

14 Rio Vista Drive

1528

SFR

RECEIVED

1528
10/29/82

Permit No. _____

NOV - 5 1982

Date

APPLICATION FOR A PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

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, electrical and air-conditioning layouts, and at least two elevations, as applicable. A copy of the property deed is required for new house or commercial building construction.

5865 S.E. RIVERBOAT DR.

Owner CARMEL LOFFREDO Present address STUART, FL. 33494

Phone 286-5194 287-8591

General contractor OWNER Address _____

Phone _____

Where licensed _____ License No. _____

Plumbing contractor MASTER PLUMBING License No. 00061

Electrical contractor KRAUSS & CRANE License No. 00029

Air-conditioning contractor PERSONALIZED License No. CAC 021344

Describe the building, or alteration to existing building _____

3 BED ROOM RESIDENCE

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

14 RIO VISTA DRIVE

Subdivision "RIO VISTA" S/O Lot No. 68 Area ~~17,133~~ S.F.

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 2193
~~1949~~ S.F.

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 76755

Cost of permit \$ 384.30 414 Plans approved as submitted or, as marked _____

I understand that this permit is good for 12 months from the date of its issue and that the building for which this permit is issued must be completed within that time and in accordance with the approved plans. I further understand that approval of these plans in no way relieves me of complying with the Town of Sewall's Point Ordinances and the South Florida Building Code. I agree that the building site will be clean and rough-graded before a Certificate of Occupancy is sought, and, moreover, that I shall be 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 with the above requirements may result in a Building Inspector or a Town Commissioner "Red-tagging" the building project.

Contractor Carmel Loffredo

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 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, as required by the Town's zoning ordinance.

Owner Carmel Loffredo

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

TOWN RECORD

Date submitted _____

Approved by Building Inspector (date) _____

Inspector's initials _____

Approved by Commissioner (date) 11/19/82

Commissioner's initials AS

Certificate of Occupancy issued (date) _____

These plans in no way relieve the contractor or builder from compliance with the Town of Sewall's Ordinances, the South Florida Building Code and the State of Florida Model Energy Efficiency Building Code.

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

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

APPLICATION FOR SEPTIC TANK PERMIT AND FINAL INSPECTION FORM

Authority: Chapter 381, 386, 387, FS Chapter 100-B, FAC

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NOV - 5 1982

Permit Number HD 82-279

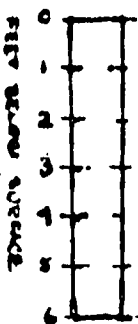
Ans'd..... 201-767-0076

Name of Applicant L. C. L. BUILDERS Telephone _____
Mailing Address of Applicant 79 ORCHARD ROAD - DEMAREST, N.S.
To Be Installed at: (Give Street Address)* RIO VISTA DRIVE
Lot 68 Block _____ Subdivision "RIO VISTA" 3/0
Plat Book & Page M-6-95 Date Recorded 1965
Residential: No. Living units 1 No. Bedrooms 4 1/2 PER PLAN
Commercial: Type of Business RES. No. People _____ No. Toilets 2
*Note: Attach site location map and other supportive documents.
Signature of applicant _____

SITE INFORMATION

Is there a private well within 75 ft. of the proposed septic system? No
Is there a public well within 100 ft. of the proposed septic system? No
Is there a public sewer within 100 ft. of the proposed lot?..... No
Is there a lake, stream, canal or other body water within 50 ft. of the proposed septic system? No
Is there a septic system or other interference within 75 ft. of the proposed private well? No
Is the proposed or existing public water line within 10 ft. of the proposed septic system? No
There is 1200 square feet of unobstructed land for future expansion the drainfield.

SOIL PROFILE AND PERCOLATION DATA



WHITE SAND

6'-0"

Water table..... 72"
Wet season water table. 72"
Compacted fill of..... -0- req'd.
Compacted fill check by _____
Date..... _____

Certified by: RONALD J. PRICE
Fla. Professional No.: 17788
Date: 5/3/82 Job No. 82-199
Percolation Rate 1 Min/Inch
Soil Identification: SANDY
Class _____ Group _____

INSTALLATION SPECIFICATIONS

Septic Tank Capacity 1050 Gallons Absorption Bed size.... 350 11-1-82 280 Square Feet
Dosing Tank Capacity _____ Gallons Lateral Drainfield size _____ Square Feet
Grease trap Capacity _____ Gallons Sand Filter size..... _____ Square Feet

Specifications:

5-4-82
Date Processed

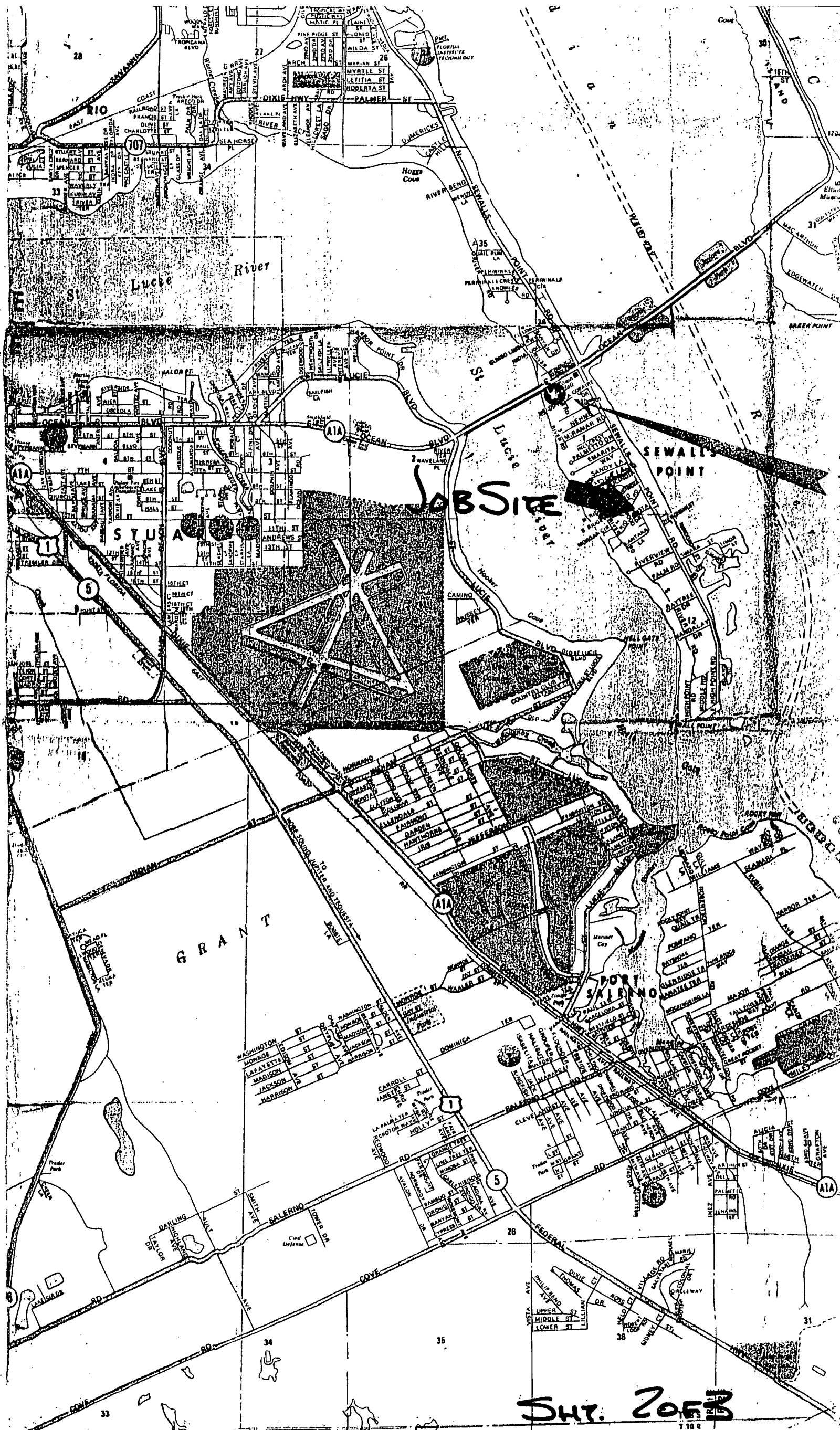
THIS PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE

Robert W. Wynn, R.S.
Signature of Sanitarian

MARTIN County Health Department

FINAL INSPECTION DATA

Date and Time of Inspection _____ Type of Tank (Concrete, Fiber glass, Etc.) _____
Size Tank Installed _____ Drainfield Size _____
Dosing Tank Size _____ Grease Trap Size _____ Sand Filter Size _____
Who Made Installation _____



JOB SITE

SHT. 205B

VACANT

110.00'

75.0' W/ELL

68

POOL

PROPOSED 3 BEDROOM RESIDENCE

VACANT

VACANT

171.94'

22'-0"

26'-0"

20'-0"

21'-0"

30'-0"

54.51'

12'-0"

15'-0"

20'-8"

15'-0"

GARAGE

S.T.

1050 Ø DISPOSAL BED

BORING

22'-0"

40'

74'

75.32'

14.65'

RIO VISTA RD DRIVE

RIO

NO OBSTRUCTIONS
CITY WATER ALL LOTS

PLOT PLAN

LOT 68 OF RIO VISTA SUBDIVISION

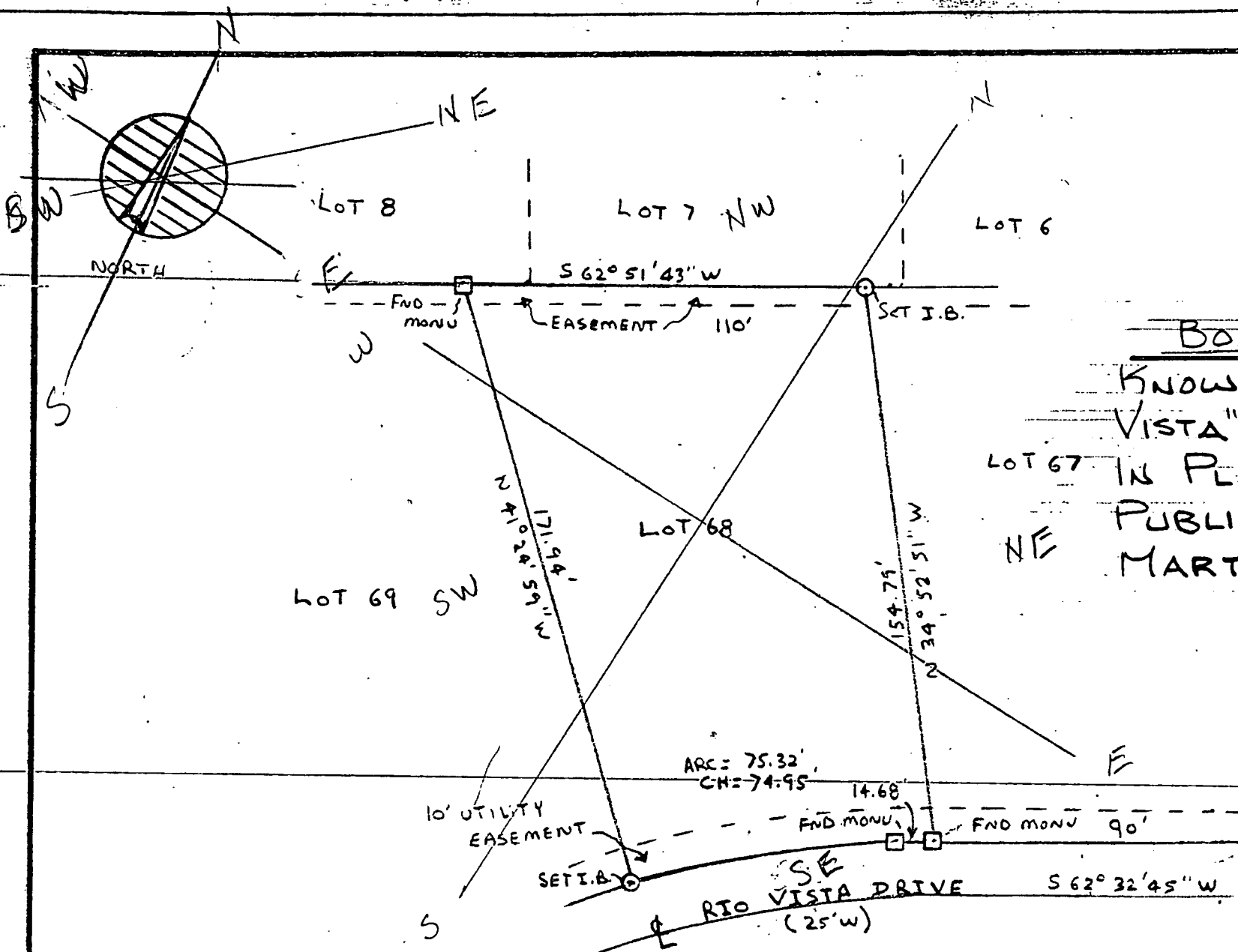
SEWALL'S POINT-MARTIN COUNTY-FLORIDA

REVISION 3 DRIVE LOTS 1778


SCALE = 1:20

SNT. 2 OF 2

RECEIVED
 NOV - 5 1982
 Ans'd.....



BOUNDARY SURVEY
 KNOWN AS LOT 68, "RIO
 VISTA" S/D, AS RECORDED
 LOT 67 IN PLAT BOOK 6, PAGE 95
 NE PUBLIC RECORDS OF
 MARTIN COUNTY, FLORIDA.

PRICE ENGINEERING COMPANY Engineers - Planners - Surveyors 1320 PALM BEACH ROAD STUART, FLORIDA 33494	PREPARED FOR CARMEL E. LOFFREDO	 RONALD J. PRICE
DRAWN: BK SCALE: 1"=40' DATE: 4/28/82	ISSUED BY _____ DATE _____	FLORIDA LICENSE NO. 2683

W.O. NO. 82144 PROJECT NO. 1976

372467

WARRANTY DEED

THIS DEED dated the date set forth hereinbelow between GUSTAV SCHICKEDANZ, Individually and as Trustee, joined by his wife, ANN SCHICKEDANZ, of Toronto, Province of Ontario, Canada, the Grantor, and CARMEL LOFFREDO and DOLORES LOFFREDO, his wife, whose mailing address is 79 Orchard Road, Demarest, New Jersey 07627, County of _____, State of New Jersey, Grantee,

WITNESSETH:

That for the sum of Ten (\$10.00) Dollars and other good and valuable consideration, said Grantor does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the said Grantee all that certain parcel of land situate in Martin County, Florida, described as follows:

Lot 68, RIO VISTA SUBDIVISION, according to the Plat thereof, filed December 11, 1975, in Plat Book 6, Page 95, Martin County, Florida, Public Records.

SUBJECT HOWEVER, to the following:

1. Taxes accruing subsequent to December 31, 1979;
2. Zoning regulations and ordinances of the Town of Sewall's Point, Florida;
3. The provisions and easements set forth on the aforesaid plat of RIO VISTA SUBDIVISION;
4. The provisions of DECLARATION OF PROTECTIVE COVENANTS COVERING ALL OF RIO VISTA SUBDIVISION recorded in Official Records Book 393, Page 1469, Martin County, Florida, Public Records, as amended by the First Amendment to Declaration of Protective Covenants Covering All of Rio Vista Subdivision recorded in Official Records Book 403, Page 549, Martin County, Florida, Public Records;

and the said Grantor does hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, the said Grantor has set forth his Hand and Seal this 12th day of February, 1980.

WITNESSES:

[Signature]

[Signature] (SEAL)
GUSTAV SCHICKEDANZ, Individually
and as Trustee.

[Signature]

[Signature] (SEAL)
ANN SCHICKEDANZ

DOMINION OF CANADA
PROVINCE OF ONTARIO
DISTRICT OF YORK

The foregoing instrument was acknowledged before me by GUSTAV SCHICKEDANZ, Individually and as Trustee, joined by his wife, ANN SCHICKEDANZ, on this 12th day of February, 1980.

[Signature]
Notary Public

(Notary Seal) ✓

My Commission Does Not Expire.
It is for Life.

This instrument prepared by:
JOHN FENNIMAN, CHARTERED
501 East Osceola Street
P. O. Box 2473
Stuart, Florida 33494
Phone: (305) 287-4300

O R BOOK 493 PAGE 946

STATE OF FLORIDA
DOCUMENTARY STAMP TAX
DEPT. OF REVENUE
106.00
PR. APR-9'80
11100

280160

MARTIN COUNTY

JOHN FENNIMAN,
CHARTERED
ATTORNEY AT LAW
POST OFFICE BOX 2473
STUART, FLORIDA 33494
(305) 287-4300

[Stamp]

30 APR 9 21:09

[Stamp]

9F WINTER OVERHANG FACTOR (WOF)

FEET	N	NE	E	SE	S	SW	W	NW
0-0.9	1.00	0.99	0.85	0.75	0.83	0.98	1.00	1.00
1-1.9	1.00	0.99	0.85	0.76	0.84	0.98	1.00	1.00
2-2.9	1.00	0.99	0.86	0.77	0.86	0.99	1.00	1.00
3-3.9	1.00	0.99	0.87	0.80	0.87	0.99	1.00	1.00
4-4.9	1.00	0.99	0.89	0.83	0.90	0.99	1.00	1.00
5-5.9	1.00	0.99	0.91	0.86	0.92	1.00	1.00	1.00
6-6.9	1.00	0.99	0.92	0.90	0.94	1.00	1.00	1.00
7-7.9	1.00	1.00	0.94	0.92	0.96	1.00	1.00	1.00
8-8.9	1.00	1.00	0.96	0.95	0.97	1.00	1.00	1.00
9-9.9	1.00	1.00	0.97	0.97	0.98	1.00	1.00	1.00
10-10.9	1.00	1.00	0.98	0.98	0.99	1.00	1.00	1.00
11-11.9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
12 UP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

9F SUMMER OVERHANG FACTOR (SOF)

FEET	N	NE	E	SE	S	SW	W	NW
0-0.9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
1-1.9	1.00	1.00	0.99	0.99	0.98	0.99	0.99	1.00
2-2.9	1.00	0.98	0.95	0.93	0.92	0.93	0.95	0.98
3-3.9	1.00	0.95	0.89	0.87	0.86	0.87	0.89	0.95
4-4.9	1.00	0.91	0.84	0.81	0.80	0.81	0.84	0.91
5-5.9	0.99	0.88	0.80	0.76	0.76	0.76	0.80	0.88
6-6.9	0.99	0.85	0.76	0.72	0.72	0.72	0.76	0.85
7-7.9	0.99	0.83	0.72	0.68	0.70	0.68	0.72	0.83
8-8.9	0.98	0.81	0.69	0.66	0.68	0.66	0.69	0.81
9-9.9	0.98	0.79	0.67	0.64	0.66	0.64	0.67	0.79
10-10.9	0.98	0.78	0.65	0.62	0.65	0.62	0.65	0.78
11-11.9	0.97	0.76	0.63	0.61	0.65	0.61	0.63	0.76
12 UP	0.97	0.76	0.62	0.59	0.64	0.59	0.62	0.76

9G HEATING SYSTEM MULTIPLIER (HSM)

HEAT PUMP	COP	2.2-2.3	2.4-2.5	2.6-2.7	2.8-2.9	3.0-3.1	3.2-3.3	3.4 & UP
	HSM	0.45	0.42	0.38	0.36	0.33	0.31	0.29
SOLAR HEATING SYSTEM	(BACKUP SYSTEM FRACTION) x (BACKUP SYSTEM HSM)							
ELECTRIC STRIP HEAT	1.00							
NATURAL GAS / PROPANE	1.0 (SEE TABLE 9D FOR CREDITS)							
OIL	1.0 (SEE TABLE 9D FOR CREDITS)							

9H COOLING SYSTEM MULTIPLIER (CSM)

ELEC.	EER/SEER	6.8-6.9	7.0-7.4	7.5-7.9	8.0-8.4	8.5-8.9	9.0-9.4	9.5-9.9	10.0-10.4	10.5-10.9	11.0-11.9	12.0-UP
	CSM	1.00	0.93	0.87	0.81	0.76	0.72	0.68	0.65	0.62	0.59	0.54
GAS	COP	0.40-0.44	0.45-0.49	0.50-0.54	0.55-0.59	0.60-0.64	0.65-0.69	0.70 & UP				
	CSM	1.50	1.25	1.20	1.09	1.00	0.92	0.89				

*ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH MINIMUM AIR CONDITIONER EFFICIENCY LEVEL 8.0 SEER/EER FOR STRAIGHT COOL OR 7.5 FOR HEAT PUMPS.
 NOTE: EER = COOLING MODE COP x 3.413 = ARI RATED COOLING OUTPUT IN BTUH ÷ TOTAL WATTS CONSUMED

9I HOT WATER CREDIT POINTS (HWCP)

ELECTRIC RESISTANCE WATER HEATER												0
GAS WATER HEATER												10
INSTANTANEOUS WATER HEATER	ELECTRIC BACKUP											4.5
	GAS BACKUP											12.6
HRU (A/C) WATER HEATER	ELECTRIC BACKUP											8.9
	GAS BACKUP											15.2
HRU (HP) WATER HEATER	ELECTRIC BACKUP											9.7
	GAS BACKUP											15.4
HEAT PUMP WATER HEATER (DEDICATED HEAT PUMP)	COP	1.60 - 1.89	1.90 - 2.19	2.20 - 2.49	2.50 - 2.79	2.80 - 3.00						
	CREDIT POINTS	9.0	11.4	13.1	14.4	15.4						
SOLAR HOT WATER	OVERALL SOLAR FRACTION*	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	
	ELECTRIC BACKUP	2.4	4.8	7.2	9.6	12.0	14.4	16.8	19.2	21.6	24.0	
	GAS BACKUP	11.4	12.8	14.2	15.6	17.0	18.8	19.8	21.2	22.6	24.0	

*PERCENT OF ANNUAL HOT WATER PROVIDED BY SOLAR SYSTEM ÷ 100 = OVERALL SOLAR FRACTION



PROJECT NAME AND ADDRESS	JURISDICTION	SEWALL'S POINT
BUILDER C. LOFFREDO	ZONE	B
OWNER M/M LOFFREDO	PERMIT NO.	
	JURISDICTION NO.	53-300

STATISTICS

<input type="checkbox"/> RENOVATION	IF MULTI-FAMILY, NO. OF UNITS COVERED BY THIS CALCULATION:		
<input type="checkbox"/> ADDITION	(SEPARATE CALCULATIONS REQUIRED FOR EACH WORST CASE UNIT TYPE.)	SEC. H901.1	
<input type="checkbox"/> MULTI-FAMILY			
		GLASS AREA AND TYPE	
		CLEAR	TINT OR FILM
		<input type="checkbox"/> SGL	<input type="checkbox"/> SGL
		<input checked="" type="checkbox"/> 268 DBL	<input type="checkbox"/> DBL

GROSS WALL AREA AND INSULATION				CONDITIONED FLOOR AREA	CEILING INSULATION	
CBS	R=	FRAME	R=		UNDER ATTIC	SGL ASSEMBLY
		7367	71	2793	R= 19.0	R=

COOLING SYSTEM	PRIMARY HEATING SYSTEM	PRIMARY HOT WATER SYSTEM
<input type="checkbox"/> CENTRAL <input type="checkbox"/> UNITARY EER-SEER = 8.0	<input checked="" type="checkbox"/> STRIP <input type="checkbox"/> OIL <input type="checkbox"/> HEAT PUMP: COP = <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> RESISTANCE <input type="checkbox"/> HEAT RECOVERY <input type="checkbox"/> DED. HEAT PUMP: COP = <input type="checkbox"/> OTHER:
<input type="checkbox"/> NONE	<input type="checkbox"/> GAS <input type="checkbox"/> SOLAR	<input type="checkbox"/> SOLAR <input type="checkbox"/> GAS

MAX. E.P.I. ALLOWED (from 9A): 85.0 CALCULATED E.P.I.: 49.20 56.83

CHECK IF COMPLYING BY "ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH" (SEC. 903.11)*

CERTIFIED BY: *John James* (owner/agent) DATE: 11/15/82 FORM COMPLETION CHECKED BY: (building official) DATE:

THIS DATA IS TO BE SENT TO DCA BY THE LOCAL BUILDING DEPARTMENT.

9A MAX. E.P.I. ALLOWED (CALCULATED E.P.I. MUST NOT EXCEED VALUE SHOWN BELOW)

CONDITIONED FLOOR AREA	0-900	901-1100	1101-1300	1301-1500	1501-1700	1701-1900	1901-2100	2101-2300	2301-ABOVE
BASE E.P.I.	120	115	110	105	100	95	90	85	80
DEDUCTIONS	A/C EFFICIENCY LESS THAN 8.0 EER/SEER (7.5 HEAT PUMP) (as of October 1, 1982) -10.0								
	IF MULTI-FAMILY: COMMON WALLS (maximum of 5 points) - 2.5								
	IF MULTI-FAMILY: COMMON CEILING and/or FLOOR (maximum of 12 points) - 6.0								
TOTAL DEDUCTIONS									
COMPUTE MAX. E.P.I. ALLOWED	BASE E.P.I.		DEDUCTIONS		MAX. E.P.I. ALLOWED				
	85		-		85				

*RESIDENCES WHICH COMPLY WITH THIS CODE BY THE "ALTERNATE PRESCRIPTIVE COMPLIANCE APPROACH" (SEC. 903.11) ARE REQUIRED TO MEET OR EXCEED ALL MINIMUM PRESCRIPTIVE LEVELS INDICATED BY SHADED BLOCKS ON THIS FORM, AND ALL OTHER APPLICABLE PRESCRIPTIVE REQUIREMENTS LISTED IN TABLE 9B. THE E.P.I. FOR A HOUSE COMPLYING UNDER THIS METHOD IS NOT CALCULATED BUT WILL BE THE MAXIMUM E.P.I. ALLOWED FOR THAT HOUSE SIZE AS SHOWN ON TABLE 9A. THE STATISTICS SECTION ABOVE SHALL BE COMPLETED AND SUBMITTED TO THE LOCAL BUILDING DEPARTMENT.

