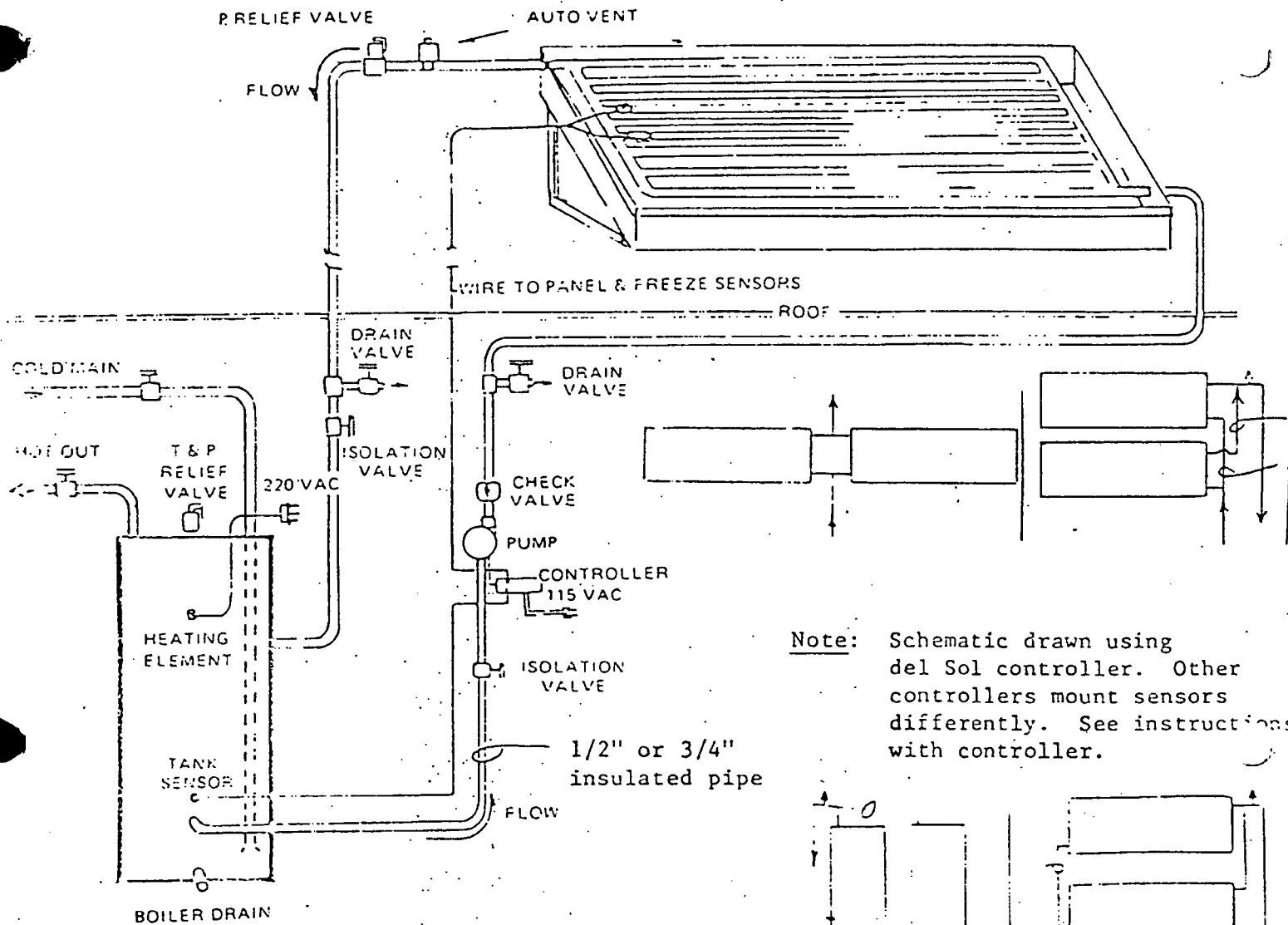
MAR 30 1983

Ans'd.....

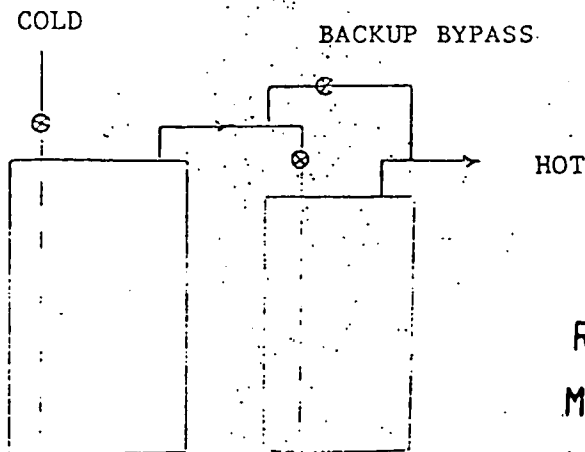
Other	
Major Components	1 _____
addition to above	2 _____
	3 _____
	4 _____

Joe 4/4/83

If further information is required you may contact the Florida Solar Energy Center at the above address.

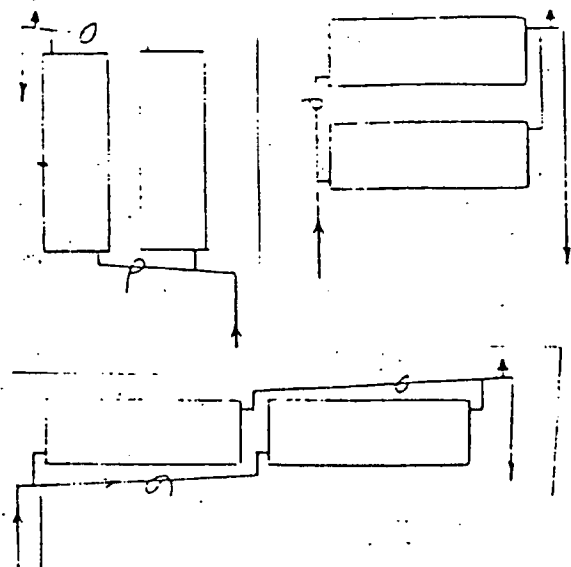


Note: Schematic drawn using del Sol controller. Other controllers mount sensors differently. See instructions with controller.



SOLAR TANK BACKUP TANK
(gas or electric)

SOLAR PRE-HEAT OPTION



RECEIVED
MAR 30 1983

Ans'd.....

John A. [Signature]

SCHEMATIC FOR SYSTEMS
40D, 66D, 80D, 120D2,
and 120D3

SOLAR DEVELOPMENT, INC.
Garden Industrial Park
3630 Reese Avenue
Riviera Beach, FL 33404
Tel. 305/842-8935

RESIDENTIAL

CLIMATE ZONES - 7,8,9

SOLAR WATER HEATER CALCULATION: FLAT PLATE SYSTEMS

COLLECTOR PERFORMANCE FACTORS: ATTACH FSEC TEST CERTIFICATION

RI = Intermediate Temperature Rating in BTU/day = $\frac{(37,000)}{(40)} = 925$
 Area of Collector (in Square Feet)

Table 9-6 FACTORS FROM TESTS BY FLORIDA SOLAR ENERGY CENTER

RI of 900 and above, collector Class 1
 RI between 800 and 899, collector Class 2
 RI between 720 and 799, collector Class 3
 RI between 640 and 719, collector Class 4
 RI between 560 and 639, collector Class 5
 RI 559 and below, collector Class 6

Table 9-7 AREA OF COLLECTOR PER GALLONS OF HOT WATER DEMAND PER DAY

$\frac{AOC}{GPD} = \frac{(40)}{(70)} = 0.57$

AOC = Effective Area of Collector
 GPD = Hot Water Demand = 30 GPD for 1st Bedroom + 20 GPD per additional Bedroom

Table 9-8 SOLAR FRACTION "FS"

AOC GPD	COLLECTOR CLASSES					
	1	2	3	4	5	6
0	0	0	0	0	0	0
0.1	.22	.19	.18	.16	.16	.12
0.2	.40	.34	.32	.29	.28	.22
0.3	.55	.46	.43	.39	.37	.30
0.4	.65	.57	.52	.45	.45	.37
0.5	.79	.66	.59	.56	.51	.43
0.6	.86	.74	.66	.62	.57	.49
0.7	.90	.80	.72	.68	.62	.54
0.8	.93	.85	.77	.74	.67	.59
0.9	.95	.88	.82	.78	.71	.63
1.0	.97	.91	.85	.82	.75	.67
1.1	.99	.92	.87	.85	.78	.71
1.2	1.00	.94	.89	.87	.81	.74
1.3	1.00	.96	.91	.89	.84	.77
1.4	1.00	.97	.92	.90	.85	.80
1.5	1.00	.98	.93	.92	.87	.83

Table 9-9 TILT ANGLE DEGRADATION FACTOR ("TDF")

TILT ANGLE	TDF
0	0.90
6	0.95
16	0.99
26	1.00
36	0.99
46	0.94
56	0.88
66	0.80
76	0.71
90	0.54

Table 9-10 ORIENTATION DEGRADATION FACTOR ("ODF")

ANGLE FROM SOUTH	ODF
0 (South)	1.00
10	0.98
20	0.97
30	0.95
40	0.93
50	0.91
60	0.88
70	0.84
80	0.78

Table 9-11 HEAT EXCHANGER COEFFICIENT (HEC)

DIRECT SYSTEM	1.00
SYSTEM WITH HEAT EXCHANGER	0.96

OVERALL SOLAR FRACTION (OSF)

OSF = (FS) X (TDF) X (ODF) X (HEC)
 = (.84) X (.99) X (1.00) X (1.00) = 0.83

Building Permit Number: _____

RECEIVED *Kenneth P. Ziegler* 3/30/83
 Certified By (Solar Contractor) Date

MAR 30 1983

Address of Solar Installation Ans'd.....

Form Completion Checked By _____ Date
 (Building Official) *Jaw 4/4/83*

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 4/12/83

This is to request that a Certificate of Approval for Occupancy be issued to Kreeping
For property built under Permit No. 1559 Dated 4/4/83 when completed in
conformance with the Approved Plans.

Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings		
Rough plumbing		
Slab		
Perimeter beam		
Close-in, roof and rough electric		
Final Plumbing		<i>Final Inspection</i>
Final Electric		<i>4/12/83</i>

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector _____ date

Approved by Building Commissioner _____ date

Utilities notified _____ date

Original Copy sent to _____

(Keep carbon copy for Town files)

2411
RE-ROOF

Permit No. _____

Date _____

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

2411

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 MR. PRZEPIESZ Present Address 10 RIDVISTA

Phone 287-5687 SEWALLS POINT FLA

Contractor GEORGE ALLEN ^{MARTIN CO} _{Quality Roofing} Address 3171 DOMINICA TER

Phone 287-7788 STUART FLA

Where licensed MARTIN CO. License number DD 414

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 AND RE-ROOF

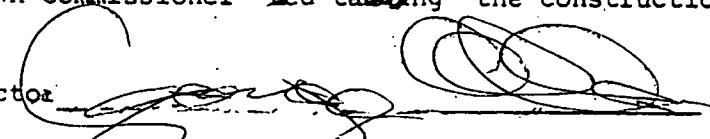
State the street address at which the proposed structure will be built: _____

Subdivision RIDVISTA Lot number _____ Block number _____

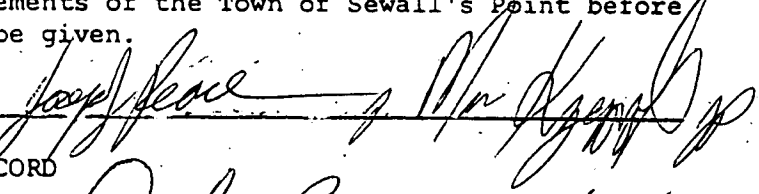
Contract price \$ 1,100. Cost of permit \$ 50.00

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor 

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

Owner 

TOWN RECORD

Date submitted _____ Approved: Dale Brown 9/30/88
Building Inspector Date

Approved: _____ Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) 10/4/88
Date

SP1282

Permit No. _____

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



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS

ISSUE DATE (MM/DD/YY)

9-6-88

PRODUCER

X Brown & Brown Inc.
 P.O. Drawer 1712
 Daytona Beach, FL 32015

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 LETTER A	Reliance Insurance Company
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

Martin County Quality Roofing, Inc.
 1984 Washington Street
 Stuart, FL 34997

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					EACH OCCURRENCE	AGGREGATE	
A	GENERAL LIABILITY	GL0352212	5-18-88	5-18-89	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD PRODUCTS/COMPLETED OPERATIONS				BI & PD COMBINED	\$ 300	\$ 300
	<input type="checkbox"/> CONTRACTUAL				PERSONAL INJURY	\$	\$
	<input type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
	<input type="checkbox"/> PERSONAL INJURY						
	AUTOMOBILE LIABILITY				BODILY INJURY (PER PERSON)	\$	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$	
	<input type="checkbox"/> HIRED AUTOS						
	EXCESS LIABILITY				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
	OTHER				\$	(DISEASE-EACH EMPLOYEE)	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Palm Beach County Construction
 Industry Licensing Board
 800 13th Street
 West Palm Beach, FL 33406

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 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

Bobbi Barlow

MARTIN COUNTY
1987 COUNTY OCCUPATIONAL LICENSE 1988

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING
MACHINE SHOWING TRANSACTION NUMBER, DATE AND AMOUNT PAID.
PLEASE MAIL OR BRING THIS LICENSE WITH YOUR REMITTANCE.
PENALTY 10% FOR MONTH OF OCTOBER. 5% ADDITIONAL
EACH MONTH THEREAFTER UP TO 25% PLUS COLLECTION
COSTS.

SIC NO. 1761

STATE CERTIFICATE NO. SP00414

LICENSE FEE \$ 9.00

HAZARDOUS WASTE SURCHARGE \$ 10.00

DEL. PEN. \$ 0.00

TOTAL \$ 19.00

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

AT ABOVE ADDRESS FOR THE PERIOD
BEGINNING ON THE

1ST DAY OF OCTOBER 198 7 SEC. 205-520
AND ENDING FIRST DAY OF OCTOBER, A.D. 1988

ORIGINAL

PHONE NO. 0002865471

LICENSE NO. 520121

LOCATION
**6481 SE FED HWY
STUART FL 34997**

MAKE CHECKS PAYABLE TO:

Larry C. O'Steen, Tax Collector
P.O. Box 926, Stuart, Fla. 33495

**MARTIN COUNTY ROOFING CO
1984 WASHINGTON ST
STUART FL 34997**

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

1987 OCT 07 10 55 AM '88
MARTIN COUNTY OCCUPATIONAL LICENSE

2600
RE-ROOF

Permit No. _____

Date _____

APPLICATION FOR 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 MR. KRZEPISZ Present Address 10 RIO VISTA DR.

Phone 287-5687 STUART FLA

Contractor MARTIN COUNTY QUALITY ROOFING INC. Address 796 N.E. DIXIE HWY

Phone 407-334-7788 JENSEN BEACH FLA.

Where licensed MARTIN COUNTY License number SP00414

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: RE-ROOF

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

Subdivision N/A Lot number _____ Block number _____

Contract price \$ 5300.00 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor [Signature]

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

Owner [Signature]

TOWN RECORD Approved: [Signature] 8/21/69
Building Inspector Date

Date submitted _____

Approved: _____ Commissioner Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____ Date

SP1282

Permit No. _____

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

4363
FENCE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 4/2/98

BUILDING PERMIT NO. 4363

Building to be erected for HILDA KRLEPISZ Type of Permit FENCE

Applied for by ALL INDIAN RIVER FENCE CO (Contractor) Building Fee _____

Subdivision RIO VISTA Lot _____ Block _____ Radon Fee _____

Address 10 RIO VISTA Impact Fee _____

Type of structure CYPRESS FENCE A/C Fee _____

Electrical Fee _____

Parcel Control Number: _____ Plumbing Fee _____

Roofing Fee _____

Amount Paid 25 Check # 10318 Cash _____ Other Fees (FENCE) _____

Total Construction Cost \$ 1650 TOTAL Fees 25

Signed _____ Signed [Signature]

Applicant

Town Building Inspector

FENCE PERMIT

INSPECTIONS

SETBACKS
FOOTINGS

DATE _____
DATE _____

HEIGHT
FINAL

DATE _____
DATE _____

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!**

4363

TAX FOLIO NO. _____

DATE 3/26/98

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 Hilda Krzepias Present address 10 Rio Vista Dr
Phone 287-5687 Sewells Pt

Contractor All Indian River Fence Address 3481 S. 25th St
Phone 561-340-1045

Where licensed Martin Co. License number SP01809

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:

100' of 7' high shadowbox

State the street address at which the proposed structure will be built:
10 Rio Vista Dr.

Subdivision _____ Lot Number _____ Block Number _____

Contract price \$ 1400 Cost of permit \$ _____

Plans approved as submitted _____ Plans approved as marked _____

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

Contractor Kevin Peter

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

Owner _____

TOWN RECORD _____

Date submitted 3-27-98

Approved: [Signature] 4/6/98
Building Inspector Date

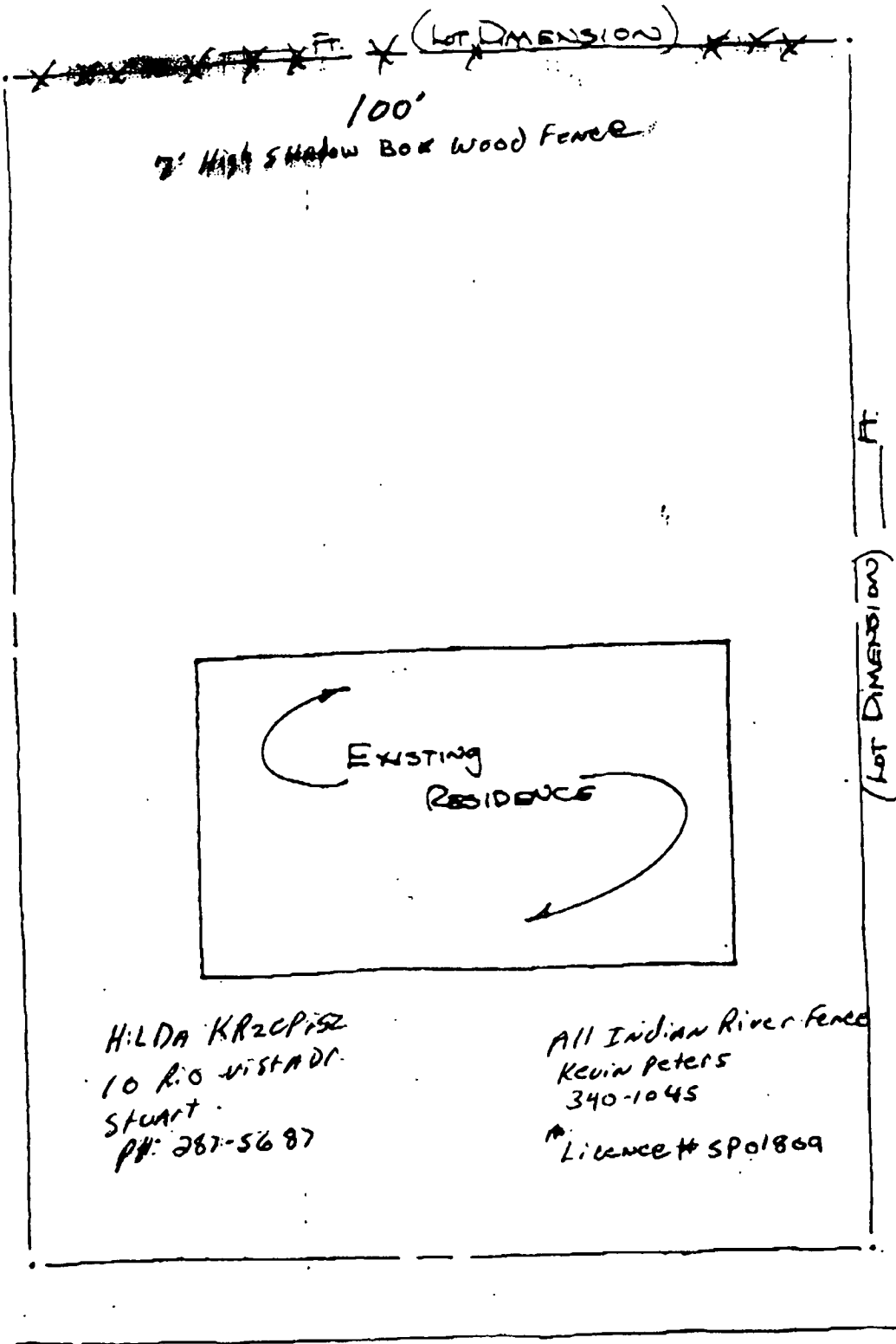
Approved: _____
Commissioner Date

Final approval given: _____
Date

CERTIFICATE OF OCCUPANCY issued (if applicable) _____
Date

PERMIT NO. _____

SP1282
3/94



HILDA KRZCISZ
10 R.O. VISTAD
STUART
PH: 287-5687

All Indian River Fence
Kevin Peters
340-1045
Licence # SP01809

(STREET NAME)

ALL INDIAN RIVER FENCE CO.
3481 S. 25TH ST.
FT. PIERCE, FL. 34982
561-340-1045 561-467-0299

INDIAN RIVER FENCE CO.
3481 S. 25TH ST.
FT. PIERCE, FL. 34982
340-1045 561-467-0299

Plot Plan

PERMISSION TO INSTALL
NEIGHBORS BACK LINE
7'-TALL SHADOW BOX WOOD
FENCE 3-30-98

REPLACE 4' HIGH CHAIN LINK
100', WITH 7' TALL SHADOW BOX.

~~X Fred [unclear]~~

~~X Hilda Krepisz~~

MISS KREPISZ + DAUGHTER

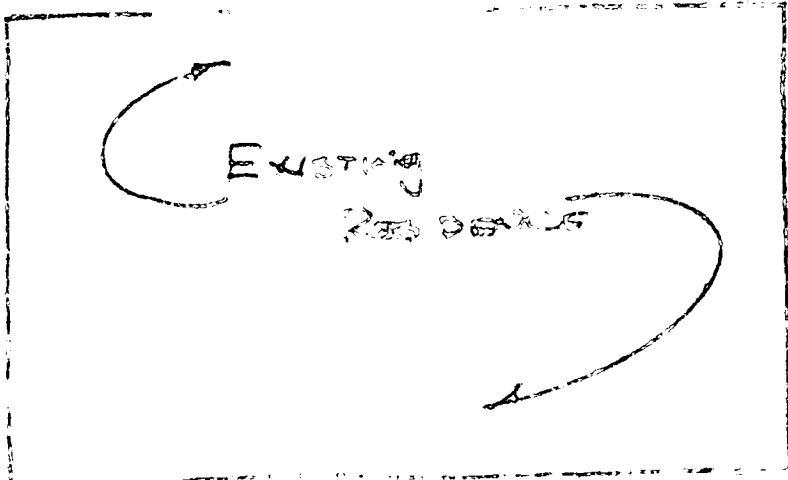
SPOKE WITH OWNERS

2-15-98 - OK - !