9B PRESCRIPTIVE MEASURES (CHECKLIST)

INFILTRATION: windows/doors	903.1	<input checked="" type="checkbox"/>	HVAC DUCT CONSTRUCTION	903.5	<input checked="" type="checkbox"/>
WATER HEATER - ASHRAE LABEL	903.2	<input checked="" type="checkbox"/>	PIPING INSULATION	903.6	<input checked="" type="checkbox"/>
SWIMMING POOLS	903.3	<input checked="" type="checkbox"/>	HVAC CONTROLS	903.7	<input checked="" type="checkbox"/>
SHOWER FLOW RESTRICTORS	903.4	<input checked="" type="checkbox"/>	HVAC SYSTEM EFFICIENCY SECTION	903.8	<input checked="" type="checkbox"/>
			CEILING INSULATION	903.10	<input checked="" type="checkbox"/>

RESIDENTIAL CALCULATION

FORM 902

CLIMATE ZONES 7 8 9

COMPONENT		WINTER		SUMMER		
		AREA	WPM	AREA	SPM	
WALLS	CONCRETE	R 2.7 - 3.9	6.6		17.5	
		R 4-5.9	5.0		15.0	
		R 6 & UP	4.4		13.9	
	FRAME OR BRICK VENEER	R 11 - 18.9	1361	2.5	1361	13.9
		R 19-25.9		1.5		8.6
		R 26 & UP		1.1		6.5
	COMMON		2.7		3.8	
	DOORS	WOOD OR METAL	80	86.5	80	55.4
		INSULATED		84.0		22.2
		STORM DOOR		44.6		44.3
COMMON			21.6		6.9	
CEILING	UNDER ATTIC	R 19 - 21.9	2193	2193	8.4	
		R 22-29.9			7.6	
		R 30 & UP			5.5	
	SINGLE ASSEMBLY	R 6-7.9		5.4		22.6
		R 8-9.9		4.0		17.3
		R 10-11.9		3.5		14.6
		R 12-18.9		2.5		10.6
NO ATTIC	R 19 - 21.9		1.9		8.4	
COMMON		1.7		2.0		
FLOOR OVER UNCONDITIONED SPACE	WOOD	R 0-6.9			6.6	
		R 7-10.9			2.9	
		R 11 - 18.9			2.3	
		R 19 & UP			1.5	
	CONCRETE	R 0-2.9		6.8		8.2
		R 3-5.9		4.3		5.7
		R 6-10.9		3.4		3.6
		R 11 - 18.9		2.3		2.9
		R 19 & UP		1.5		1.9
		COMMON		1.7		2.0
SLAB ON GRADE	EDGE INSULATION	PERIMETER	WPM			
	PERIMETER	R 0 - 2.9	217	28.3		
		R 3-5.9		20.4		
	R 6 & UP		12.4			

2

16.01
41.82
57.83
- 5.03
3
59.8

OR	AREA	CLIMATE ZONE 7 8 9			GSP
		SGL	DBL	WOF 9F	
		CLR	TINT	CLF	
N	171	5.54	38.5	1.00	6583
NE		5.54	38.5		
E	20	5.54	38.5	.86	662
SE		5.54	38.5		
S	57	5.54	38.5	.86	1887
SW		5.54	38.5		
W	20	5.54	38.5	1.00	770
NW		5.54	38.5		
H		2.26	6.8		

GLASS AREA MUST NOT EXCEED: SGL/CLR 15% OF FLOOR AREA, SGL/TINT 17% OF FLOOR AREA, DBL/CLR 18% OF FLOOR AREA, DBL/TINT 20% OF FLOOR AREA. H = HORIZONTAL GLASS (SKYLIGHTS). FOR SC LESS THAN 0.83 SEE SEC. 902.2d

TOTAL GROSS WINTER POINTS 30531 ✓ TOTAL GROSS SUMMER POINTS 92255 ✓

DUCT MULT	R	WINTER POINTS	WPM	SUMMER POINTS
	R = 3.5	30531	1.15	35110 ✓
	R = 5.0		1.12	
	R = 6.7		1.09	
	DUCT IN COND SPACE		1.00	

HSM FROM 9G 35110 × 1.00 35110 ✓ CSM FROM 9H 106093 × .81 85935

DIVIDE BY FLOOR AREA 35110 ÷ 2193 16.01 ✓ WINTER POINTS DIVIDE BY FLOOR AREA 85935 ÷ 2193 39.19 ✓ SUMMER POINTS

CALCULATE E.P.I.				
WINTER POINTS	SUMMER POINTS	HOT WTR PTS	CREDIT POINTS	PENALTY POINTS
16.01	+ 39.19	-	(9I) = 4	(9C) + (9D) + 3
				(9E) = 49.20
				56.83

9C DESIGN CREDIT POINTS (CP)	
CEILING FAN IN COND SPACE (max 5 CPI)	1 4
MULTIZONE A/C SEPARATED BY DOOR	5
CROSS VENTILATION (1 CP per room)	1
WHOLE HOUSE FAN (min. 1.5 cfm/s.f.)	5
WOOD STOVE	2
FIREPLACE with outside combustion air	2
9C TOTAL (not to exceed 12 points)	4

9D HEATING SYSTEM CREDIT POINTS	
NATURAL GAS/PROPANE HEATING	8.0
OIL HEATING	6.4

9E DESIGN PENALTY POINTS	
WASHER AND DRYER IN COND SPACE	(3)
TOTAL GLASS OPENS LESS THAN 40%	5
FIREPLACE W/ INSIDE COMBUSTION AIR	5

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 4/11/83

This is to request that a Certificate of Approval for Occupancy be issued to Mr. Lofreddo
For property built under Permit No. 1528 Dated 11/16/82 when completed in
conformance with the Approved Plans.

[Signature]
Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings	<u>11/18/82</u>	
Rough plumbing	<u>12/6/82</u> & <u>1/17/83</u>	
Slab	<u>12/7/82</u>	
Perimeter beam		
Close-in, roof and rough electric	<u>1/17/83</u>	
Final Plumbing	<u>4/11/83</u>	
Final Electric	<u>4/11/83</u>	
Insulation	<u>2/3/83</u>	
Final Inspection for Issuance of Certificate for Occupancy.		
Approved by Building Inspector	<u>[Signature]</u>	date <u>4/11/83</u>
Approved by Building Commissioner	<u>[Signature]</u>	date <u>4/13/83</u>
Utilities notified	<u>4/13/83</u>	date

Original Copy sent to _____

(Keep carbon copy for Town files)

To: The town of SEWELL'S POINT, Town Manager 1528
From : Martin County Health Department.

Be it known that the individual sewage disposal system(s) installed
on L168 RD VISTA
for LCL BUILDER
has been found to be in compliance with Chapter 10D-6, Florida
Administrative Code, and therefore is granted final approval.

HD # 82-279 By: Alice R Lee
(Sanitarian)

DATE: 2/23/83

1546

POOL

TOWN OF SEWALL'S POINT FLORIDA

Permit No. 1546

Date 2-21

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 Carmel E. Loffredo Present address 79 Orchanr Rd. St

Phone 201-767-0076 287-8597

Contractor Pools by Greg, Inc. Address 50 NE Dixie Hwy. Stuart

Phone 305-692-1419

Where licensed Martin License number 00348

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: Construct a 15 X 30 swimming pool and patio

144 Rio Vista Drive Sewalls Point

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

Subdivision Rio Vista Lot No. 68

Contract price \$ 7,000.00 Cost of Permit \$ 40^{XX}

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 X Guy Schuster
Pools by Greg

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 Carmel Loffredo

TOWN RECORD Date submitted 2/21/83

Approved: J. Amazzuosa Building Inspector Date 2/23/83

Approved: H.C. Strubell Commissioner Date 2/25

Final Approval given: _____ Date _____

Certificate of Occupancy issued _____ Date _____

SP/1-79

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

RECEIVED
FEB 22 1983
Ans'd.....

1546

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 3/29/83

This is to request that a Certificate of Approval for Occupancy be issued to La Fredda
For property built under Permit No. 1546 Dated 2/25/83 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		
Final Electric		

Steel Grounding 3/2/83
Patco Steel 3/16/83

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector J. Maguire date 3/29/83
Approved by Building Commissioner _____ date _____

Utilities notified _____ date _____

Original Copy sent to _____

(Keep carbon copy for Town files)

1555

ENCLOSURE

RECEIVED

Permit No. _____

MAR 22 1983

Date 3-22-83

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.

CARMELO

Owner Lo S S R Edo Present Address 14 RIO VISTA DRIVE

Phone _____

Contractor Reddish Welding Address 3355 SE. Dixie Hwy Stuart

Phone 283-1297

Where licensed Martin County License number 00122

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: Pool Enclosure 20x45'

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

14 Rio Vista Drive

Subdivision Sewalls Point RIO VISTA Lot number 68 Block number _____

Contract price \$ 2100⁰⁰ Cost of permit \$ 10^{XX}

Plans approved as submitted Plans approved as marked

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

Contractor [Signature]

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

Owner [Signature]

TOWN RECORD

Date submitted 3/22/83 Approved: [Signature] Building Inspector 3/22/83 Date

Approved: [Signature] Commissioner 3/22/83 Date Final Approval given: [Signature] Date

Certificate of Occupancy issued (if applicable) _____ Date

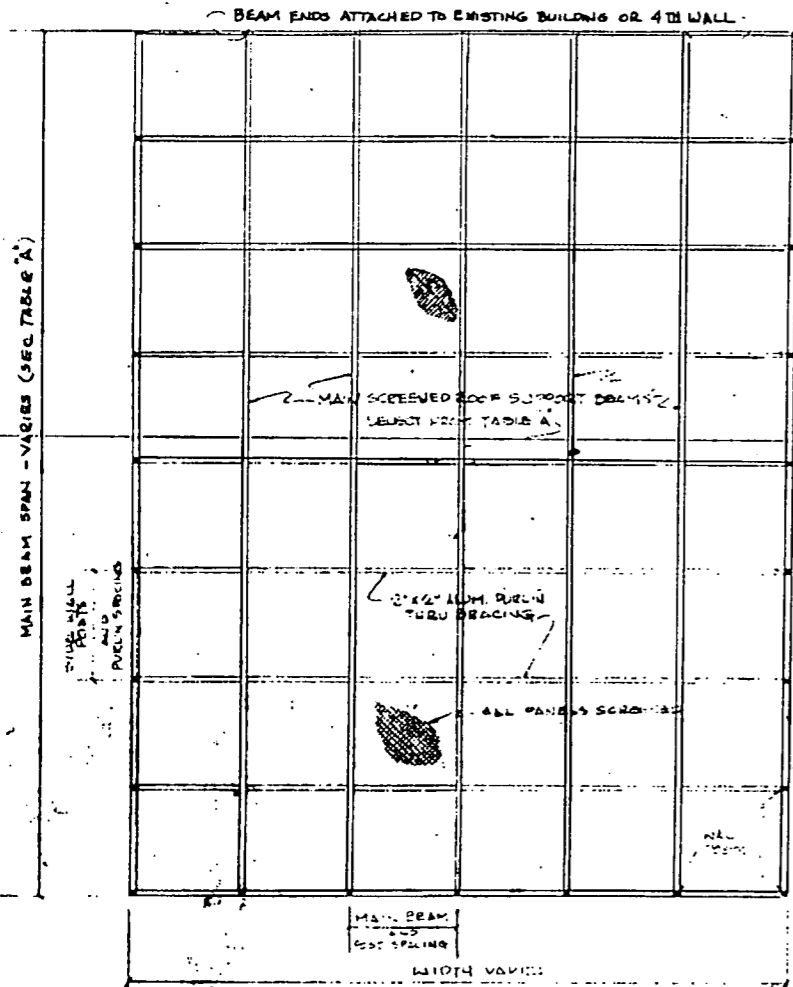
SP1282 Permit No. _____

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.

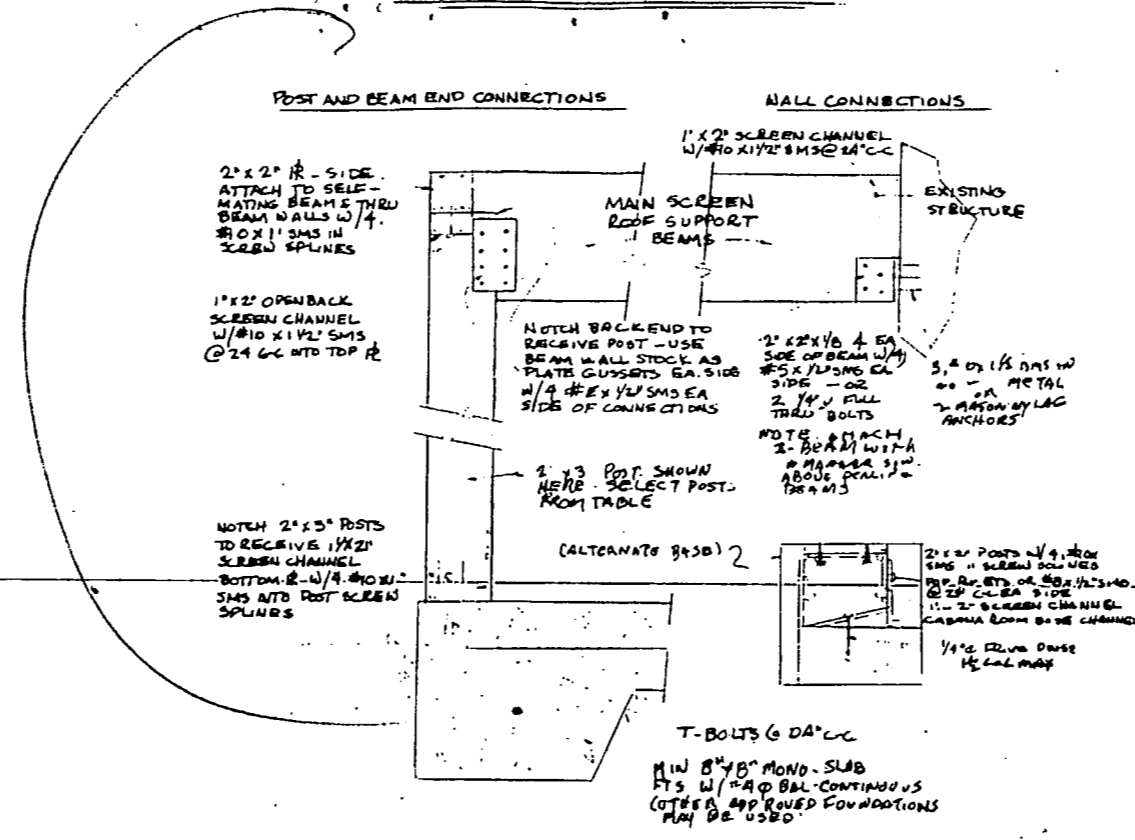
Final Inspection
4/20/83

1555

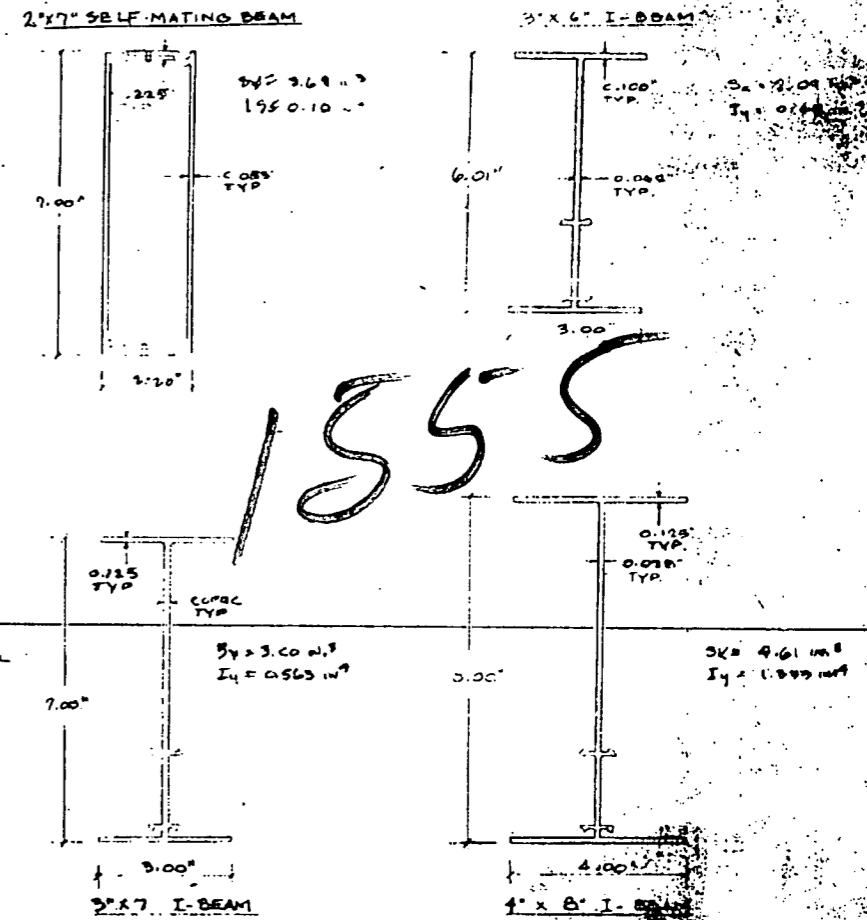
SCREENED POOL ENCLOSURE PLAN



TYPICAL CONNECTION DETAILS



ADDITIONAL BEAM SECTIONS - ALLOY 6063 T6 (VAR. ALSO SHOWN)



1555

ALTERNATE CONNECTION DETAILS

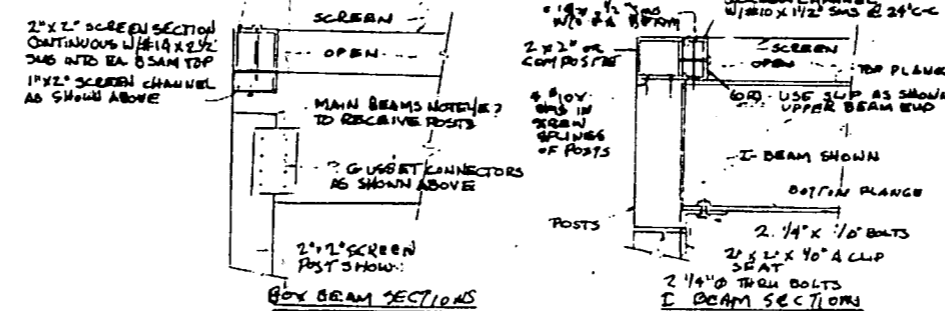
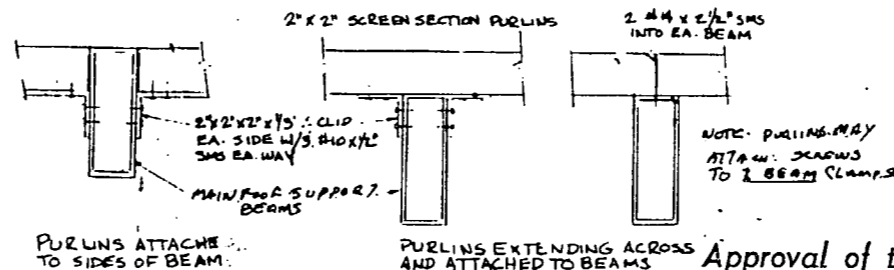
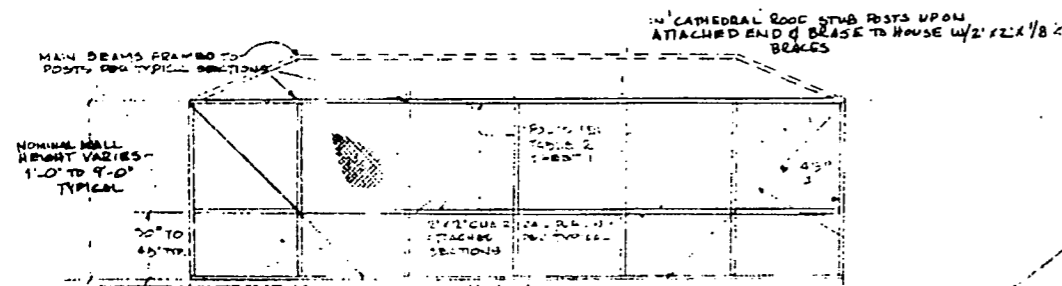


TABLE A-2 SPAN TABLE FOR SCREEN ROOF BEAMS

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS OVER RIGID SPACINGS					
	4'-0" C-C	5'-0" C-C	5'-6" C-C	6'-0" C-C	6'-6" C-C	7'-0" C-C
2"x4" S.M. BEAM	25'-0"	21'-0"	21'-6"	20'-0"	19'-0"	18'-6"
2"x6" S.M. BEAM	32'-10"	27'-0"	28'-3"	26'-0"	25'-0"	24'-4"
2"x7" S.M. BEAM	40'-0"	41'-0"	39'-10"	36'-10"	35'-4"	34'-0"
3"x6" I-BEAM	34'-5"	31'-0"	30'-0"	29'-0"	26'-8"	25'-9"
3"x7" I-BEAM	41'-0"	37'-0"	36'-0"	33'-0"	31'-10"	31'-0"
4"x6" I-BEAM	50'-0"	46'-0"	44'-6"	41'-0"	39'-6"	38'-4"

REMARKS: BEAM SPAN LENGTHS, TYPICAL PLACING OF 90° ANGLE TO BEAM FRAMED ACROSS FOOT OF BEAM POINTS, SCREENED SIDE WALLS AS SHOWN ON PLAN VIEW.

END ELEVATION VIEW



ALTERNATE ROOF PURLINS TO BEAM ATTACHMENTS

1. CORNERS NOT ATTACHED TO BUILDING... WIND BRACE EA. DIRECTION W/3/4 2 35 CABLE W/TURNBUCKLE - 3/5 7 EYE BOLT EA. END 2" x 2" x 1/8" W/3, #10 x 3/4 SWS INTO EA. MEMBER CROSSED

RECEIVED

MAR 22 1983

Ans'd

3/22/83 [Signature]

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

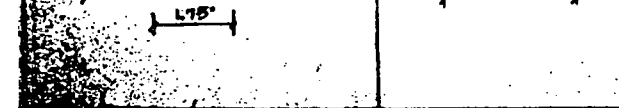
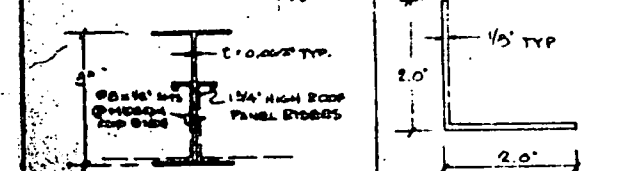
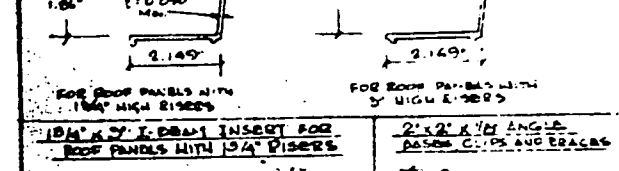
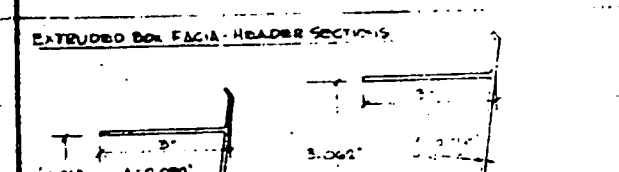
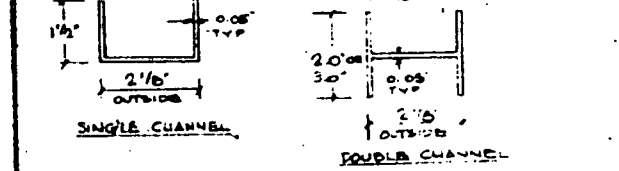
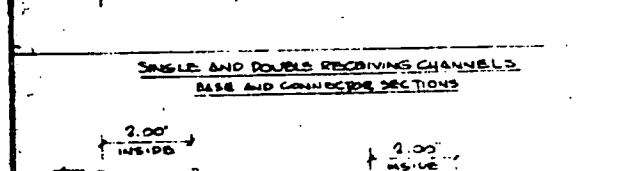
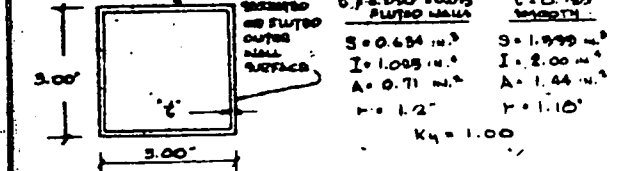
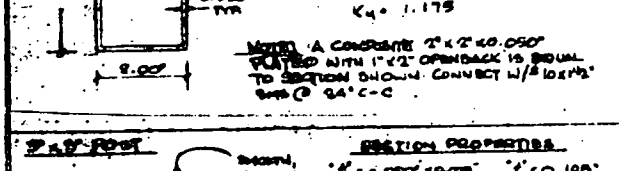
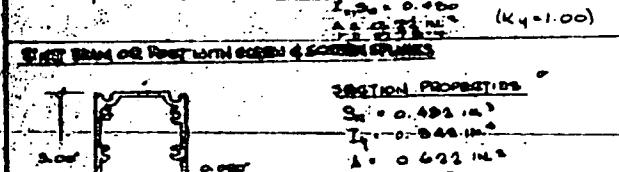
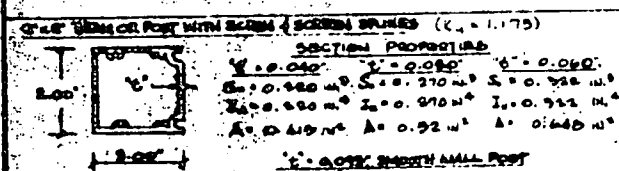
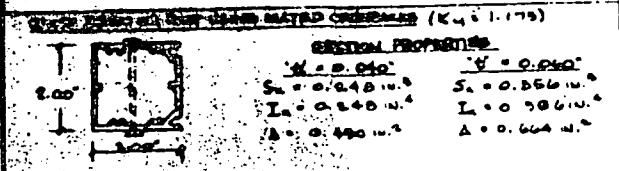
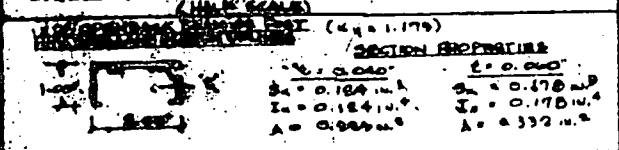
THESE SCREENED ENCLOSURES ARE DESIGNED IN ACCORDANCE WITH CHAP. 12 AND 20 OF STANDARD BUILDING CODE (S3804) FOR WIND PRESSURES AS FOLLOWS:

SCREENED ROOFS: 10 PSF (20.7)

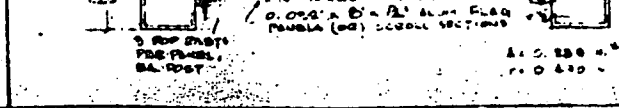
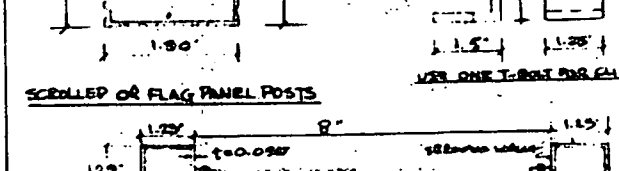
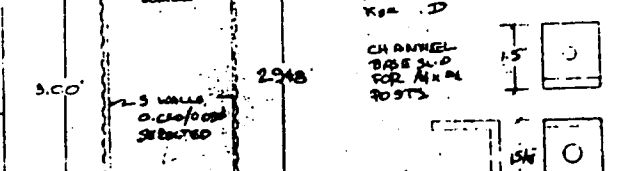
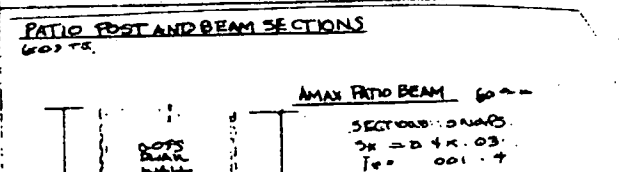
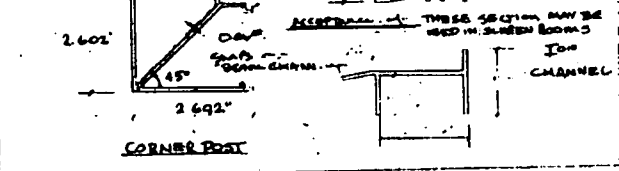
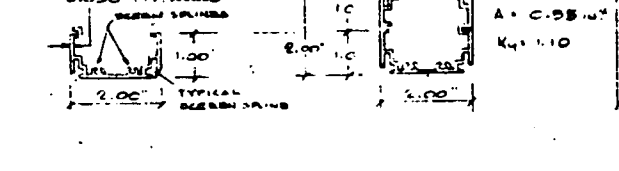
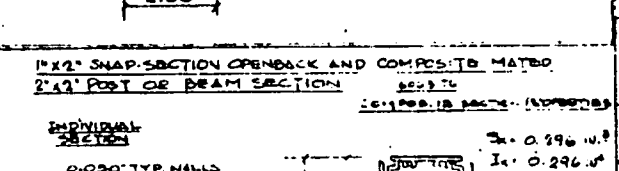
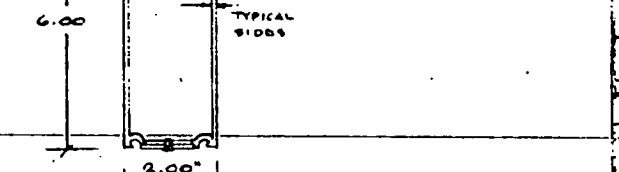
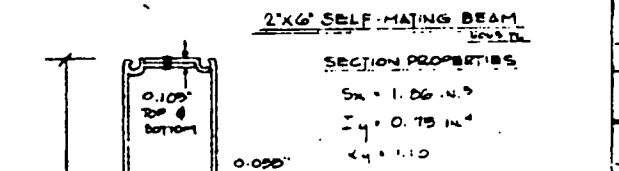
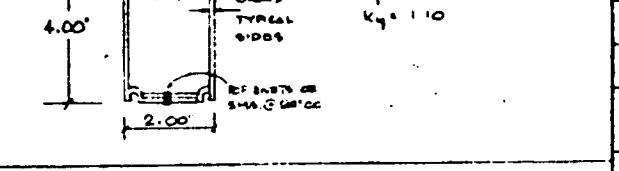
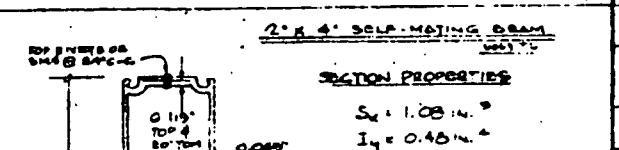
SCREENED WALLS: 10 PSF (21.3)

REDDISH WELDING
3395 SOUTH BAY HIGHWAY
STUART, FLORIDA
33499

EXTRUDED ALUMINUM SECTIONS - ALLOY 6063-T5



EXTRUDED ALUMINUM SECTION - ALLOY 6063-T5



POST AND BEAM SPAN TABLES

TABLE 1 - SPAN TABLE FOR EDGE BEAMS IN CANOPY ROOF STRUCTURES

BEAM SIZE	10 FT	12 FT	13 FT	14 FT	15 FT
2"x2" 10.060"	5'-7"	8'-2"	5'-0"	4'-10"	4'-8"
2"x2" SNAP SECTION COMPOSITE	6'-5"	6'-0"	5'-9"	5'-7"	5'-5"
2"x2" x 0.050"	6'-5"	6'-0"	5'-9"	5'-7"	5'-5"
2"x4" S.M. BEAM	11'-0"	10'-5"	9'-10"	9'-6"	9'-4"
2"x6" S.M. BEAM	14'-5"	13'-5"	13'-0"	12'-7"	12'-2"
2"x2" PATIO BEAM 2EMARKS	8'-4"	4'-7"	4'-4"	4'-0"	N/A

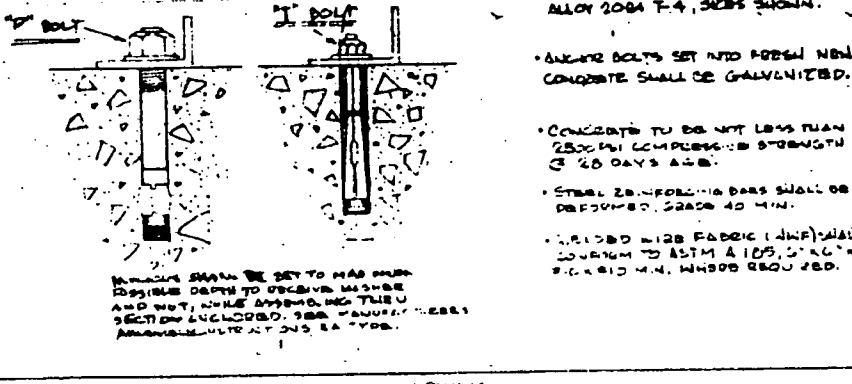
TABLE 2 - POST LENGTHS AND SPACING IN SCREENED OR METAL SKINNED WALLS

POST SIZE	NOMINAL WALL WEIGHT	SCREENED WALLS MAXIMUM POST SPACING, C-C	METAL SKINNED WALLS SPACING, C-C, AND OF BACKSTOP POSTS
2"x2" 10.060"	7	5'-0"	2'-7"
2"x2" x 0.050"	7	4'-0"	2'-0"
2"x2" 10.060"	8	7'-8"	3'-9"
2"x2" SNAP MATE USING 2" x 2" SNAP SECTIONS	7	0'-2"	4'-0"
2"x2" 10.060" POST OR BEAM COMPOSITE SECTION	8	4'-2"	2'-0"
	9	4'-10"	2'-4"
	10	3'-11"	(N/A)
	7	0'-2"	4'-0"
	8	0'-2"	3'-0"
	9	4'-10"	2'-4"
	10	3'-11"	(N/A)

DRILLED-IN CONCRETE ANCHORS

MOLLY BOLT PD 30.3 (3/8"x2" NUT AND WASHER)

TUNDRY BOLT (1/2"x2" NUT AND WASHER)



RECEIVED
MAR 22 1983
 Ans'd.....

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

MASTER PLANS - ALUMINUM PATIOS, SCREENED AND CADANA ROOMS, GARAGES AND UTILITY STORAGE ROOMS

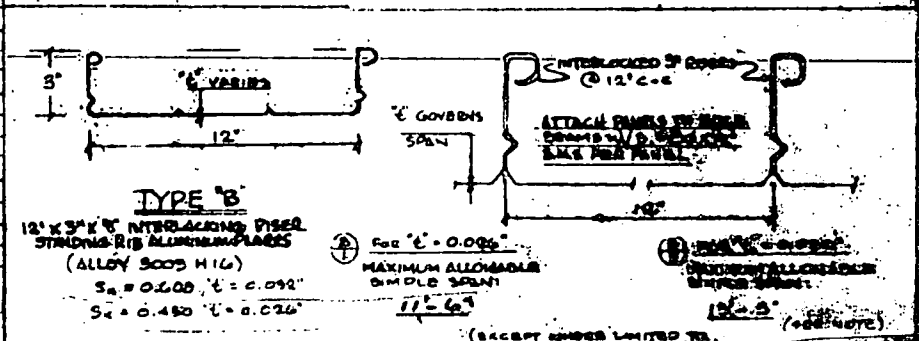
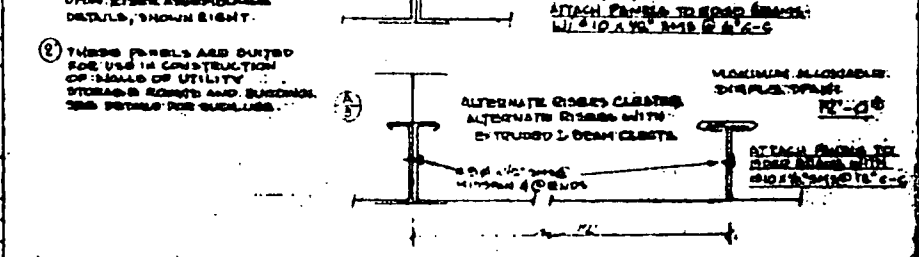
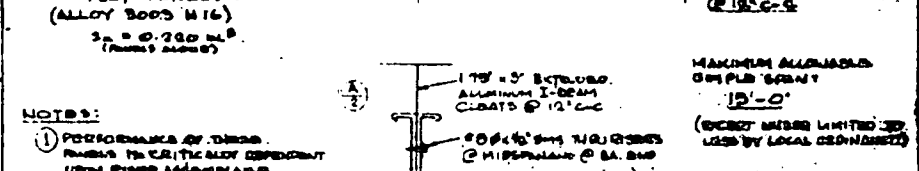
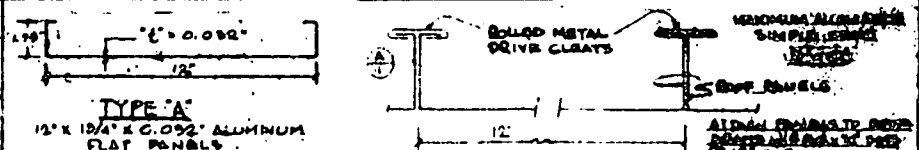
CLINE ASSOCIATES ENGINEERS-ARCHITECTS
 3501 S.W. HWY 19 N
 PALM HARBOR, FL 34626

SHEET 2 OF 2
 SECTIONS, PROPERTIES, SPECIFICATIONS AND SPAN TABLES

FOR:
 REDDISH WELDING
 3355 S.O. DIVISION HWY
 STUART, FLORIDA 33499

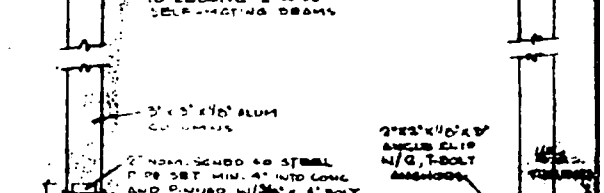
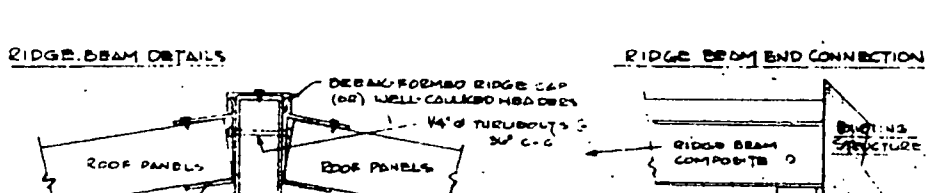
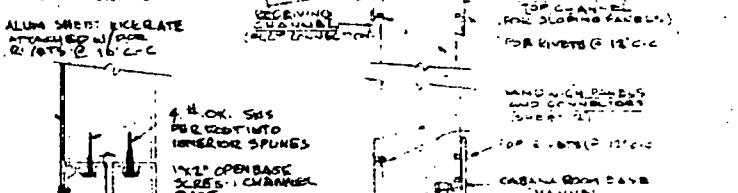
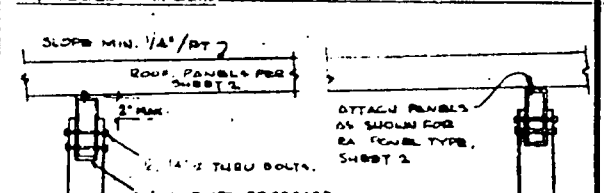
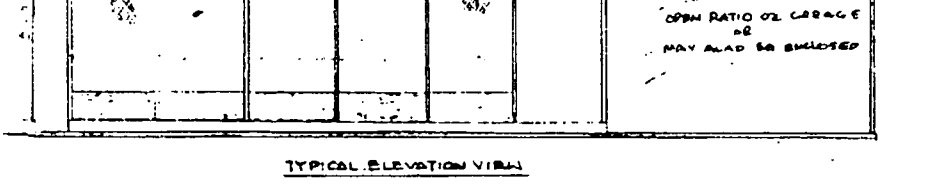
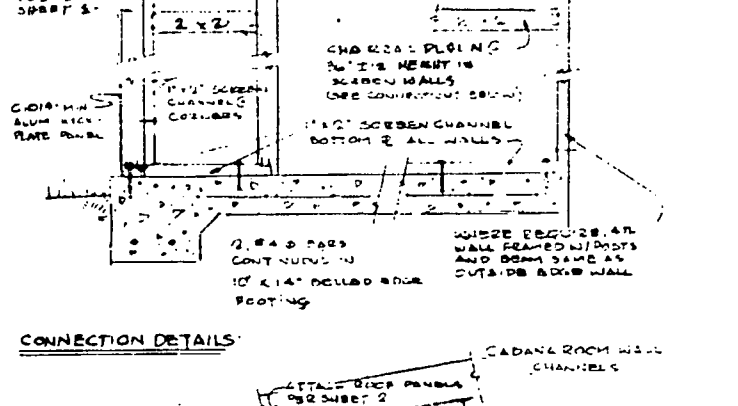
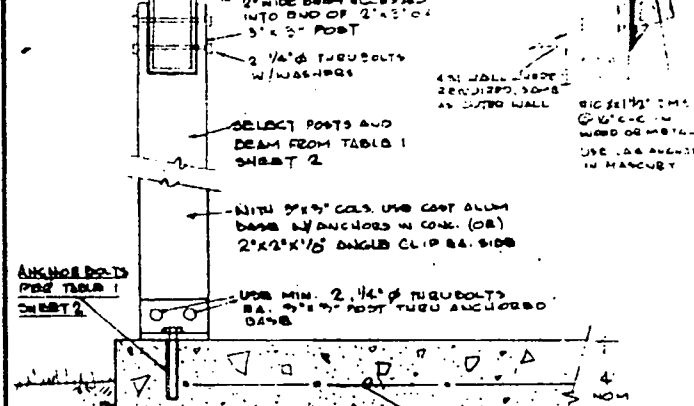
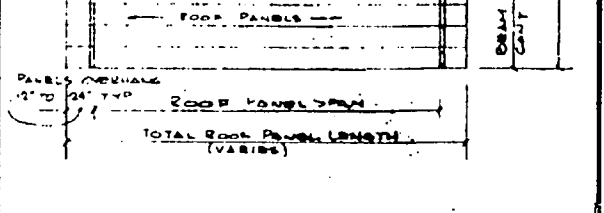
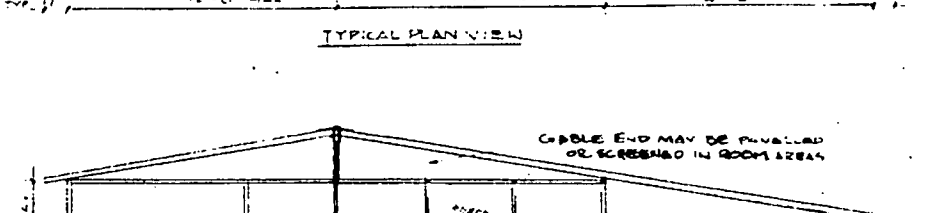
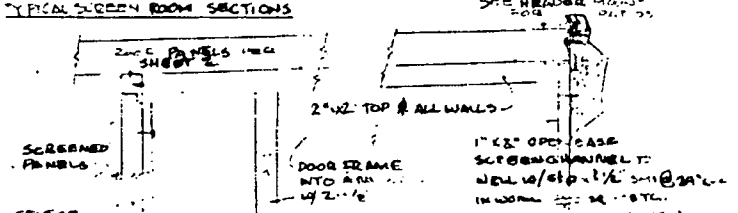
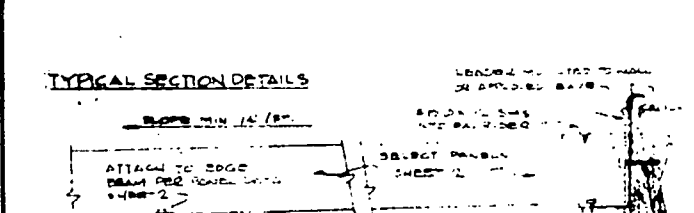
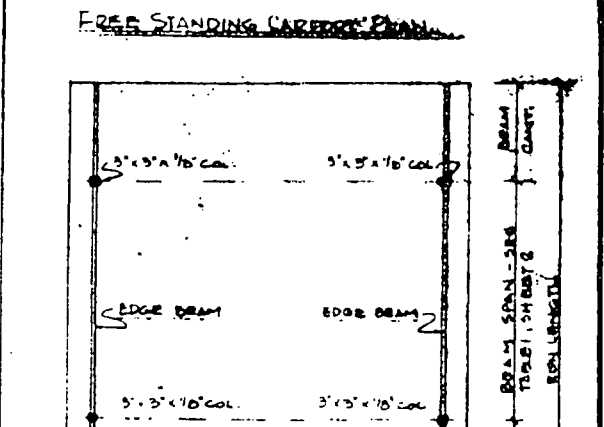
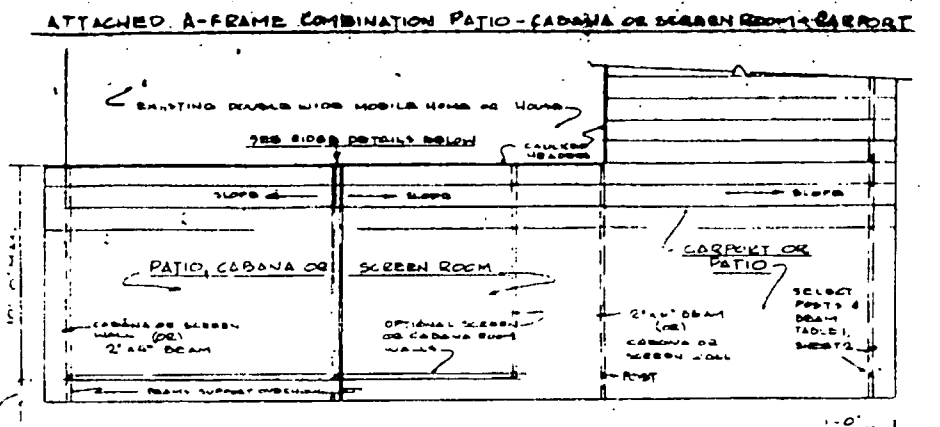
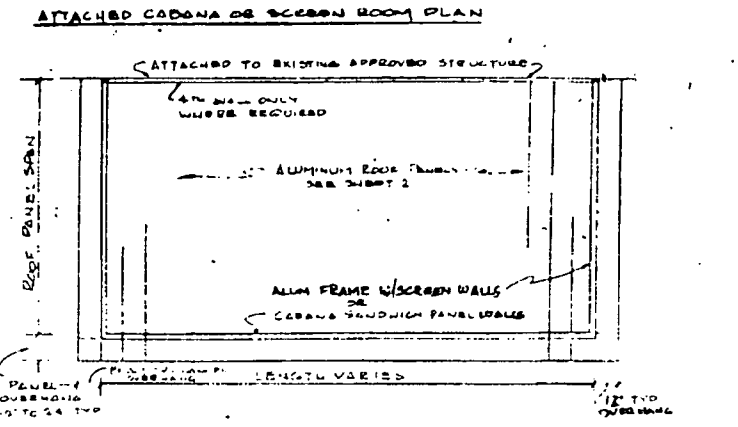
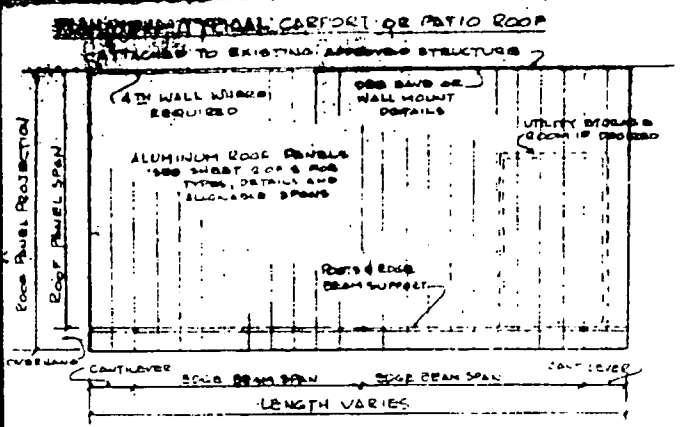
DATE: 4-25-82

ALUMINUM ROOF PANELS - TYPE ASSEMBLY AND SPAN DATA



ENGINEERING NOTES:

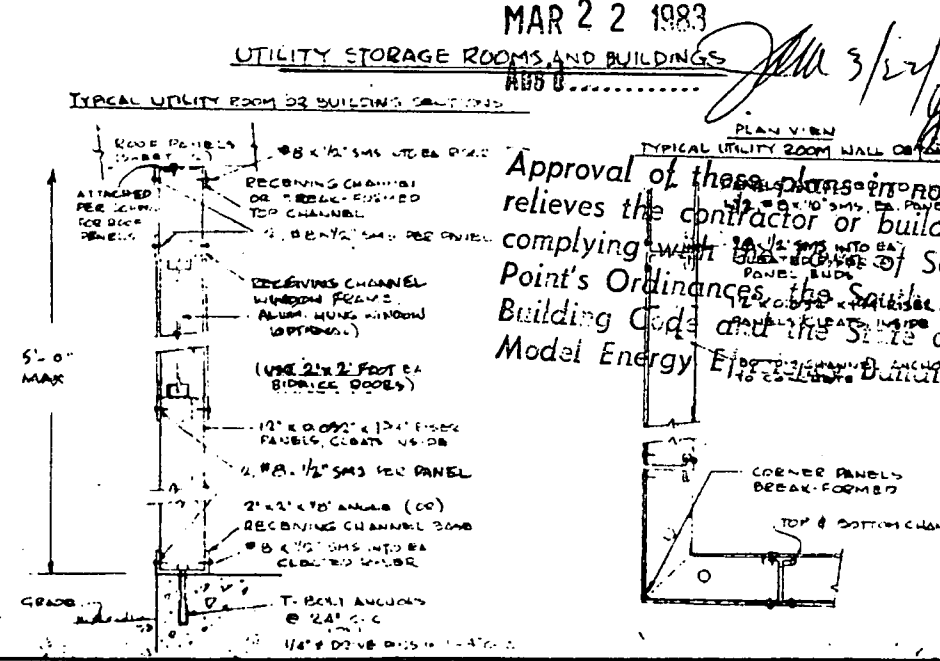
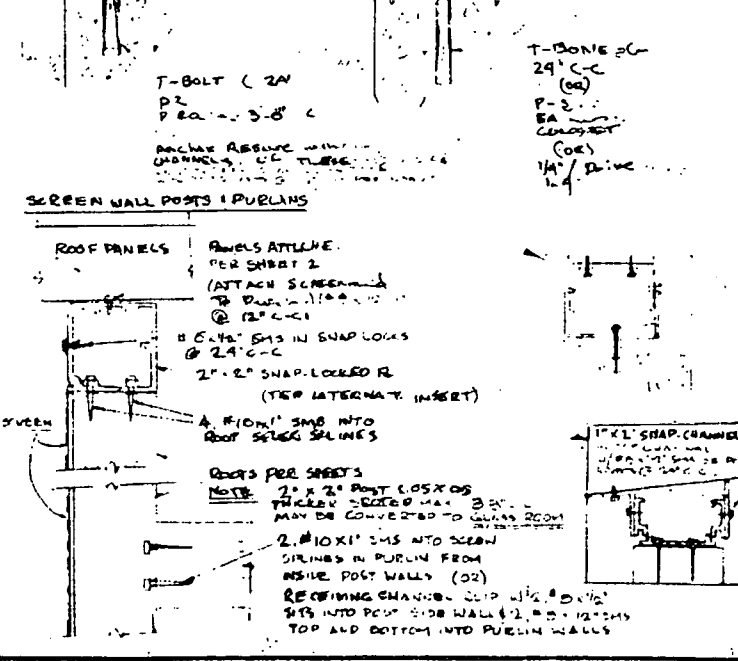
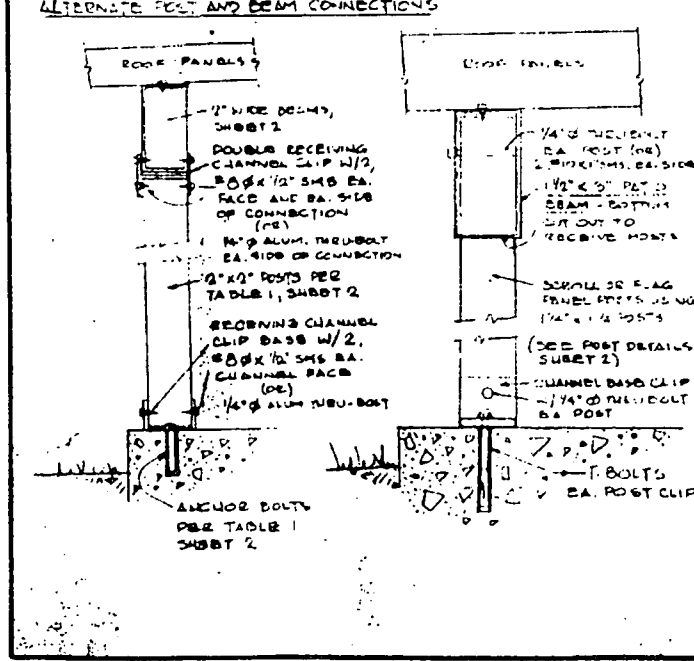
- PANEL STRENGTHS (UPWARD AND DOWNWARD) HAVE BEEN VERIFIED BY THE ENGINEER BY FULL SCALE LOAD TESTS CONDUCTED ON PANELS OF TYPICAL SIZE AND ALLOYS SHOWN ON THESE DRAWINGS. (ALL DEFLECTIONS ARE 1/80 MAXIMUM)
- SECTION PROPERTIES SHOWN FOR COMPLEX BEAM AND POST EXTENSIONS ARE BASED ON SIMPLIFIED SECTIONS AND WEIGHTED AVERAGE SHAPE FACTORS (K_y VALUES) DETERMINED FOR COMPUTING COMPRESSIVE YIELDING STRENGTHS.
- BEAM SPANS ARE BASED ON LIMITING ALLOWABLE COMPRESSIVE YIELD STRESS IN TYPICAL SECTIONS FOR ALLOYS SPECIFIED AS FOLLOWS:
 ALLOY 3005 T6: $29.0 \text{ ksi} \times K_y$
 ALLOY 6063 T6: $18.0 \text{ ksi} \times K_y$
 ALLOY 3005 H16: $18.0 \text{ ksi} \times K_y$
- ALL DEFLECTIONS ARE MADE IN COMPRESSION IN UNBRACED SECTIONS, SUCH AS COLUMNS AND UNBRACED BEAMS, UNLESS APPLICABLE.
- FASTENING CAPACITIES ARE DETERMINED BY:
 1. USE LIVE LOADS AND WIND VELOCITY FACTORS FOR 100 MPH WINDS.
 2. CHAPTER 16, STANDARD BUILDING CODE.
 3. DESIGNER'S ACCORDANCE WITH CHAPTER 16, S.B.C.
 4. 1988 ALUMINUM HANDBOOK.