100'

~~100' (Lot Dimension)~~

(Lot Dimension) Ft.



MILDA KRUPIC
 10 R.O. W. STAD
 STUART
 PR: 287-5687

(STREET NAME)

ALL INDIAN RIVER FENCE CO.
 3481 S. 25TH ST.
 FT. PIERCE, FL. 34932
 561-940-1045 531-467-4229

INDIAN RIVER FENCE CO.
 3481 S. 25TH ST.
 FT. PIERCE, FL. 34932
 561-940-1045 531-467-4229

Plot Plan

Order
7 FT
SHADOWBOX

Proposal - Contract

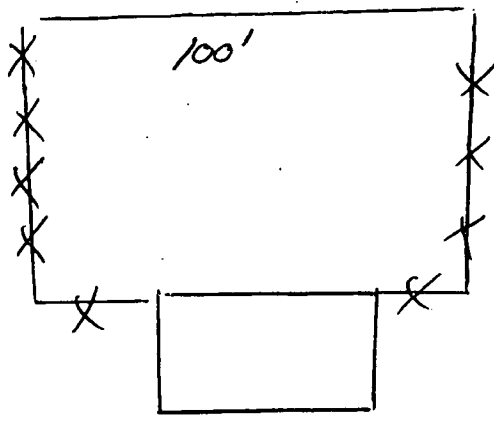
ALL INDIAN RIVER FENCE CO. of ST. LUCIE

3481 South 25th Street
Ft. Pierce, FL 34981
561-340-1045 • 561-567-1608

John
1/75

PROPOSAL SUBMITTED TO HILDA KRZEPISZ	PHONE 287-5687	DATE 3-5-98
STREET 10 RIO VISTA DR.	JOB NAME	
CITY, STATE AND ZIP CODE STUART	JOB LOCATION	

WOOD	
TYPE OF WOOD	STYLE OF FENCE
CYPRESS	TIGHT SHADOWBOX
CHAIN LINK	
WIRE GAUGE	DIAMETER TERMINAL POST
DIAMETER LINE POST	DIAMETER TOP RAIL
DIAMETER GATE FRAME	LINE POST SPACING
KNUCKLE UP	BARB UP
OVERALL LENGTH	OVERALL HEIGHT
WALK GATE	DRIVE GATE



** CUSTOMER TO REMOVE C/LINK FENCE
INSTALL 100' OF 7FT.
TIGHT SHADOWBOX, GOTHIC CAPS
ON 4X4 POSTS*

** 10 YEAR WARRANTY
AGAINST ROTTING + TERMITES*

*TOTAL
INCL. PERMIT \$1400.⁰⁰*

ADD \$250.⁰⁰ FOR DARK WEATHER PROTECTION

SPECIFICATION	
Top Rail of Fence To Follow Ground	<input type="checkbox"/>
To Be Level With Lowest Grade	<input type="checkbox"/>
To Be Level With Highest Grade	<input type="checkbox"/>
Split the Grade	<input type="checkbox"/>
Lines Clear of Obstructions	<input type="checkbox"/>
Lines Staked With Customer	<input type="checkbox"/>
Discuss With Customer Which Post Gate Swings In or Out	<input type="checkbox"/>

DIAGRAM KEY	
Fence to be restd.	—
Tie-ons (Get Permission)	X
Terminal Post	O
Existing Fence	- - - - -
Walk Gate	/ /
Double Gate	/ /
Buildings	- - - - -

PLEASE READ BEFORE SIGNING TERMS AND CONDITIONS OF CONTRACT

All material is guaranteed to be as specified. All work to be completed in a workmanship like manner to standard practices. Any alterations or deviations from above specifications involving extra costs will become an extra charge over and above the estimate. Owner represents he has fire and extended coverage, personal injury and property damage insurance or a homeowners policy in full force and effect. CUSTOMER HEREBY ASSUMES FULL RESPONSIBILITY FOR THE LOCATION OF THE LINE UPON WHICH FENCE IS TO BE INSTALLED AND FOR LOCATION OF ANY AND ALL UNDERGROUND CABLES, PIPES, SPRINKLER SYSTEMS, SEPTIC TANKS ETC. Customer agrees to defend and hold harmless and indemnify All Indian River Fence of St. Lucie from and against all claims, liabilities and expenses for trespass and other damage or loss arising out of the location of said fence on any line specified by customer, if any line location is disputed, customer agrees to obtain a survey forthwith at customers expense and All Indian River Fence of St. Lucie may suspend work without penalty until said survey is complete and/or dispute settled. All excess materials shall remain the property of and be returned to All Indian River Fence of St. Lucie shall not be responsible or liable for delay damage or default hereunder where occasioned by war, strikes, shortages of labor, materials or transportation acts of civil or military authorities or other causes beyond the control of said parties the undersigned customer hereby expressly waiving all such claims. All Indian River Fence of St. Lucie reserves the right to make additional charges to the customer in the event unusual ground conditions such as rock formation impede the installation herein described. Such additional charges shall be based on actual additional labor required to complete installation under the circumstances and customer shall be so advised before such extra work is commenced. All material shall remain the property of All Indian River Fence of St. Lucie until fully paid for and All Indian River Fence of St. Lucie shall have an enforceable lien thereon in addition to any other remedies it may have by law or contract in the event of non payment undersigned customer authorizes All Indian River Fence of St. Lucie to remove said fence from his premises at All Indian River Fence of St. Lucie option. Should it become necessary for All Indian River Fence of St. Lucie to retain an attorney to collect all or any part of amounts due under this contract, customer agrees to pay all costs of collecting the amount of this contract or any part thereof including a reasonable attorney's fee and further agrees to pay a 1 1/2% service charge per month on the unpaid balance due.

We propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of: Dollars (\$ 1400.⁰⁰ - 500.⁰⁰ Down)

Payment to be made as follows
** THIS AGREEMENT REPLACES PREVIOUS AGREEMENT DATED 2/27/98*
 Authorized Signature: Jim Peter + 75.⁰⁰ BAL.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. Upon acceptance and signing by customer, this becomes a binding contract.
 Date of Acceptance: 3/5/98
 Signature: Hilda Krzepisz
 NOTE This proposal is valid for 30 days 975.⁰⁰
 Signature: _____

7225
SCREEN
ENCLOSURE

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 1/21/05

BUILDING PERMIT NO. 7225

Building to be erected for KRELDISZ

Type of Permit SCREEN ENCLOSURE

Applied for by SCREEN BUILDERS (Contractor)

Building Fee 120.00

Subdivision RIO VISTA Lot 166 Block _____

Radon Fee _____

Address 10 RIO VISTA DRIVE

Impact Fee _____

Type of structure SCREEN ENCLOSURE

A/C Fee _____

Parcel Control Number:

123841002000006600000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

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

Total Construction Cost \$ 10,900.00

TOTAL Fees 120.00

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

- 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 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	_____

Storm damage

Permit Number: _____

Town of Sewall's Point BUILDING PERMIT APPLICATION

OWNER/TITLEHOLDER NAME: Hildegard Krzepisz Phone (Day) 772-287-5680 (Fax) _____

Job Site Address: 10 Rio vista drive City: Stuart State: FL Zip: 34996

Legal Description of Property: Lot 66 Rio vista Parcel Number: 12384100200000660

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

Description of Work To Be Done: Pool screen enclosure

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

CONTRACTOR/Company: Screen builders Phone: 561-793-6029 Fax: _____

Street: 8451 McAllister way City: WPB State: FL Zip: 33411

State Registration Number: _____ State Certification Number: _____ Martin County License Number: SPO1094

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 10,900 (Notice of Commencement needed over \$2500)

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____
 Mechanical: _____ State: _____ License Number: _____
 Plumbing: _____ State: _____ License Number: _____
 Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

ENGINEER Rhanal #16515 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: _____

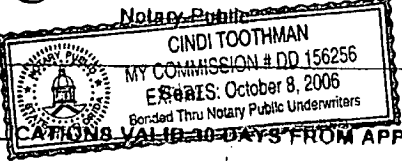
I understand that a separate permit from the Town may be required for ELECTRICAL, PLUMBING, MECHANICAL, SIGNS, POOLS, WELLS, FURNACE, BOILERS, HEATERS, TANKS DOCKS, SEA WALLS, ACCESSORY BUILDING, SAND OR FILL, ADDITION OR REMOVAL, AND TREE REMOVAL AND RELOCATIONS.

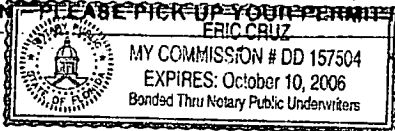
CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Gas): 2001
National Electrical Code: 2002 Florida Energy Code: 2001 Florida Accessibility Code: 2001

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)
Hildegard Krzepisz
State of Florida, County of: Palm Bch
This the 15 day of December 2004
by Hildegard Krzepisz who is personally
known to me or produced
as identification: [Signature]

CONTRACTOR SIGNATURE (required)
[Signature]
On State of Florida, County of: PBC
This the 16 day of Dec 2004
by Jim Krimble who is personally
known to me or produced
As identification: [Signature]

My Commission Expires _____


My Commission Expires: _____


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

Return to: Screen Builders
8451 McAllister Way
WPB, FL 33411

INSTR # 1801029
OR BK 01966 PG 0015
RECORDED 12/22/2004 08:45:49 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY J Greisen

State of Florida
County of Martin

Permit No. _____ Tax Folio No. 12384100200000660

NOTICE OF COMMENCEMENT

THE UNDERSIGNED hereby give the 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;

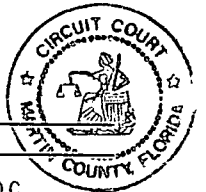
1. Description: Address: 10 Rio Vista Dr. City: Stuart
Lot: 10 Block: _____ Subdivision: RIO VISTA S/D

2. General discription of improvements: Pool Screen

3. Owner Information: Name: _____
Address: Hildegard Krzepisz City: Stuart State: FL Zip: 34996
Interest in property: _____
Name and address of simple title holder: _____

4. Contractor Information: Screen Builders
8451 McAllister Way, WPB, FL 33411

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHA EWING, CLERK



5. Surety: Name: _____
Address: _____

6. Lender Information: Name: _____
Address: _____
BY Jay D.C.
DATE 12/22/04

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

8. In addition to himself or herself, owner designates

9. Expiration date on Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified)

Hildegard Krzepisz
Signature of Owner

STATE OF FLORIDA
COUNTY OF MARTIN

Sworn to (or affirmed) and subscribed before me this 30 day of November, 2004, by

Hildegard Krzepisz
(Name of person acknowledging)

Personally Known _____ OR Produced Identification

Type of Identification Produced D.C.

cta
(Signature of person taking acknowledgement)

STEVE MCGUIRE
MY COMMISSION # DD 332666
EXPIRES: June 27, 2008
Bonded thru Notary Public Underwriters

SEAL

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 12/21/2004
PRODUCER (954)724-7000 Keyes Coverage, Inc. 8201 West McNab Road TARAC, FL 33321	FAX (954)724-7024	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 R & S Assembly Inc d/b/a Screen Builders 8451 McAllister Way West Palm Beach, FL 33411 Fax # 561 793 5804	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Penn-America Group Inc	
	INSURER B: Hartford Fire Insurance Co	
	INSURER C: Bridgefield Employers Insurance Co	
	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 ADDL TO INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIAB	SUB1008355	03/17/2004	03/17/2005	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	21UENTS3948	07/26/2004	07/26/2005	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	SUB1008356	03/17/2004	03/17/2005	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	830-22598	01/01/2005	01/01/2006	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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

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

CERTIFICATE HOLDER

TOWN OF SEWELLS
1ST STREET SEWELLS POINT
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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Carey Keyes/KEY19

Carey Keyes

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/16/2004

PRODUCER (954)724-7000 FAX (954)724-7024
 Keyes Coverage, Inc.
 8201 West McNab Road
 Tamarac, FL 33321

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

INSURERS AFFORDING COVERAGE

NAIC #

INSURED Screen Builders, Inc.
 BMJ Land Co, Inc., R&S Assembly, Inc.
 8451 McAllister Way
 W Palm Beach, FL 33411

INSURER A: Penn-America Group, Inc.
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	B04031205468	03/17/2004	03/17/2005	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
		<input checked="" type="checkbox"/> Contractual Liab				PERSONAL & ADV INJURY	\$ 1,000,000
		<input checked="" type="checkbox"/> Waiver Of Subrogat				GENERAL AGGREGATE	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A		EXCESS/UMBRELLA LIABILITY	B04031205468	03/17/2004	03/17/2005	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		OTHER				E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER

TOWN OF SEWELLS
 1ST STREET SEWELLS POINT
 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Carey Keyes/KEY65

Carey Keyes

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID ML
SCREE-1

DATE (MM/DD/YYYY)
07/08/04

PRODUCER:

SLATON INSURANCE
P.O. Box 220537
West Palm Beach FL 33422
Phone: 561-683-8383 Fax: 561-684-5995

INSURED:

Screen Builders Inc.
ATTN: Lisa Kuss
8451 McAllister Way
West Palm Beach FL 33411-3715

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Bridgefield Employers Ins Co	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	0830225980000	01/01/04	01/01/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 1000000 E L DISEASE - EA EMPLOYEE \$ 1000000 E L DISEASE - POLICY LIMIT \$ 1000000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 *STATE OF FLORIDA REQUIRES THIRTY (30) DAYS NOTICE OF CANCELLATION ON WORKERS COMPENSATION

CERTIFICATE HOLDER

Swellst
1 South Swells Pointe Road
Sewells Pointe, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION



MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency

ALUMINUM/CONCRETE CONTRACTOR

License Number SP01094 Expires: 30-SEP-05

TRIMBLE, HOWARD J

SCREEN BUILDERS INC

8451 MCALLISTER WAY

WEST PALM BEACH, FL 33411

**REPAIR WORK FOR
HURRICANE DAMAGE**

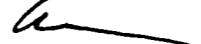
FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 12/30/04

BUILDING OFFICIAL
Gene Simmons

TABLE 3 SPAN TABLE FOR SCREENED ROOF (FLAT BEAMS)
(SELF MATING BEAMS) (NO SPLICE)

BEAM	2X2"	2X3"	2X4"	2X5"	2X6"	2X7"	2X8"	2X8"	2X10"
SIZE	PURLIN	SNAP	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.
	0.040	0.045	0.045	0.05	0.055	0.055	0.072	0.082	0.092
4' 0" O.C.	3' 0"	13' 0"	16' 3"	20' 0"	22' 7"	25' 0"	35' 0"	39' 4"	45' 10"
4' 6" O.C.	8' 0"	12' 2"	15' 7"	19' 3"	21' 7"	25' 6"	33' 8"	37' 10"	44' 1"
5' 0" O.C.	8' 0"	11' 5"	15' 0"	18' 6"	20' 7"	25' 0"	32' 4"	36' 5"	42' 5"
5' 6" O.C.	8' 0"	10' 9"	14' 10"	18' 0"	19' 9"	24' 0"	31' 3"	35' 7"	41' 9"
6' 0" O.C.	8' 0"	10' 0"	14' 3"	17' 6"	19' 0"	23' 0"	30' 2"	33' 10"	40' 0"
6' 6" O.C.	8' 0"	9' 5"	13' 10"	16' 9"	18' 5"	22' 2"	29' 3"	32' 7"	39' 0"
7' 0" O.C.	8' 0"	9' 3"	13' 6"	16' 0"	17' 9"	21' 4"	28' 4"	31' 4"	37' 11"
7' 6" O.C.	8' 0"	9' 0"	13' 0"	15' 6"	17' 4"	20' 9"	27' 8"	30' 7"	36' 9"
8' 0" O.C.	8' 0"	8' 10"	12' 7"	15' 0"	16' 10"	20' 4"	27' 1"	29' 9"	35' 8"

TABLE 4 SPAN TABLE FOR SCREENED ROOF (1-SPLICE PEAK)
(SELF MATING BEAMS) ROOF OR 1/2 MANSARD)

BEAM	2X3"	2X4"	2X5"	2X6"	2X7"	2X8"	2X8"	2X10"
SIZE	SNAP	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.
	0.045	0.045	0.05	0.055	0.055	0.072	0.082	0.092
4' 0" O.C.	14' 4"	17' 11"	22' 0"	24' 10"	30' 10"	38' 6"	43' 3"	50' 5"
4' 6" O.C.	13' 5"	17' 2"	21' 2"	23' 9"	29' 2"	37' 0"	41' 7"	48' 6"
5' 0" O.C.	12' 7"	16' 6"	20' 4"	22' 8"	27' 6"	35' 6"	40' 1"	46' 8"
5' 6" O.C.	11' 10"	16' 4"	19' 10"	21' 9"	26' 5"	34' 5"	39' 2"	45' 11"
6' 0" O.C.	11' 0"	15' 8"	19' 3"	20' 11"	25' 4"	33' 3"	37' 3"	44' 10"
6' 6" O.C.	10' 4"	15' 3"	18' 5"	20' 4"	24' 5"	32' 2"	35' 10"	42' 11"
7' 0" O.C.	9' 8"	14' 10"	17' 7"	19' 6"	23' 6"	31' 2"	34' 6"	41' 9"
7' 6" O.C.	9' 5"	14' 4"	17' 0"	19' 1"	22' 10"	30' 5"	33' 8"	40' 5"
8' 0" O.C.	9' 1"	13' 10"	16' 6"	18' 6"	22' 4"	29' 10"	32' 9"	39' 3"

TABLE 5 SPAN TABLE FOR SCREENED ROOF (2-SPLICE)
(SELF MATING BEAMS) MANSARD ROOF)

BEAM	2X3"	2X4"	2X5"	2X6"	2X7"	2X8"	2X9"	2X10"
SIZE	SNAP	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.	S.M.B.
	0.045	0.045	0.05	0.055	0.055	0.072	0.082	0.092
4' 0" O.C.	15' 7"	19' 6"	24' 0"	27' 1"	33' 7"	42' 0"	47' 2"	55' 0"
4' 6" O.C.	14' 7"	18' 8"	23' 1"	25' 11"	31' 10"	40' 5"	45' 5"	52' 11"
5' 0" O.C.	13' 8"	18' 0"	22' 3"	24' 8"	30' 0"	38' 10"	43' 8"	50' 11"
5' 6" O.C.	12' 11"	17' 10"	21' 7"	23' 8"	28' 10"	37' 6"	42' 8"	50' 1"
6' 0" O.C.	12' 0"	17' 1"	21' 0"	22' 10"	27' 7"	36' 3"	40' 7"	48' 0"
6' 6" O.C.	11' 4"	16' 7"	20' 1"	22' 0"	26' 7"	35' 1"	39' 1"	46' 10"
7' 0" O.C.	10' 7"	16' 3"	19' 2"	21' 4"	25' 7"	34' 0"	37' 7"	45' 6"
7' 6" O.C.	10' 4"	15' 7"	18' 6"	20' 10"	24' 11"	33' 3"	36' 8"	44' 1"
8' 0" O.C.	9' 11"	15' 1"	18' 0"	20' 2"	24' 5"	32' 6"	35' 8"	42' 10"

SPECIFICATIONS
 1. SHEET METAL SCREWS SHALL BE PLATED OR STAINLESS.
 2. ALUMINUM BOLTS SHALL BE ALLOY 2024-T4. STEEL BOLTS SHALL BE PLATED OR STAINLESS.
 3. POSTS, PURLINS, ANGLES, BEAMS, AND MAJOR BEAMS ALLOY SHALL BE 6063-T6.
 4. CHANNELS ALLOY SHALL BE 8063-T6.
 5. CONCRETE SHALL BE 2500 P.S.I.
 6. ALL COLUMNS AND BEAM SPANS CALCULATED WITH THICKNESS LISTED BELOW.
 7. ALL POOL SCREEN ENCLOSURES SHALL HAVE SELF-LATCHING AND CLOSING DOORS.
 8. STRUCTURAL DRAWING SUPERSEDES DETAIL SHEET.
 9. LIF BOX NEXT TO DETAIL IS MARKED THAT DETAIL WILL BE USED.

THIS DRAWING IS THE PROPERTY OF SCREEN BUILDERS, DRAWN BY CHRISTOPHER MARSH AND IS AN INSTRUMENT OF SERVICE NOT TO BE REPRODUCED IN WHOLE OR IN PART WITHOUT THE EXPRESS WRITTEN CONSENT OF THE SAME.

TABLE 2 1/2 OF ALT. BEAM TO MAJOR BEAM

MAJOR BEAM SPAN TABLE	2x6 S.M.B. 0.65	2x7 S.M.B. 0.55	2x8 S.M.B. 0.72	2x8 S.M.B. 0.57
10	15-7	17-11	21-10	24-0
12	14-2	16-4	20-1	21-11
14	13-2	15-1	18-7	20-4
16	12-3	14-2	17-5	19-0
18	11-7	13-4	16-5	17-11
20	11-0	12-8	15-7	17-0
22	10-8	12-1	14-10	16-2
24	10-0	11-8	14-3	15-8

STRUCTURES DETAILED & SPECIFIED IN THESE PLANS WERE DESIGNED IN ACCORDANCE WITH THE FLORIDA STATE BUILDING CODE (LATEST EDITION) FOR 140 M.P.H. WIND REGIONS. PLANS EFFECTIVE MARCH 1, 2002

65287

TABLE 1 POST LENGTHS AND SPACING FOR SCREEN WALLS

POST SIZE	MAX. POST SPACING	MAX. WALL HEIGHT
2"x2"x.044" DOOR JAMB	4'-0"	7'-8"
2"x3"x.045"	7'-0"	7'-5"
2"x4"x.045"	8'-0"	9'-0"

POST SIZE	MAX. POST SPACING	MAX. WALL HEIGHT
2"x5"x.050"	4'-0"	13'-5"
2"x7"x.055"	4'-0"	23'-0"
2"x8"x.072"	4'-0"	27'-5"

POST SIZE	MAX. POST SPACING	MAX. WALL HEIGHT
2"x10"x.092"	4'-0"	33'-7"
2"x12"x.110"	4'-0"	39'-1"
2"x15"x.132"	4'-0"	45'-6"

POST SIZE	MAX. POST SPACING	MAX. WALL HEIGHT
2"x18"x.155"	4'-0"	51'-0"
2"x24"x.198"	4'-0"	57'-4"
2"x30"x.242"	4'-0"	63'-8"

PROJECT ADDRESS: 10 Rio Vista Dr WIND LOADS
 PROJECT DISCIPTION: Screen room
 OCCUPANCY/TYPE: SFD, MULTI-FAMILY, COMMERCIAL, INDUSTRIAL ~ DESCRIBE

DESIGN PARAMETERS
 MINIMUM SOIL BEARING CAPACITY: 2500 STAIR LIVE LOAD: _____
 FIRST FLOOR LIVE LOAD: _____ DEAD LOAD: _____ PARTITION LOADS: _____
 SECOND FLOOR LIVE LOAD: _____ DEAD LOAD: _____ PARTITION LOADS: _____
 ROOF TRUSS TO LIVE LOAD: _____ TO DEAD LOAD: _____ BC LIVE LOAD: _____ BC DEAD LOAD: _____

WIND LOADS
 CODE EDITION USED: 2001 FBC X OR ASCE 7-98 _____
 EXPOSURE CATEGORY: (B)
 BUILDING DESIGNED AS: ENCLOSED: _____ PARTIALLY ENCLOSED: _____ OPEN: X
 MEAN ROOF HEIGHT: <30 (GREATER THAN 60' MUST USE ASCE 7-98) IMPORTANCE FACTOR: .77
 BASIC WIND SPEED: 140 (3 SECOND GUST) BASIC VELOCITY PRESSURE: 10 P.S.F. (BEAM)
 INTERNAL PRESSURE COEFFICIENT: _____ (IF ASCE 7-98 ANALYTICAL PROCEDURE IS USED)
 TOTAL ROOF DEAD LOAD: 2.0 (USED TO DETERMINE UPLIFTS) 18 P.S.F. (COLUMN)
 REVIEWED FOR SHEARWALL REQUIREMENTS? YES X NO _____ IF NO, REASON: SCREEN
 IMPACT PROTECTION REQUIRED? YES _____ NO X IF NO, REASON: SCREEN
 ACTUAL POSITIVE AND NEGATIVE PRESSURES FOR EACH WINDOW, DOOR, ETC. ARE TO BE LABELED ON THE PLANS. COMMERCIAL AND MULTI-FAMILY FLAT ROOFS MAY REQUIRE UPLIFTS BY ZONE INDICATED ON THE PLANS FOR DECKING AND FINISH.