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UTILITY STORAGE ROOMS AND BUILDINGS
 Approved by *[Signature]* 3/22/83



NOTE: BEAMS WITH ONE INTERIOR SPAN, SUPPORTED BY 2 COLUMNS ONLY, WITH BOTH ENDS OVERHANGING AT LEAST 20% OF TABLE 1 TABULAR SPAN, ARE CONSIDERED CONTINUOUS BEAMS; TABULAR SPANS APPLY TO THE SINGLE INTERIOR SPAN ABOVE CONDITIONS ARE APPLICABLE FOR SELECTING BEAMS FOR FREE-STANDING CARPORTS AND OTHER EDGE BEAMS WHERE THESE CONDITIONS EXIST.

DESIGNED IN ACCORDANCE WITH CHAP. 2 AND 20 OF STANDARD BUILDING CODE (SBC) FOR 120 MPH WIND RESISTANCE AND 20 PSF LIVE LOADS ON ROOFS. CONSULT LOCAL ORDINANCES FOR FURTHER REGULATIONS.

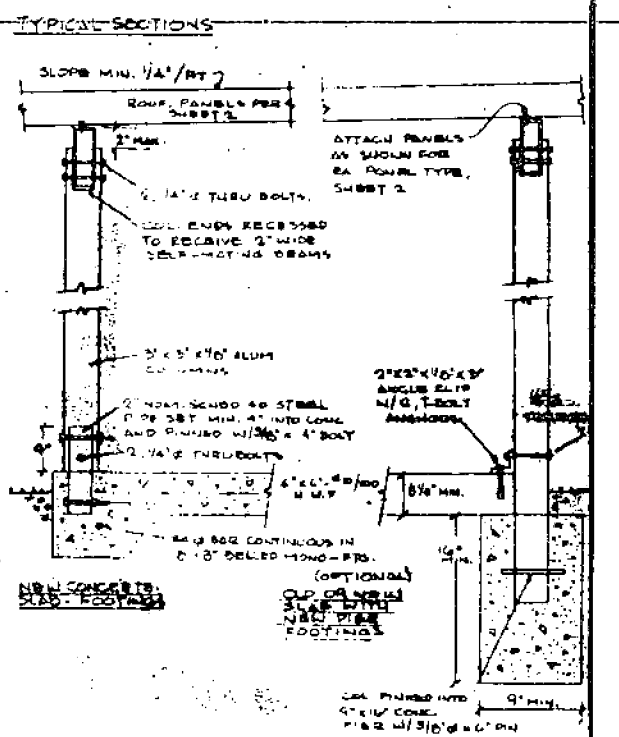
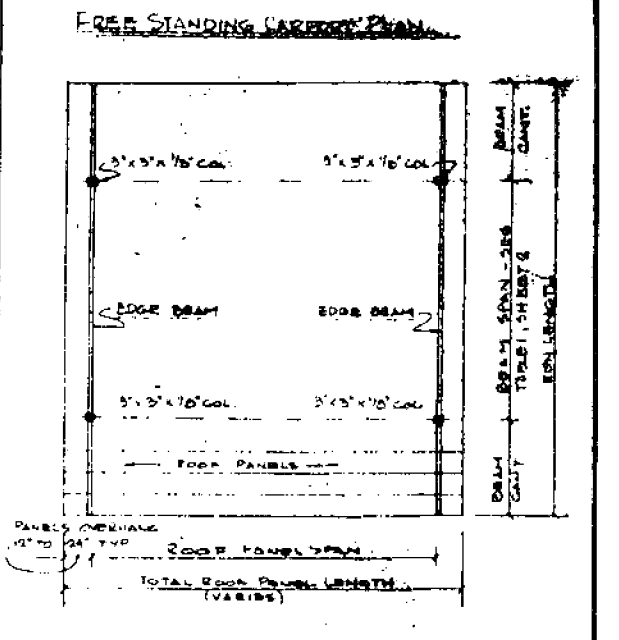
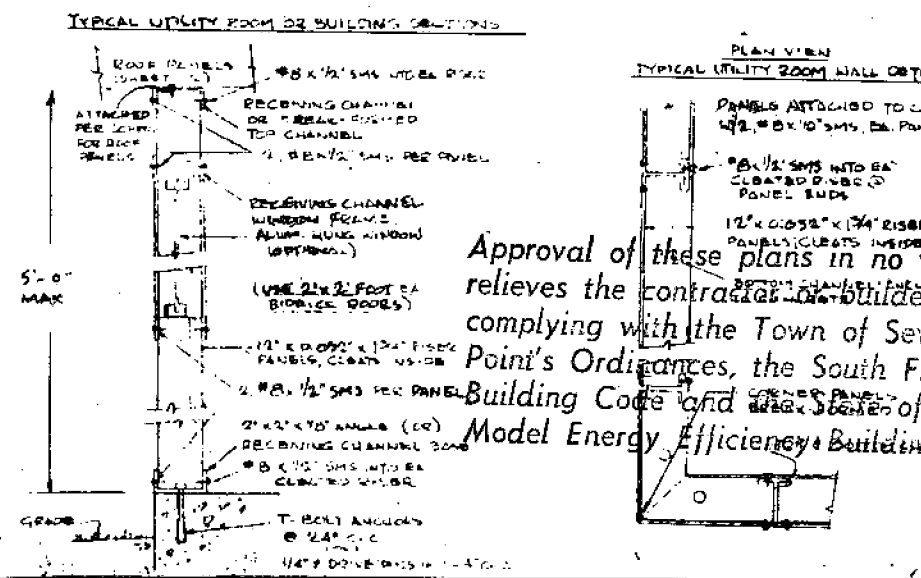
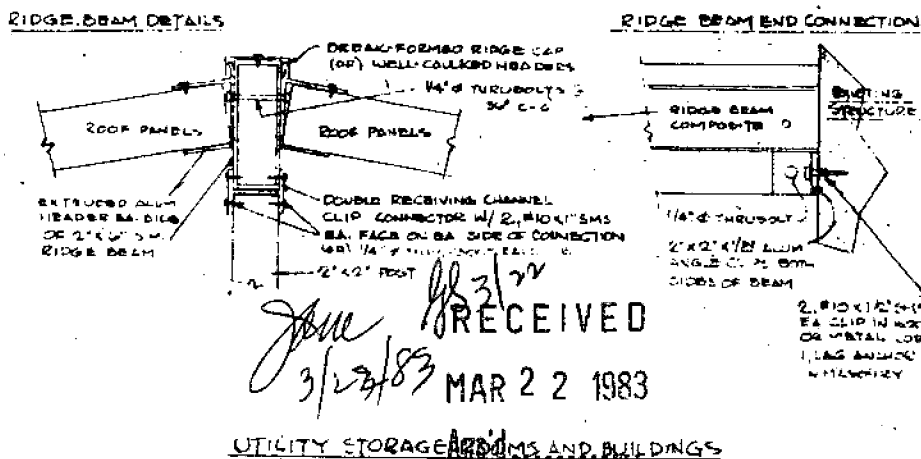
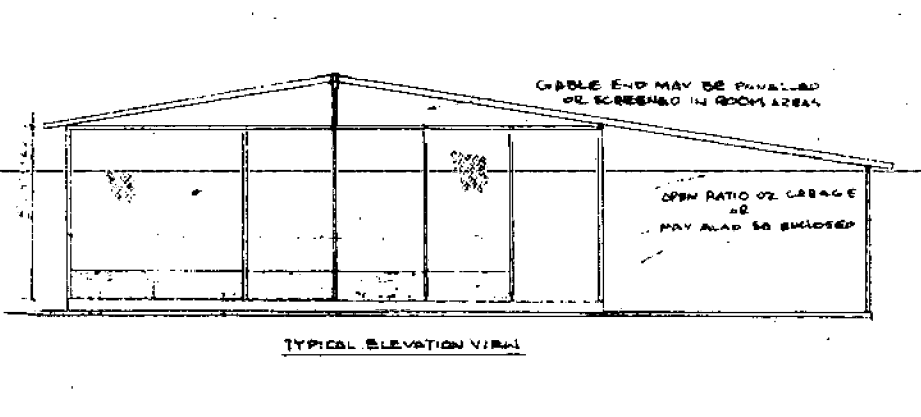
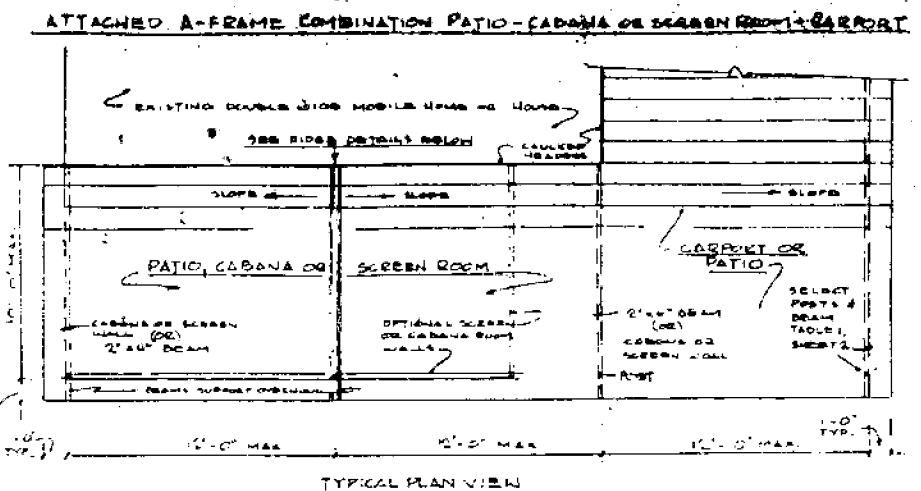
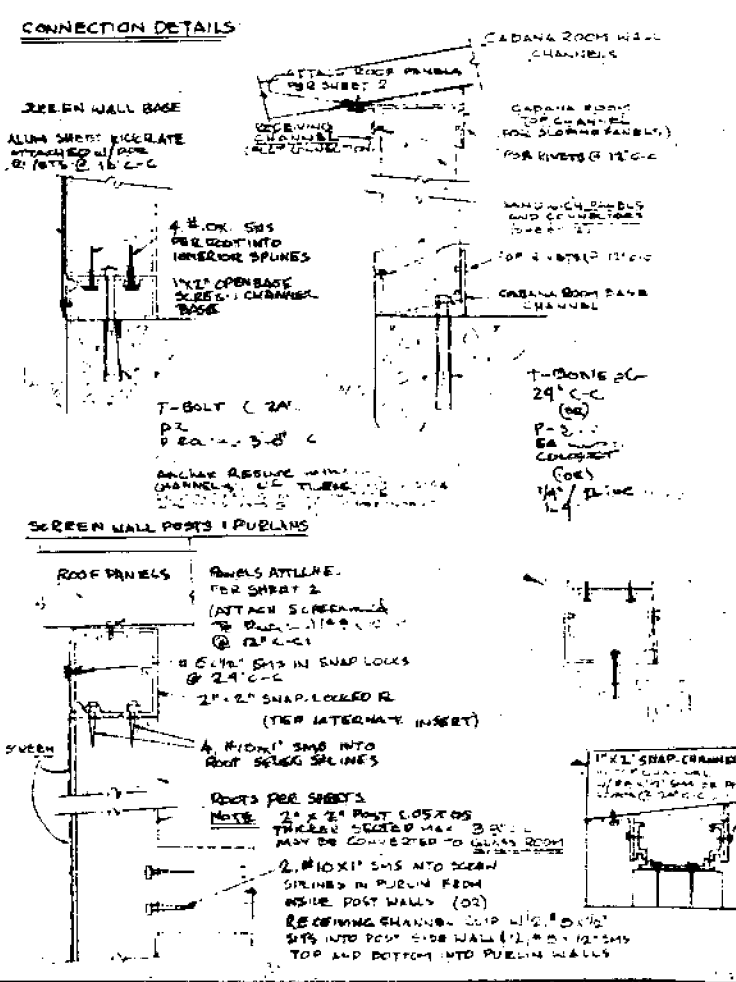
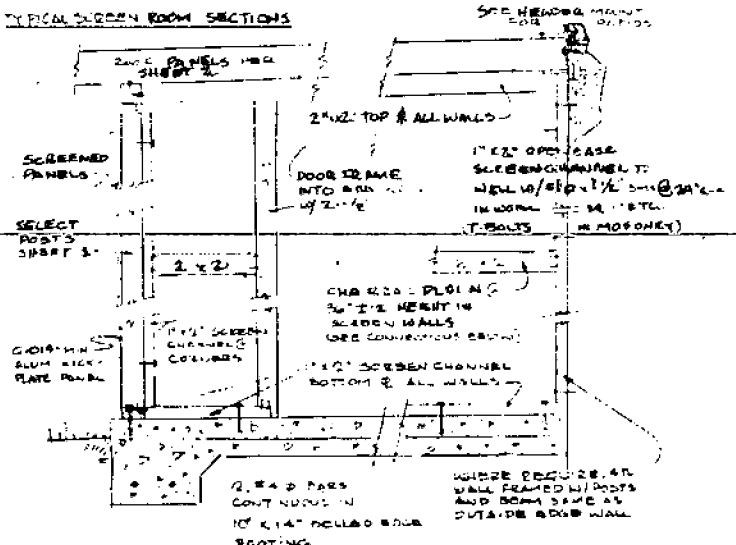
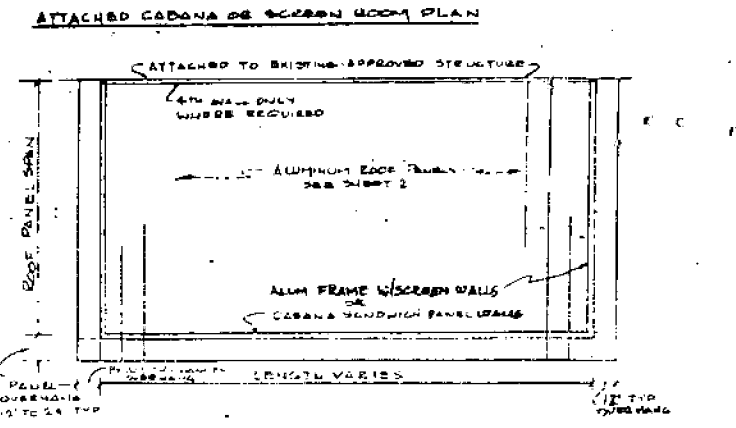
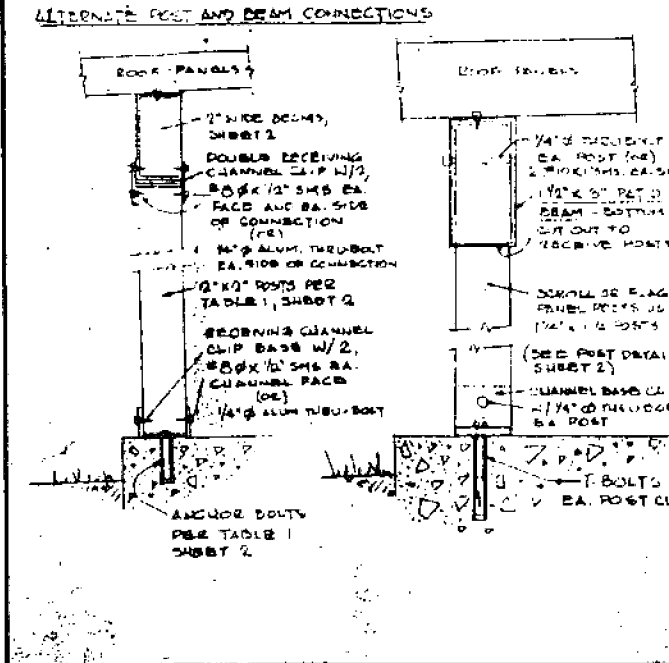
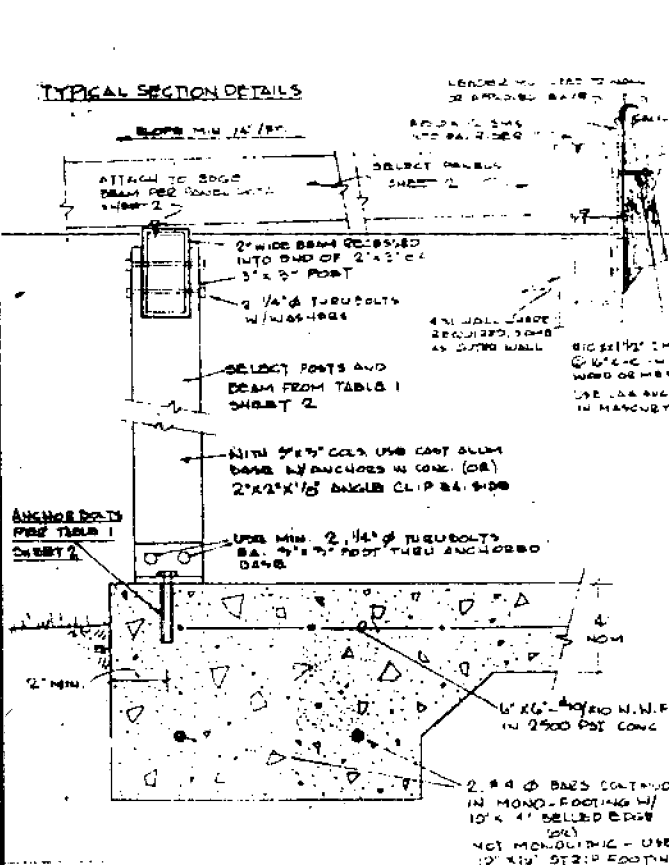
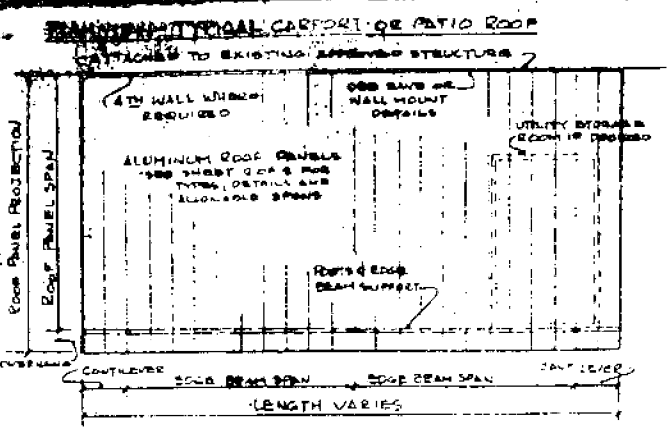
MASTER PLANS - ALUMINUM PATIOS, SCREENED AND CADANA ROOMS, CARPORTS AND UTILITY STORAGE ROOMS

CORNER PANELS BREAK-FORMED

CLINE ASSOCIATES
 ENGINEERS/ARCHITECTS
 3501 S. HWY 19 N
 PALM HARBOR, FL 33655

SHEET 1 OF 2
 PLANS, DETAILS AND ASSEMBLY SECTION VIEWS

FOR:
 REDDISH BUILDING
 3355 SO. DIVIS HIGHWAY
 STUART, FLORIDA 33999



NOTE: BEAMS WITH ONE INTERIOR SPAN SUPPORTED BY 2 COLUMNS ONLY, WITH BOTH ENDS OVERHANGING AT LEAST 20% OF TABLE 1 TABULAR SPAN, ARE CONSIDERED CONTINUOUS BEAMS; TABULAR SPANS APPLY TO THE SINGLE INTERIOR SPAN. ABOVE CONDITIONS ARE APPLICABLE FOR SELECTING BEAMS FOR FREE-STANDING CARPORTS AND OTHER EDGE BEAMS WHERE THESE CONDITIONS EXIST.

DESIGNED IN ACCORDANCE WITH CHAPS. 2 AND 10 OF STANDARD BUILDING CODE (SBC) FOR 120 MPH WIND REGION AND 20 PSI LIVE LOAD ON ROOFS. CONSULT LOCAL ORDINANCES FOR FURTHER SPECIFICATIONS.

MASTER PLAN - ALUMINUM PATIOS, SCREENED AND CADANA ROOMS, CARPORTS AND UTILITY STORAGE ROOMS

SHEET 1 OF 2
PLANS, DETAILS AND ASSEMBLY SECTION VIEWS

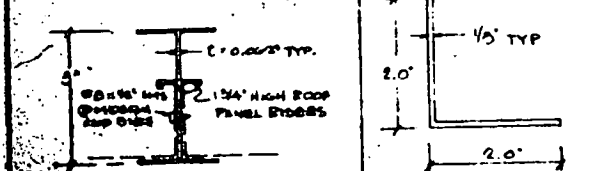
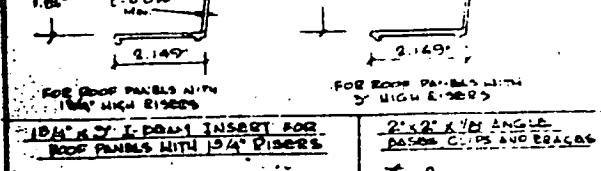
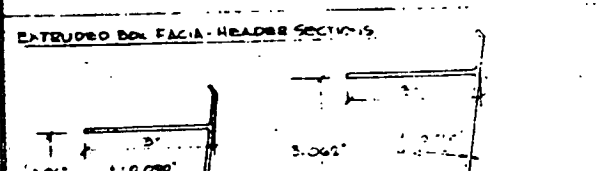
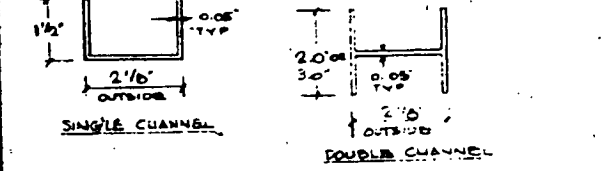
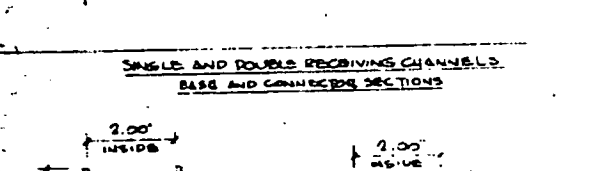
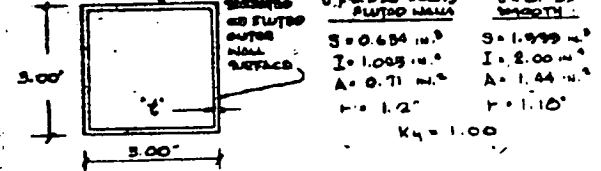
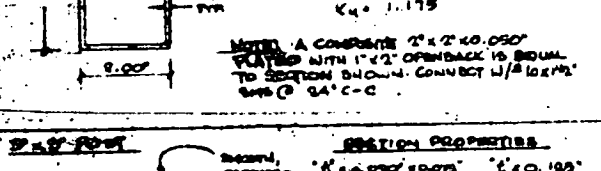
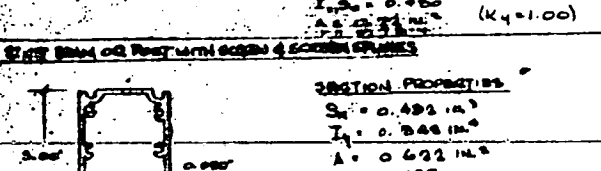
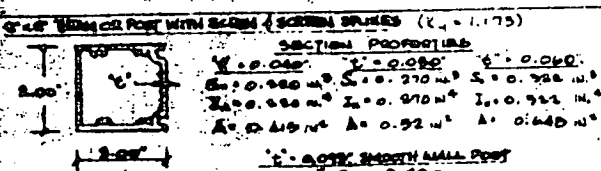
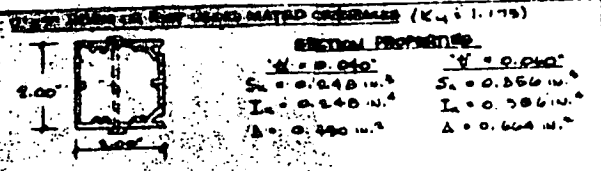
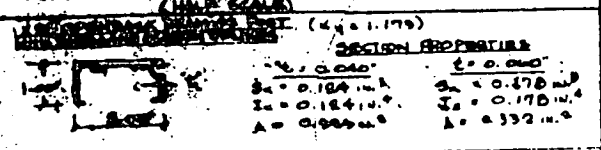
CLINE ASSOCIATES
3501 N. US HWY 19 N.
PALM HARBOR, FL 33556

REDDISH BUILDING
3355 S.O. DAVIS HIGHWAY
SUWANEE, FLORIDA 33499

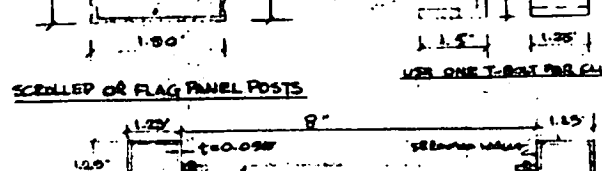
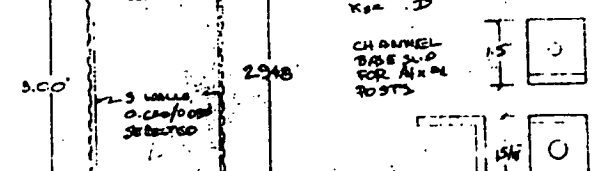
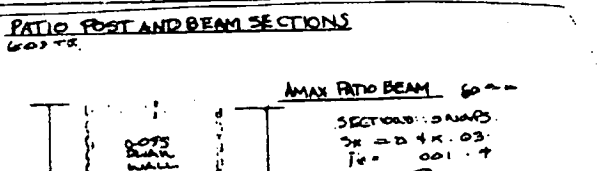
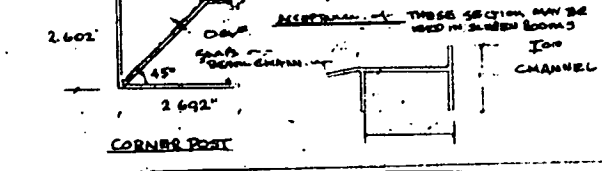
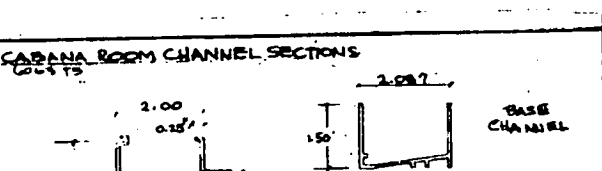
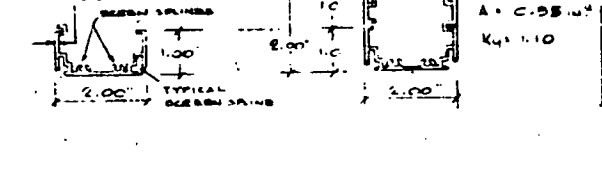
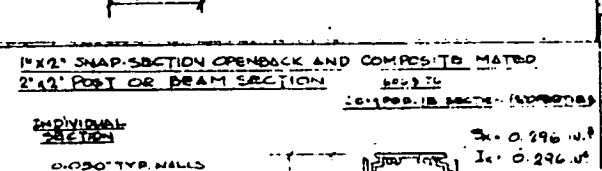
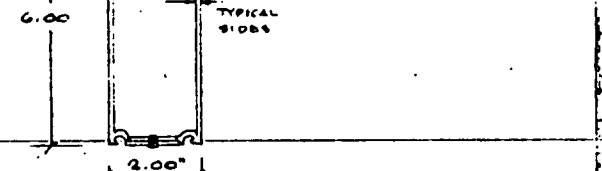
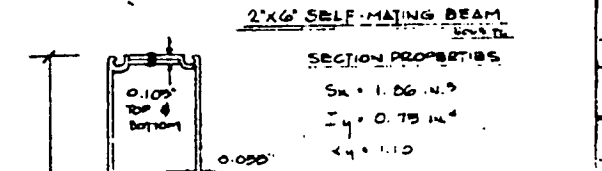
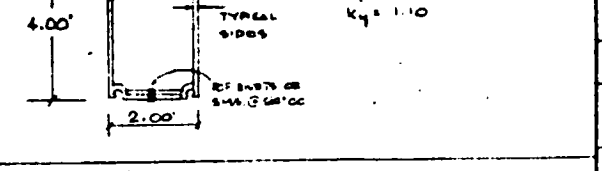
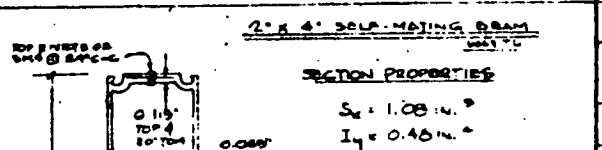
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3/22/83 MAR 22 1983

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.

EXTRUDED ALUMINUM SECTIONS - ALLOY 6063-T5



EXTRUDED ALUMINUM SECTIONS - ALLOY 6063-T5



POST AND BEAM SPAN TABLES

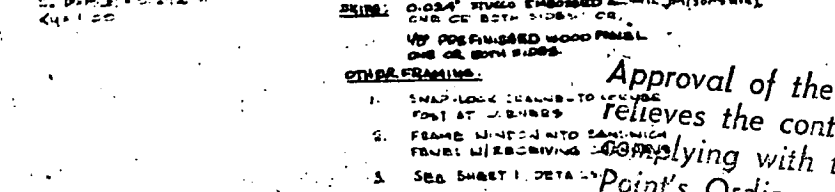
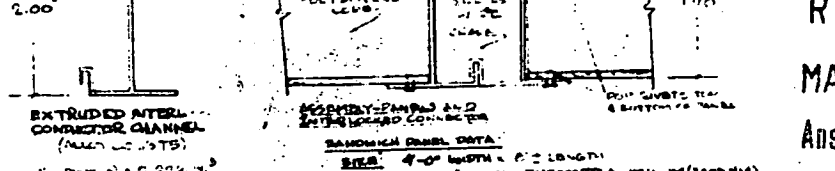
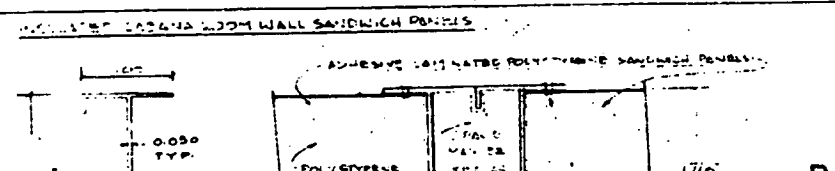
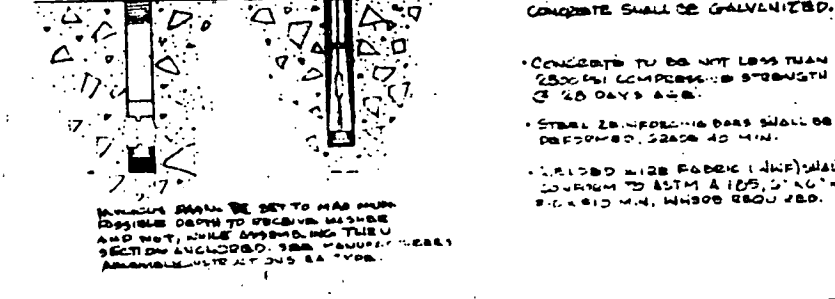
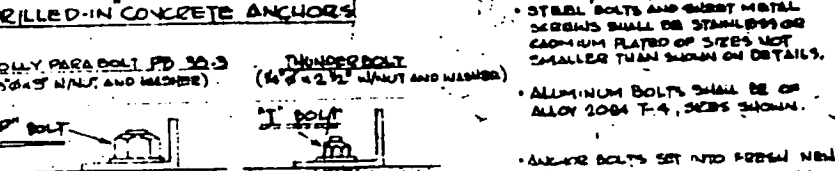
TABLE 1 - SPAN TABLE FOR BEAM BEAMS IN CANOPY ROOF STRUCTURES

BEAM SIZE	10 FT.	12 FT.	12 FT. 6 IN.	14 FT.	15 FT.
2" x 2" x 0.060"	5'-7"	8'-2"	5'-0"	4'-10"	4'-8"
2" x 2" SNAP SECTION COMPOSITE	6'-3"	6'-0"	5'-9"	5'-7"	5'-5"
2" x 2" x 0.050"	6'-5"	6'-0"	5'-9"	5'-7"	5'-5"
2" x 4" SM. BEAM	11'-0"	10'-3"	9'-10"	9'-6"	9'-4"
2" x 6" SM. BEAM	14'-5"	13'-5"	13'-0"	12'-7"	12'-2"
2" x 8" POST BEAM	8'-4"	4'-7"	4'-4"	4'-0"	N/A

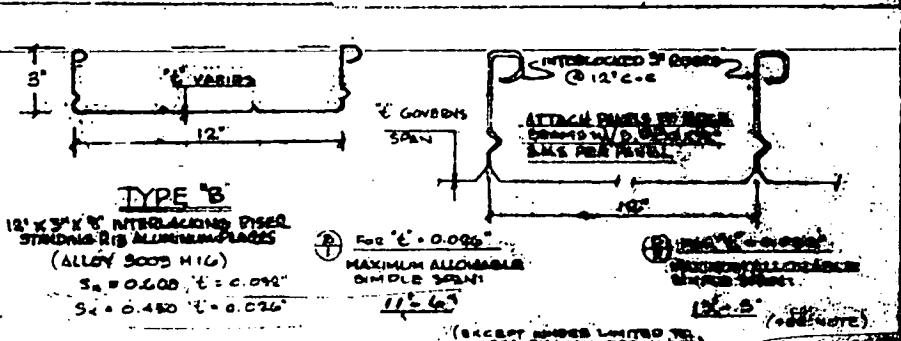
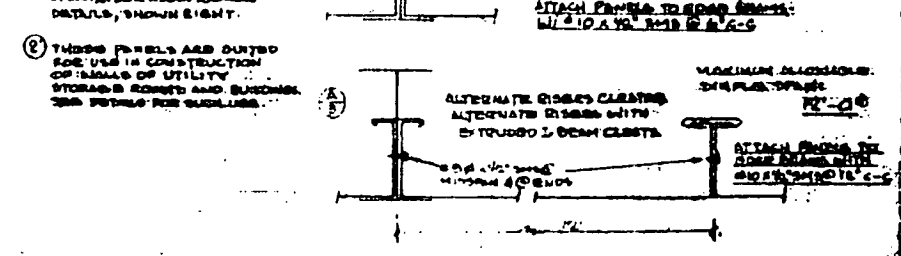
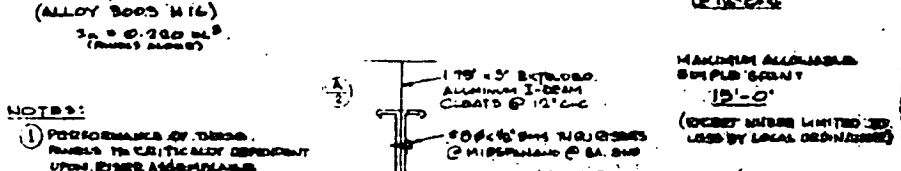
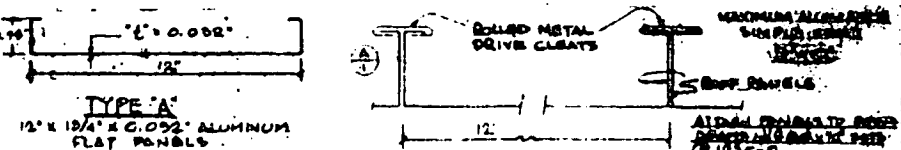
REMARKS: FOR SPANS (SIMPLE) SPANS EXCEEDS TABULAR VALUES BY 10% BEAM ENDS MUST CANTILEVER MAX. OF 60% OF TABULAR VALUES. INTERPOLATION IS PERMISSIBLE.

TABLE 2 - POST LENGTHS AND SPACING IN SCREENED OR METAL SHINGLED WALLS

POST SIZE	MINIMAL WALL HEIGHT	SCREENED WALLS		METAL SHINGLED WALLS	
		MAXIMUM POST SPACING, C-C	MAXIMUM POST SPACING, C-C	MAXIMUM POST SPACING, C-C	MAXIMUM POST SPACING, C-C
2" x 2" x 0.040"	7'	5'-5"	4'-2"	5'-7"	2'-7"
2" x 2" x 0.050"	7'	6'-8"	4'-8"	5'-8"	2'-0"
2" x 2" x 0.060"	7'	7'-8"	5'-10"	5'-10"	2'-0"
2" x 2" x 0.070"	7'	8'-10"	6'-11"	6'-11"	2'-0"
2" x 2" x 0.080"	7'	9'-11"	7'-11"	7'-11"	2'-0"
2" x 2" x 0.090"	7'	10'-11"	8'-11"	8'-11"	2'-0"
2" x 2" x 0.100"	7'	11'-11"	9'-11"	9'-11"	2'-0"
2" x 2" x 0.110"	7'	12'-11"	10'-11"	10'-11"	2'-0"
2" x 2" x 0.120"	7'	13'-11"	11'-11"	11'-11"	2'-0"
2" x 2" x 0.130"	7'	14'-11"	12'-11"	12'-11"	2'-0"
2" x 2" x 0.140"	7'	15'-11"	13'-11"	13'-11"	2'-0"
2" x 2" x 0.150"	7'	16'-11"	14'-11"	14'-11"	2'-0"
2" x 2" x 0.160"	7'	17'-11"	15'-11"	15'-11"	2'-0"
2" x 2" x 0.170"	7'	18'-11"	16'-11"	16'-11"	2'-0"
2" x 2" x 0.180"	7'	19'-11"	17'-11"	17'-11"	2'-0"
2" x 2" x 0.190"	7'	20'-11"	18'-11"	18'-11"	2'-0"
2" x 2" x 0.200"	7'	21'-11"	19'-11"	19'-11"	2'-0"



ALUMINUM ROOF PANELS - TYPE ASSEMBLY AND SPAN DATA



NOTES: ROOF PANEL SPANS SHOWN ABOVE ARE BASED ON UNIFORM LOADS OF 20 PSF (RESIDENTIAL) OR 30 PSF (COMMERCIAL) UNLESS OTHERWISE SPECIFIED.

ENGINEERING NOTES:

1. PANEL STRENGTHS (UPWARD AND DOWNWARD) HAVE BEEN VERIFIED BY THE ENGINEER BY FULL SCALE LOAD TESTS CONDUCTED ON PANELS OF TYPES AND ALLOYS SHOWN ON THESE DRAWINGS. (FULL DEFLECTION, $\delta = 0.5 / 100$ SPAN)

2. SECTION PROPERTIES SHOWN FOR COMPLEX BEAM AND POST EXTENSIONS ARE BASED ON SIMPLIFIED SECTIONS AND WEIGHTED AVERAGE SHAPE FACTORS (K_y VALUES) DETERMINED FOR COMPUTING COMPRESSIVE YIELDING STRESS.

3. BEAM SPANS ARE BASED ON LIMITING ALLOWABLE COMPRESSIVE YIELD STRESS IN TUBULAR SECTIONS FOR ALLOYS SPECIFIED AS FOLLOWS:

ALLOY 3005 H16	29,000 psi	K_y	(THESE STRESS ARE INCREASED BY 10%)
ALLOY 6063 T5	25,000 psi	K_y	AGAINST WIND LOADS ONLY.
ALLOY 3005 H16	18,000 psi	K_y	(FULL DEFLECTION, $\delta = 0.5 / 100$ SPAN IN PRIMARY BEAMS)

4. FULLER CIRCULARNESS PRODUCTIONS ARE MADE IN COMPRESSION IN UNBRACED PORTIONS, SUCH AS COLUMNS AND UNBRACED BEAMS, WHERE APPLICABLE.

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ANS'D

APPROVAL OF THESE PLANS IN NO WAY RELIEVES THE CONTRACTOR OF LIABILITY FOR COMPLYING WITH THE TOWN OF SEWALL'S BUILDING CODE AND THE STATE OF FLORIDA MODEL ENERGY EFFICIENCY BUILDING CODE.

FOR USE LIVE LOADS AND WIND VELOCITY FACTORS FOR 120 MPH HURRICANE CATEGORY II STANDARD BUILDING CODE. DESIGNED IN ACCORDANCE WITH CHAPTER 18, F.S.C. (1985 ALUMINUM HANDBOOK)

MASTER PLANS - ALUMINUM PATIOS, SCREENED AND CADANA ROOMS, GARAGES AND UTILITY STORAGE ROOMS

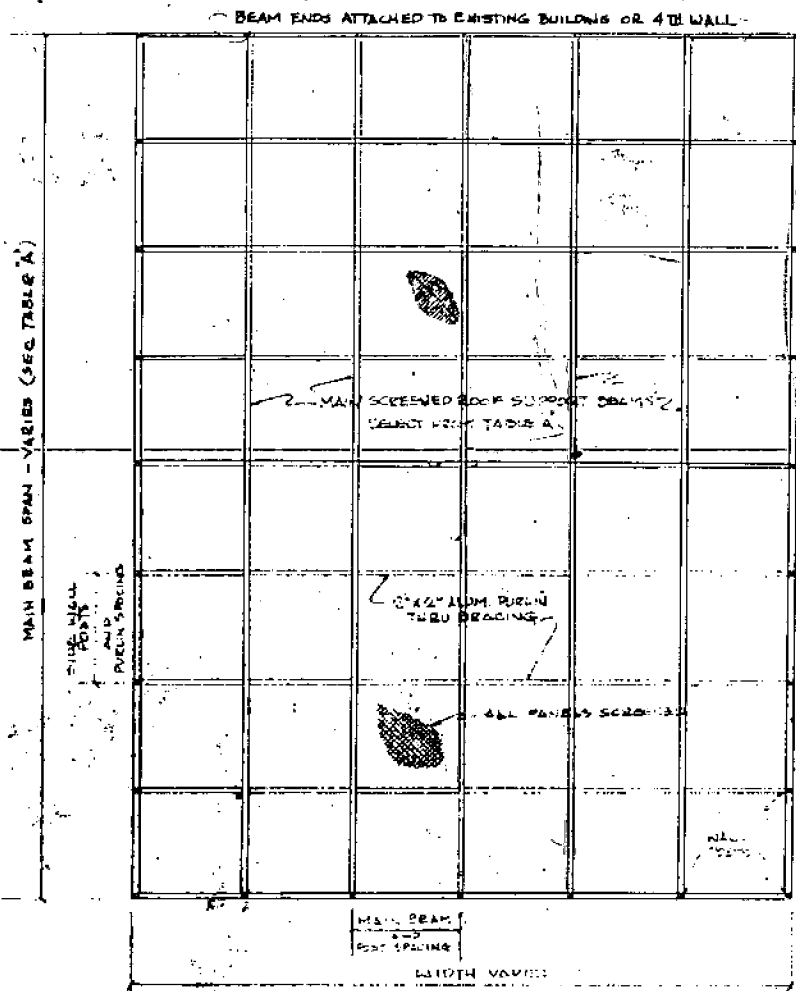
CLINE ASSOCIATES ENGINEERS
 3501 US HWY 19 N
 PALM HARBOR FL 33663

SHEET 3 OF 8

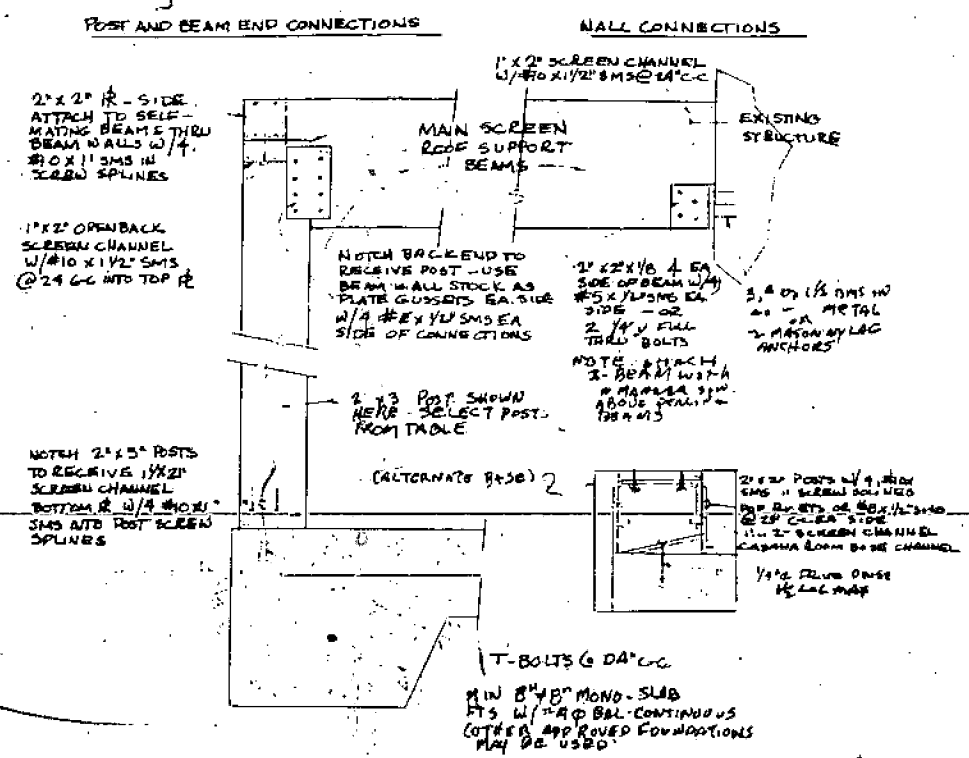
REDDISH WELDING
 3355 SO. DIVISION HWY
 SUWART, FLORIDA 33499

DATE 4-23-82

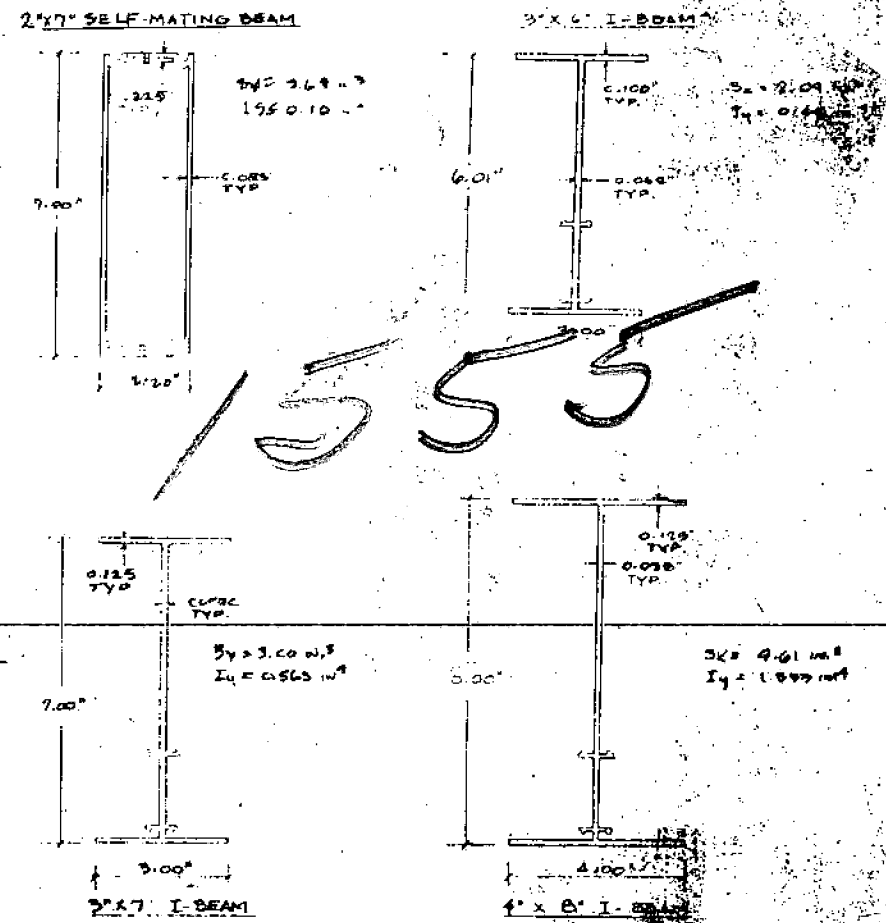
SCREENED POOL ENCLOSURE PLAN



TYPICAL CONNECTION DETAILS



ADDITIONAL BEAM SECTIONS - ALLOY 6063 T6 (SEE 1150 SHEET)



1555

ALTERNATE CONNECTION DETAILS

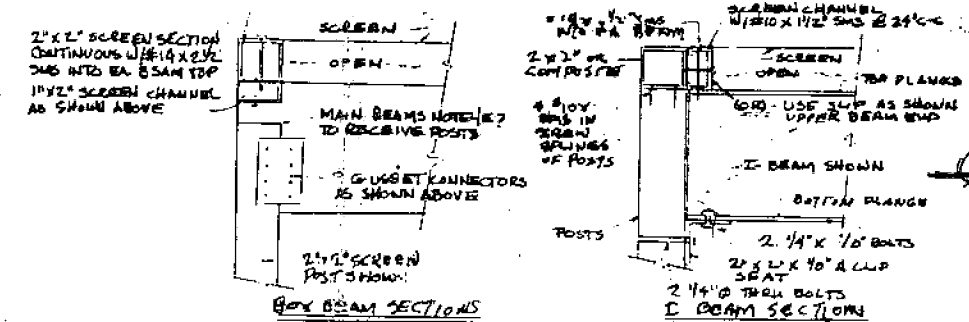
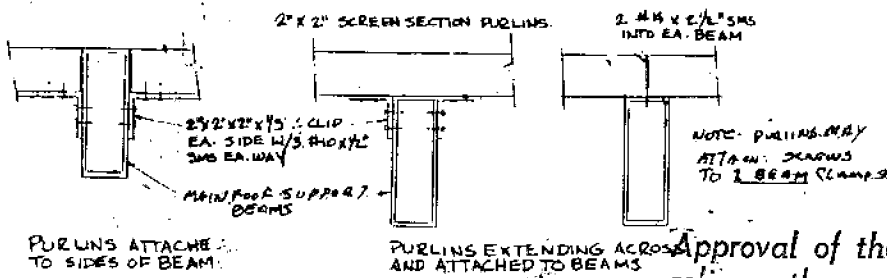
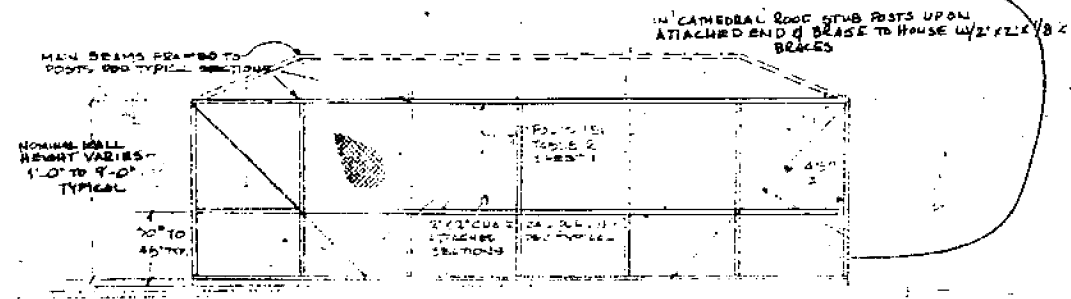


TABLE A: SPAN TABLE FOR SCREEN ROOF BEAMS

BEAM SIZE	MAXIMUM CLEAR SPANS FOR SCREENED ROOF BEAMS OVER VARIOUS SPACINGS					
	4'-0\"/>					
2x4 S.M. BEAM	25'-0"	22'-6"	21'-0"	20'-0"	19'-0"	18'-6"
2x6 S.M. BEAM	32'-10"	29'-6"	28'-0"	26'-0"	25'-0"	24'-4"
2x8 S.M. BEAM	41'-0"	41'-0"	39'-10"	36'-10"	35'-4"	34'-0"
2x6 I-BEAM	34'-5"	31'-4"	30'-0"	29'-0"	28'-8"	25'-9"
3x7 I-BEAM	41'-4"	37'-6"	36'-0"	35'-0"	34'-10"	31'-0"
4x8 I-BEAM	50'-5"	46'-0"	44'-6"	41'-0"	39'-6"	38'-4"

REMARKS: BEAM SPACING SHOWN IN COLUMN HEADINGS (2x4) TO 90° ANGLE TO BEAM FRAMED ACROSS ROOF P. EACH POST IN SCREENED SIDE WALLS AS SHOWN IN PLAN VIEW.

END ELEVATION VIEW



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THESE SCREENED ENCLOSURES ARE DESIGNED IN ACCORDANCE WITH CHAP 12 AND 20 OF STANDARD BUILDING CODE (53804) FOR WIND RESISTANCE AS FOLLOWS:
SCREENED ROOFS: 10 PSF X (2.0)
SCREEN WALLS: 10 PSF X (2.13)

Ans'd
JRM 3/22/83 J83/rv

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.