I CERTIFY THAT I HAVE DESIGNED THE STRUCTURE ASSOCIATED WITH THIS FORM TO COMPLY WITH THE APPLICABLE STRUCTURAL PORTIONS OF THE FLORIDA BUILDING CODE AS ADOPTED BY THE BUILDING DEPARTMENT. I ALSO CERTIFY THAT THE STRUCTURAL COMPONENTS, SYSTEMS AND RELATED ELEMENTS PROVIDE ADEQUATE RESISTANCE TO WIND LOADS AND FORCES BY THE CURRENT CODE PROVISIONS.
 NAME: NAGENDRA KHANAI
 LICENSE #: 16515

Screen Builders
 2461 McALLISTER WAY
 WEST PALM BEACH, FL 33411
 © COPYRIGHT 2002

IF SCREEN BUILDERS IS NOT THE CONTRACTOR OF THIS DETAIL SHEET PLEASE DO NOT ACCEPT AND CALL US AT (800)972-7242

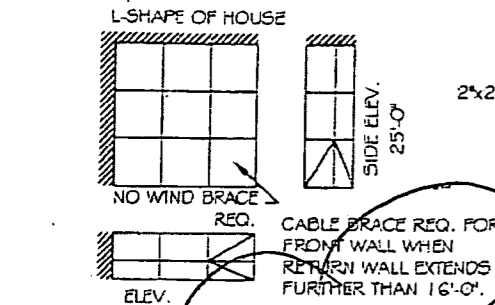
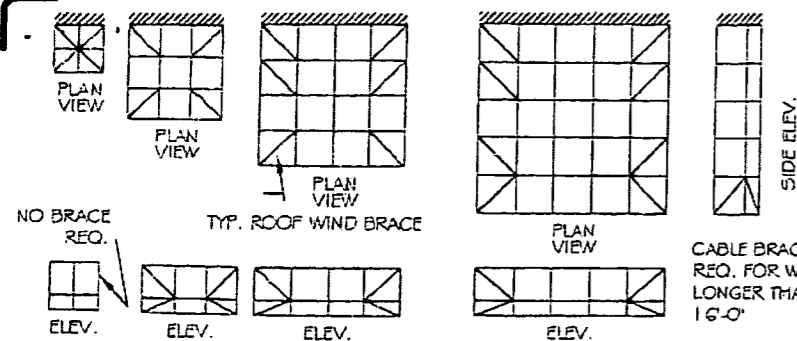
NAGENDRA KHANAI P.E. #16515
 SHEET 3 OF 3

ALUMINUM SCREEN ROOF & WALL DETAILS

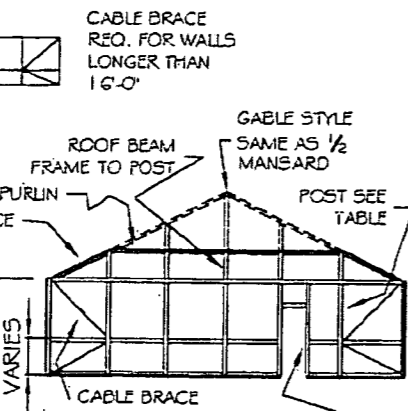
2001 FLORIDA BUILDING CODE SECTION 2002

PLAN EFFECTIVE MARCH 1, 2002

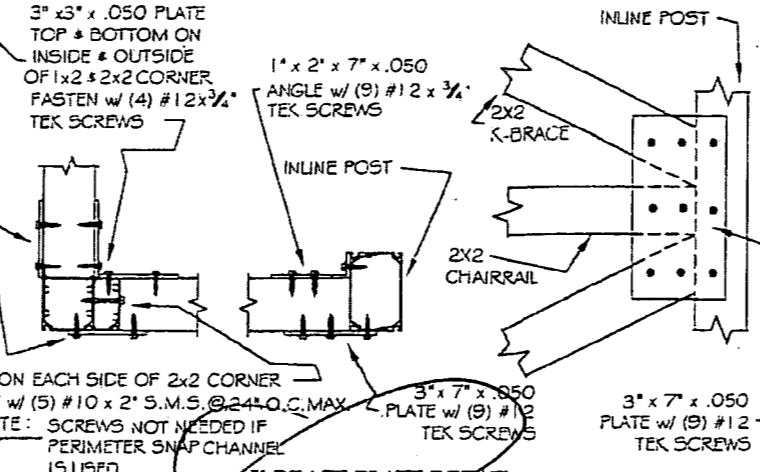
NOTE:
IF SCREEN ROOF COMES OUT FROM THE HOUSE AND IS BETWEEN 5' TO 8' YOU NEED K-BRACE OR CABLE BRACE IN FRONT WALL (NOT THE RETURN WALL) AND ROOF WIND BRACE ARE NOT REQ.



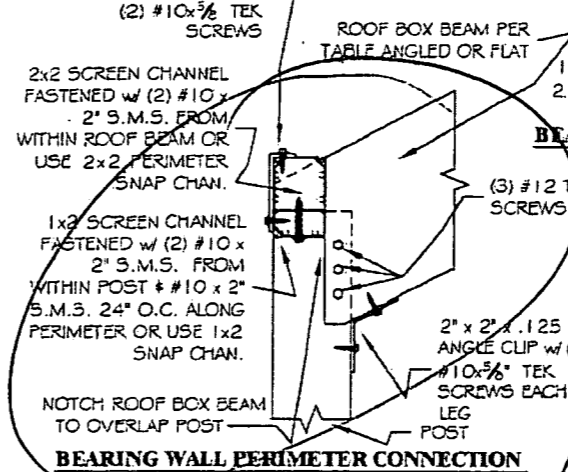
WIND BRACING DETAILS



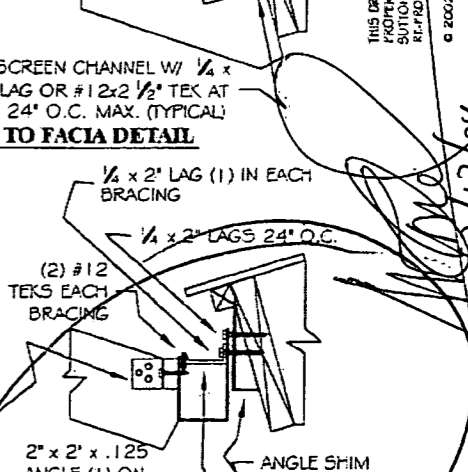
ROOF BEAM FRAME TO POST



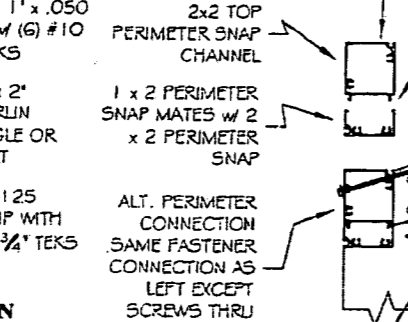
K-BRACE PLATE DETAIL



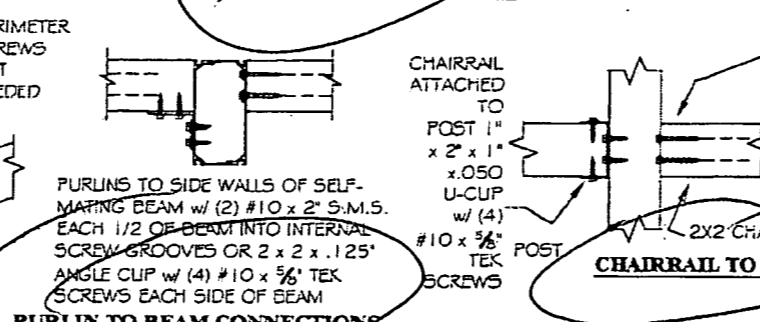
BEARING WALL PERIMETER CONNECTION



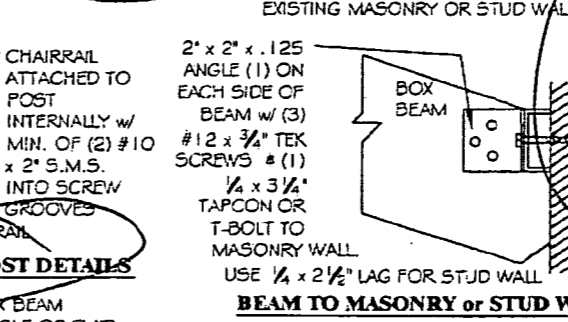
BEAM TO FACIA DETAIL



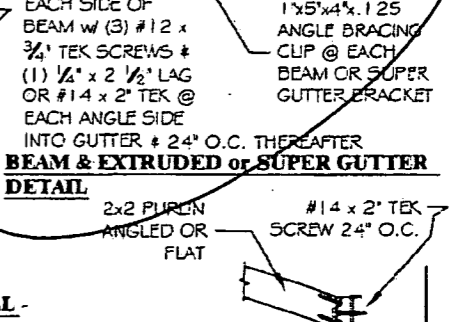
SIDE WALL PERIMETER CONNECTION



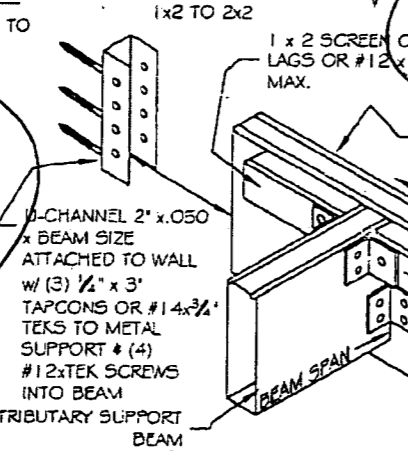
CHAIRRAIL TO POST DETAILS



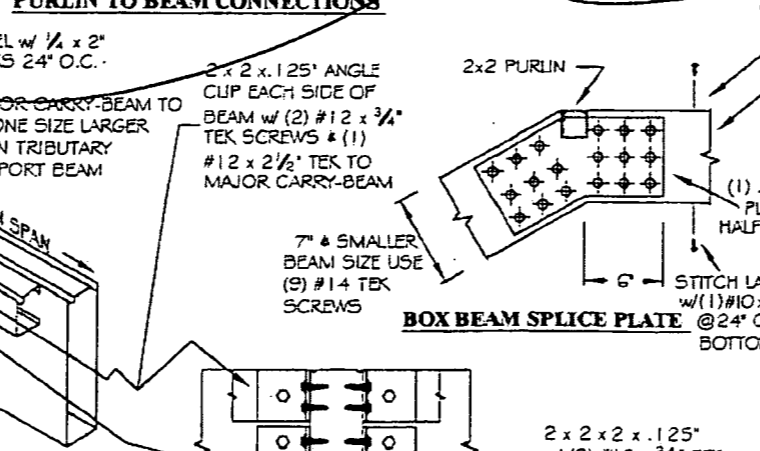
BEAM TO MASONRY or STUD WALL



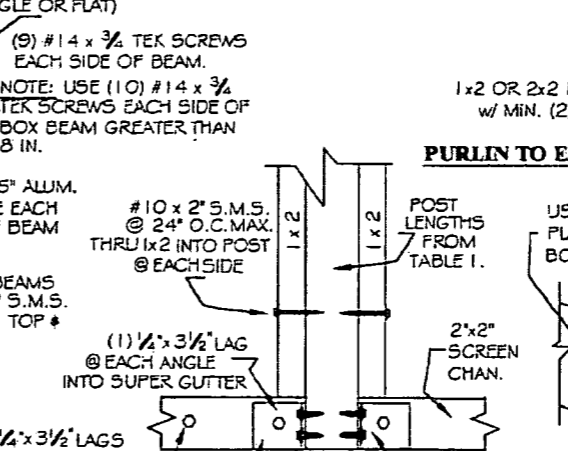
BEAM & EXTRUDED or SUPER GUTTER DETAIL



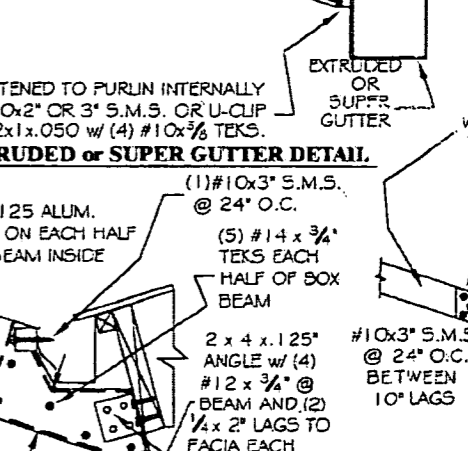
WIND BRACE CONNECTION DETAIL



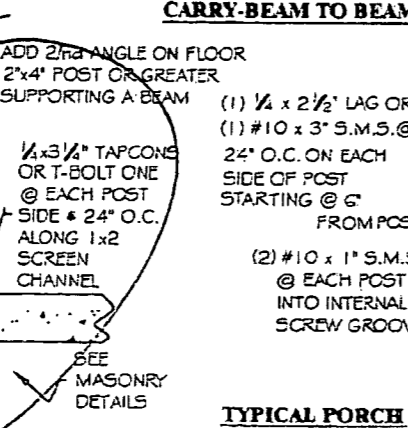
PURLIN TO BEAM CONNECTIONS



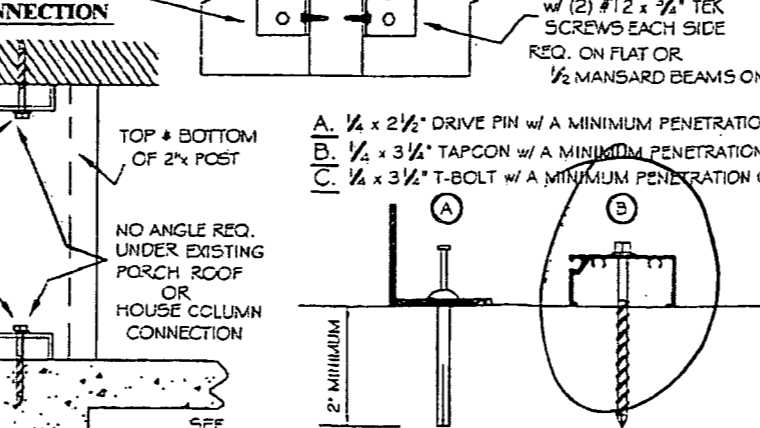
BOX BEAM SPLICE PLATE



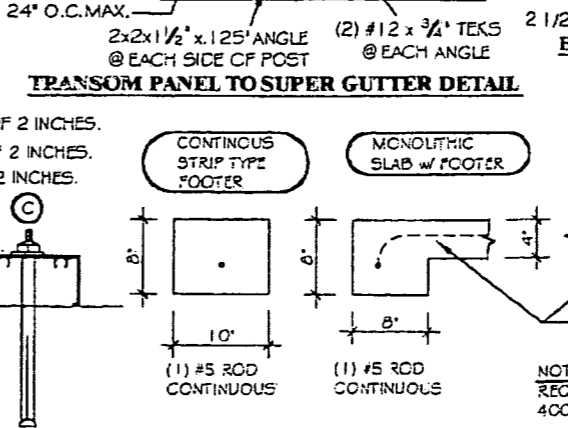
PURLIN TO EXTRUDED or SUPER GUTTER DETAIL



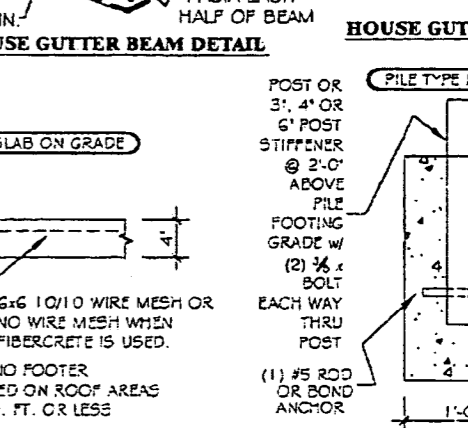
CARRY-BEAM TO BEAM CONNECTION



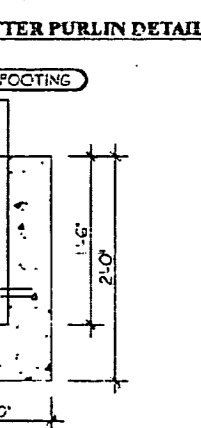
TYPICAL PORCH BASE PLATE & POST CONNECTION



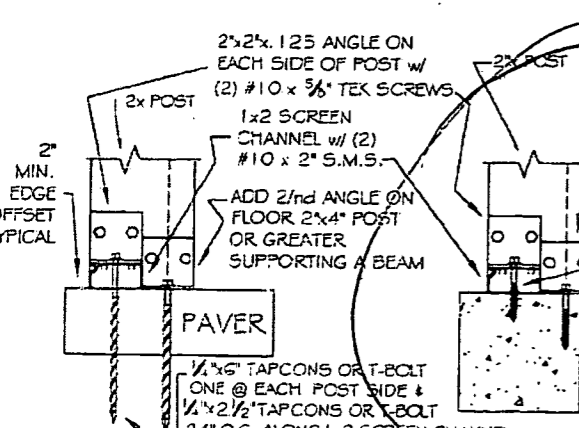
TRANSOM PANEL TO SUPER GUTTER DETAIL



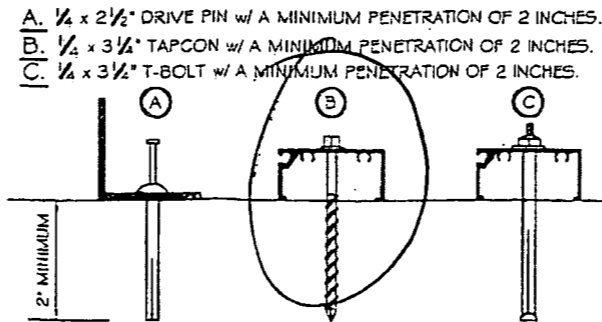
HOUSE GUTTER BEAM DETAIL



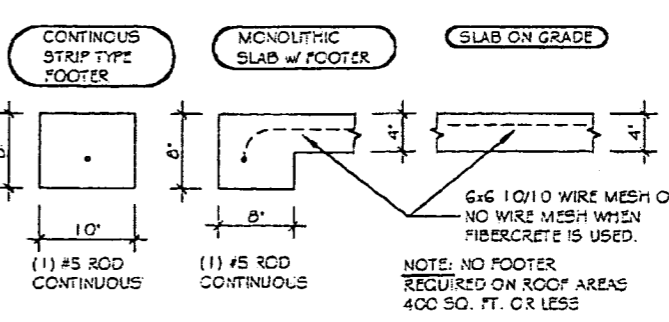
HOUSE GUTTER PURLIN DETAIL



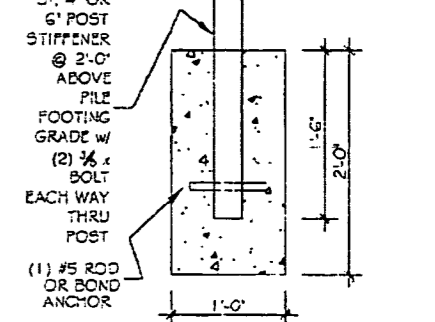
TYPICAL BASE PLATE & POST CONNECTION



MASONRY FASTENERS



MASONRY DETAILS



PILE TYPE FOOTING

REVISIONS
MAY 27, 2002
JUNE 25, 2002
AUG. 9, 2002
NOV. 2, 2002
JUNE 29, 2003

THIS DRAWING IS THE SOLE PROPERTY OF HACHUKA HANAI & DAVID SUTICH. WRITING PERMISSION IS NEEDED TO REPRODUCE OR LEND IT TO ANYONE.

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SCREEN BUILDERS
8451 McALLISTER WAY
WEST PALM BEACH, FL 33411
Phone: (561) 433-5361
P.E. No. 16515

THESE PLANS ARE EXCLUSIVELY LISTED BY:

SCREEN BUILDERS
8451 McALLISTER WAY
WEST PALM BEACH, FL 33411
Phone: (561) 433-5361
P.E. No. 16515



TOWN OF SEWALL'S POINT

One South Sewall's Point Road

Sewall's Point, Florida 34996

(772) 287-2455

CORRECTION NOTICE

ADDRESS: 10 RIO VISTA

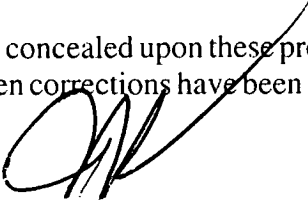
I have this day inspected this structure and these premises and have found the following violations of the City, County, and/or State laws governing same.

SCREEN ENCL.

BOND WIRE SHOULD BE
BURIED TO PROTECT FROM
DAMAGE.