CLIVE ASSOCIATES
3601A US HIGHWAY 19N
PALM HARBOR, FL 33661
TEL 813-785-1567

REDDISH WELDING
3955 SO Dixie HIGHWAY
STUART, FLORIDA
33994

3. CORNERS NOT ATTACHED TO BUILDING
WIND BRACE EA. DIRECTION W/3/2
35. CABLE W/TURNBUCKLE - 3/3 @ EYE BOLT EA. END
2x2x10x1/2 @ 10x10x1/2 INTO EA. MEMBER CROSSED

SET TAB STOPS AT ARROWS

Certificate of Insurance



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 LISTED BELOW.

NAME AND ADDRESS OF AGENCY
Commercial Insurance Management Corp
 1720 Harrison St Suite 1725
 Hollywood, Fl 33020

COMPANIES AFFORDING COVERAGES	
COMPANY LETTER A	Northern Insurance Company
COMPANY LETTER B	FCCI
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

NAME AND ADDRESS OF INSURED
Raddish Weling - G&K Aluminum
 3355 S Dixie Highway
 Stuart, Fl 33494

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

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (CJC)		
				EACH OCCURRENCE	ANNUAL	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL BUSINESS <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input checked="" type="checkbox"/> INDEPENDENT CONTRACTOR <input type="checkbox"/> PERSONAL INJURY	SMP 07021840	1-26-84	BODILY INJURY	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 300	\$ 30
				PERSONAL INJURY	\$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH PERSON)	\$	
				BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
B	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY OTHER	7 18 3357	12-31-83	STATUTORY		
					\$ Unlimited	

DESCRIPTION OF OPERATIONS/LOCATIONS/EXCLUSIONS

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

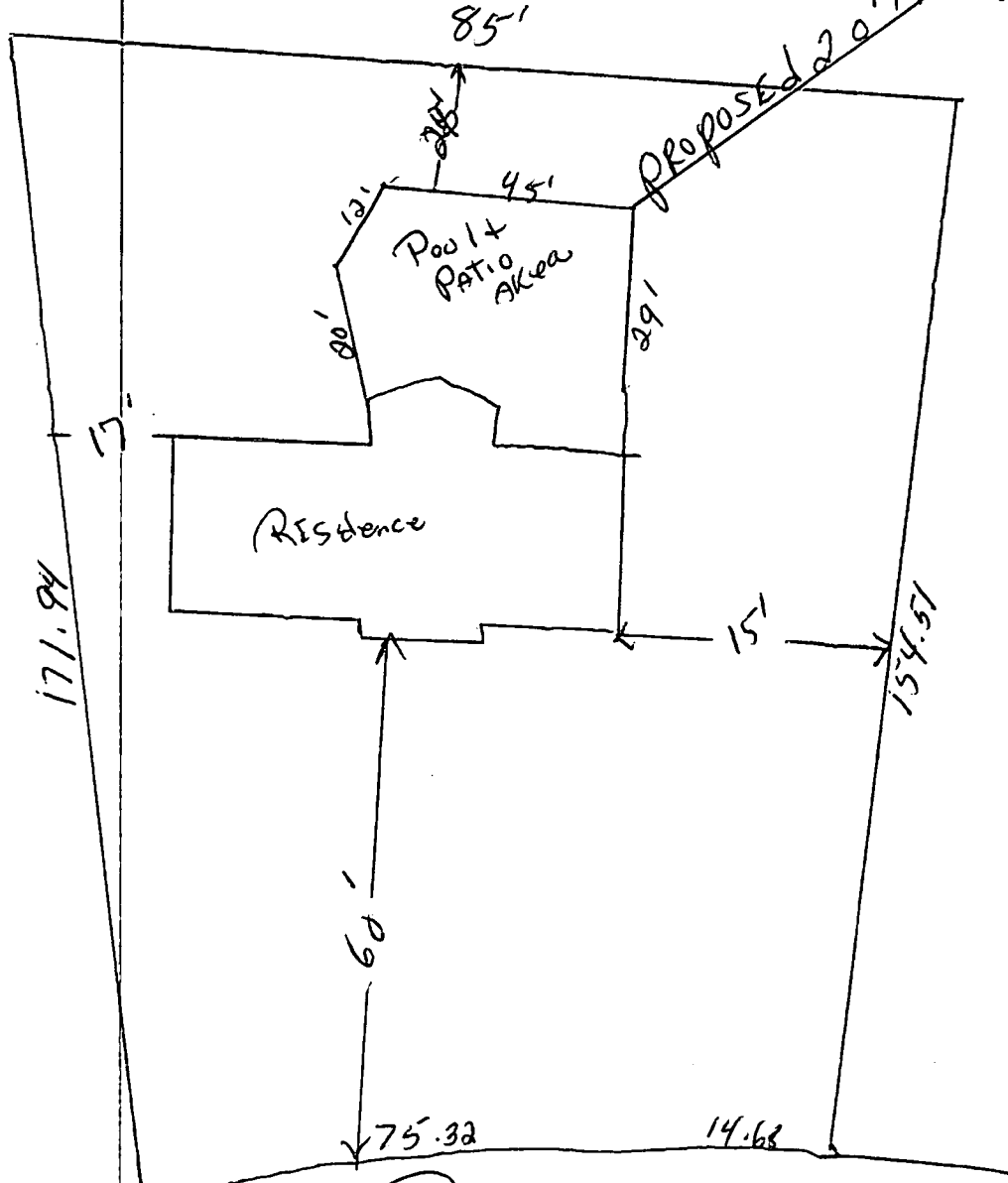
DATE ISSUED **2-18-83**

John H. Hughes
 AUTHORIZED REPRESENTATIVE

Reddish Welding, Inc.

3355 S.E. DIXIE HWY.
STUART, FLA. 33494
TEL: 283-1297

Proposed 20' x 45' Pool
Enclosure



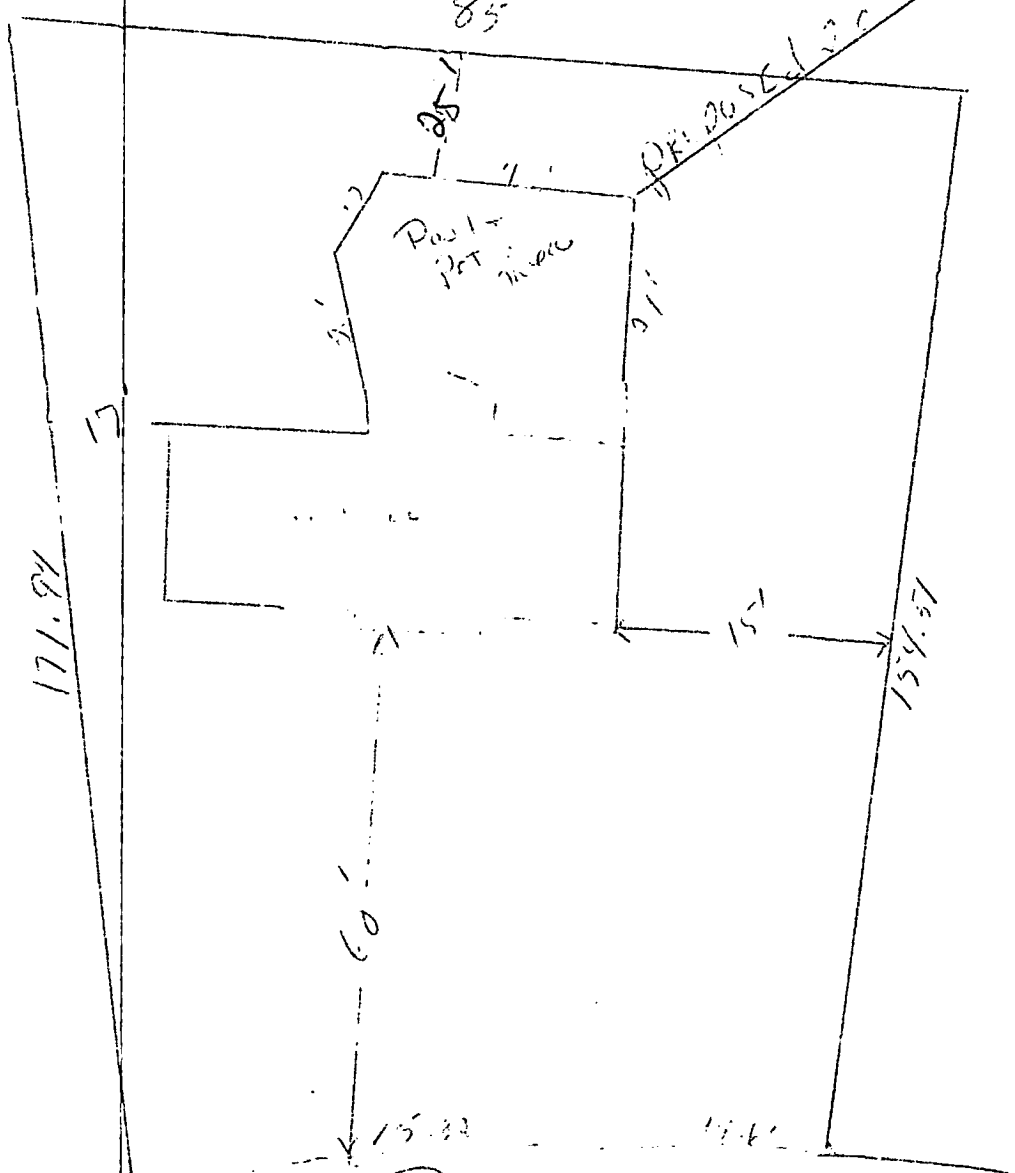
2055460
14 Rio Vista Dr
Sewells Point

14 Rio Vista Drive

Reddish Welding, Inc.

3355 S.E. DIXIE HWY.
STUART, FLA. 33494
TEL: 283-1297

DEPOSED 20561 201495-1
2/10/01
enclosure



Lu Ssuiedo
14 Ric Vista Drive
Springs Point

14 RIC VISTA DRIVE

3871

ROOF

TAX FOLIO NO. _____

DATE 10/10/95

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

3871

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

Owner CARMEL LOFFREDO Present address 14 Rio Vista Dr.

Phone _____

Contractor RJS Construction Roofing & Siding Address 2989 S.E. Kensington St

Phone 781-0539 Stuart FL

Where licensed STATE License number CC057128

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: _____

flat Roof

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

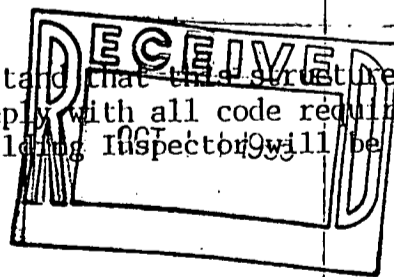
Subdivision RIO VISTA Lot Number 68 Block Number _____

Contract price \$ 800 Cost of permit \$ 24.00

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 James DiR'cio



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 Carmel Loffredo

TOWN RECORD

Date submitted _____ Approved: Dale B... Building Inspector Date _____

Approved: [Signature] Commissioner Date _____ Final approval given: _____ Date _____

CERTIFICATE OF OCCUPANCY issued (if applicable) _____ Date _____ PERMIT NO. _____

4463

REROOF

Town of Sewall's Point

P.L.N. _____

Date 9/10/98

BUILDING PERMIT APPLICATION

4463

to construct:

NEW CONSTRUCTION ADDITION ALTERATION DEMOLITION

RESIDENTIAL COMMERCIAL _____ SF _____ CF

OTHER: Re-roof CONTRACT PRICE \$2,490 ^{re-roof}

Owner's Name Carmal Loffredo

Owner's Address 14 Rio Vista Dr.

Fee Simple Titleholder's Name (If other than owner) N/A

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

City Sewalls Point State FL Zip _____

Contractor's Name WJH Building + Roofing

Contractor's Address 4843 SE Bollard Av

City Stuart State FL Zip 34997

Job Name Carmal Loffredo

Job Address 14 Rio Vista Dr

City Sewalls Point State FL Zip _____

Legal Description 12-38-41-007-000-00680-40000 Rio Vista 68

Bonding Company N/A

Bonding Company Address _____

City _____ State _____ Zip _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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



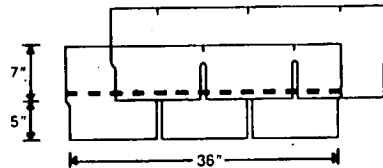
SOVEREIGN® SERIES

OF SHINGLES

Fiberglass Class A Asphalt Roof Shingles*

COVERING THE FOLLOWING DISTRICTS:
 Erie, Dallas, Fontana, Millis, Minneapolis,
 Mt. Vernon, New York, Savannah, Tampa

APPLICATION INSTRUCTIONS



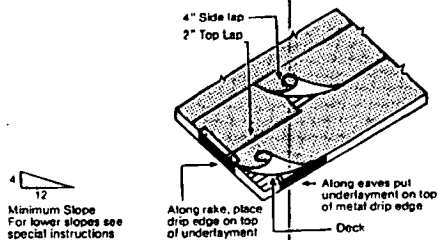
GENERAL INSTRUCTIONS

- **ROOF DECKS:** For use on new or re-roofing work over well-seasoned, supported wood deck, tightly constructed with maximum 6" wide lumber, having adequate nail-holding capacity and smooth surface. Plywood decking as recommended by the American Plywood Assn. is acceptable. Plywood decks for Class A Installations must be 3/8" thick or greater with underlayments as noted below. Shingles must not be fastened directly to insulation or insulated deck unless authorized by GAF. Roof decks and existing surfacing material must be dry prior to application of shingles.
- **UNDERLAYMENT:** Underlayment is required on new construction and required for re-roofing when old roof is removed to the deck. Use only "Breather Type" material like GAF Shingle-Mate® Underlayment or equivalent. Underlayments must be installed flat, without wrinkles.
- **FASTENERS:** Use of nails is recommended. (Staple specifications and application instructions are available from GAF Building Materials Corporation, Technical Services Dept., 1361 Alps Road, Wayne, NJ 07470.) Use only zinc coated steel or aluminum, 10-12 gauge, barbed or deformed shank roofing nails with heads 3/8" to 7/16" in diameter. Fasteners should be long enough to penetrate at least 3/4" into wood decks or just through the plywood decks. Fasteners must be driven flush with the surface of the shingle. Over driving will damage the shingle. Raised fasteners will interfere with the sealing of the shingles. Four fasteners must be installed per shingle, 5-5/8" up from the bottom of the shingle. Fasteners must be installed approximately 1" and 12" from each side.
- **WIND RESISTANT:** These shingles have a special thermal sealant that firmly bonds the shingles together after application when exposed to sun and warm temperatures. Shingles installed in Fall or Winter may not seal until the following Spring. If shingles are damaged by strong winds before sealing or are not exposed to adequate surface temperatures, or if the self-sealant gets dirty, the shingles may never seal. Failure to seal under these circumstances results from the nature of self-sealing

- shingles and is not a manufacturing defect. To insure immediate sealing, apply two dabs of roof cement, about the size of a quarter under each tab, approximately 1" from end and 1" up from bottom of each tab. The shingle must be pressed firmly into the adhesive.
- NOTE: Application of excess tab adhesive can cause blistering of the shingle.
- For maximum wind resistance, in a strip 4" wide along the rake, adhere the shingles to the underlayment and to each other with shingle tab adhesive, being careful not to apply the adhesive too heavily to avoid blistering.
- NOTE: The film strip on the back of each shingle is to prevent sticking together of the shingles while in the bundle; its removal is NOT required during application.
- **MANSARD AND STEEP SLOPES APPLICATION:** For roof slopes greater than 21° per foot (do not use on vertical side walls), shingle seating must be enhanced by hand sealing. After fastening the shingle in place, apply two dabs of cement, about the size of a quarter under each tab, approximately 1" from end and 1" up from bottom of each tab. The shingle must be pressed firmly into the adhesive.
- NOTE: Excess application of tab adhesive can cause blistering of the shingle.
- **EXPOSURE:** 5 inches.
- **THROUGH VENTILATION:** All roof structures must be provided with through ventilation to prevent entrapment of moisture laden air behind roof sheathing. Ventilation provisions must meet or exceed current F.H.A. or H.U.D. minimum requirements.
- **NONCORRODING METAL DRIP EDGES:** Recommended along rake and eave edges on all decks, especially plywood decks.
- **ASPHALT PLASTIC CEMENT:** Must conform to ASTM D4586 Type II.

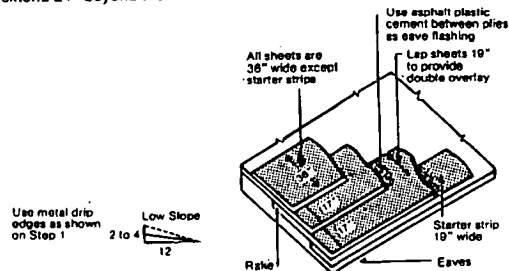
1 Underlayment: Standard Slope (4/12 or more).

Application of underlayment and noncorroding metal drip edges: Cover deck with one layer of underlayment installed without wrinkles. Use only enough nails to hold underlayment in place until covered by shingles.
 Application of eave flashing: Install eave flashing such as GAF Weather Watch® waterproof underlayment in localities where leaks may be caused by water backing up behind ice dams. Eave flashing must overhang the roof edge by 3/8" and extend 24" beyond the inside wall line.



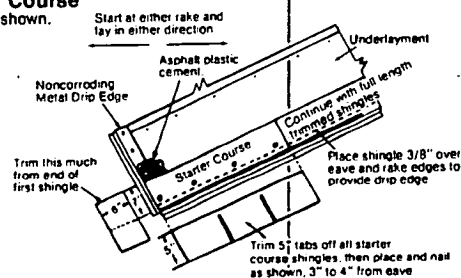
1a Underlayment: Low slope (2/12-4/12).

Application of underlayment, noncorroding metal drip edges and eave flashing: Completely cover the deck with two layers of underlayment as shown. Use only enough nails to hold underlayment in place until covered by shingles. Use blind nailing for eave flashings. At eaves, use either one layer of GAF Weather Watch® waterproof underlayment or two plies of underlayment with a continuous layer of asphalt plastic cement between the plies. Eave flashing must overhang the roof edge by 3/8" and extend 24" beyond the inside wall line.



2 Starter Course

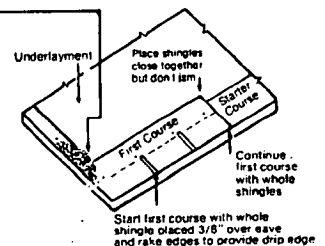
Apply as shown.



3 First Course

Start and continue with full shingles laid flush with the starter course. Shingles may be laid from left to right or right to left. Do NOT lay shingles straight up the roof since this procedure can cause an incorrect color blend on the roof.

For maximum wind resistance along rakes, cement shingles to underlayment and each other in a 4" width of asphalt plastic roof cement.



*Sentinel® shingles
 Royal Sovereign® shingles
 Marquis™ shingles (not available in Dallas, Fontana and Tampa Districts)

SOVEREIGN® SERIES

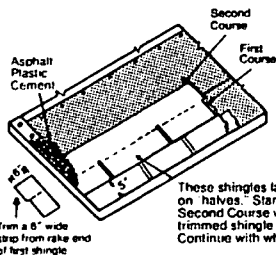
OF SHINGLES

Fiberglass Class A Asphalt Roof Shingles

4 Second Course

Start and continue second course and all even numbered courses as shown. Butts of shingle should be applied to top of cut-outs of underlying shingles so that there will be 5" of each shingle exposed. Strike a chalk line about every 8 courses to check parallel alignment with eaves. Factory applied self-sealing dots on a lower course are designed to seal down the shingle tabs in an upper course.

NOTE: Start odd numbered courses like first course
Start even numbered courses like second course

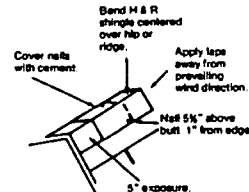
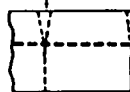


These shingles lay on halves. Start Second Course with a trimmed shingle as shown. Continue with whole shingles.

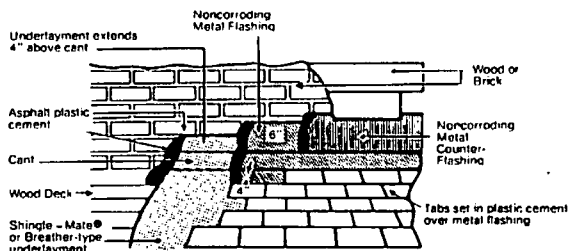
5 Hip and Ridge Shingles

Cut hip and ridge shingles from these full shingles and apply as shown.

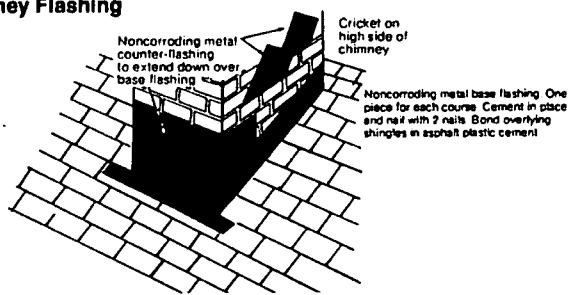
Cut shingle to make these 12 x 12" H & R shingles from each strip. Taper for best appearance.



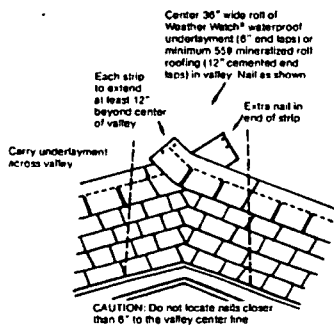
6 Wall Flashing



7 Chimney Flashing

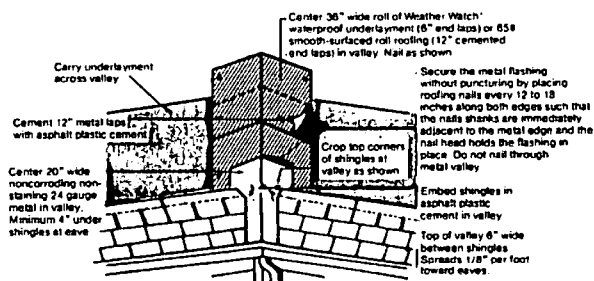


8 Valley Construction—Closed or Woven Valley

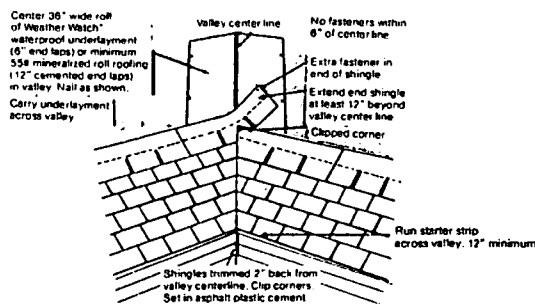


CAUTION: Do not locate nails closer than 6" to the valley center line

9 Valley Construction—Open



10 Valley Construction—Closed Cut



Precautionary Notes

Sovereign® Series shingles are fiberglass, self-sealing asphalt shingles. Because of the natural characteristics of the high quality waterproofing material used, these shingles will be stiff in cold weather and flexible in hot weather.

1. Bundles should not be dropped on edge nor should attempt be made to separate shingles by "breaking" over ridge or other bundles. This is normal good roofing practice and particularly important below temperatures of 40°F.
2. Handle carefully. Shingles can easily be broken in cold weather or their edges damaged in hot weather.
3. All exposed materials must be of Class A type.
4. Storage should be in a covered, ventilated area—maximum temperature 110°F. Store on flat surface and no more than 14 bundles high per pallet. Shingles must be protected from weather when stored at job site. Do not store near steam pipes, radiators, etc., or in sunlight. All rolls must be stored on ends.

5. If shingles are to be applied during prolonged cold periods or in areas where airborne dust or sand can be expected before sealing occurs, the shingles must be hand sealed. See Mansard and Sleep Slope Instructions.

Re-Roofing

If old asphalt shingles are to remain in place, nail down or cut away all loose, curled or lifted shingles; replace with new; and just before applying the new roofing, sweep the surface clean of all loose debris. Since any irregularities may show through the new shingles, be sure the underlying shingles provide a smooth surface. Fasteners must be of sufficient length to penetrate the wood deck at least 3/4" or just through plywood. Follow other above instructions for application.

Note: Shingles can be applied over wood shingles when precautions have been taken to provide acceptable smooth surface. This includes cutting back old shingles at eaves and rakes, and installing new wood edging strips, as needed. Make surface smooth and use beveled wood strips if necessary. For details see your GAF Territory Manager.

This product is sold with an express LIMITED WARRANTY only. A copy of the LIMITED WARRANTY stating its terms and restrictions is printed on the product wrapper or may be obtained from the distributor of this product or directly from GAF Building Materials Corporation.


Any deviation from printed instructions shall be the sole responsibility of applicator.