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

DATE: 8/15



INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/19, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7225	K DEERIEZ	FINAL POOL ENCL	PASS	CLOSE
3	10 RIO VISTA DR SCREEN			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	SCHOPPE	TREE	PASS	
7	LOT - 255 RIVER			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7503	LADD	ROUGH A/C	PASS	
2	21 SIMARA	ELEC	PASS	
	HARTEN CAUFIELD	FRAMING	FAIL	INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7685	GILLEN	FINAL	PASS	CLOSE
5A	5 PALMETTO DR			
	PACIFIC ROOFING			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7734	CRANE	DRY IN	CXL	
2A	2 TIMOR ST			
	PACIFIC ROOFING			INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7703	VIENER	GENERATOR	PASS	
1	10 PINEAPPLE LA	PAD ELEC		
	O/B	FINAL		INSPECTOR: <i>OM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR: <i>OM</i>

OTHER: _____

9554

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:	9554	DATE ISSUED:	SEPTEMBER 1, 2010
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	JENSEN BEACH A/C		
PARCEL CONTROL NUMBER:	123841-002-000-006608	SUBDIVISION	RIO VISTA - LOT 66
CONSTRUCTION ADDRESS:	10 RIO VISTA DR		
OWNER NAME:	KRZEPISZ		
QUALIFIER:	GREG HALL	CONTACT PHONE NUMBER:	334-3200

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**

REQUIRED INSPECTIONS

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

9554

Date: 8-30-10 Permit Number: 9554
 OWNER/TITLEHOLDER NAME: Hildegarde Krzepisz Phone (Day) 387-51087 (Fax) _____
 Job Site Address: 410 Rio Vista Dr City: Stuart State: FL Zip: 34996
 Legal Description: RIO VISTA SID LOT 100 Parcel Control Number: 12-38-41-002-000-0010008
 Owner Address (if different): _____ City: _____ State: _____ Zip: _____

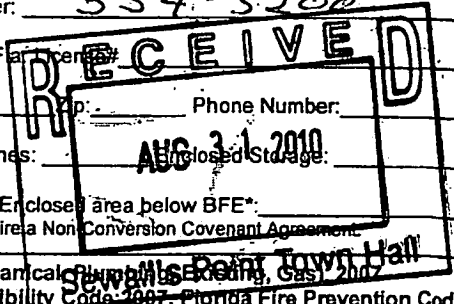
SCOPE OF WORK (PLEASE BE SPECIFIC): AC Changeout

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

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 4,530.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
 Is subject property located in flood hazard area? VE10 AE9 AE8
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

Construction Company: Jensen Beach A/C Phone: 334-3200 Fax: 334-3201
 Qualifiers name: Greg Hall Street: 940 NE Dixie Hwy State: FL Zip: 34957
 State License Number: CACOM451 OR: Municipality: _____ License Number: _____
 LOCAL CONTACT: Greg Hall Phone Number: 334-3200

DESIGN PROFESSIONAL: _____
 Street: _____ City: _____ State: _____
 AREAS SQUARE FOOTAGE: Living: _____ Garage: _____ Covered Patios/Porches: _____
 Carport: _____ Total under Roof _____ Elevated Deck _____ Enclosed area below BFE* _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.



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

NOTICES TO OWNERS AND CONTRACTORS:

- 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.
- THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR 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 *******

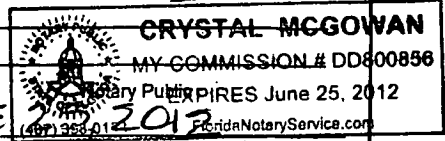
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S.)
 OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

 State of Florida, County of Martin
 On This the 1st day of Sept
 by Susan Krzepisz who is personally
 known to me or produced FLDC#K621-795-66956-0
 As identification. Valleyway
 Notary Public
 My Commission Expires: _____

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.)

 State of Florida, County of MARTIN
 On This the 30th day of AUGUST 2010
 by GREGORY HALL who is personally
 known to me or produced _____
 As identification. _____
 My Commission Expires: JUNE 25 2012





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

Site Provided by...
 governmax.com T1.14

Summary

print Address 6 of 6

Tabs

- Summary**
- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- Parcel Map →

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
12-38-41-002-000-00660-8	27579	10 RIO VISTA DR, SEWALL'S POINT	\$257,150	08/28/2010

Searches

- Parcel ID
- Owner
- Address**
- Account #
- Land Use
- Legal Description
- Neighborhood
- Sales
- Maps →

Owner Information

Owner(Current)	KRZEPISZ HILDEGARD KRZEPISZ SUSAN
Owner/Mail Address	10 RIO VISTA DR STUART FL 34996-6418
Transfer Date	05/05/2004
Document Number	1748670
Document Reference No.	1894 2313

Location/Description

Account #	27579	Map Page No.	SP-04
Tax District	2200	Legal Description	RIO VISTA S/D LOT 66
Parcel Address	10 RIO VISTA DR, SEWALL'S POINT		
Acres	.3470		

Functions

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

Parcel Type

Land Use	0100 Single Family
Neighborhood	120250 RIO VISTA DRY

Assessment Information

Market Land Value	\$127,000
Market Improvement Value	\$130,150
Market Total Value	\$257,150

Print Back to List First Previous Next Last

Legal Disclaimer / Privacy Statement





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 [checked] Commercial
Package Unit Yes No [checked] (Use Condenser side of form below for equipment listing)
Duct Replacement Yes No [checked] - Refrigerant line replacement Yes No [checked]
Flushing Existing Refrigerant lines Yes No [checked] - Adding Refrigerant Drier Yes No [checked]
Rooftop A/C Stand Installation Yes No [checked] - Curb Installation Yes No [checked]
Smoke Detector in Supply (over 2000 CFM) Yes No [checked]

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Rheem Model# RH
Volts 240 CFM's 1200 Heat Strip 10 Kw
Min. Circuit Amps 45 Wire gauge #6
Max. Breaker size 50 Min. Breaker size 50
Ref. line size: Liquid 3/8" Suction 7/8"
Refrigerant type 410A
Location: Existing [checked] New
Access: pull down in garage

Condenser: Mfg Rheem Model# 14AM4840
Volts 240 SEER/EER 16 BTU's 46,000
Min. Circuit Amps 31 Wire gauge #8
Max. Breaker size 45 Min. Breaker size 35
Ref. line size: Liquid 3/8" Suction 7/8"
Refrigerant type 410A
Location: Existing [checked] New
Left/Right/Rear/Front/Roof Right
Condensate Location Right Side

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: TRANE Model#
Volts CFM's Heat Strip Kw
Min. Circuit Amps Wire gauge
Max. Breaker size Min. Breaker size
Ref. line size: Liquid 3/8" Suction 3/4"
Refrigerant type R22
Location: Ext. [checked] New
Access: pull down stairs in garage

Condenser: Mfg TRANE Model#
Volts SEER/EER BTU's
Min. Circuit Amps Wire gauge
Max. Breaker size Min. Breaker size
Ref. line size: Liquid 3/8" Suction 3/4"
Refrigerant type R22
Location: Ext. [checked] New
Left/Right/Rear/Front/Roof RIGHT
Condensate Location Right Side

Certification:

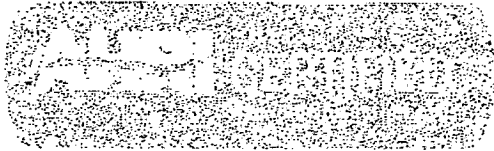
I hereby certify that the information entered on this form accurately represents the equipment installed and further that this equipment is considered matched as required by FBC - R (N)1107 & 1108

[Handwritten Signature]

8-30-10

Signature

Date



**This combination qualifies for a Federal Energy
Efficiency Tax Credit when placed in service
between Feb 17, 2009 and Dec 31, 2010.**

Certificate of Product Ratings

AHRI Certified Reference Number: 3799429

Date: 8/30/2010

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

Outdoor Unit Model Number: 14AJM49

Indoor Unit Model Number: RHLL-HM4821+RCSL-H*4821

Manufacturer: RHEEM MANUFACTURING COMPANY

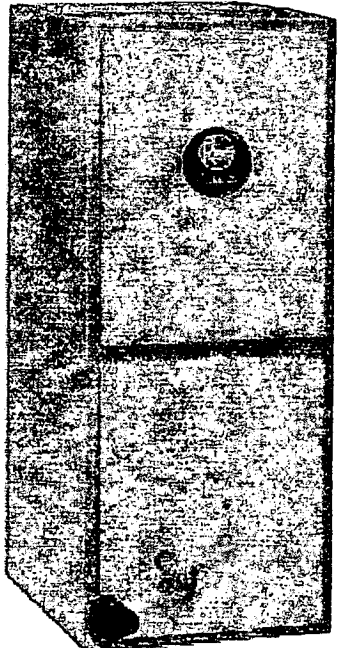
Trade/Brand name: RHEEM 14AJM SERIES

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

Rated as follows in accordance with AHRI Standard 210/240-2006 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):	46000
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00

Rheem SALES FACT SHEET



Classic[®] Plus

AIR HANDLERS

RHLA- High Efficiency
featuring R-22 Refrigerant

RHLL- High Efficiency
featuring Earth-Friendly
R-410A Refrigerant



Features

- RHLA/RHLL models feature GE's new X-13 motor which provides enhanced SEER performance with most Rheem outdoor units.
- 1½ ton [5.3 kW] through 5 ton [17.6 kW] models are between 42½ to 55½ inches [1080 to 1410 mm] tall and 22 inches [559 mm] deep.
- Versatile 4-way convertible design for upflow, downflow, horizontal left and horizontal right applications.
- Factory-installed high efficiency indoor coil.
- All models meet or exceed 330 to 400 CFM [156 to 189 L/s] per ton at .3 inches [.7 kPa] of external static pressure.
- Enhanced airflow up to .7" external static pressure.
- Sturdy construction with 1.0 inch [.24 kPa] of reinforced foil faced jacket insulation for excellent thermal and sound insulation.
- Field-installed auxiliary electric heater kits provide exact heat for indoor comfort. Kits include circuit breakers which meet UL and cUL requirements for service disconnect.
- The most compact unit design available, all standard heat air handler models only 42½ to 55½ inches [1079 to 1409 mm] high.
- Attractive pre-painted cabinet exterior.
- Rugged wall steel cabinet construction, designed for added strength and versatility.

GENERAL TERMS OF LIMITED WARRANTY

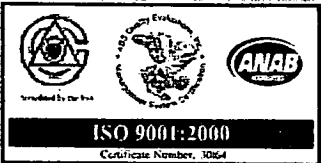
Rheem will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

Indoor Coils leaks caused by factory defects Five (5) Years
 Electric Heating Element Five (5) Years
 Any Other Part Five (5) Years

For Complete Details of the Limited Warranty, Including Applicable Terms & Conditions, See Your Local Installer or Contact the Manufacturer for a Copy.

R	H	L	A	—	HM	24	17	J	A
RHEEM	CLASSIFICATION	L = HI-EFFICIENCY (X-13 MOTOR)	REFRIGERANT	A/C OR HP MULTI-POSITION (VERTICAL UPFLOW/ HORIZONTAL LEFT IS THE FACTORY CONFIGURATION)	CAPACITY	CABINET SIZE	VOLTAGE	DESIGN VARIATION	
	H = AIR HANDLER		A = R-22 L = R-410A		24 = 18,000/24,000 BTU/HR [5.27/7.03 kW] 36 = 30,000/36,000 BTU/HR [8.79/10.55 kW] 48 = 42,000/48,000 BTU/HR [12.31/14.07 kW] 60 = 60,000 BTU/HR [17.58 kW]	17 = 17.5" [431.8 mm] (800-1200 CFM) 21 = 21" [533.4 mm] (1400-1600 CFM) 24 = 24.5" [609.6 mm] (1600-1800 CFM)	A = 115/1/60 J = 208/240/1/60	A = 1ST DESIGN	

Price	Starting at: \$
-------	--------------------



CERTIFIED UNDER THE A.R.I. CERTIFICATION PROGRAM—A.R.I. STANDARDS 210/240-84

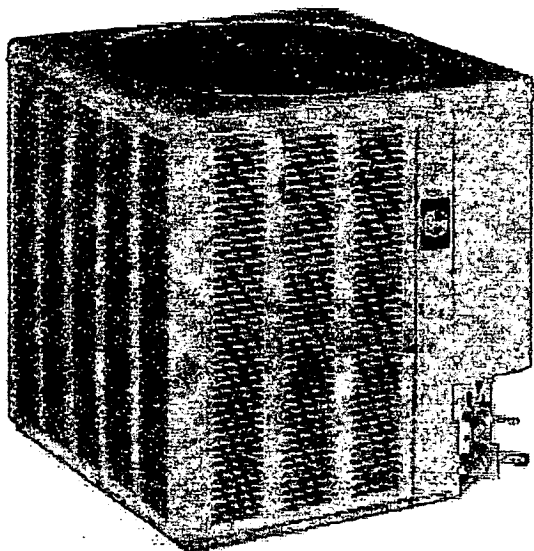


SALES FACT SHEET



Featuring
Industry Standard
R-410A Refrigerant

R-410A



14.5 SEER VALUE SERIES CONDENSING UNITS

Features

- Painted louvered steel cabinet
- Easily accessible control box
- Condenser coils constructed with copper tubing and enhanced aluminum fins
- Grille/Motor mount for quiet fan operation
- Filter Drier (shipped – not installed)

14AJM

14.5 SEER Models
Efficiencies up to 17 SEER/13.50 EER
Nominal Sizes 1 1/2 to 5 Tons
[5.28 kW] to [17.6 kW]

Nine Models

Cooling Capacities
19,600 to 56,500 BTU/HR
[5.74 to 16.56 kW]

<u>14</u>	<u>A</u>	<u>J</u>	<u>M</u>
14.5 SEER	A = AIR CONDITIONER	<u>VOLTAGE</u> J = 208-230 SINGLE PHASE	<u>DESIGN SERIES</u> M = 1ST DESIGN R-410A

GENERAL TERMS OF LIMITED WARRANTY

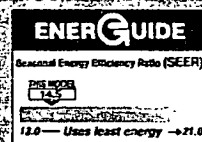
Rheem will furnish a replacement for any part of this product which fails in normal use and service within the applicable period stated, in accordance with the terms of the limited warranty.

Conditional Parts* (Registration Required)	Ten (10) Years
Conditional Compressor* (Registration Required)	Ten (10) Years
Any Other Part	Five (5) Years

*See Product Warranty Card for Details.

<u>18</u>	<u>A</u>	<u>01</u>
<u>NOMINAL COOLING CAPACITY</u>	<u>CABINET</u>	<u>RHEEM VALUE SERIES</u>
18 = 18,000 BTU/HR [5.28 kW] 24 = 24,000 BTU/HR [7.03 kW] 30 = 30,000 BTU/HR [8.79 kW] 36 = 36,000 BTU/HR [10.55 kW] 42 = 42,000 BTU/HR [12.31 kW] 48 = 48,000 BTU/HR [14.07 kW] 49 = 47,000 BTU/HR [13.77 kW] 56 = 54,000 BTU/HR [15.83 kW] 60 = 60,000 BTU/HR [17.58 kW]	A = FULL METAL JACKET	

Price	Starting at: \$
-------	--------------------



*Proper sizing and installation of equipment is critical to achieve optimal performance. Split system air conditioners and heat pumps must be matched with appropriate coil components to meet ENERGY STAR criteria. Ask your Contractor for details or visit www.energystar.gov.

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection: Mon Tue Wed Thur Fri **9-29** 2010 Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
6426	Jones	Final		
3pm	18 Emainita	352-266-4148		Postpone to Wed Oct 6
	Avian (Cunnington)			INSPECTOR
9551	Kayepuz	General AC		
150	10 Rockledge		Pass	Close
	Jonson Beach AC			INSPECTOR <i>JA</i>
9583	Beehony	Final		
2/3 pm	Lelewood DR	Drain		Schedule
	Preferred AC			INSPECTOR
9051	Beekana	UG Plumbing		
	3602 SE Ocean		Pass	
	Comm Const			INSPECTOR <i>JA</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

10397
RE-ROOF



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

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A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS

PERMIT NUMBER:	10397	DATE ISSUED:	MARCH 26, 2013
SCOPE OF WORK:	REROOF		
CONTRACTOR:	ON SHORE ROOFING		
PARCEL CONTROL NUMBER:	123841002-000-006608	SUBDIVISION	RIO VISTA - LOT 66
CONSTRUCTION ADDRESS:	10 RIO VISTA DR		
OWNER NAME:	KRZEPISZ		
QUALIFIER:	JOSEPH KOLINOSKI	CONTACT PHONE NUMBER:	283-1505

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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: 3-21-13 replaces **BUILDING PERMIT APPLICATION** Permit Number: 10397

OWNER/LESSEE NAME: KRZEPISZ HINEGAR Phone (Day) 341-2750 (Fax) _____

Job Site Address: 10810 VISTA DR. S.W. City: STUART State: FL Zip: 34996

Legal Description: 10810 VISTA S/O LOT 66 Parcel Control Number: 19-38-41-002-000-00660-8

Fee Simple Holder Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

***SCOPE OF WORK (PLEASE BE SPECIFIC):**

Per roof

WILL OWNER BE THE CONTRACTOR?
 (If yes, Owner Builder questionnaire must accompany application)
 YES _____ NO

COST AND VALUES: (Required on ALL permit applications)
 Estimated Value of Improvements: \$ 14,500.00
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

Has a Zoning Variance ever been granted on this property?
 YES _____ (YEAR) _____ NO
 (Must include a copy of all variance approvals with application)

Is subject property located in flood hazard area? VE10 AE9 AE8
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

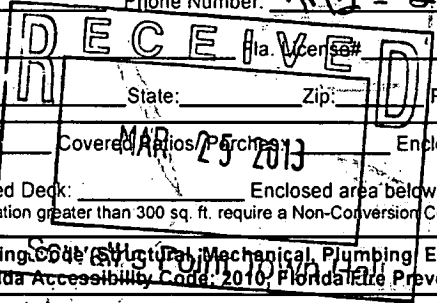
Construction Company: ON SHORE ROOFING Phone: 283-1505 Fax: 283-1557

Qualifiers name: TOSHEPA KOLNOSKI Street: 4401 SE COMMERCE City: STUART State: FL Zip: 34997

State License Number: CCC1328954 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: BONNIE KOVITT Phone Number: 772-283-1505

DESIGN PROFESSIONAL: _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____



AREAS SQUARE FOOTAGE: Living: 1900 Garage: _____ Covered Porch: _____ Enclosed Storage: _____

Carpport: _____ Total under Roof: 1900 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:

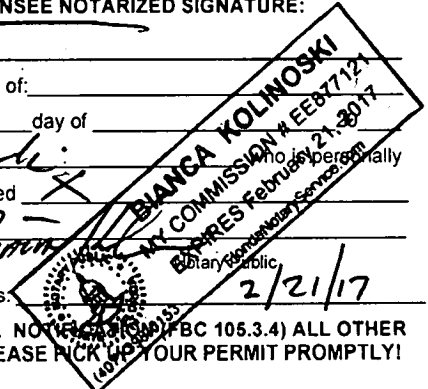
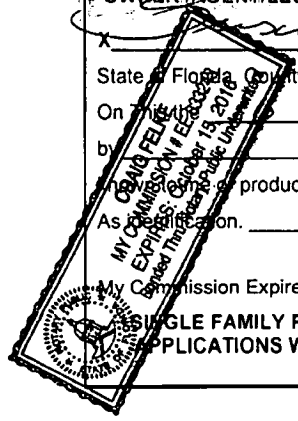
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCOMBERED 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: Martin
 On this the _____ day of March, 2013
 by _____ who is personally
 produced _____
 As identification, _____
 Notary Public
 My Commission Expires: 10/15/10

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: _____
 X
 State of Florida, County of: _____
 On this the _____ day of _____
 by Joe Kolnoski who is personally
 known to me or produced _____
 As identification, Bianca Kolnoski
 Notary Public
 My Commission Expires: 2/21/17



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 3/18/2013 10:39:40 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-002-000-00660-8	27579	10 RIO VISTA DR, SEWALL'S POINT	\$229,660	3/16/2013

Owner Information

Owner(Current)	KRZEPISZ HILDEGARD KRZEPISZ SUSAN
Owner/Mail Address	10 RIO VISTA DR STUART FL 34996-6418
Sale Date	5/5/2004
Document Book/Page	1894 2313
Document No.	1748670
Sale Price	0

Location/Description

Account #	27579	Map Page No.	SP-04
Tax District	2200	Legal Description	RIO VISTA S/D LOT 66
Parcel Address	10 RIO VISTA DR, SEWALL'S POINT		
Acres	.3470		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120250 RIO VISTA DRY

Assessment Information

Market Land Value	\$120,000
Market Improvement Value	\$109,660
Market Total Value	\$229,660

RECORDED 03/18/2013 03:44:01 PM
CAROLYN TIMMANN
MARTIN COUNTY CLERK

NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500,000

PERMIT #: _____ TAX FOLIO #: 12-38-41-002-000-00660-8

STATE OF FLORIDA COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): 10 Rio Vista Dr
NO VISTA S/D Lot 66

GENERAL DESCRIPTION OF IMPROVEMENT: Re-Roof

OWNER NAME: KRZEPISZ HILDEGARD KRZEPISZ SUSAN
ADDRESS: 10 RIO VISTA DR, STUART, FL 34994
PHONE NUMBER: 772-341-3250 FAX NUMBER: _____

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

CONTRACTOR: ON SHORE ROOFING
ADDRESS: 4401 SE COMMERCE AVE, STUART, FL 34997
PHONE NUMBER: 772-283-1505 FAX NUMBER: 772-283-1550

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

LENDER/MORTGAGE COMPANY: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____

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

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

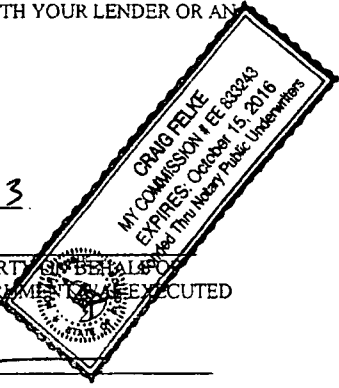
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Susan Krzepisz
SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER
SIGNATORY'S TITLE/OFFICE: OWNER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 16 DAY OF March, 2013
BY: SUSAN KRZEPISZ AS OWNER FOR SELF
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY IN BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____
TYPE OF IDENTIFICATION PRODUCED _____

[Signature]
NOTARY SIGNATURE/ SEAL



STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE FOREGOING PAGE(S) IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THIS OFFICE.
BY: [Signature] DATE: 3/13/13
CAROLYN TIMMANN, CLERK
DC



UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

(Signature of Natural Person Signing Above)



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

RE-ROOF CERTIFICATION

PERMIT # _____

CONTRACTOR'S NAME: ASHLEY ROOFING PHONE #: 283-1505 FAX: 283-1507

OWNER'S NAME: KRZEPISZ SUSAN KRZEPISZ HEDEGARD

CONSTRUCTION ADDRESS: 10610 VISTA DR. CITY STUART STATE 34996

RE-ROOF: RESIDENTIAL (SINGLE FAMILY)

COMMERCIAL **--REMOVE/REINSTALL ROOF TOP HVAC EQUIP YES NO

**...DISCONNECT/RECONNECT HVAC ELECTRIC YES NO

** REQUIRES A CONTRACTOR VERIFICATION FORM (HVAC AND/OR ELECTRICAL) W/ PERMIT APPLICATION

RE-ROOF DEEMED TO COMPLY WITH 553.844 F. S. YES NO - INSURED VALUE OF RESIDENCE: \$ _____

ROOF TYPE: HIP BOSTON-HIP GABLE FLAT OTHER

ROOF PITCH: 5 /12 SLOPE

ROOF DECK:* SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED

RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER FLORIDA BUILDING CODE "2004".

SPACED SHEATH FILL-IN - SPACES BETWEEN EXISTING SPACED-SHEATHING BOARD MAY BE FILLED-IN WITH BOARDS OF THE SAME SIZE AND THICKNESS TO PROVIDE A CLOSELY FITTED SOLID DECK NAIL NEW BOARDS AS PER FLORIDA BUILDING CODE "2004".

EXISTING DECK TO REMAIN/REPAIRED & RENAILED

EXISTING ROOF COVERING: SHINGLE EXISTING COVERING TO BE REMOVED? YES NO

PROPOSED NEW ROOF COVERING: SHINGLE

MANUFACTURER GAF PRODUCT NAME ASPHALT SHINGLE PRODUCT APPR # FL00124-R8

(APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL)
 MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.

*WHEN CONCRETE/CLAY TILES REPLACE ANY OTHER TYPE OF ROOF COVERING, THE EXISTING TRUSSES SHALL BE INSPECTED BY A FLORIDA REGISTERED ARCHITECT OR ENGINEER TO VERIFY ADEQUACY OF THE TRUSSES TO SUPPORT INCREASED DEAD LOADS. AN ENGINEERING INSPECTION REPORT SHALL BE SUBMITTED WITH THE PERMIT APPLICATION.

PROPOSED FLASHING: GALV./STEEL ALUMINUM COPPER OTHER

RIDGEVENT TO BE INSTALLED: YES NO

DESCRIPTION OF WORK: REMOVE EXISTING ROOF DOWN TO DECK AND RE-NAIL TO CODE. INSTALL PLYGLASS UNDERLAYMENT GALV. ACCESSORY METALS & SHINGLES. FLAT ROOF TO RECEIVE 2% LOW SLOPE TORCH APPLIED

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

SIGNATURE OF CONTRACTOR:

DATE: MARCH 21, 2013



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

**RESIDENTIAL REROOF WINDSTORM LOSS
MITIGATION CERTIFICATION (FLORIDA STATUTE 553.844)**

ALL RE-ROOFS REGARDLESS OF VALUE SHALL COMPLY WITH THE FOLLOWING:

Re-nailing: All sheathing and decking shall be re-nailed per section 201.1 and a secondary water barrier installed.

- Existing fasteners that are 8d clipped head, round head or ring shank and spaced 6 in. or less o.c. may be counted. Additional fasteners shall be 8d ring shank nails with round heads spaced at 6 in. o.c. along framing.
- Indicate below which method is to be used to satisfy the secondary water barrier requirements:

_____ All joints in roof sheathing shall be covered with a minimum of 4 in. strip of self-adhering polymer modified bitumen tape. Wood deck and self-adhering tape shall be covered by one layer of approved underlayment.

_____ Entire roof deck shall be covered with an approved self-adhering polymer modified bitumen cap sheet. No additional underlayment is required.

_____ Outside of the HVHZ, an underlayment complying with section 1507.2.3 of the Florida Building Code, Building fastened as described below or a layer of asphalt impregnated approved #30 felt shall be installed. The felt is to be fastened with 1" round plastic cap or metal cap nails, attached to a nailable deck in a grid pattern of 12 inches (305 mm) staggered between the overlaps, with 6-inch (152 mm) spacing at the overlaps. For slopes of 2:12 to 4:12 an additional layer of felt shall be installed in a single-fashion and lapped 19" and fastened as described above. (No additional underlayment shall be required over the top of this sheet.)

_____ Exception: An approved 30# underlayment installed per HVHZ using nails and tin-tags and covered with an approved self-adhering polymer modified bitumen cap sheet or an approved cap sheet hot-mopped shall be deemed to meet the requirements for secondary water barrier.

Residential Structures valued at \$300,000 or more shall comply with the following:

- Roof to wall connections must be enhanced up to 15% additional cost of the re-roofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.



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

**LICENSED GENERAL, BUILDING OR RESIDENTIAL CONTRACTORS'
 REROOF WINDSTORM LOSS MITIGATION COMPLIANCE AFFIDAVIT**

A RESIDENTIAL STRUCTURE VALUED AT \$300,000 OR MORE SHALL COMPLY WITH THE FOLLOWING:

- Roof to wall connections must be enhanced up to 15% additional cost of the reroofing cost.
- A certified or registered general, building or residential contractor compliance affidavit must accompany the re-roof permit application and submit details to perform the following:
 1. Sufficient amount of eave sheathing shall be removed to view 6 ft. of roof rafters.
 2. Wherever a strap is missing or an existing strap has fewer than 4 fasteners on each end of connection with the wall, the connection shall be strengthened by adding:
 - a. Metal connectors, clips, straps and fasteners to achieve an uplift capacity as specified in Table 201.3 OR
 - b. Approved strap ties or right angle gusset brackets with a minimum uplift capacity of 500 lbs shall be installed to the top plate or masonry wall below
 - c. Refer to sections 201.3.1 to 201.3.4 for prescriptive requirements.

A RESIDENTIAL STRUCTURE VALUED AT \$750,000 OR MORE SHALL COMPLY WITH THE FOLLOWING:

When any activity requiring a building permit that is applied for on or after July 1, 2008, and for which the estimated cost is \$50,000 or more for a building that is located in the wind borne debris region as defined in s. 1609.2 of the Florida Building Code, Building: Opening protections as required within the Florida Building Code, Building or Florida Building Code, Residential for new construction shall be provided.

TO BE COMPLETED IF INSURED VALUE OF SINGLE FAMILY IS OVER \$300,000.00 AND WAS PERMITTED PRIOR TO MARCH 1, 2002.

YEAR PERMITTED _____ INSURED OR P.A. IMPROVED VALUE \$ _____
 DETAILS OF MITIGATION WORK TO BE PERFORMED (Add additional sheets if necessary):

JOB SITE ADDRESS: _____

QUALIFIER NAME: _____ LICENSE NO.: _____

COMPANY NAME: _____ PHONE NO.: _____

X _____

X _____

Qualifier's Signature _____

Owner's Signature _____

Date: _____

Date: _____

Sworn to and subscribed before me
 this ____ day of _____ 20____

Sworn to and subscribed before me
 this ____ day of _____ 20____

By _____

By _____

Notary Public, State of Florida
 Personally known to me _____
 Produced ID _____
 Type: _____

Notary Public, State of Florida
 Personally known to me _____
 Produced ID _____
 Type: _____

SCOPE ROOF



EXTERIOR RESEARCH & DESIGN, LLC.
Certificate of Authorization #9503
353 CHRISTIAN STREET, UNIT #13
OXFORD, CT 06478
PHONE: (203) 262-9245
FAX: (203) 262-9243

EVALUATION REPORT

Polyglass USA, Inc.
150 Lyon Drive
Fernley, NV 98408

Evaluation Report P12060.02.09-R12
FL5259-R17
Date of Issuance: 02/24/2009
Revision 12: 12/07/2012

SCOPE:

This Evaluation Report is issued under Rule 9N-3 and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code and Florida Building Code, Residential Volume. The products described herein have been designed to comply with the 2010 Florida Building Code sections noted herein.

DESCRIPTION: Polyglass Roof Underlayments

LABELING: Each unit shall bear labeling in accordance with the requirements the Accredited Quality Assurance Agency noted herein.

CONTINUED COMPLIANCE: This Evaluation Report is valid until such time as the named product(s) changes, the referenced Quality Assurance documentation changes, or provisions of the Code that relate to the product change. Acceptance of this Evaluation Report by the named client constitutes agreement to notify Robert Nieminen, P.E. if the product changes or the referenced Quality Assurance documentation changes. Trinity|ERD requires a complete review of this Evaluation Report relative to updated Code requirements with each Code Cycle.

ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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

This Evaluation Report consists of pages 1 through 10.

Prepared by:

Robert J.M. Nieminen, P.E.
Florida Registration No. 59166, Florida DCA ANE1983



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 12/07/2012. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client

CERTIFICATION OF INDEPENDENCE:

1. Trinity|ERD does not have, nor does it intend to acquire or will it acquire, a financial interest in any company manufacturing or distributing products it evaluates.
2. Trinity|ERD is not owned, operated or controlled by any company manufacturing or distributing products it evaluates.
3. Robert Nieminen, P.E. does not have nor will acquire, a financial interest in any company manufacturing or distributing products for which the evaluation reports are being issued.
4. Robert Nieminen, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.



ROOFING COMPONENT EVALUATION:

1. SCOPE:

Product Category: Roofing
Sub-Category: Underlayment
Compliance Statement: Roof Underlayments, as produced by Polyglass USA, Inc., have demonstrated compliance with the following sections of the Florida Building Code through testing in accordance with the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

2. STANDARDS:

Section	Property	Standard	Year
1507.2.3, 1507.3.3, 1507.5.3, 1507.7.3, 1507.8.3, 1507.9.3	Physical Properties	ASTM D226	2006
1507.2.4, 1507.2.9.2, 1507.3.3, 1507.5.3	Physical Properties	ASTM D1970	2001
1507.11.2	Physical Properties	ASTM D6164	2005
1507.11.2	Physical Properties	ASTM D6222	2002
1504.6	Accelerated Weathering	ASTM G154	2005
1504.6	Accelerated Weathering	ASTM G155	2005
1504.3.1	Wind Uplift	FM 4474	2004
1507.3.3	Installation Practice	FRSA/TRI 07320	2005
1523.6.5.2.1	Physical Properties	TAS 103	1995

3. REFERENCES:

Entity	Examination	Reference	Date
FM Approvals (TST 1867)	Wind Uplift	3004091	01/12/2000
PRI (TST 5878)	Physical Properties	PRI01111	04/08/2002
PRI (TST 5878)	Physical Properties	PUSA-005-02-01	01/31/2002
PRI (TST 5878)	Physical Properties	PUSA-013-02-01	12/23/2002
PRI (TST 5878)	Physical Properties	PUSA-013-02-02	12/23/2002
PRI (TST 5878)	Physical Properties	PUSA-013-02-03	12/23/2002
PRI (TST 5878)	Physical Properties	PUSA-018-02-01	07/14/2003
PRI (TST 5878)	Physical Properties	PUSA-028-02-01	07/13/2005
PRI (TST 5878)	Physical Properties	PUSA-033-02-01	01/12/2006
PRI (TST 5878)	Physical Properties	PUSA-035-02-01	09/29/2006
PRI (TST 5878)	Physical Properties	PUSA-055-02-02	12/10/2007
PRI (TST 5878)	Physical Properties	PUSA-061-02-02	01/28/2008
PRI (TST 5878)	Physical Properties	PUSA-076-02-01	02/22/2008
PRI (TST 5878)	Physical Properties	PUSA-083-02-01	04/14/2008
PRI (TST 5878)	Physical Properties	PUSA-088-02-01	07/29/2009
MTI (TST 2508)	Physical Properties	JX20H7A	04/01/2008
MTI (TST 2508)	Physical Properties	RX14E8A	01/29/2009
ERD (TST 6049)	Physical Properties	11752.09.99-1	02/08/2000
ERD (TST 6049)	Wind Uplift	11776.06.02	01/16/2003
ERD (TST 6049)	Physical Properties	02200.07.03	07/14/2003
ERD (TST 6049)	Wind Uplift	P1740.01.07	01/04/2007
ERD (TST 6049)	Physical Properties	P5110.04.07-1	04/11/2007
ERD (TST 6049)	Wind Uplift	P9260.03.08	03/21/2008
ERD (TST 6049)	Physical Properties	P13450.08.09	08/13/2009
ERD (TST 6049)	Wind Uplift	P30540.11.09-R1	11/30/2009
ERD (TST 6049)	Physical Properties	P11030.11.09-1	11/30/2009
ERD (TST 6049)	Wind Uplift	P11030.11.09-2	11/30/2009
ERD (TST 6049)	Physical Properties	P11030.11.09-3	11/30/2009
ERD (TST 6049)	Physical Properties	P33360.06.10	06/25/2010
ERD (TST 6049)	Physical Properties	P33370.03.11	03/02/2011
ERD (TST 6049)	Physical Properties	P33370.04.11	04/26/2011
ERD (TST 6049)	Physical Properties	P37300.10.11	10/19/2011



<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
ERD (TST 6049)	Physical Properties	P40390.08.12-1	08/06/2012
ERD (TST 6049)	Physical Properties	P40390.08.12-2	08/07/2012
ERD (TST 6049)	Physical Properties	C41420.09.12-3	09/11/2012
ICC-ES (EVL 2396)	IBC Compliance	ESR-1697	11/01/2011
Miami-Dade (CER 1592)	HVHZ Compliance	NOA	Current
Polyglass USA	Manufacturing Affidavit	Products Current	02/18/2009
Polyglass USA	P/L Affidavit	Mule-Hide Cross Ltg	03/01/2008
Polyglass USA	Materials Affidavit	Polystick SA Compound	08/18/2011
UL, LLC. (QUA9625)	Quality Control	Service Confirmation	Exp. 08/08/2015

4. PRODUCT DESCRIPTION:

4.1 Mechanically Fastened Underlayments:

- 4.1.1 Elastobase is a fiberglass reinforced, SBS modified bitumen base sheet.
- 4.1.2 Elastobase P is a polyester-reinforced, SBS modified bitumen base sheet.

4.2 Self-Adhering Underlayments:

- 4.2.1 Polystick MTS is a nominal 60-mil thick rubberized asphalt waterproofing membrane, glass fiber reinforced, surfaced with polyolefinic film surface; meets ASTM D1970 and TAS 103.
- 4.2.2 Polystick IR-Xe is a nominal 60-mil thick rubberized asphalt waterproofing membrane, glass fiber reinforced, with an aggregate surface; meets ASTM D1970.
- 4.2.3 Polystick TU is a nominal 100-mil thick rubberized asphalt waterproofing membrane, glass fiber reinforced, with a granular surface; meets ASTM D1970 and TAS 103.
- 4.2.4 Polystick TU Plus is a nominal 80-mil thick rubberized asphalt waterproofing membrane, glass fiber reinforced, with a polyester fabric surface; meets ASTM D1970 and TAS 103.
- 4.2.5 Polystick TU P is a nominal 130-mil thick rubberized asphalt waterproofing membrane, glass-fiber/polyester reinforced, with a granular surface; meets ASTM D1970 and TAS 103.
- 4.2.6 Polystick TU Max is a nominal 60-mil thick rubberized asphalt waterproofing membrane with a 170 g/m² polyester fabric surface; meets TAS 103.
- 4.2.7 Polyflex SAP, PolyFlex SAP FR, Mule-Hide SA-APP Cap Sheet and Mule-Hide SA-APP Cap Sheet (FR) are a polyester reinforced, APP modified bitumen cap sheets.
- 4.2.8 Dual Pro™ is a nominal 60-mil thick dual-layer rubberized asphalt waterproofing membrane, fiberglass reinforced, with a polyester fabric surface.
- 4.2.9 Tile Pro™ is a nominal 60-mil thick dual-layer rubberized asphalt waterproofing membrane, fiberglass reinforced, with a polyester fabric surface.

4.3 Mechanically Fastened and/or Bonded Underlayments:-

- 4.3.1 Elastoflex S6 G and Elastoflex S6 G FR are polyester reinforced, SBS modified bitumen cap sheets.
- 4.3.2 Polyflex G and Polyflex G FR are polyester reinforced, APP modified bitumen cap sheets.

5. LIMITATIONS:

- 5.1 This Evaluation Report is not for use in the HVHZ.
- 5.2 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.



5.3 Polyglass Roof Underlayments may be used with any prepared roof cover where the product is specifically referenced within FBC approval documents. If not listed, a request may be made to the AHJ for approval based on this evaluation combined with supporting data for the prepared roof covering.

5.4 Allowable roof covers applied atop the underlayments are as follows:

Underlayment	Asphalt Shingles	Nail-On Tile	Foam-On Tile	Metal	Wood Shakes & Shingles	Slate
Elastobase	Yes	Yes	No	Yes	Yes	Yes
Elastobase P	Yes	Yes	No	Yes	Yes	Yes
Polystick MTS	Yes	Yes	No	Yes	Yes	Yes
Polystick IR-Xe	Yes	No	No	No	Yes	Yes
Polystick TU	Yes	Yes	Yes See 5.4.1	No	Yes	Yes
Polystick TU P	Yes	Yes	Yes See 5.4.1	No	Yes	Yes
Polystick TU Plus	Yes	Yes	Yes See 5.4.1	Yes	Yes	Yes
Polystick TU Max	No	Yes	Yes See 5.4.1	No	No	No
Dual Pro	Yes	Yes	No	Yes	Yes	Yes
Tile Pro	Yes	Yes	Yes See 5.4.1	Yes	Yes	Yes
Elastoflex S6 G	Yes	Yes	Yes See 5.4.1	No	Yes	Yes
Elastoflex S6 G FR	Yes	Yes	No	No	Yes	Yes
Polyflex G	Yes	Yes	Yes See 5.4.1	No	Yes	Yes
Polyflex G FR	Yes	Yes	No	No	Yes	Yes
Polyflex SAP or SAP FR	Yes	Yes	Yes See 5.4.1	No	Yes	Yes
Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR)	Yes	Yes	Yes See 5.4.1	No	Yes	Yes

5.4.1 "Foam-On Tile" is limited to use of the following Approved tile adhesives unless tensile adhesion / long term aging data from an accredited testing laboratory is provided.

- **Polyfoam PolyPro AH160:** Polystick TU, Polystick TU P, Polystick TU Plus, Elastoflex S6 G, Polyflex G, Polyflex SAP, Polyflex SA Cap FR, Mule-Hide SA-APP Cap Sheet or Mule-Hide SA-APP Cap Sheet (FR) or Tile Pro.
- **3M™ 2-Component Roof Tile Adhesive AH-160:** Polystick TU Max
- **Dow TileBond:** Polystick TU P, Polystick TU Plus, Polyflex SAP or Tile Pro
- **Convenience Products' Touch 'n Seal StormBond Roof Tile Adhesive:** Polystick TU Plus, Polystick TU Max

5.4.2 For nail-on tile systems over Polystick MTS, battens are required for loading / staging of the tile.

5.4.3 A 2-ply underlayment system, consisting of Polystick MTS followed by Polystick MTS, TU, TU P, TU Plus or TU Max, or Polyflex SAP is allowable for use under mechanically attached prepared roof systems. This is not a requirement, but is allowable if a 2-ply underlayment system is desired.



5.5 Allowable substrates are noted below:

5.5.1 Direct-Bond to Deck:

Polystick, Dual Pro, Tile Pro, Polyflex SAP or SAP FR, Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR) self-adhered to:

- New untreated plywood;
- ASTM D41 primed new untreated plywood;
- Existing plywood;
- ASTM D41 primed existing plywood;
- ASTM D41 primed OSB;
- Southern Yellow Pine;
- ASTM D41 primed Southern Yellow Pine;
- ASTM D41 primed structural concrete;
- Huber Engineered Woods "ZIP System" Panels (designed and installed to meet wind loads for project).

Note: Polyglass does not require priming of new or existing plywood sheathing. New or existing plywood sheathing should be cleaned of all dirt and debris prior to application of Polystick membranes.

Elastoflex S6 G or S6 G FR in hot asphalt to:

- ASTM D41 primed structural concrete.

Polyflex G or G FR torch-applied to:

- ASTM D41 primed structural concrete.

5.5.2 Wind Resistance for Underlayment Systems in Foam-On Tile Applications: FRSA/TRI 07320 does not address wind uplift resistance of all underlayment systems beneath foam-on tile systems, where the underlayment forms part of the load-path. The following wind uplift limitations apply to underlayment systems that are not addressed in FRSA/TRI 07320 and are used in foam-on tile applications. Maximum Design Pressure is the result of testing for wind load resistance based on allowable wind loads. Refer to FBC 1609.1.5 for determination of design wind pressures.

5.5.2.1 Maximum Design Pressure = -622.5 psf.

Deck: Structural concrete to meet project requirements to satisfaction of AHJ.

Primer: ASTM D41

Underlayment: Elastoflex S6 G, applied in full mopping of hot asphalt or Polyflex G, torch-applied.

5.5.2.2 Maximum Design Pressure = -315 psf.

Deck: Structural concrete to meet project requirements to satisfaction of AHJ.

Primer: ASTM D41

Underlayment: Polystick TU, Polystick TU P, Polystick TU Plus, Polystick TU Max, Tile Pro, Polyflex SAP, PolyFlex SAP FR, Mule-Hide SA-APP Cap Sheet and Mule-Hide SA-APP Cap Sheet (FR).

5.5.2.3 Maximum Design Pressure = -135 psf.

Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.

Primer: (Optional) ASTM D41

Joints: Min. 4-inch wide strips of Elastoflex SA-V over all plywood joints.

Underlayment: Polystick TU, Polystick TU P, Polystick TU Plus, Polyflex SAP, PolyFlex SAP FR, Mule-Hide SA-APP Cap Sheet and Mule-Hide SA-APP Cap Sheet (FR)

5.5.2.4 Maximum Design Pressure = -90 psf.

Deck: Min. 15/32-inch plywood to meet project requirements to satisfaction of AHJ.
 Primer: (Optional) ASTM D41
 Underlayment: Polystick TU, Polystick TU P, Polystick TU Plus, Polyflex SAP, PolyFlex SAP FR, Mule-Hide SA-APP Cap Sheet and Mule-Hide SA-APP Cap Sheet (FR)

5.5.2.5 All other direct-deck, adhered Polyglass underlayment systems beneath foam-on tile systems carry a Maximum Design Pressure of -45 psf.

5.5.3 Bond-to-Insulation:

- Polystick, Polyflex SAP or SAP FR, Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR) self-adhered to: ASTM C1289, Type II, Class 1 polyisocyanurate or Type V polyisocyanurate-composite insulation; DensDeck DuraGuard; DensDeck Prime; or SECUROCK Gypsum-Fiber Roof Board.
- Elastoflex S6 G or S6 G FR in hot asphalt to: DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board.
- Polyflex G or G FR torch-applied to: ASTM D41 primed structural concrete; DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board.