STATE OF FLORIDA AC# 4672715
 Department of Business and Professional Regulation
 RC 0067047 08/05/1997 97004024
 REGISTERED ROOFING CONTRACTOR
 HOOVER, WILLIAM JAY
 WJH BUILDING CONTRACTOR
 (INDIVIDUAL MUST MEET ALL LOCAL
 LICENSING REQUIREMENTS PRIOR TO
 CONTRACTING IN ANY AREA)
 HAS REGISTERED under the provisions of Ch. 489 FS.
 Expiration Date: AUG 31, 1999

MARTIN COUNTY CONTRACTORS
 CERTIFICATE OF COMPETENCY
 HOOVER, WILLIAM J
 WJH BUILDING CONTRACTOR
 4843 SE BOLLARD AVE
 STUART FL 34997
 EXPIRES SEPTEMBER 30, 1999
 AUDIT CONTROL NUMBER: 33953
 CERTIFICATE NUMBER: SP02268

CITY OF PORT ST. LUCIE
 CONTRACTORS
 CERTIFICATE OF COMPETENCY
 EXPIRES SEPTEMBER 30, 1998
 NAME: HOOVER, WILLIAM J
 FIRM: WJH BUILDING CONTRACTOR
 4843 S.E. BOLLARD AVENUE
 STUART FL 34997
 TYPE: ROOFING CONTRACTOR
 STATE: RC 0067047 CITY: PSL98-4716

STATE OF FLORIDA AC# 5170187
 DEPARTMENT OF BUSINESS AND
 PROFESSIONAL REGULATION
 CB -C034399 06/16/1998 97904025
 CERTIFIED BUILDING CONTRACTOR
 HOOVER, WILLIAM JAY
 WJH BUILDING CONTRACTOR
 IS CERTIFIED under the provisions of Ch. 489 FS.
 Expiration Date: AUG 31, 2000

CITY OF PORT ST. LUCIE
 BUILDING DEPARTMENT
 COMPUTER SERVICE MEMBER
 EXPIRES: SEPTEMBER 30, 1999
 HOOVER, WILLIAM J
 WJH BUILDING CONTRACTOR
 4843 SE BOLLARD AVENUE
 STUART FL 34997
 Sig: 
 BUILDING CONTRACTOR
 FEE \$25 PSL99-2420

CITY OF PORT ST. LUCIE
 CONTRACTORS
 CERTIFICATE OF COMPETENCY
 EXPIRES SEPTEMBER 30, 1998
 NAME: HOOVER, WILLIAM J
 FIRM: WJH BUILDING CONTRACTOR
 4843 SE BOLLARD AVE
 STUART FL 34997
 TYPE: BUILDING CONTRACTOR
 STATE: CBC 034399 CITY: PSL98-2420

CITY OF FORT PIERCE, FLORIDA
 CERTIFICATE OF COMPETENCY
 BUILDER CERTIFIED
 CONTROL # 0008204 LICENSE # 98-08547
 TO: WJH BUILDING CONTRACTOR
 HOOVER, WILLIAM
 4843 SE BOLLARD AVENUE
 STUART FL 34997
 AMOUNT PAID .00 DATE 10/29/97
 EXPIRES 11/30/98 002576

CITY OF STUART
 121 SW FLAGLER AVENUE
 STUART, FLORIDA 34994
 CITY OF STUART, FLORIDA
 CONTRACTOR RECORD # 5127
 CONTRACTOR TYPE: BUILDING

8969

GAS TANK



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:	8969	DATE ISSUED:	AUGUST 1, 2008
SCOPE OF WORK:	MINOR RENOVATIONS & GAS TANK & LINES		
CONDITIONS:			
CONTRACTOR:	O/B		
PARCEL CONTROL NUMBER:	123841002000006804	SUBDIVISION	RIO VISTA - LOT 68
CONSTRUCTION ADDRESS:	14 RIO VISTA DR		
OWNER NAME:	HART		
QUALIFIER:	OB	CONTACT PHONE NUMBER:	305-785-4746

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

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

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

REQUIRED INSPECTIONS

UNDERGROUND PLUMBING _____ UNDERGROUND 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.

NOTICE OF COMMENCEMENT
TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

PERMIT #: 8969 TAX FOLIO #:

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):

Rio Vista S/D Lot 68

GENERAL DESCRIPTION OF IMPROVEMENT: minor renovation - interior

OWNER NAME: Leo & Jody Hart
ADDRESS: 14 Rio Vista Dr. Stuart FL 34996
PHONE NUMBER: 772-463-8270 FAX NUMBER: SAME

INTEREST IN PROPERTY:

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

CONTRACTOR: owner builder STATE OF FLORIDA
MARTIN COUNTY

ADDRESS: THIS IS TO CERTIFY THAT THE
PHONE NUMBER: FAX NUMBER: FOREGOING 1 PAGES IS A TRUE

SURETY COMPANY (IF ANY): MARSHA EWING CLERK
AND CORRECT COPY OF THE ORIGINAL.

ADDRESS: MARSHA EWING CLERK
PHONE NUMBER: FAX NUMBER:
BOND AMOUNT: BY: [Signature] D.C.

LENDER/MORTGAGE COMPANY: DATE: 9/3/08
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: (THE 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 I, 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.

SIGNATURE OF OWNER OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER

owner

SIGNATORY'S TITLE/OFFICE

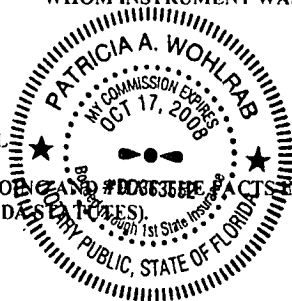
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 13 DAY OF Sept, 2008

BY: Leo Hart AS owner FOR Leo Hart
NAME OF PERSON TYPE OF AUTHORITY NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION _____

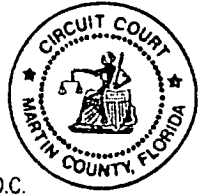
TYPE OF IDENTIFICATION PRODUCED
Patricia A. Wohlrab
NOTARY SIGNATURE

NOTARY SEAL



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

[Signature]
(Signature of Natural Person Signing Above)



INSTR # 2103749 OR BK 02348 PG 1519 RECD 09/03/2008 12:27:31 PM
Pg 1519 (1 of 9)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK C Hunter

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

Permit Number: _____

Date: 7/30/08

OWNER/TITLEHOLDER NAME: Leo J. Hart

Phone (Day) (305) 785-4746 (Fax) (772) 463-8270

Job Site Address: 14 Rio Vista Dr.

City: Sewalls Point State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Rio Vista S/D Lot 68

Parcel Number: 12-38-41-002-000-00680-4

Owner Address (if different): _____

City: _____ State: _____ Zip: _____

Scope of work: minor renovation

WILL OWNER BE THE CONTRACTOR?

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

COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ ~~2000~~ 5000
(Notice of Commencement required when over \$2500 prior to first inspection)

Is subject property located in flood hazard area? V A9 X A8 _____

FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:

Estimated Fair Market Value prior to improvement: \$ _____

Fair Market Value of the Primary Structure only (Minus the land value)

*** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION ***

Has a Zoning Variance ever been granted on this property?

YES _____ (YEAR) _____ NO X

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

CONTRACTOR/Company: N/A

Phone: _____ Fax: _____

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

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

PROJECT SUPERINTENDANT: _____ CONTACT NUMBER: _____

ARCHITECT N/A Lic.#: _____ Phone Number: _____

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

ENGINEER N/A Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W/SEWER & ELECTRIC): Living: 2004 Garage: 594 Covered Patios: 496 Screened Porch: 300

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

CODE EDITIONS IN EFFECT FOR THIS APPLICATION: Florida Building Code - Res., Build, Mech., Plmb., Fuel Gas): 2004 (W/2006 Rev.)
National Electrical Code: 2005 Florida Energy Code: 2004 Florida Accessibility Code: 2004 Florida Fire Prevention Code 2004

NOTICES TO OWNERS AND CONTRACTORS:

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

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

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

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

OWNER SIGNATURE (required)

CONTRACTOR SIGNATURE (required)

State of Florida, County of: Martin

On State of Florida, County of: _____

This the 30th day of July, 2008

This the _____ day of _____, 2008

by Leo J. Hart who is personally

by _____ who is personally

known to me or produced FDL# H630-530

known to me or produced _____

as identification. Valley Meyer

As identification. _____

Notary Public

Notary Public

My Commission Expires: _____

My Commission Expires: _____

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!

INSTR 2096902
OR BK 02341 PG 1435
Pg 1435 - 1436 (2pgs)
RECORDED 07/22/2008 04:15:25 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
DEED DOC TAX 2,275.00
RECORDED BY Y Gornau

Prepared by and return to:
Currie S Lavargna, Esq.
Attorney at Law
Currie Lavargna, Esquire P.A.
401 S.E. Osceola Street Lower Level
Stuart, FL 34994
772-286-7521
File Number: CSL2008HART
Will Call No.: 14

[Space Above This Line For Recording Date]

Warranty Deed

This Warranty Deed made this 21st day of July, 2008 between James R. Loffredo and Debra Loffredo, husband and wife whose post office address is 324 NE Acacia Trail, Jensen Beach, FL 34957, grantor, and Leo J. Hart and Jody L. Hart, husband and wife whose post office address is 14 Rio Vista Drive, Stuart, FL 34996, grantee;

(Whoever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

Witnesseth, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Martin County, Florida to-wit:

Lot 68, RIO VISTA SUBDIVISION, according to the Plat thereof, filed December 11, 1975, in Plat Book 6, Page 95, Public Records of Martin County, Florida.

Parcel Identification Number: 12-38-41-002-000-00680-4

Subject to taxes for 2008 and subsequent years; covenants, conditions, restrictions, easements, reservations and limitations of record, if any.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2007.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.



DoubleTimee

Signed, sealed and delivered in our presence:

Nancy J. Hodde
Witness Name: Nancy T. Hodde

Carrie Lavagna
Witness Name: CHARIE LAVAGNA

Nancy J. Hodde
Witness Name: Nancy T. Hodde

Carrie Lavagna
Witness Name: Carrie Lavagna

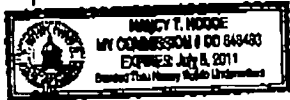
James R. Loffredo (Seal)
James R. Loffredo

Debra Loffredo (Seal)
Debra Loffredo

State of Florida
County of Martin

The foregoing instrument was acknowledged before me this 21st day of July, 2008 by James R. Loffredo and Debra Loffredo, who are personally known or have produced a driver's license as identification.

[Notary Seal]



Nancy J. Hodde
Notary Public

Printed Name: NANCY T. HODDE

My Commission Expires: _____

CARRIE LAVARGNA
ATTORNEY AT LAW

401 SE OSCEOLA STREET
STUART, FLORIDA 34994

(772) 286-7521
FAX: 286-5797

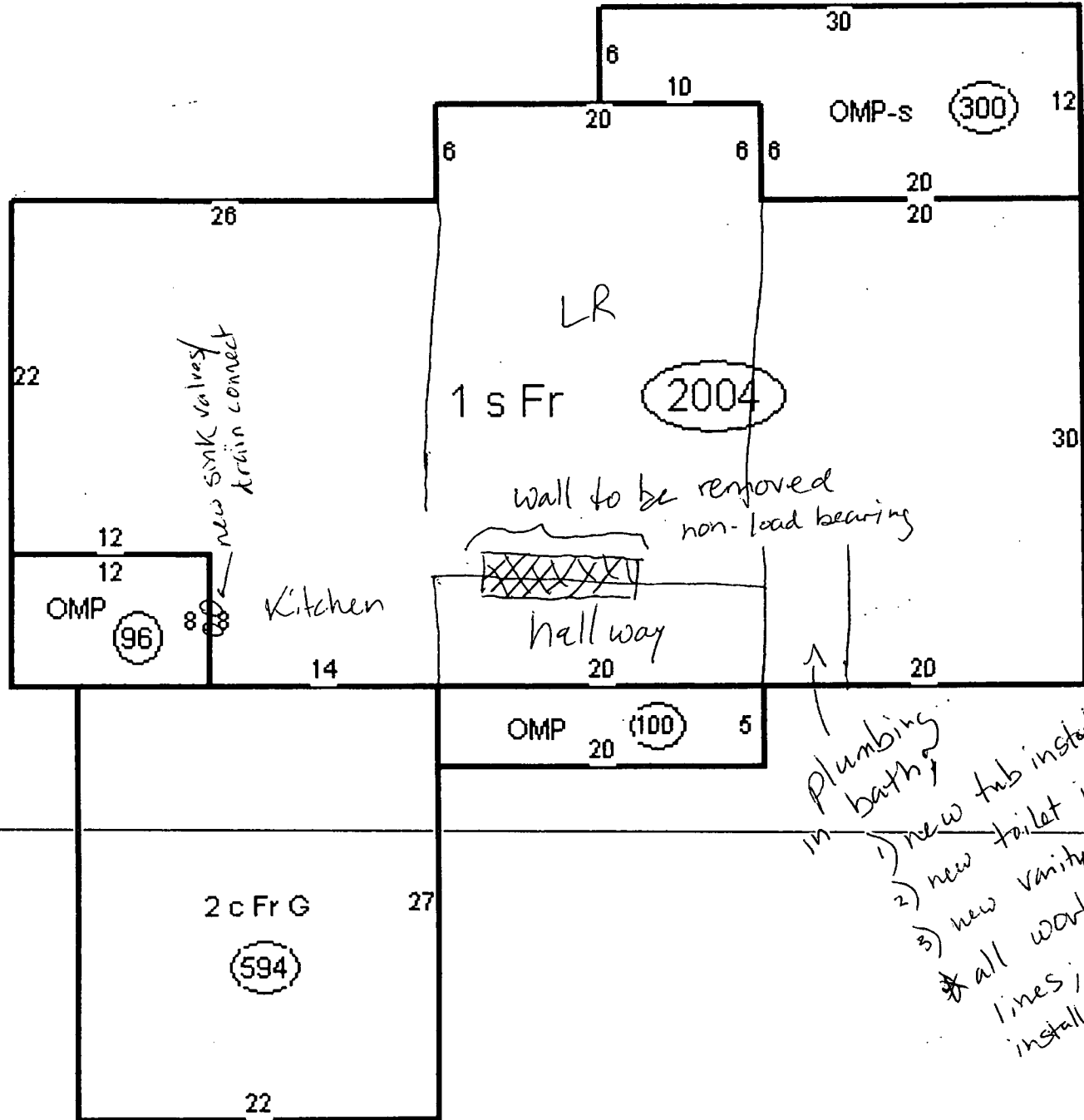
FAX TRANSMITTAL

TO: Valerie - Sewer's Pt Building Dept
FAX: 220-4765
RE: HART, Leo WARRANTY DEED
DATE: 7/30/08

This fax transmittal includes this cover page and 2 pages.

Attached is copy of Warranty Deed
for 14 Rio Vista Drive
which was recorded on 7/22/08.
Re: LOFFREDO sale to Hart.

cc: Dr. L. HART
220-4473



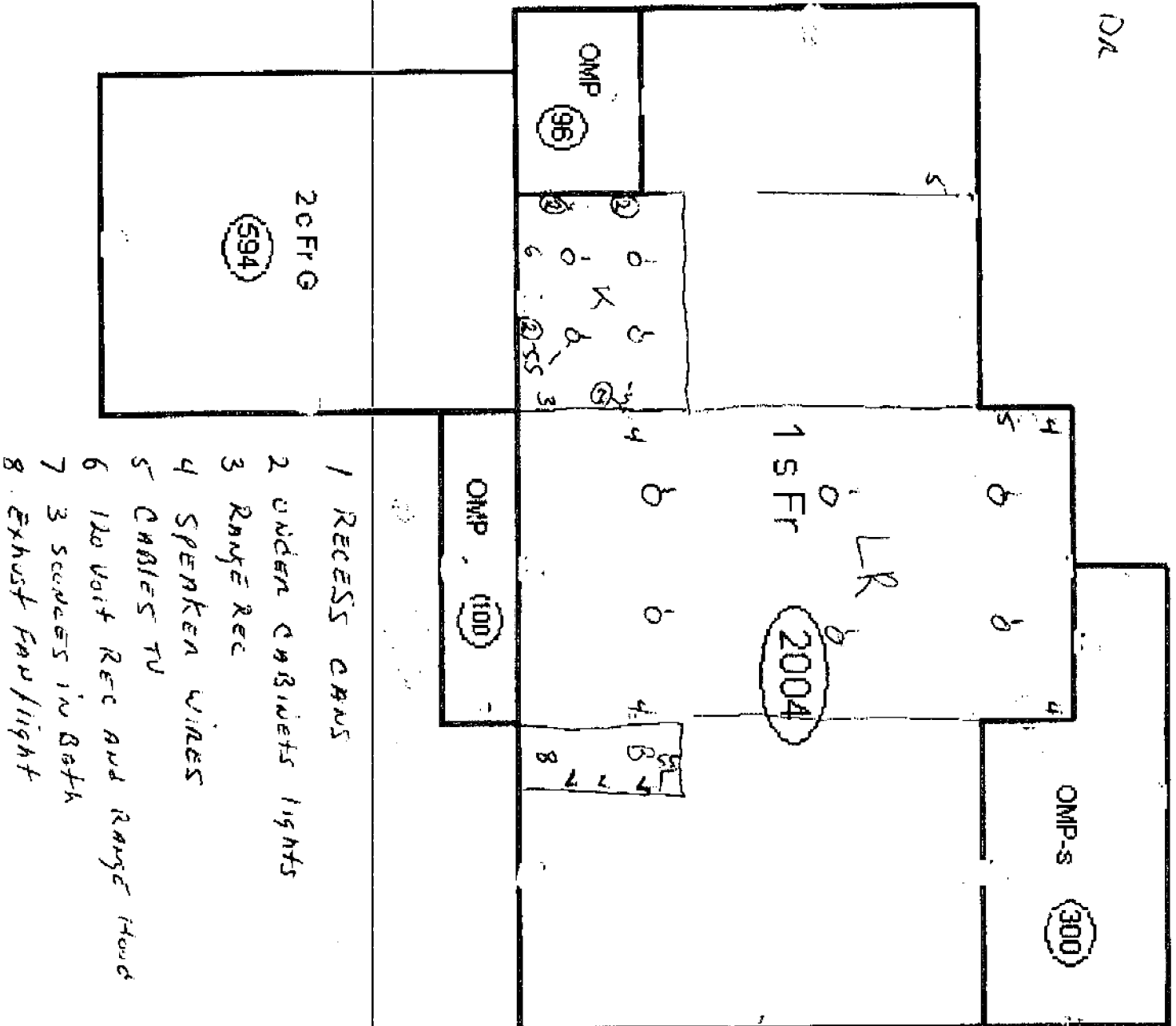
FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 8-1-08
 BUILDING OFFICIAL

Plumbing in bath;
 1) new tub installed
 2) new toilet installed
 3) new vanity/sink installed
 * all work to be w/ existing lines; new valves to be installed at each connection

LEO HART
14 RIO VISTA DR

01 02 03

Electrical

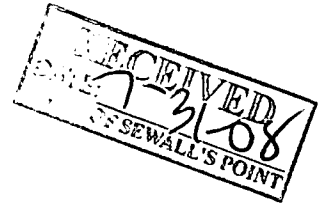


- 1 RECESS GRAB
- 2 UNDER CABINETS LIGHTS
- 3 RANGE REC
- 4 SPENKEN WIRES
- 5 CABLES TV
- 6 120 Volt REC AND RANGE HOOD
- 7 3 switches in Bath
- 8 Exhaust Fan light

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY



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



GAS CHECKLIST

COMPLIANT TO 2004 FBC W/2006 REVISIONS/FUEL GAS CODE & NFPA 54 & 58

USE:

RESIDENTIAL: COMMERCIAL:

HOOK UP:

TANK METERED UTILITY GAS: OTHER:

TANK SPECS:

SIZE: 100 GALS ABOVE GROUND: UNDERGROUND:

TANK TYPE: D.O.T. ASME: OTHER:

TANK DISTANCE: (MINIMUM)

SOURCE OF IGNITION: 10 FT. BUILDING OPENINGS: 5 FT. BUILDING: — FT.

PROPOSED SETBACKS FROM LOT LINE:

FRONT: 45 FT. SIDE 1: 18 FT. SIDE 2: 78 FT. REAR: 120 FT.

GAS SPECS: (SEE FBC/FUEL GAS TABLES 402)

NATURAL: LP: OTHER:

GAS PRESSURE OF 10 psi AND PRESSURE DROP OF 0.5

BASED ON A 0.504 SPECIFIC GRAVITY GAS

PIPE/TUBING SPECS: (CHECK ALL THAT APPLY)

IRON SCH. 40 SEMI-RIGID CSST COPPER

POLYETHYLENE PLASTIC S. S.: OTHER:

COMBUSTION AIR:

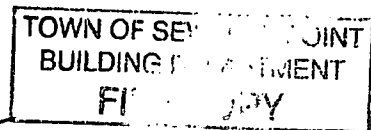
REQUIRED: YES: NO:

METHOD FOR SUPPLYING COMBUSTION AIR: Contractor

WHO PROVIDED THE COMBUSTION AIR CALCS?

ARCHITECT/ENGINEER OF RECORD: GAS COMPANY:

OTHER:



GAS APPLIANCE SPECS: (LIST APPLIANCE TYPE AND BTU)

APPLIANCE #1:	<u>RANGE 60,000</u> BTU	<u>3/4</u> *DIA. PIPE	<u>35</u> FT.-LENGTH
APPLIANCE #2:	_____ BTU	_____ *DIA. PIPE	_____ FT.-LENGTH
APPLIANCE #3:	_____ BTU	_____ *DIA. PIPE	_____ FT.-LENGTH
APPLIANCE #4:	_____ BTU	_____ *DIA. PIPE	_____ FT.-LENGTH
APPLIANCE #5:	_____ BTU	_____ *DIA. PIPE	_____ FT.-LENGTH
APPLIANCE #6:	_____ BTU	_____ *DIA. PIPE	_____ FT.-LENGTH

(LENGTH BASED ON THE TOTAL PIPE LENGTH FROM THE GAS SOURCE TO THE APPLIANCE)

*THE ABOVE PIPE SIZES WERE TAKEN FROM 2004 FBC W/2006 REVISIONS/FUEL GAS TABLE NO. _____

LOT 6

N62°51'43"E

110.00'

CLF COR
0.74' N 0.25' E

SET IB

SET IB

LOT 68

SCREEN ENCLOSED
CONCRETE POOL DECK

POOL

SPA

COVERED

CONC POOL
EQUIP. PAD

S41°24'59"E

CLF COR
0.58' E

S34°52'51"E

LOT 69

LOT 67

ONE STORY DWELLING

CONC PAD

CONC A/C PAD

COVERED
TILED CONC
ENTRY

COVERED
TILED CONC
ENTRY

CONCRETE
DRIVEWAY
& WALKWAY

TOWN OF REVALL'S POINT
BUILDING DEPARTMENT
FILE COPY

171.94'

154.79'

N62°32'45"E

FND 5/8" #
IB NO ID
0.13' N 0.29' W

FND 4" X 4"
CM NO ID
0.08' S 0.03' E

R = 220.00' Δ = 19° 36' 58"

L = 75.32'



RIO VISTA DRIVE

205.00' Δ = 36° 17' 41"



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-220-4765

OWNER/BUILDER QUESTIONNAIRE AND DISCLOSURE STATEMENT
MUST BE COMPLETED AND REVIEWED PRIOR TO PERMIT ISSUANCE

APPLICABLE ONLY TO OWNER-OCCUPIED SINGLE FAMILY RESIDENCES
AND COMMERCIAL IMPROVEMENTS LESS THAN \$75,000 IN VALUE

NOTICE: FLORIDA STATUTE 489 REQUIRING CONSTRUCTION TO BE DONE ONLY BY LICENSED CONTRACTORS PROVIDES AN EXEMPTION FROM LICENSING FOR A PROPERTY OWNER WHO ACTS AS HIS/HER OWN CONTRACTOR UNDER SPECIFIC CONDITIONS. ANSWERS TO THE FOLLOWING QUESTIONS ARE ESSENTIAL TO DETERMINE IF THOSE STATE QUALIFICATIONS ARE SATISFIED BY AN OWNER/BUILDER APPLICANT.

ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, INDICATE BY WRITING "N/A"

Owner/Builder Applicant Name: Leo Joseph Hart

Site address of the proposed building work: 14 Rio Vista Dr. Sewalls Point, FL 34996

Name of legal title owner of the address above: Leo and Jody Hart

Describe the scope of work for the proposed new construction: minor remodeling - plumbing, electrical, non-load bearing partition wall removal

Name of Architect of Record: N/A Structural Engineer of Record: N/A

Who will supervise the trade work to meet the applicable code? Licensed Plumber/Electrician provided

What provisions have you made for Liability and Property Damage Insurance? St. John's Insurance HO Policy

What provisions exist for withholding Social Security and Federal Income Taxes, as required by Federal Law, from wages paid to people you hire who are not licensed? N/A

What previous Owner/Builder improvements have you done in the State of Florida?

Location: _____ Scope of Work Done: _____ Year: _____

Location: _____ Scope of Work Done: _____ Year: _____

What code books do you have available for reference? Building: none

Electric: none Plumbing: none HVAC: none

Other: _____

I have internet access and will view The Florida Building code at www.floridabuilding.org YES NO _____

Do you understand that as the permit holder you are liable for following all Local, County, State and Federal codes, laws and requirements, and you are also liable for anyone injured on the construction site? yes (yes/no)

Have you consulted with your Homeowner's Insurance Agent? yes Lender? yes Attorney? yes

In order to assure your success in this project, please signify your awareness that the function of the building department is to issue you a building permit and verify code compliance through plan review and the inspection process. I am aware that town staff is not obligated to offer supervision, design or instructional advice prior or during my project. yes (initials).



TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-287-2455 Fax 772-220-4765

OWNER/BUILDER DISCLOSURE STATEMENT

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

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



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

- 12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.
- 13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.
- 14. ANY PERSON WORKING ON YOUR BUILDING WHO IS NOT LICENSED MUST WORK UNDER YOUR DIRECT SUPERVISION AND MUST BE EMPLOYED BY YOU, WHICH MEANS THAT YOU MUST DEDUCT F.I.C.A. AND WITHHOLDING TAX AND PROVIDE WORKERS' COMPENSATION FOR THAT EMPLOYEE, ALL AS PRESCRIBED BY LAW.
- 15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS ACCOMPLISHED IN CONNECTION WITH SAID BUILDING PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND COMPLETELY UNDERSTAND THE PRECEDING PAGE OF THE OWNER/BUILDER DISCLOSURE STATEMENT.

ON THIS 30th DAY OF July, 2008.

PROPERTY ADDRESS 14 Rio Vista Dr.

CITY Sewalls Point STATE FL ZIP 34996

[Signature]
 SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 30th DAY OF July, 2008

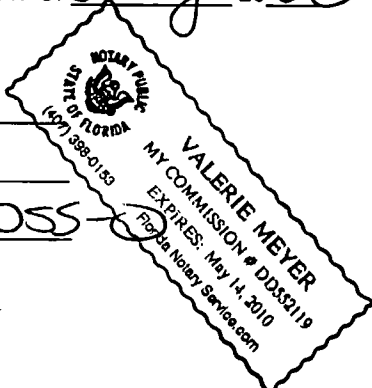
BY Leo J. Hart

PERSONALLY KNOWN _____

OR PRODUCED ID

TYPE OF ID FDH # H630-530-72-055

[Signature]
 NOTARY SIGNATURE





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

CONTRACTOR, OWNER /BUILDER ASBESTOS NOTIFICATION STATEMENT

Date: 7/30/08 Building Permit # _____

Site Address: 14 Rio Vista Dr. Sewalls Point, Fl 34996

FBC 104.1.10 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law. 469.003 License required.--

(1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.

(2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.

(b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.

(3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

FBC 105.3.6 Asbestos removal. (Owner /Builder Exemption)

Moving, removal or disposal of asbestos-containing materials on a residential building where the owner occupies the building, the building is not for sale or lease, and the work is performed according to the owner-builder limitations provided in this paragraph. To qualify for exemption under this paragraph, an owner must personally appear and sign the building permit application. The permitting agency shall provide the person with a disclosure statement in substantially the following form: **Disclosure Statement:** State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within 1 year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances.

____ Contractor or Owner/Builder Signature [Signature]

Subscribed and sworn to before me this 30th day of July, 2008, personally appeared

____ who is personally known to me or produced ADL as

identification, and who did/did not take an oath.