For installation under mechanically attached prepared roof coverings, insulation shall be attached per minimum requirements of the prepared roof covering manufacturer's Product Approval. For installations under foam-on tile systems, insulation attachment shall be designed by a qualified design professional and installed based on testing of the insulation/underlayment system in accordance with FM 4470, Appendix K or TAS 114, Appendix J.

5.5.4 Bond to Mechanically Attached Base Layer:

- Polystick, Polyflex SAP or SAP FR, Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR) Dual Pro or Tile Pro self-adhered to: ASTM D226, Type I or II felt; Elastobase; Elastobase P or Mule-Hide Nail Base.
- Elastoflex S6 G or S6 G FR in hot asphalt to: ASTM D226, Type I or II felt; Elastobase; Elastobase P or Mule-Hide Nail Base.
- Polyflex G or G FR torch-applied to: Elastobase; Elastobase P or Mule-Hide Nail Base.

For installations under mechanically attached prepared roof coverings, base layer shall be attached per minimum codified requirements. For installations under foam-on tile systems, base layer shall be attached per minimum requirements of FRSA/TRI 07320/8-05 or RAS 120.

5.6 Exposure Limitations:

- 5.6.1 Elastobase, Elastobase P, shall not be left exposed for longer than 30-days after installation.
- 5.6.2 Polystick IR-Xe, Polystick TU Max, Dual Pro or Tile Pro shall not be left exposed for longer than 90-days after installation.
- 5.6.3 Polystick MTS, TU, TU P or TU Plus shall not be left exposed for longer than 180-days after installation.
- 5.6.4 Polyflex SAP or SAP FR, or Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR) does not have an exposure limitation, unless the prepared roof covering is to be adhesive-set tile, in which case the maximum exposure is 30 days.
- 5.6.5 Elastoflex S6 G or S6 G FR or Polyflex G or G FR does not have an exposure limitation, unless the prepared roof covering is to be adhesive-set tile (Elastoflex S6 G or Polyflex G), in which case the maximum exposure is 180 days.



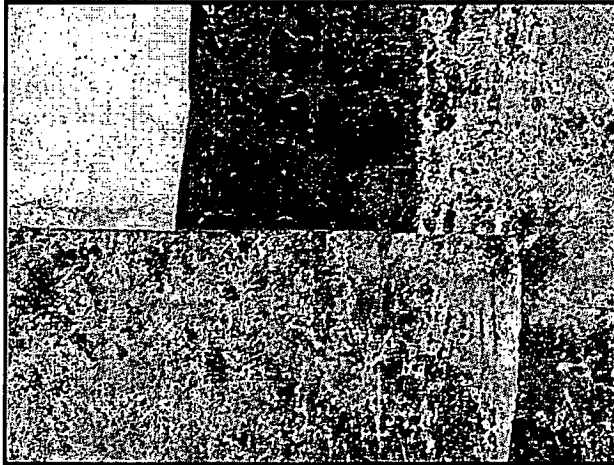
5.7 For tile roof installations governed by the FRSA/TRI 07320/8-05 Installation Manual, Fourth Edition, use is limited to the following. Reference is made to the FRSA/TRI Technical Brief titled "Florida High Wind Roof Tile Self-Adhered Underlayment Requirements as of 02/14/2011" for limitations for self-adhering underlayments used beneath tile roof systems.

Table 2: Tile System Options per FRSA/TRI 07320/8-05				
System	Underlay Option	Section	Reference	Product(s)
System One: Mechanically Fastened Tile, Unsealed or Sealed Underlayment System	1	3.02A Batten only	Modified Cap Sheet	Elastoflex S6 G or Elastoflex S6 G FR; Polyflex G or G FR
	2	3.02B	No. 30 / Modified Cap Sheet	Base Layer: Elastobase; Elastobase P Top Layer: Elastoflex S6 G or Elastoflex S6 G FR; Polyflex G or G FR
	4	3.02D	No. 30	Elastobase; Elastobase P
	5	3.02E	Self-Adhered Underlayment	Polystick MTS; TU; TU P; TU Plus; TU Max; Polyflex SAP or SAP FR; Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR); Dual Pro; Tile Pro
	6	3.02F	No. 30 / Self-Adhered Underlayment	Base Layer: ASTM D226, Type II; Elastobase; Elastobase P; Mule-Hide Nail Base Top Layer: Polystick MTS; TU; TU P; TU Plus; TU Max; Polyflex SAP or SAP FR, Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR); Dual Pro; Tile Pro
	System Two: Mechanically Fastened Tile, Sealed Underlayment System	1	3.02A Batten only	Modified Cap Sheet
2		3.02B	No. 30 / Modified Cap Sheet	Base Layer: Elastobase; Elastobase P Top Layer: Elastoflex S6 G or Elastoflex S6 G FR; Polyflex G or G FR
4		3.02D	Self-Adhered Underlayment	Polystick TU; TU P; TU Plus; TU Max; Polyflex SAP or SAP FR; Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR); Dual Pro; Tile Pro
5		3.02E	No. 30 / Self-Adhered Underlayment	Base Layer: ASTM D226, Type II; Elastobase; Elastobase P; Mule-Hide Nail Base Top Layer: Polystick TU; TU P; TU Plus; TU Max; Polyflex SAP or SAP FR, Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR) Dual Pro; Tile Pro
System Four "A": Adhesive-Set Tile, Unsealed or Sealed Underlayment System		1	3.02A	Modified Cap Sheet
	2	3.02B	No. 30 / Modified Cap Sheet	Base Layer: Elastobase; Elastobase P Top Layer: Elastoflex S6 G or Polyflex G
	4	3.02D	Self-Adhered Underlayment	Polystick TU; TU P; TU Plus; TU Max; Polyflex SAP or SAP FR; Tile Pro; Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR)
	5	3.02E	No. 30 / Self-Adhered Underlayment	Base Layer: ASTM D226, Type II; Elastobase; Elastobase P; Mule-Hide Nail Base Top Layer: Polystick TU; TU P; TU Plus; TU Max; Polyflex SAP or SAP FR; Tile Pro; Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR)
System Four "B": Adhesive-Set Tile, Sealed Underlayment System	1	3.02A	No. 30 / Modified Cap Sheet	Base Layer: ASTM D226, Type II; Elastobase; Elastobase P Top Layer: Elastoflex S6 G or Polyflex G
	3	3.02C	Self-Adhered Underlayment	Polystick TU; TU P; TU Plus; TU Max; Polyflex SAP or SAP FR; Tile Pro; Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR)
	4	3.02D	No. 30 / Self-Adhered Underlayment	Base Layer: ASTM D226, Type II; Elastobase; Elastobase P; Mule-Hide Nail Base Top Layer: Polystick TU; TU P; TU Plus; TU Max; Polyflex SAP or SAP FR; Tile Pro; Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR)



6. INSTALLATION:

- 6.1 Polyglass Roof Underlayments shall be installed in accordance with Polyglass published installation requirements subject to the Limitations set forth in Section 5 herein and the specifics noted below.
- 6.2 Re-fasten any loose decking panels, and check for protruding nail heads. Sweep the substrate thoroughly to remove any dust and debris prior to application, and prime the substrate (if applicable).
- 6.3 Elastobase, Elastobase P or Mule-Hide Nail Base:**
- 6.3.1 Shall be installed in compliance with the codified requirements for ASTM D226, Type II underlayment in FBC Sections 1507 for the type of prepared roof covering to be installed.
- 6.3.2 For use in non-tile applications:
- 6.3.2.1 Reference is made to the current edition of the NRCA Steep-slope Roofing Manual and ARMA recommendations for installing shingle underlayments and flashings
- 6.3.2.2 Elastobase, Elastobase P or Mule-Hide Nail Base may be covered with a layer of Polystick, Polyflex SAP or SAP FR, Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR), Dual Pro or Tile Pro, self-adhered, Elastoflex S6 G or S6 G FR in hot asphalt or Polyflex G or G FR, torch applied.
- 6.3.3 For use in tile applications, reference is made to Polyglass published installation instructions in conjunction with FRSA/TRI 07320/8-05 Installation Manual, Fourth Edition, and Table 2 herein.
- 6.4 Polystick MTS, IR-Xe, TU, TU P, TU Plus, TU Max Polyflex SAP or SAP FR, Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR), Dual Pro or Tile Pro:**
- 6.4.1 Shall be installed in compliance with the codified requirements for ASTM D1970 underlayment in FBC Sections 1507 for the type of prepared roof covering to be installed.
- 6.4.2 For non-tile applications:
- 6.4.2.1 All self-adhering materials, with the exception of Polystick TU Plus, Polyflex SAP or SAP FR and Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR) should be back-nailed in selvage edge seam in accordance with Polyglass / Mule-Hide Back Nailing Guide. Nails shall be corrosion resistant, 11 gauge ring-shank type with a minimum 1-inch diameter metal disk or Simplex-type metal cap nail, at a minimum rate of 12" o.c. Polystick TU Plus should be back-nailed using the above noted fasteners and spacing, in area marked "nail area, area para clavar" on the face of membrane. The head lap membrane is to cover the area being back-nailed
- 6.4.2.2 All seal-lap seams (selvage laps) must be firmly rolled with a minimum 28 lb. hand roller to ensure full contact and adhesion. For Dual Pro and Tile Pro, align the edge of the top sheet to the end of the glue pattern (the sheet will overlap the fabric).



View of Overlap Seam of Dual Pro and Tile Pro

- 6.4.2.3 All over-fabric and over-granule end-laps shall have a 6-inch wide, uniform layer of Polyglass Polyplus 55 Premium Modified Flashing Cement, Polyglass Polyplus 50 Premium MB Flashing Cement, Polyglass PG500 MB Flashing Cement, Polystick TU Plus Tile Underlayment Flashing Cement, Mule-Hide 241 Premium Modified Flashing Cement, Mule-Hide 251 Premium Wet/Dry Electrometric Flashing Cement, or Mule-Hide 421 Mod Bit Flashing Adhesive Trowel Grade mastic, applied in between the application of the lap.
- 6.4.2.4 Polystick TU Plus, Dual Pro and Tile Pro may not be used in any exposed application such as crickets, exposed valleys, or exposed roof to wall details
- 6.4.2.5 Repair of Polystick membranes is to be accomplished by applying Polyglass Polyplus 55 Premium Modified Flashing Cement, Polyglass Polyplus 50 Premium MB Flashing Cement, Polyglass PG500 MB Flashing Cement, Polystick TU Plus Tile Underlayment Flashing Cement, Mule-Hide 241 Premium Modified Flashing Cement, Mule-Hide 251 Premium Wet/Dry Elastomeric Flashing Cement, or Mule-Hide 421 Mod Bit Flashing Adhesive Trowel Grade mastic to the area in need of repair, followed by a minimum 6 x 6 inch patch of the Polystick material of like kind, set and hand rolled in place over the repair area. Patch laps, if needed, shall be installed in a water shedding manner.
- 6.4.2.6 All Polystick membranes shall be installed to ensure full contact with approved substrates. Polyglass requires a minimum of 40-lb weighted-roller or, on steep slopes, use of a stiff broom with approximately 40-lbs of load applied for the field membrane. Hand rollers are acceptable for rolling of patches, laps (min. 28 lb roller) or small areas of the roof that are not accessible to a large roller or broom.
- 6.4.3 For tile applications (*not allowed for Polystick IR-Xe*):
 - 6.4.3.1 Reference is made to Section 6.4.2 herein in conjunction with FRSA/TRI 07320/8-05 Installation Manual, Fourth Edition, and Table 2 herein, using the instructions noted above as a guideline.
 - 6.4.3.2 For nail-on tile systems over Polystick MTS, battens are required for loading / staging of the tile.
- 6.5 Elastoflex S6 G or S6 G FR:**
 - 6.5.1 Elastoflex S6 G or S6 G FR shall be installed in compliance with current Polyglass published installation requirements. For use in tile applications, reference is made to FRSA/TRI 07320/8-05 Installation Manual, Fourth Edition, and Table 2 herein.



6.5.2 Elastoflex S6 G or S6 G FR shall be fully asphalt-applied to the substrates noted in Section 5.5. Side laps shall be minimum 3-inch and end-laps minimum 6-inch wide, and off set end-laps minimum 3 feet from course to course. Side and end laps shall be fully adhered in a complete mopping of hot asphalt with asphalt extending approximately 3/8-inch beyond the lap edge.

6.6 Polyflex G or G FR:

6.6.1 Polyflex G or G FR shall be installed in compliance with current Polyglass published Installation requirements. For use in tile applications, reference is made FRSA/TRI 07320/8-05 Installation Manual, Fourth Edition, and Table 2 herein.

6.6.2 Polyflex G or G FR shall be fully torch-applied to the substrates noted in Section 5.5. Side laps shall be minimum 3-inch and end-laps minimum 6-inch wide, and off set end-laps minimum 3 feet from course to course. Side and end laps shall be fully heat-welded and inspected to ensure minimum 3/8-inch flow of modified compound beyond the lap edge.

6.7 Tile Staging:

6.7.1 Tile shall be loaded and staged in a manner that prevents tile slippage and/or damage to the underlayment. Refer to Polyglass published requirements for tile staging.

6.7.2 Battens and/or Counter-battens, as required by the tile manufacturer and FRSA/TRI 07320/8-05 must be used on all roof slopes greater than 7:12. Precautions should be taken as needed, such as the use of battens or nail-boards, to prevent tile sliding and/or damage to the underlayment during the loading process.

6.7.3 For nail-on tile systems over Polystick MTS, battens are required for loading / staging of the tile.

6.7.4 The minimum cure time after installation of self-adhering membranes and before loading of roofing tiles is forty-eight (48) hours.

7. LABELING:

Each unit shall bear a permanent label with the manufacturer's name, logo, city, state and logo of the Accredited Quality Assurance Agency noted herein.

8. BUILDING PERMIT REQUIREMENTS:

As required by the Building Official or Authority Having Jurisdiction in order to properly evaluate the installation of this product.

9. MANUFACTURING PLANTS:

Contact the noted QA agency for information on product locations covered for F.A.C. Rule 9N-3 QA requirements.

10. QUALITY ASSURANCE ENTITY:

UL, LLC – QUA9625; (314) 578-3406; k.chancellor@us.ul.com

- END OF EVALUATION REPORT -



EXTERIOR RESEARCH & DESIGN, LLC.
 Certificate of Authorization #9503
 353 CHRISTIAN STREET, UNIT #13
 OXFORD, CT 06478
 PHONE: (203) 262-9245
 FAX: (203) 262-9243

EVALUATION REPORT

GAF
 1361 Alps Road, Building 7-3
 Wayne, NJ 07470

Evaluation Report 01506.01.08-R10
FL10124-R8
Date of Issuance: 01/03/2008
Revision 10: 10/22/2012

SCOPE:

This Evaluation Report is issued under Rule 9N-3 and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code and Florida Building Code, Residential Volume. The products described herein have been designed to comply with the 2010 Florida Building Code sections noted herein.

DESCRIPTION: GAF Asphalt Roof Shingles

LABELING: Each unit shall bear labeling in accordance with the requirements the Accredited Quality Assurance Agency noted herein.

CONTINUED COMPLIANCE: This Evaluation Report is valid until such time as the named product(s) changes, the referenced Quality Assurance documentation changes, or provisions of the Code that relate to the product change. Acceptance of this Evaluation Report by the named client constitutes agreement to notify Robert Nieminen, P.E. if the product changes or the referenced Quality Assurance documentation changes. Trinity|ERD requires a complete review of this Evaluation Report relative to updated Code requirements with each Code Cycle.

ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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

This Evaluation Report consists of pages 1 through 5.

Prepared by:

Robert J.M. Nieminen, P.E.
 Florida Registration No. 59166, Florida DCA ANE1983



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 10/22/2012. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

CERTIFICATION OF INDEPENDENCE:

1. Trinity|ERD does not have, nor does it intend to acquire or will it acquire, a financial interest in any company manufacturing or distributing products it evaluates.
2. Trinity|ERD is not owned, operated or controlled by any company manufacturing or distributing products it evaluates.
3. Robert Nieminen, P.E. does not have nor will acquire, a financial interest in any company manufacturing or distributing products for which the evaluation reports are being issued.
4. Robert Nieminen, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.



ROOFING SYSTEMS EVALUATION:

1. SCOPE:

Product Category: Roofing

Sub-Category: Asphalt Shingles

Compliance Statement: GAF Asphalt Roof Shingles, as produced by GAF, have demonstrated compliance with the following sections of the Florida Building Code and Florida Building Code, Residential Volume through testing in accordance with the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

2. STANDARDS:

<u>Section</u>	<u>Property</u>	<u>Standard</u>	<u>Year</u>
1507.2.5, R905.2.4	Physical Properties	ASTM D3462	2007
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D3161, Class F	2006
1507.2.7.1, R905.2.6.1	Wind Resistance	ASTM D7158, Class H	2007
1507.2.7.1, R905.2.6.1	Wind Resistance	TAS 107	1995

3. REFERENCES:

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
GAF (PDM 1915)	Letter of Equivalency	Seal-A-Ridge Impact Resistant IR	01/13/2012
PRI (TST 5878)	ASTM D3462	GAF-059-02-01	09/02/2004
PRI (TST 5878)	ASTM D3462	GAF-080-02-01	05/25/2005
UL (TST 1740)	ASTM D3462	93NK6295	11/29/1993
UL (TST 1740)	ASTM D3462	99NK43835	01/12/2000
UL (TST 1740)	TAS 107	94NK9632	03/29/2000
UL (TST 1740)	ASTM D3462	01NK06632	02/02/2001
UL (TST 1740)	ASTM D3161, TAS 107	01NK9226	05/21/2001
UL (TST 1740)	ASTM D3161	01NK37122	12/18/2001
UL (TST 1740)	ASTM D3462	01NK37122	12/19/2001
UL (TST 1740)	ASTM D3161, TAS 107	02NK12980	04/10/2002
UL (TST 1740)	ASTM D3161, TAS 107	02NK30871	09/09/2002
UL (TST 1740)	ASTM D3161	03CA5367	03/11/2003
UL (TST 1740)	ASTM D3462	03NK26444	10/17/2003
UL (TST 1740)	ASTM D3462	04NK13850	06/07/2004
UL (TST 1740)	ASTM D3161	04NK13850	06/23/2004
UL (TST 1740)	ASTM D3161	04NK30546	03/10/2005
UL (TST 1740)	ASTM D3462	04NK22009	05/06/2005
UL (TST 1740)	ASTM D3161	04NK22009	05/09/2005
UL (TST 1740)	ASTM D3462	05NK27924	02/10/2006
UL (TST 1740)	ASTM D3161	05NK27924	02/11/2006
UL (TST 1740)	ASTM D3161, D3462	06CA18077	06/05/2006
UL (TST 1740)	ASTM D3161, D3462	06CA18074	06/16/2006
UL (TST 1740)	ASTM D3161, D3462	06CA35251	10/18/2006
UL (TST 1740)	ASTM D3462	06CA31603	12/01/2006
UL (TST 1740)	ASTM D3161, D3462	06CA41095	12/27/2006
UL (TST 1740)	ASTM D3161	07NK05228	03/13/2007
UL (TST 1740)	ASTM D3161	06CA31611	04/04/2007
UL (TST 1740)	ASTM D3161	06CA61148	04/09/2007
UL (TST 1740)	ASTM D3161, D3462	07CA31742	11/08/2007
UL (TST 1740)	ASTM D3161, D7158, D3462	08CA06100	03/13/2008
UL (TST 1740)	ASTM D3161, D3462	07CA55908	04/01/2008
UL (TST 1740)	ASTM D3161, D3462	09CA10592	03/26/2009
UL (TST 1740)	ASTM D3161, D3462	09CA06856	05/15/2009
UL (TST 1740)	ASTM D3161, D7158, D3462	09NK06647	08/01/2009
UL (TST 1740)	ASTM D3161, D7158, D3462	09CA27281	08/27/2009
UL (TST 1740)	ASTM D3161, D7158, D3462	10CA35554	03/05/2010
UL (TST 1740)	ASTM D3161, D7158, D3462	10CA13686	05/15/2010
UL (TST 1740)	ASTM D3462	10CA07264	05/27/2010
UL (TST 1740)	ASTM D3462	10CA11953	10/29/2010
UL (TST 1740)	ASTM D3161, D7158, D3462	10NK11951	10/30/2010
UL (TST 1740)	ASTM D3161, D7158, D3462	10NK12070	11/04/2010
UL (TST 1740)	ASTM D3161, D7158, D3462	08CA06100	01/30/2010
UL (TST 1740)	ASTM D3161, D7158, D3462	10CA53934	03/31/2011



<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
UL (TST 1740)	ASTM D3161, D7158, D3462	11CA48924	10/22/2011
UL (TST 1740)	ASTM D3161, D7158, D3462	11CA47919	12/03/2011
UL (TST 1740)	ASTM D3161, D7158, D3462	11CA48408	12/08/2011
UL (TST 1740)	ASTM D3161, D7158, D3462	11CA48725	12/09/2011
UL, LLC. (TST 9628)	ASTM D3462	12CA34891	10/12/2012
UL, LLC. (QUA 9625)	Quality Control	Inspection Report, File No. R21	08/08/2012
UL, LLC. (QUA 9625)	Quality Control	R3915	Current

4. PRODUCT DESCRIPTION:

- 4.1 Marquis WeatherMax, Royal Sovereign and Sentinel are a fiberglass reinforced, 3-tab asphalt roof shingles.
- 4.2 Camelot, Camelot II / Camelot 30, Capstone, Country Mansion, Country Mansion II, Grand Canyon, Grand Sequoia, Grand Sequoia IR, Grand Slate, Grand Slate II, Monaco, Timberline American Harvest, Timberline ArmorShield II, Timberline Natural Shadow, Timberline Natural Shadow Arctic White, Timberline HD / Timberline Prestique 30, Timberline Prestique 40 / Timberline Cool Series, Timberline Ultra HD / Timberline Prestique Lifetime, Timberline Majestic / Timberline Majestic 30 and Woodland are fiberglass reinforced, laminated asphalt roof shingles.
- 4.3 Slateline is a fiberglass reinforced, 5-tab asphalt roof shingle.
- 4.4 Seal-A-Ridge, Seal-A-Ridge Armorshield, Seal-A-Ridge IR, Ridglass 8, Ridglass 10, Ridglass 12 and Timbertex Hip and Ridge are fiberglass reinforced, hip and ridge asphalt roof shingles.
- 4.5 ProStart Starter Strip Shingles and WeatherBlocker Starter Strip Shingles are a starter strips for asphalt roof shingles.

5. LIMITATIONS:

- 5.1 This Evaluation Report is not for use in the HVHZ.
- 5.2 Fire Classification is not part of this Evaluation Report; refer to current Approved Roofing Materials Directory for fire ratings of this product.
- 5.3 Wind Classification:
 - 5.3.1 All GAF shingles noted herein are Classified in accordance with FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F and/or ASTM D7158, Class H, Indicating the shingles are acceptable for us in all wind zones up to $V_{asd} = 150$ mph ($V_{ult} = 194$ mph). Refer to Section 6 for installation requirements to meet this wind rating.
 - 5.3.2 All GAF hip & ridge shingles noted herein are Classified in accordance with FBC Tables 1507.2.7.1 and R905.2.6.1 to ASTM D3161, Class F, indicating the shingles are acceptable for us in all wind zones up to $V_{asd} = 150$ mph ($V_{ult} = 194$ mph). Refer to Section 6 for installation requirements to meet this wind rating.
 - 5.3.3 Classification by ASTM D7158 applies to exposure category B or C and a building height of 60 feet or less. Calculations by a qualified design professional are required for conditions outside these limitations. Contact the shingle manufacturer for data specific to each shingle.
- 5.4 All products in the roof assembly shall have quality assurance audit in accordance with the Florida Building Code and F.A.C. Rule 9N-3.

6. INSTALLATION:

6.1 Underlayment:

- 6.1.1 Underlayment shall be acceptable to GAF and shall hold current Florida Statewide Product Approval, or be Locally Approved per Rule 9N-3, per FBC Sections 1507.2.3, 1507.2.4 or R905.2.3.

6.2 Starter Shingles:

- 6.2.1 Installation of ProStart Starter Strip Shingles and WeatherBlocker Starter Strip Shingles shall comply with the manufacturer's current published instructions.

6.3 Asphalt Shingles:

- 6.3.1 Installation of asphalt shingles shall comply with the manufacturer's current published instructions, using minimum four (4) nails per shingle in accordance with FBC Sections 1507.2 or R905.2, with the following exceptions:

- Camelot, Camelot II / Camelot 30, Grand Slate II, Country Mansion II, Monaco and Woodland require minimum five (5) fasteners per shingle

- 6.3.2 Fasteners shall be in accordance with manufacturer's published requirements, but not less than FBC 1507.2.6 or R905.2.5. Staples are not permitted.

- 6.3.3 Where the roof slope exceeds 21 units vertical in 12 units horizontal, special methods of fastening are required. Contact the shingle manufacturer for details.

6.4 Hip & Ridge Shingles:

- 6.4.1 Installation of Ridglass 8, Ridglass 10 and Ridglass 12 asphalt shingles shall comply with the manufacturer's current published instructions with a minimum two (2) nails per side [total of four (4) nails per shingle] and asphalt roofing cement.

- 6.4.2 Installation of Seal-A-Ridge, Seal-A-Ridge Armorshield and Seal-A-Ridge IR asphalt shingles shall comply with the manufacturer's current published instructions with a minimum two (2) nails per shingle.

- 6.4.3 Installation of Timbertex Hip and Ridge asphalt shingles shall comply with the manufacturer's current published instructions with a minimum two (2) nails per shingle and beads of Sonneborn NP1 Gun Grade Polyurethane Sealant or Henkel PL Roofing and Flashing Sealant.

- 6.4.4 Fasteners shall be in accordance with the manufacturer's published requirements, but not less than FBC 1507.2.6 or R905.2.5. Staples are not permitted.

7. LABELING:

- 7.1 Each unit shall bear a permanent label with the manufacturer's name, logo, city, state and logo of the Accredited Quality Assurance Agency noted herein.

- 7.2 Asphalt shingle wrappers shall indicate compliance with one of the required classifications detailed in FBC Table 1507.2.7.1 / R905.2.6.1.

8. BUILDING PERMIT REQUIREMENTS:

As required by the Building Official or Authority Having Jurisdiction in order to properly evaluate the installation of this product.



9. MANUFACTURING PLANTS:

Contact the named QA entity for information on which plants produce products covered by Florida Rule 9N-3 QA requirements.

10. QUALITY ASSURANCE ENTITY:

UL LLC - QUA9625; (847) 664-3281

- END OF EVALUATION REPORT -

FLAT ROOF



EXTERIOR RESEARCH & DESIGN, LLC.
Certificate of Authorization #9503
353 Christian Street
Oxford, CT 06478
PHONE: (203) 262-9245
FAX: (203) 262-9243

EVALUATION REPORT

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

Evaluation Report P9290.02.08-R9
FL1654-R11
Date of Issuance: 02/11/2008
Revision 9: 08/21/2012

SCOPE:

This Evaluation Report is issued under Rule 9N-3 and the applicable rules and regulations governing the use of construction materials in the State of Florida. The documentation submitted has been reviewed by Robert Nieminen, P.E. for use of the product under the Florida Building Code. The product described herein has been designed to comply with the 2010 Florida Building Code sections noted herein.

DESCRIPTION: Polyglass SBS and APP Modified Bitumen Roof Systems

LABELING: Each unit shall bear labeling in accordance with the requirements the Accredited Quality Assurance Agency noted herein.

CONTINUED COMPLIANCE: This Evaluation Report is valid until such time as the named product(s) changes, the referenced Quality Assurance documentation changes, or provisions of the Code that relate to the product change. Acceptance of this Evaluation Report by the named client constitutes agreement to notify Robert Nieminen, P.E. if the product changes or the referenced Quality Assurance documentation changes. Trinity|ERD requires a complete review of this Evaluation Report relative to updated Code requirements with each Code Cycle.

ADVERTISEMENT: The Evaluation Report number preceded by the words "Trinity | ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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

This Evaluation Report consists of pages 1 through 5, plus a 30-page Appendix.

Prepared by:

Robert J.M. Nieminen, P.E.
Florida Registration No. 59166, Florida DCA ANE1983



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 08/21/2012. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

CERTIFICATION OF INDEPENDENCE:

1. Exterior Research & Design, LLC. d/b/a Trinity | ERD does not have, nor does it intend to acquire or will it acquire, a financial interest in any company manufacturing or distributing products it evaluates.
2. Exterior Research & Design, LLC. d/b/a Trinity | ERD is not owned, operated or controlled by any company manufacturing or distributing products it evaluates.
3. Robert Nieminen, P.E. does not have nor will acquire, a financial interest in any company manufacturing or distributing products for which the evaluation reports are being issued.
4. Robert Nieminen, P.E. does not have, nor will acquire, a financial interest in any other entity involved in the approval process of the product.



ROOFING SYSTEMS EVALUATION:

1. SCOPE:

Product Category: Roofing
Sub-Category: Modified Bitumen Roof Systems
Compliance Statement: Polyglass SBS and APP Modified Bitumen Roof Systems, as produced by Polyglass USA, Inc., have demonstrated compliance with the following sections of the Florida Building Code through testing in accordance with the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

2. STANDARDS:

<u>Section</u>	<u>Property</u>	<u>Standard</u>	<u>Year</u>
1504.3.1	Wind	FM 4474	2004
1504.7	Impact	FM 4470	1992
1507.11.2	Physical Properties	ASTM D6163	2000
1507.11.2	Physical Properties	ASTM D6164	2005
1507.11.2	Physical Properties	ASTM D6222	2002

3. REFERENCES:

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
ERD (TST6049)	Physical Properties	P10490.10.08-2	10/30/2008
ERD (TST6049)	FM 4470/4474	P13760.09.09	09/10/2009
ERD (TST6049)	FM 4470/4474	P13770.09.09	09/10/2009
ERD (TST6049)	FM 4470/4474	P30540.11.09-R1	11/30/2009
ERD (TST6049)	FM 4470/4474	P30550.12.09	12/02/2009
ERD (TST6049)	Physical Properties	P33960.12.10	12/30/2010
ERD (TST6049)	FM 4470/4474	P33970	12/02/2009
FM Approvals (TST1867)	FM 4470	2W7A7.AM	08/04/1994
FM Approvals (TST1867)	FM 4470	0D3A3.AM	04/04/1997
FM Approvals (TST1867)	FM 4470	2D0A0.AM	12/23/1998
FM Approvals (TST1867)	FM 4470	2D5A9.AM	06/22/1999
FM Approvals (TST1867)	FM 4470	3006646	01/04/2000
FM Approvals (TST1867)	FM 4470	3001334	01/25/2000
FM Approvals (TST1867)	FM 4470	3001334	02/15/2000
FM Approvals (TST1867)	FM 4470	3000857	01/12/2000
FM Approvals (TST1867)	FM 4470	3004091	01/12/2000
FM Approvals (TST1867)	FM 4470	3006115	05/02/2001
FM Approvals (TST1867)	FM 4470	3012321	07/29/2002
FM Approvals (TST1867)	FM 4470	3014692	08/05/2003
FM Approvals (TST1867)	FM 4470	3014751	08/27/2003
FM Approvals (TST1867)	FM 4470	3007170	01/13/2004
FM Approvals (TST1867)	FM 4470	3019317	06/30/2004
FM Approvals (TST1867)	FM 4470	3020703	07/30/2004
FM Approvals (TST1867)	FM 4470/4474	3018332	01/31/2006
FM Approvals (TST1867)	FM 4470/4474	3023368	03/20/2006
FM Approvals (TST1867)	FM 4470/4474	3024594	05/23/2006
FM Approvals (TST1867)	FM 4470/4474	3023458	07/18/2006
FM Approvals (TST1867)	FM 4470/4474	3030668	09/12/2007
FM Approvals (TST1867)	FM 4470/4474	3032172	06/12/2009
PRI (TST5878)	Physical Properties	PUSA-062-02-01	12/04/2007
PRI (TST5878)	Physical Properties	PUSA-061-02-02	01/28/2008
PRI (TST5878)	Physical Properties	PUSA-064-02-02	02/27/2008
PRI (TST5878)	Physical Properties	PUSA-062-02-02	12/04/2008
UL LLC (QUA9625)	Quality Control	UL File R14571	Exp. 08/08/2015
Miami-Dade (CER1592)	HVHZ Compliance	Varlous NOAs	Various
Miami-Dade (CER1592)	Proposal for Review	10-0823	10/12/2010



4. PRODUCT DESCRIPTION:

This Evaluation Report covers Polyglass Modified Bitumen Roof Systems installed in accordance with Polyglass USA, Inc. published installation instructions and the Limitations / Conditions of Use herein. The following Polyglass membranes make up the subject systems.

Table 1: Roll-Goods for Polyglass Modified Bitumen Roof Systems				
Type	Product	Specification		
		Reference	Grade	Type
Base Sheets	Polyglass G2 Base	ASTM D4601	N/A	II
	Modibase	ASTM D4601	N/A	II
SBS Membranes	Elastobase	ASTM D6163	S	I
	Elastoflex V	ASTM D6163	S	I
	Elastoflex SA V Base	ASTM D6163, Table 2	S	I
	Elastoflex SA V FR Base	ASTM D6163, Table 2	S	I
	Elastoflex SA V Plus	ASTM D6163	S	I
	Elastoflex SA V Plus FR	ASTM D6163	S	I
	Elastoflex SA V Vent	ASTM D6163	S	I
	Elastoflex SA V Vent FR	ASTM D6163	S	I
	Elastobase Poly	ASTM D6164	S	I
	Elastoflex S6	ASTM D6164	S	I
	Elastoflex S6 G	ASTM D6164	G	I
	Elastoflex S6 G FR	ASTM D6164	G	I
	Polyfresko MOP	ASTM D6164	S	I
	Polyfresko MOP FR	ASTM D6164	S	I
	Elastoshield TS G	ASTM D6164	S	I
	Elastoshield TS G FR	ASTM D6164	G	I
	Elastoflex SA P	ASTM D6164	G	I
	Elastoflex SA P FR	ASTM D6164	G	I
	Polyfresko SBS SAP	ASTM D6164	S	I
	Polyfresko SBS SAP FR	ASTM D6164	S	I
APP Membranes	Polyflex	ASTM D6222	S	I
	Polyflex G	ASTM D6222	G	I
	Polyflex G FR	ASTM D6222	G	I
	Polyfresko Torch	ASTM D6222	S	I
	Polyfresko Torch FR	ASTM D6222	S	I
	Polybond	ASTM D6222	S	I
	Polybond G	ASTM D6222	G	I
	Polyflex SA P	ASTM D6222	G	I
	Polyflex SA P FR	ASTM D6222	G	I
	Polyfresko APP SAP	ASTM D6222	S	I
	Polyfresko APP SAP FR	ASTM D6222	S	I
	Polykool	ASTM D6222	S	I
	Polyblanko	ASTM D6222	S	I

5. LIMITATIONS:

- 5.1 This Evaluation Report is not for use in HVHZ.
- 5.2 Refer to a current Roofing Materials Directory for fire ratings of this product.
- 5.3 For steel deck installations, foam plastic insulation shall be separated from the building interior in accordance with FBC 2603.4 unless the exceptions stated in FBC 2603.4.1 and 2603.6 apply.
- 5.4 Unless otherwise noted in Appendix 1, roof decking and its attachment shall be specified and installed to meet project design criteria to the satisfaction of the AHJ.
- 5.5 For recover installations, the existing roof shall be examined in accordance with FBC 1510.
- 5.6 For mechanically attached insulation or membrane or strip-bonded insulation, the maximum design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC Chapter 16. Zones 2 and 3 shall employ an attachment density designed by a qualified design professional to resist the elevated pressure criteria. Commonly used methods are RAS 117 and FM LPDS 1-29. Assemblies marked with an asterisk* carry the limitations set forth in Section 2.2.1.5.1(a) of FM LPDS 1-29 for Zone 2/3 enhancements.
- 5.7 For fully-adhered insulation, the maximum design pressure for the selected assembly shall meet or exceed critical design pressure determined in accordance with FBC Chapter 16. No rational analysis is permitted for these systems
- 5.8 For mechanically attached insulation or membrane over existing roof decks, fasteners shall be tested in the existing deck for withdrawal resistance. A qualified design professional shall review the data for comparison to the minimum requirements for the system. Testing and analysis shall be in accordance with TAS 105 or ANSI/SPRI FX-1.
- 5.9 For bonded insulation or membrane over existing substrates in a re-roof (tear off) or recover installation, the existing deck or existing roof surface shall be examined for compatibility with the adhesive to be installed. If any surface conditions exist that bring system performance into question, field uplift testing in accordance with ASTM E907, FM LPDS 1-52, ANSI/SPRI IA-1 or TAS 124 shall be conducted on mock-ups of the proposed new roof assembly.
- 5.10 For bonded insulation or membrane over existing substrates in a recover installation, the existing roof system shall be capable of resisting project design pressures on its own merit to the satisfaction of the AHJ, as documented through field uplift testing in accordance with ASTM E907, FM LPDS 1-52 or TAS 124.
- 5.11 Metal edge attachment (except gutters), shall be designed and installed for wind loads in accordance with FBC Chapter 16 and tested for resistance in accordance with ANSI/SPRI ES-1 or RAS 111, except the basic wind speed shall be determined from FBC Figure 1609.
- 5.12 All products in the roof assembly shall have quality assurance audit in accordance with the FBC and F.A.C. Rule 9N-3.

6. INSTALLATION:

- 6.1 Polyglass Modified Bitumen roof systems shall be installed in accordance with Polyglass USA, Inc. published installation instructions, subject to the Limitations / Conditions of Use noted below.
- 6.2 System attachment requirements for wind load resistance are set forth in Appendix 1.



- 6.3 Any of the following FBC Approved coatings may be applied to the top roof membrane without adverse effect on the system wind load performance. Refer to current Roofing Materials Directory for fire ratings associated with coating usage.
- PG200 Non Fibered Roof Coating or Mule-Hide 111 Non-Fibrated Roof Coating;
 - PG300 Fibered Roof Coating or Mule-Hide 102 Fibrated Roof Coating;
 - PG600 Non-Fibered Aluminum Roof Coating or Mule-Hide 416 Standard Non-Fibrated Aluminum Roof Coating;
 - PG650 Fibered Aluminum Roof Coating or Mule-Hide 406 Standard Fibrated Aluminum Roof Coating;
 - PG700 White Reflective Roof Coating;
 - PG800 Non-Fibered Asphalt Emulsion Roof Coating or Mule-Hide 311 Emulsion Non-Fibrated;
 - PG850 Fibered Asphalt Emulsion Roof Coating or Mule-Hide 301 Emulsion Fibrated;
 - Polyplus 60 Premium Non-Fibered Aluminum Roof Coating or Mule-Hide 410 Premium Non-Fibrated Aluminum Roof Coating;
 - Polyplus 65 Premium Fibered Aluminum Roof Coating or Mule-Hide 401 Premium Fibrated Aluminum Roof Coating;
 - Polybrite 70 White Elastomeric Roof Coating.

7. BUILDING PERMIT REQUIREMENTS:

As required by the Building Official or Authority Having Jurisdiction In order to properly evaluate the installation of this product.

8. MANUFACTURING PLANTS:

Contact the noted QA agency for information on product locations covered for F.A.C. Rule 9N-3 QA requirements

9. QUALITY ASSURANCE ENTITY:

UL LLC – QUA9625; (314) 578-3406, k.chancellor@us.ul.com

- THE 30-PAGES THAT FOLLOW FORM PART OF THIS EVALUATION REPORT -



APPENDIX 1: ATTACHMENT REQUIREMENTS FOR WIND UPLIFT RESISTANCE

Table	Deck	Application	Type	Description	Page
1A-1	Wood	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	4
1A-2	Wood	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	5
1B	Wood	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	6
1C	Wood	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	6
1D	Wood	New, Reroof (Tear-Off) or Recover	D	Prelim. Attached Insulation, Mech. Attached Base Sheet, Bonded Roof Cover	7
1E	Wood	New or Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	8-9
1F	Wood	New or Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	9
2A	Steel or Conc.	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	10
2B	Steel or Conc.	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	10
2C	Steel or Conc.	New, Reroof (Tear-Off) or Recover	D	Prelim. Attached Insulation, Mech. Attached Base Sheet, Bonded Roof Cover	11
3A-1	Concrete	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	12-15
3A-2	Concrete	New or Reroof (Tear-Off)	A-1	Bonded Temporary Roof, Bonded Insulation, Bonded Roof Cover	16
3B	Concrete	New or Reroof (Tear-Off)	F	Non-Insulated, Bonded Roof Cover	17
4A	LWIC	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	18-19
4B	LWIC	New or Reroof (Tear-Off)	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	19
4C	LWIC	New or Reroof (Tear-Off)	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	20-23
5A	CWF	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	24
5B	CWF	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	25
5C	CWF	New, Reroof (Tear-Off) or Recover	B	Mech. Attached Base Insulation, Bonded Top Insulation, Bonded Roof Cover	25
5D	CWF	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	26
5E	CWF	New, Reroof (Tear-Off) or Recover	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	26
6A	Gypsum	New or Reroof (Tear-Off)	A-1	Bonded Insulation, Bonded Roof Cover	27
6B	Gypsum	New, Reroof (Tear-Off) or Recover	A-2	Mech. Attached Anchor Sheet, Bonded Insulation, Bonded Roof Cover	28
6C	Gypsum	New, Reroof (Tear-Off) or Recover	C	Mech. Attached Insulation, Bonded Roof Cover	28
6D	Gypsum	New, Reroof (Tear-Off) or Recover	E	Non-Insulated, Mech. Attached Base Sheet, Bonded Roof Cover	28
7A	Various	Recover	A-1	Bonded Insulation, Bonded Roof Cover	29-30
7B	Various	Recover	F	Non-Insulated, Bonded Base Sheet, Bonded Roof Cover	30

The following notes apply to the systems outlined herein:

- Roof decks shall be in accordance with FBC requirements to the satisfaction of the AHJ. Wind load resistance of the roof deck shall be documented through proper codified and/or FBC Approval documentation.
- Insulation / base sheet fasteners shall be of sufficient length for the following deck engagement:
 - > Wood: Minimum 0.75-inch penetration.
 - > Steel: Minimum 0.75-inch penetration and engage the top flute of the steel deck.
 - > Concrete: Minimum 1-inch embedment into pilot hole in accordance with fastener manufacturer's published installation instructions.
- Unless otherwise noted, insulation may be any one layer or combination of polyisocyanurate, polystyrene, wood fiberboard, perlite, DensDeck, DensDeck Prime, DensDeck DuraGuard, SECUROCK Gypsum-Fiber Roof Board or SECUROCK Glass-Mat Roof Board that meets the QA requirements of F.A.C. Rule 9N-3 and is documented as meeting FBC 1505.1 and, for foam plastic, FBC 2603.4.1 or 2603.6, when installed with the roof cover.



4. Minimum 200 psi, minimum 2-inch thick lightweight insulating concrete may be substituted for rigid insulation board for System Type D (mechanically attached base sheet, bonded roof cover), whereby the base sheet fasteners are installed through the LWIC to engage the structural steel or concrete deck. The structural deck shall be of equal or greater configuration to the steel and concrete deck listings.
5. Unless otherwise noted, insulation adhesive application rates are as follows. Ribbon or bead width is at the time of application; the ribbons/beads shall expand as noted in the manufacturer's published instructions.
 - HA (HA): Full coverage at 25-30 lbs/square.
 - Dow Insta-Stik Roofing Adhesive (D-IS): Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c.
 - Millennium One Step Foamable Adhesive (M-OSFA): Continuous 0.25 to 0.5-inch wide ribbons, 12-inch o.c.
 - OMG OlyBond 500 (OB500): Continuous 0.75 to 1-inch wide ribbons, 12-inch o.c. (PaceCart or SpotShot). *Note: OlyBond Green may be used where OlyBond 500 is referenced.*
 - OlyBond Classic (OB Classic): Full coverage at 1 gal/square.
 - 3M CR-20: Continuous 2.5-3.5-inch wide ribbons, 12-inch o.c. *Note: TITESET may be used where CR-20 is referenced.*
 - *Note: When multiple layers(s) of insulation and/or coverboard are installed in ribbon-applied adhesive, adhesive ribbons shall be staggered from layer-to-layer a distance of one-half the ribbon spacing.*
 - *Note: The maximum edge distance from the adhesive ribbon to the edge of the insulation board shall be not less than one-half the specified ribbons spacing.*
6. Unless otherwise noted, all insulations are flat stock or taper board of the minimum thickness noted. Tapered polyisocyanurate at the following thickness limitations may be substituted with the following Maximum Design Pressure (MDP) limitations. In no case shall these values be used to 'increase' the MDP listings in the tables; rather if MDP listing below meets or exceeds that listed for a particular system in the tables, then the thinner board listed below may be used as a drop-in for the equivalent thicker material listed in the table:

➤ Millennium One Step Foamable Adhesive (M-OSFA):	MDP	-157.5 psf	(Min. 0.5-inch thick)
➤ OMG OlyBond 500 (OB500):	MDP	-45.0 psf	(Min. 0.5-inch thick Multi-Max FA-3)
➤ OMG OlyBond 500 (OB500):	MDP	-187.5 psf	(Min. 0.5-inch thick ISO 95+ GL)
➤ OMG OlyBond 500 (OB500):	MDP	-315.0 psf	(Min. 0.5-inch thick ENRGY 3)
➤ OMG OlyBond 500 (OB500):	MDP	-487.5 psf	(Min. 0.5-inch thick AC Foam II)
➤ 3M CR-20:	MDP	-117.5 psf	(Min. 1.0-inch thick)
7. Bonded polyisocyanurate insulation boards shall be maximum 4 x 4 ft.
8. For mechanically attached components or partially bonded insulation, the maximum design pressure for the selected assembly shall meet or exceed the Zone 1 design pressure determined in accordance with FBC Chapter 16, and Zones 2 and 3 shall employ an attachment density designed by a qualified design professional to resist the elevated pressure criteria. Commonly used methods are RAS 117 and FM LPDS 1-29. Assemblies marked with an asterisk* carry the limitations set forth in Section 2.2.1.5.1(a) of FM LPDS 1-29 for Zone 2/3 enhancements.
9. For fully bonded assemblies, the maximum design pressure for the selected assembly shall meet or exceed critical design pressure determined in accordance with FBC Chapter 16, and no rational analysis is permitted.
10. For mechanically attached components over existing decks, fasteners shall be tested in the existing deck for withdrawal resistance. A qualified design professional shall review the data for comparison to the minimum requirements for the system. Testing and analysis shall be in accordance with TAS 105 or ANSI/SPRI FX-1.
11. For existing substrates in a bonded recover installation, the existing roof system shall be examined for compatibility and bond performance with the selected adhesive, and the existing roof system shall be capable of resisting project design pressures on its own merit to the satisfaction of the AHJ, as documented through field uplift testing in accordance with ASTM E907, FM LPDS 1-52, ANSI/SPRI IA-1 or TAS 124.
12. For Recover Applications using System Type D, the insulation is optional; however, the existing roof system shall be suitable for a recover application.

13. Unless otherwise noted, refer to the following references for bonded base, ply or cap sheet applications.

Table 1: Polyglass Roof Covers			
Reference	Layer	Material	Application
BP-AA (Base and Ply sheets, Asphalt-Applied)	Base	Polyglass G2 Base, Modibase, FBC Approved ASTM D4601, Type II	HA at 20-40 lbs/square
	Ply	FBC Approved ASTM D2178, Type IV or VI or ASTM D4601, Type II	
SBS-AA (SBS, Asphalt-Applied)	Base or Ply	Elastobase, Elastobase Poly, Elastoflex V, Elastoflex S6	HA at 20-40 lbs/square
	Cap	Elastoflex S6, Elastoflex S6 G, Elastoflex S6 G FR, Elastoshield TS-G, Elastoshield TS-G FR, Polyfresko MOP, Polyfresko MOP FR	
SBS-TA (SBS, Torch-Applied)	Base or Ply	Elastoflex V, Elastoflex S6	Torch-Applied
	Cap	Elastoflex V, Elastoflex S6, Elastoflex S6 G, Elastoflex S6 G FR, Elastoshield TS-G, Elastoshield TS-G FR, Polyfresko MOP, Polyfresko MOP FR	
SBS-SA (SBS, Self-Adhering)	Base	Elastoflex SA V Base, Elastoflex SA V FR Base, Elastoflex SA V Plus, Elastoflex SA V Plus FR	Self-Adhering
	Cap	Elastoflex SA P, Elastoflex SA P FR, Polyfresko SBS SAP, Polyfresko SBS SAP FR	
APP-TA (APP, Torch-Applied)	Base or Ply	Polyflex, Polybond	Torch-Applied
	Cap	Polyflex, Polyflex G, Polyflex G FR, Polybond, Polybond G, Polyfresko Torch, Polyfresko Torch FR	
APP-SA (APP, Self-Adhering)	Cap	Polyflex SA P, Polyflex SA P FR, Polyfresko APP SAP, Polyfresko APP SAP FR, Polykool, Polybianko	Self-Adhering

14. Any of the following FBC Approved coatings may be applied to the top roof membrane without adverse effect on the system wind load performance. Refer to current Roofing Materials Directory for fire ratings associated with coating usage.

- PG200 Non Fibered Roof Coating or Mule-Hide 111 Non-Fibrated Roof Coating;
- PG300 Fibered Roof Coating or Mule-Hide 102 Fibrated Roof Coating;
- PG600 Non-Fibered Aluminum Roof Coating or Mule-Hide 416 Standard Non-Fibrated Aluminum Roof Coating;
- PG650 Fibered Aluminum Roof Coating or Mule-Hide 406 Standard Fibrated Aluminum Roof Coating;
- PG700 White Reflective Roof Coating;
- PG800 Non-Fibered Asphalt Emulsion Roof Coating or Mule-Hide 311 Emulsion Non-Fibrated;
- PG850 Fibered Asphalt Emulsion Roof Coating or Mule-Hide 301 Emulsion Fibrated;
- Polyplus 60 Premium Non-Fibered Aluminum Roof Coating or Mule-Hide 410 Premium Non-Fibrated Aluminum Roof Coating;
- Polyplus 65 Premium Fibered Aluminum Roof Coating or Mule-Hide 401 Premium Fibrated Aluminum Roof Coating;
- Polybrite 70 White Elastomeric Roof Coating.

15. The following represent priming requirements for gypsum-based coverboards:

- DensDeck and DensDeck Prime shall be field-primed with PG100 prior to self-adhering or torch-applied membrane application. No priming is required for hot-asphalt membrane applications.
- SECUROCK Gypsum-Fiber Roof Board or DensDeck DuraGuard do not require field priming for any membrane application.

16. "MDP" = Maximum Design Pressure is the result of testing for wind load resistance based on allowable wind loads. Refer to FBC 1609.1.5 for determination of design wind loads.

TABLE 1E: WOOD DECKS – NEW CONSTRUCTION or REROOF (Tear-Off)							
SYSTEM TYPE E: NON-INSULATED, MECHANICALLY ATTACHED BASE SHEET, BONDED ROOF COVER							
System No.	Roof Deck	Base Sheet			Roof Cover		MDP (psf)
		Base	Fasteners	Attach	Ply	Cap	
W-30	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with #8 screws	Elastobase or Elastobase Poly	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails	6-inch o.c. in 4-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	(Optional) One or more BP-AA, SBS-AA, SBS-TA or APP-TA	SBS-AA, SBS-TA, APP-TA	-112.5
W-31	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with #8 screws	Elastobase or Elastobase Poly with poly top surface	32 ga., 1-5/8-inch diameter tin caps with 11 ga. annular ring shank nails. Note: Tin caps are to be primed with PG100 or ASTM D41 primer.	6-inch o.c. in 4-inch lap and 6-inch o.c. in four, equally spaced, staggered center rows	(Optional) One or more SBS-SA (no Elastoflex SA V Base or Elastoflex SA V FR Base), SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-112.5

TABLE 1F: WOOD DECKS – NEW CONSTRUCTION or REROOF (Tear-Off)							
SYSTEM TYPE F: NON-INSULATED, BONDED ROOF COVER							
System No.	Deck	Primer	Roof Cover				MDP (psf)
			Joint Treatment	Base	Ply	Cap	
W-32	Min. 19/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with 8d ring shank nails	(Optional) PG100	None	SBS-SA	(Optional) SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-90.0
W-33	Min. 15/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with #12 screws	(Optional) PG100	Plywood joints are covered with 4-inch wide strips of Elastoflex SA V Plus, rolled into place to create continuous bond.	Elastoflex SA V Base or Elastoflex SA V FR Base	(Optional) SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-97.5
W-34	Min. 15/32-inch plywood at max. 24-inch spans attached 6-inch o.c. with #12 screws	(Optional) PG100	Plywood joints are covered with 4-inch wide strips of Elastoflex SA V Plus, rolled into place to create continuous bond.	Elastoflex SA V Plus or Elastoflex SA V Plus FR	(Optional) SBS-SA, SBS-TA or APP-TA	SBS-SA, APP-SA, SBS-TA or APP-TA	-135.0

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 4-29-13 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10328	Cox 2 Oak Hill Way Pools by Greg	Deck stairs work		CANCEL
10294	Guiggo 2 Island Rd Cosmopolitan	Front porch lights	Pass	INSPECTOR <i>[Signature]</i>
10428	Cook 12 Oakhill Way Hedrick	Fernal beams	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10381	Santa Cecilia 62 S River Rd CDR	Fernal deck	Pass	CLOSE INSPECTOR <i>[Signature]</i>
10399	Kuzper 10 Red Vista Onshore	Deck METAL	Fail	No Deck/Valve
10415	Smith 11 Palmetto Ark Homes	UG plumbing UG Mech AC	Postponed	to Tues
Tree	Spencer 85 S Sewalls	Tree	N.G.	INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri **4-30-13** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10415	Smith 11 Palmetto Oak Homes	UG plumbing UG Mech AC	Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
X	JA			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10412	Smith 19 Banyan Rd Service America	Final AC	Pass	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10427	Combs 1405 Sewalls Nis Din	Final AC	Pass	Close INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10397	Kasper 10397 - Vista On Shore	DRY IN MECH INSPECTION	Pass	INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	QUAIL RUN IRRIGATION ROTOR PANEL ELECTRICAL			INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 5-1-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10425	Bartels	dry-in/metal		
PM	3 St Lucie Ct JA Taylor		PASS	INSPECTOR <i>[Signature]</i>
10356	Kuhns	un-progress metal		
	945 River		PASS	<i>[Signature]</i>
	State Ct	IF CANCEL 561-278-1980 June		INSPECTOR <i>[Signature]</i>
10415	Smith	UG Electric	1	* E-MAIL FPL
PM	11 Palmetto	Footer S&B	PASS	TEMP POLE
	Ark Homes	Temp Power		INSPECTOR <i>[Signature]</i> ✓
10411	Misoli	Final fence		
	505 Sewalls		PASS	Close
	A Great Fence			INSPECTOR <i>[Signature]</i>
10397	Krupar	Final		
	1060 Vista	Roof	PASS	Close
	On Shore Roofing			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

10508

REPLACE SHOWER



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:	10508	DATE ISSUED:	JUNE 28, 2013
SCOPE OF WORK:	SHOWER REPLACEMENT		
CONTRACTOR:	GLENMARK HOMES		
PARCEL CONTROL NUMBER:	123841002-000-006608	SUBDIVISION	RIO VISTA - LOT 66
CONSTRUCTION ADDRESS:	10 RIO VISTA DR		
OWNER NAME:	KRZEPISZ		
QUALIFIER:	GLEN HUTCHINS	CONTACT PHONE NUMBER:	225-7010

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: 6/25/13 BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/LESSEE NAME: SUSAN KRZEPISEZ Phone (Day) 287-5687 (Fax) _____

Job Site Address: #10 RIO VISTA DR. City: SEWELLS PT State: FL Zip: _____

Legal Description _____ Parcel Control Number: _____

Fee Simple Holder Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

*SCOPE OF WORK (PLEASE BE SPECIFIC): SHOWER REPLACEMENT

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 2430.00 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 [X] FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ _____ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: GLENMARK HOMES INC Phone: 225-7010 Fax: 225-7010

Qualifiers name: GLEN HUTCHINS Street: #10 RIO VISTA City: SEWELLS PT State: FL Zip: 34995

State License Number: CBC-056057 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: GLEN HUTCHINS Phone Number: 391-2759

DESIGN PROFESSIONAL: NONE State: _____ Zip: _____ Phone Number: _____

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

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

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010 National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

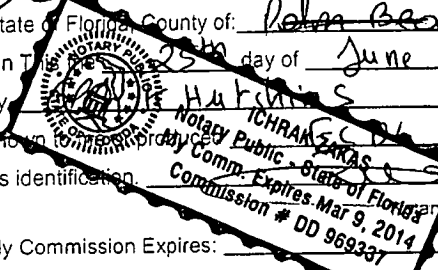
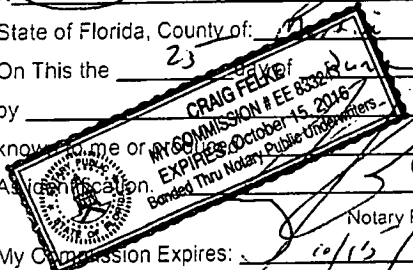
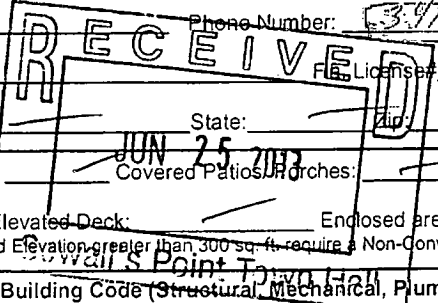
- WARNINGS TO OWNERS AND CONTRACTORS: 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND 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: [Signature] State of Florida, County of: Polk On This the 23 day of June, 2013 by Susan Krzepisz who is personally known to me or my Commission Expires: 10/15/16 Notary Public My Commission Expires: 10/15/16

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: [Signature] State of Florida, County of: Polk On This the 23 day of June, 2013 by Glen Hutchins who is personally known to me or my Commission Expires: Mar 9, 2014 Notary Public - State of Florida Commission # DD 969337 My Commission Expires: Mar 9 2014



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 6/25/2013 2:28:37 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-002-000-00660-8	27579	10 RIO VISTA DR, SEWALL'S POINT	\$229,660	6/22/2013

Owner Information

Owner(Current)	KRZEPISZ HILDEGARD KRZEPISZ SUSAN
Owner/Mail Address	10 RIO VISTA DR STUART FL 34996-6418
Sale Date	5/5/2004
Document Book/Page	1894 2313
Document No.	1748670
Sale Price	0

Location/Description

Account #	27579	Map Page No.	SP-04
Tax District	2200	Legal Description	RIO VISTA S/D LOT 66
Parcel Address	10 RIO VISTA DR, SEWALL'S POINT		
Acres	.3470		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120250 RIO VISTA DRY

Assessment Information

Market Land Value	\$120,000
Market Improvement Value	\$109,660
Market Total Value	\$229,660

OK



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: SUSAN KAZEPISZ

CONSTRUCTION ADDRESS: #10 RIO VISTA

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

Masters Plumbing

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: NEW SHOWER VALVE & PAN

VALUE OF CONSTRUCTION \$ ~~2,000.00~~ 200.00

LOW VOLTAGE

TYPE OF EQUIPMENT: SECURITY VACUUM SOUND SYSTEM LANDSCAPE OTHER

SCOPE OF WORK: _____ VALUE _____

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

[Signature]
SIGNATURE OF LICENSED CONTRACTOR

2551 SE Clayton St.
Stuart, FL 34997
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: ADAM VAN ETTEN

TELEPHONE NO: (772) 287-0366 FAX NO: 772-287-0194

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CFL 1428579

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

VERIFICATION OF PARCEL CONTROL NUMBER

OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

SUBDIVISION: _____ LOT: _____ BLK: _____ PHASE: _____

SITE ADDRESS: _____

SEND OR FAX TO: TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

JOB SITE

MRS KRAEPI SZ
#10 RIO VISTA DR.
SEWELLS PT, FL

CONTRACTOR

GLENMARK HOMES INC
P.O. BOX 654
STUART, FL, 34995

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

SCOPE OF WORK

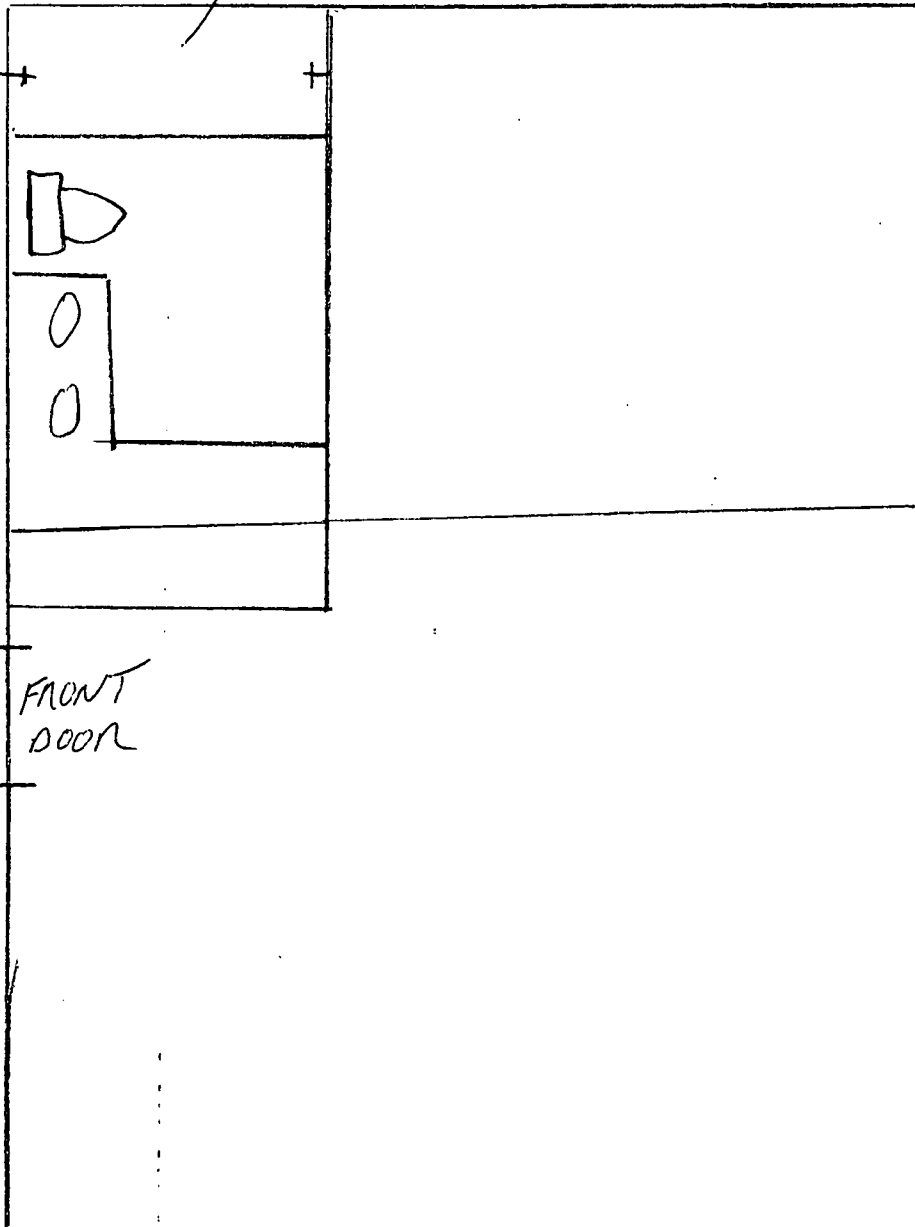
SHOWER REMODEL - REMOVE EXISTING
TILE, WALLS & FLOOR, INSTALL NEW VALVE
& PAN, INSTALL NEW DUNOROCK, WALL
& FLOOR TILE, NEW SHOWER DOOR
& VALVE TRIM.

SW
CORNER

← RIO
VISTA DR

FRONT
DOOR

FRONT
ELEVATION



TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 7-2-13 Page 2 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10508	K... Glenmark	shower pan	Pass	INSPECTOR [Signature]
10485	Kramer 115 Ridgeview Sharkey Air	Fence	Pass	Close INSPECTOR [Signature]
10548	Perik 8 Morgan Cir Scott Holmes	columns	Pass	INSPECTOR [Signature]
Tree	Cuban 85 N Swalls	Tree	OK AS NOTED	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT -- INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

10-29-13

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10508	Krispin	Final		
9AM	10 Rio Vista Glenmark Homes	Shower	Pass	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10635	Escue	Final		
AM	2 Banyan Rd JB AC & Elect	AC reinspect	Pass	Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	SSPR Via Lucinda	Trees Banyan		
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10647	Knudson	LATA		
	13 S. Via Lucinda FRANKLIN HOMES		Pass	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	2 WORTH CT	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 10/10 ~~2003~~ TREE REMOVAL PERMIT No 2116

APPLIED FOR BY KRZEPISZ
Owner 10 RIO VISTA (Contractor or Owner)

Sub-division _____, Lot _____, Block _____
Kind of Trees PINE?

No. Of Trees: REMOVE 1
No. Of Trees: RELOCATE _____ WITHIN 30 DAYS (NO FEE)
No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

Signed, _____ Applicant
Signed, Gene Summers (SOS) FEE \$ 0
Town Clerk
Building Official

TOWN OF SEWALL'S POINT

WORK HOURS 8:00 A.M. - 5:00 P.M.
for inspection
HOLIDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for additional notes or details.

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 one inch.

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 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 MRS. KRZEDELSZ Address 10 RIO VISTA Phone 287-5687

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 1 Type: PINE? Norfolk Isl. Pie

No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: Prohib. Specie n

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

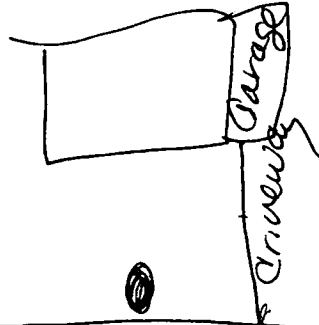
Written statement giving reasons: AFRAID TALL TREE WILL FALL/HIT HOUSE IN STORM, ALSO ON DRAINFIELD

Signature of Applicant Hildegard Krzedelesz Date 10-8-03

Approved by Building Inspector: [Signature] Date 10/10/03 Fee: \$

Plans approved as submitted _____ Plans approved as revised/marked: _____

On top of
drainfield, too.



They planted in
1979 - was
only 3' tall
now 3x size

Rio Vista

Lantana








SSPR



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/10, 2004 Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6413	POWERS	FOUNDATION		Late/Comp. Ok
⑧	705 SEWALL'S PT FLA'S FINEST CONS.	FOOTINGS	Partial	
				INSPECTOR: 
Tree	KEZEPISZ	TREE	Passed	
⑦	10 RIO VISTA			INSPECTOR: 
6351	TAYLOR	MECH ROUGH	Passed	
⑥	22 E. HIGH POINT NAVARO+MAGGARDI	PUMB ROUGH	Passed	INSPECTOR: 
6440	WHALEN	DRY IN	Passed	
③	9 KNOWLES CA			INSPECTOR: 
6384	SAPP	GARAGE DOOR REPAIR	Passed	close
①	6 MIRAMAR RD WAYNE DALTON	request 9am*		INSPECTOR: 
6438	BONING	DRY IN	Failed	Hillcrest
④	5 ST LUCIE CL STUART ROOFING	SHEATHING IN PROGRESS		INSPECTOR: 
Tree	BECKER	TREE	Passed	
⑤	16 E. HIGHPOINT			INSPECTOR: 
OTHER:				

N