Notary Public [Signature]
 VALERIE MEYER
 COMMISSION # DD552119
 EXPIRES: May 14, 2010
 (407) 398-0153 Florida Notary Service.com

Seal



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

REVISIONS – CORRECTIONS REQUEST FORM
 MUST BE SUBMITTED FOR ALL CORRECTIONS AND REVISIONS

DATE: July 31 2008 PERMIT NUMBER: 14 Rivista Drive
 JOB ADDRESS: _____

PLEASE CHECK ONE OF THE FOLLOWING:

CONDITION OF INSPECTION APPROVAL (Needed for an inspection)

CONDITION OF PERMIT APPROVAL: (Corrections/Permit not issued, in review process)

REVISIONS (Changes to an issued permit)

*****ALL PLAN REVISIONS MUST BE HIGHLIGHTED OR CLOUDED ON DRAWING*****

ALL REVISED PAGES ARE REQUIRED TO BE INSERTED IN FIELD PERMIT SET

DESCRIPTION OF REVISION(S): Gas tank + Lines

DOES REVISION(S) CHANGE THE VALUE OF CONSTRUCTION? YES _____ NO VALUE \$ _____
 INCREASED CONSTRUCTION VALUE WILL INCREASE PERMIT FEES AND MUST BE PAID AT TIME OF APPROVAL

CONTACT NAME: Martin City Petroleum + Propane SIGNATURE: [Signature]
 PHONE NUMBER: 772-463-8270 FAX NUMBER: _____

FOR OFFICE USE ONLY:

Reviewed by: _____ Date: _____ Approve _____ Deny _____

Additional conditioned space _____ sq. ft. @ \$104.65 per sq. ft. _____ x 2% = _____

Additional non-conditioned space _____ sq. ft. @ \$ 48.90 per sq. ft. _____ x 2% = _____

Other declared value increase (must be based on value not cost) _____ x 2% = _____

Other additional fees: _____ Revision review fee: _____ Pages @ \$25.00/Page _____

Radon Fee _____ Professional Regulation Fee _____ Road impact assessment _____

TOTAL ADDITIONAL BUILDING PERMIT FEE \$ _____

Applicant notified by: _____ Date: _____



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: Leo Hart

CONSTRUCTION ADDRESS: 14 Rio Vista Dr. Sewalls Point, FL 34996

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- _____ ELECTRIC
- PLUMBING
- _____ HVAC
- _____ IRRIGATION
- _____ FUEL GAS

TYPE OF SERVICE: _____ NEW SERVICE EXISTING SERVICE _____ OTHER

SCOPE OF WORK: minor repair / remodel

VALUE OF CONSTRUCTION \$ 300

_____ 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 OF LICENSED CONTRACTOR: [Signature] ADDRESS OF CONTRACTOR: PO Box 1384 Port Salerno FL.

COMPANY OR QUALIFIER'S NAME: Portside Plumbing Company PLEASE PRINT

TELEPHONE NO: 772-260-7617 FAX NO: _____

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: _____

** 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

FROM :

City OK

FAX NO. :

Jul. 30 2008 04:49PM P3



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: Leo Hart

CONSTRUCTION ADDRESS: 14 Rio Vista Dr. Sewalls Point, FL 34996

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- _____ PLUMBING
- _____ HVAC
- _____ IRRIGATION
- _____ FUEL GAS

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

SCOPE OF WORK: New wiring as per drawings

VALUE OF CONSTRUCTION \$ 2000.00

_____ 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.

Robert Thompson
SIGNATURE OF LICENSED CONTRACTOR

439 SE Conk Rd PSC FL 34984
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: Robert Thompson

TELEPHONE NO: 342-2069 FAX NO: 873-3723
PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: CME4752

** 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

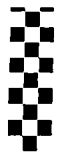
OWNER'S FULL NAME AS STATED ON DEED: _____

PARCEL CONTROL #: _____

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

SITE ADDRESS: _____

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



07-31-08;18:20 ;

2875961

1/ 1



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

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: LEO HART

CONSTRUCTION ADDRESS: 14 Rio Vista

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Deliver & Hook-up # D.O.T 420 tank. Interior gas lines to Range

VALUE OF CONSTRUCTION \$ 500.00

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> 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.

Don Cumber
SIGNATURE OF LICENSED CONTRACTOR

3586 S.W. MARTIN HWY. Palm City, Fl.
ADDRESS OF CONTRACTOR

COMPANY OR QUALIFIER'S NAME: MARTIN CO. PROPANE

TELEPHONE NO: 772-287-1900 FAX NO: 772-287-5961
PLEASE PRINT

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: 05594

** 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



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

SUBCONTRACTORS LIST
 RESIDENTIAL, ADDITIONS, COMMERCIAL

APPLICANT'S NAME: Leo Hart BLDG. PERMIT # _____

MAILING ADDRESS: 14 Rio Vista Dr. Sewalls Point, FL 34996

PLEASE PROVIDE A PRELIMINARY SUBCONTRACTORS LIST FOR VERIFICATION. THIS LIST WILL BE RETURNED TO YOU WHEN THE BUILDING PERMIT IS ISSUED TO ENABLE YOU TO COMPLETE AND RETURN TO THE BUILDING DEPARTMENT. WE REQUIRE, PRIOR TO STARTING WORK, UPDATES, CHANGES AND ADDITIONS THROUGHOUT CONSTRUCTION. USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND OR A CERTIFICATE OF OCCUPANCY. FOR INFORMATION CONTACT THE CONTRACTOR'S LICENSING OFFICE AT (772) 288-5482 OR (772) 288-5917. PLEASE INCLUDE ALL MUNICIPAL COMPETENCY CARD NUMBERS OR STATE CERTIFICATION NUMBERS. (NOT OCCUPATIONAL LICENSE NUMBERS)

	TYPE	COMPANY NAME	LICENSE NUMBER
CFO	CONCRETE - FORM		
CFI	- FINISH		
BM	BLOCK MASON		
CB	COLUMNS & BEAMS		
CA	CARPENTRY ROUGH		
GD	GARAGE DOOR		
DH	DRYWALL - HANG		
DF	- FINISH		
IN	INSULATION		
LA	LATHING		
FI	FIREPLACE		
PAV	PAVERS		
AL	ALUMINUM		
LP	LP GAS	Martin City Petroleum + Propane	05594
PAV	PAINTING		
PL	PLASTER & STUCCO		
ST	STAIRS & RAILS		
RO	ROOFING		
TM	TILE & MARBLE		
WD	WINDOWS & DOORS	Portside Plumbing Co.	CFC1427040
PLU	* PLUMBING	DA / Mr. Hecker Plumbing	CFC1425739
AC	* HARV		
EL	* ELECTRICAL	Robert Thompson Electric	



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

AL	* LOW VOLTAGE BURGLAR ALARM		
VS	VACUUM SOUND		
IR	* IRRIGATION		
SH	SHUTTERS		

* REQUIRES SEPARATE VERIFICATION FORMS.

I CERTIFY THAT THE INFORMATION STATED ON THE SUBCONTRACTORS' LIST IS ACCURATE AND THAT ALL WORK WILL BE PERFORMED BY MUNICIPAL OR STATE LICENSED CONTRACTORS. I UNDERSTAND THAT A COMPLETE NOTARIZED SUBCONTRACTORS LIST IS REQUIRED PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

[Handwritten Signature]

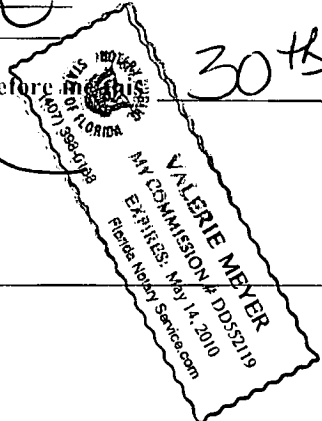
SIGNATURE OF CONTRACTOR
 (OR OWNER/BUILDER IF APPLICABLE)

STATE OF Florida
 COUNTY OF Martin

SWORN TO AND SUBSCRIBED before 30th day
 of July 2008

Valerie Meyer
 NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



STOP WORK ORDER

DATE: 7/30/08

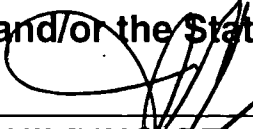
ADDRESS: 14 RIO VISTA

OWNER/CONTRACTOR is hereby notified to STOP WORK immediately upon reading this notice.

The work described below requires a permit:

ELECTRICAL / PLUMBING /
PARTITIONS / LOW VOLTAGE

Continued work from the date of this notice will constitute additional fines and prosecution through the Sewall's Point Code Enforcement Board and/or the State Licensing Board.



BUILDING OFFICIAL OR INSPECTOR

**DO NOT REMOVE THIS NOTICE
UNTIL PERMIT IS OBTAINED!**



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

Site Provided by...
governmentmax.com T1.11

Summary

print | | | | | Address
1 of 1

Parcel Info

Summary

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-002-000-00680-4	14 RIO VISTA DR	27581	Address	0	1

Summary

Property Location 14 RIO VISTA DR
Tax District 2200 Sewall's Point
Account # 27581
Land Use 101 0100 Single Family
Neighborhood 120250
Acres 0.359

Legal Description
Property Information
 RIO VISTA S/D LOT 68

Search By

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

Owner Information
Owner Information
 LOFFREDO, JAMES R & DEBRA

Mail Information
 324 NE ACACIA TRL
 JENSEN BEACH FL 34957

Assessment Info
Front Ft. 0.00

Market Land Value \$275,000
Market Impr Value \$179,100
Market Total Value \$454,100

Site Functions

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

Recent Sale
Sale Amount \$0

Sale Date 4/17/2007
Book/Page 2239 1174

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

Legal disclaimer / Privacy Statement

Data updated on 07/23/2008





TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 14 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.

PLG. TROUGH / ELEC. TROUGH

SEAL ALL PIPE SLEEVES
NEED 2 RELET. (6 FCI) @
DBL. LAV.

STUD GUARD @ PIPES / DUCTS
WITHIN 1/4" OF STUD FACE,
SECURE LOPPED PIPING @ LAV.

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: 8/6/09

A handwritten signature of the inspector, appearing to be "M. J. ...", written in black ink over a horizontal line.

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-6, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
5 LAST	1801 Cummings	electric	FAIL	CONTACT ^{new meter}
	83 S River Elias Mgmt	early power release		FPL. FOR METER INSPECTOR: <i>[Signature]</i>
1	8919 Majewski	column + beam	PASS	
	24 E High Pt AG Tools			INSPECTOR: <i>[Signature]</i>
4 10 AM	8735 Stark	beam gen slab PIC slab	PASS	
	87 S River Rd Emil LaViola			INSPECTOR: <i>[Signature]</i>
John	8961 Bukner	Plywood-roof	Pass	APPROX
	2 N Sewalls Cappot Huff			INSPECTOR: <i>[Signature]</i>
3 Tree	Bevan	Tree	PASS	
	4 Castle Hill			INSPECTOR: <i>[Signature]</i>
2 9 AM	8969 Hurd	rough plumbing rough elect	FAIL	
	14 Rio Vista OB			INSPECTOR: <i>[Signature]</i>
8820	Deschane	insulation	Pass	
	64 N River Rd JMC Const			INSPECTOR: <i>[Signature]</i>
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Wed~~ ^{Thurs} Fri 8-7, 2008

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8961	Baker John 2. N Sewalls Capp Huff	Dry-in metal	PASS	INSPECTOR: <i>[Signature]</i>
8914	Gilbert 170 S River Rd Gymnasium Roof	Roof in-progress	PASS	INSPECTOR: <i>[Signature]</i>
8839	Dentrich 9 W High Pt Paul Davis - Harlock - 561-26-26	Final	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
8969	Hart	rough electric	PASS	
3	14 Rio Vista OB	rough plumbing	PASS	INSPECTOR: <i>[Signature]</i>
8911	Willis 3 Wirth Ct Eric Johnson	electric	PASS	OK TO ACTIVATE A/C ONLY & ONE 60A INSPECTOR: <i>[Signature]</i>
8920	Spinner 15 Palmetto Tuscany Bay	Framing Elec plumbing AC - insulation	PASS FAIL PASSES PASSES	INSPECTOR: <i>[Signature]</i>
OTHER:				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-15, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8901	Richardson 15 Ridgeland Everglades	Final	FAIL	
				INSPECTOR:
8957	Massey 1 Munday St Mya Const	Final shutters	PASS	CLOSE
				INSPECTOR:
89109	1 ART 14 RID VISTA O/B	BASELINE	PASS	
				INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-13, 2008

Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8813	HEPNER/114 3 River views SAND CASTLE	Deck Footer	PASS	INSPECTOR: <i>[Signature]</i>
8589	Hardin 275 River Rd Stratton	temp CO	Fair	NOT READY INSPECTOR: <i>[Signature]</i>
9019	Armstrong 41 W High Pt Tune Details	Electric	PASS	INSPECTOR: <i>[Signature]</i>
8867	Geller 10 Palmetto DR Ken Wendell	fireplace framing shed roof shower pan	PASS PASS PASS	INSPECTOR: <i>[Signature]</i>
8919	[Redacted] 14 Rio Vista OB	[Redacted] plumber [Redacted] [Redacted]	[Redacted] PASS	[Redacted] INSPECTOR: <i>[Signature]</i>
8535	Stark 87 S River Rd Emil LaViola	gas tank rough L P outside	PASS	INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>

OTHER: _____



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



CERTIFICATE OF: OCCUPANCY COMPLETION

Single Family Residence Other MINOR RENOVATIONS TO KITCHEN & BATH
 Temporary: Expiration Date _____
 Partial (Area description) _____
 BUILDING PERMIT NO: 8969 DATE OF ISSUE: August 1, 2008
 OWNER(S): HART PROPERTY ADDRESS: 14 RIO VISTA DR
 LEGAL DESCRIPTION: LOT 68 BLOCK _____ SUBDIVISION Rio Vista
 GENERAL CONTRACTOR: owner/builder LIC/CERT NO: N/A
 ARCHITECT OR ENGINEER: N/A LIC/CERT NO: N/A
 CODE EDITION: FBC 2004/06 CONST. TYPE: N/A USE: SFR OCCUPANCY: N/A
 OCCUPANT LOAD: N/A SPRINKLERS REQUIRED: N/A SPRINKLERS USED: _____

INSPECTION RECORDS

Inspection Type	Date Approved	Inspection Type	Date Approved
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	<u>8-7-08</u>	ELECTRICAL ROUGH-IN	<u>8-7-08</u>
MECHANICAL ROUGH-IN	_____	GAS ROUGH-IN	<u>8-15-08</u>
FRAMING	_____	METER FINAL	_____
FINAL PLUMBING	<u>10-13-08</u>	FINAL ELECTRICAL	<u>10-13-08</u>
FINAL MECHANICAL	_____	FINAL GAS	<u>10-13-08</u>
FINAL ROOF	_____	BUILDING FINAL	_____

The described portion of the structure has been inspected for compliance with the requirements of this Code for occupancy and division of occupancy and the use for which the proposed occupancy is classified.

In accordance with the requirements of the Florida Building Code and the Codes and Ordinances of the Town of Sewall's Point, Florida, this Certificate of Occupancy is hereby issued for the foregoing described property.

Entered at Sewall's Point, Florida, this 13th day of October, 2008.

John R. Adams, CBO
 Building Official, Town of Sewall's Point

8989

FENCE



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	8989	DATE ISSUED:	AUGUST 27, 2008
SCOPE OF WORK:	FENCE		
CONDITIONS:	AT&T LOCATE REQ'D		
CONTRACTOR:	STUART FENCE		
PARCEL CONTROL NUMBER:	123841002000006804	SUBDIVISION	RIO VISTA - LOT 68
CONSTRUCTION ADDRESS:	14 RIO VISTA DR		
OWNER NAME:	HART		
QUALIFIER:	CHESTER RICHMOND	CONTACT PHONE NUMBER:	288-1151

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

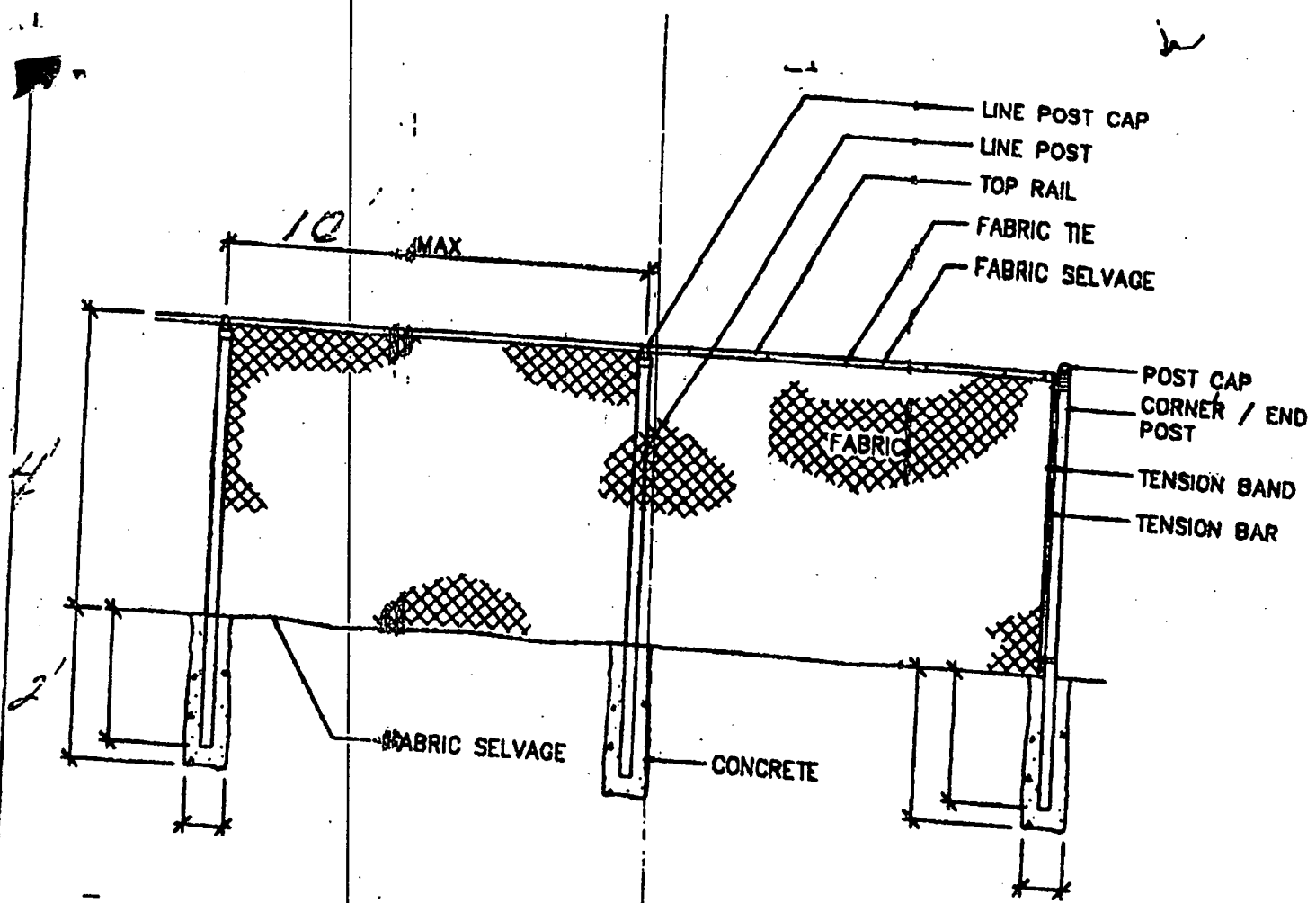
NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES,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

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

REQUIRED INSPECTIONS

UNDERGROUND PLUMBING _____ UNDERGROUND 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.



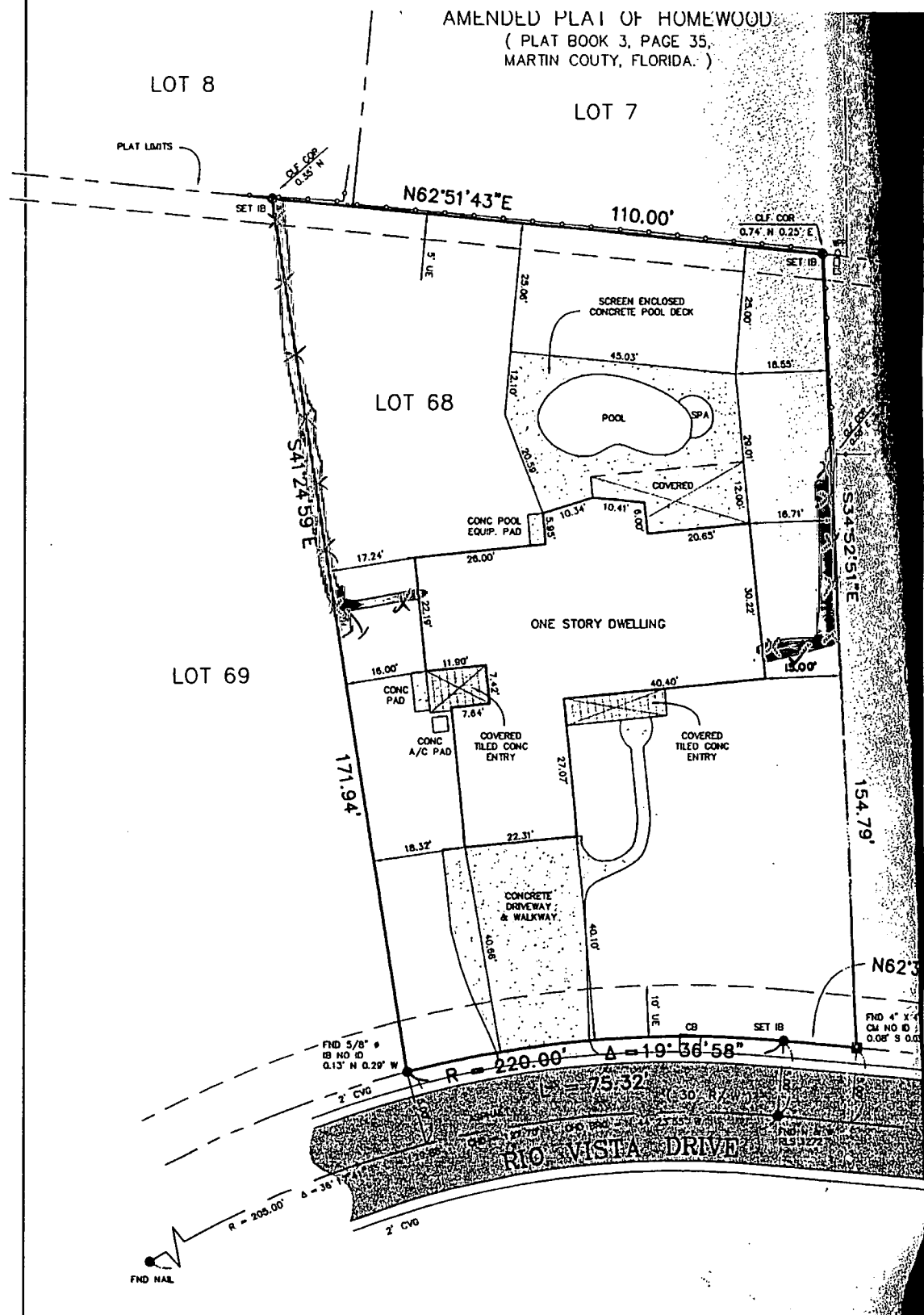
CHAIN LINK FENCING DETAIL
Black vinyl

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE 8-26-08

BUILDING OFFICIAL

OTHER
 DATE
 D
 CONCRETE FOUNDATION BOX
 EMISSION BOX
 ED
 SIM
 ANGLE
 FENCE
 BOX STRUCTURE
 MONUMENT
 T READ
 POWER POLE
 RED METAL PIPE
 VALLEY GUTTER
 D
 EASEMENT
 FLOW
 CONCRETE PAVEMENT
 WATER METER
 SERVICE
 I
 E
 ELEVATION
 SURVEYMENT
 FLOOR ELEVATION
 PAINT
 POWER & LIGHT
 INT
 EGRESS EASEMENT
 & CAP
 & CAP
 EASEMENT
 BUSINESS NUMBER
 EGRESS EASEMENT
 EGRESS EASEMENT
 H WATER LINE
 N TAB
 WASHER
 GEODETIC VERTICAL DATUM
 IDENTIFICATION
 SCALE
 ADRIAN DATUM
 RECORD BOOK
 G
 WIRE
 KALON NAIL
 KALON NAIL & TIN TAB
 KALON NAIL & WASHER
 T
 T REFERENCE MONUMENT
 K
 COMPOUND CURVATURE
 CURVATURE
 INTERSECTION
 BEGINNING
 COMMENCEMENT
 ENCROACHMENT
 REVERSE CURVATURE
 TANGENCY
 OLE
 UTILITY EASEMENT
 ORIGINAL LAND SURVEYOR
 LINE
 ELEVATION
 SPIKE
 D LAND SURVEYOR
 ED CONCRETE PIPE
 WAY
 SEWER
 IRON BAR & CAP #4049
 NAIL & WASHER #4049
 WOK
 I BELL TELEPHONE BOX
 FEET
 IN
 TY CONSTRUCTION EASEMENT
 HANK
 LOPE
 MBER
 DRAINAGE EASEMENT
 EASEMENT
 JUND
 ACE
 ETER
 UVE
 WER POLE

AMENDED PLAT OF HOMEWOOD
 (PLAT BOOK 3, PAGE 35,
 MARTIN COUNTY, FLORIDA.)



PROPERTY ADDRESS: 14 RIO VISTA DRIVE

CERTIFIED TO: LEO J. & JODY HART
 SEACOAST NATIONAL BANK, ITS
 SUCCESSORS AND/OR ASSIGNS, ATIMA
 CARRIE LAVARGNA, ESQUIRE, P.A.
 ATTORNEY'S TITLE INSURANCE FUND, INC.

NOT VALID WITHOUT THE SIGNATURE AND
 ORIGINAL RAISED SEAL OF A FLORIDA
 SURVEYOR AND MAPPER.

STEPHEN J. BROWN INC

STEPHEN J. BROWN, PROFESSIONAL SURVEYOR AND MAPPER
 REGISTRATION NO. 4049, STATE OF FLORIDA

RECEIVED
DATE: 8-22-08
TOWN OF SEWALL'S POINT

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: LEO HART

Phone (Day) 305-785-4746 (Fax) _____

Job Site Address: 14 Rio Vista DR

City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Rio Vista 40 Lot 68

Parcel Number: 12-38-41-002-000-00680-4

Owner Address (if different): _____

City: _____ State: _____ Zip: _____

Scope of work: INSTALL FENCE & GATES

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:

Estimated Value of Construction or Improvements: \$ 2360.00
(Notice of Commencement required over \$2500)

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: STUART FENCE CO

Phone: 288 1151 Fax: 288 3035

Street: P.O. BOX 2634

City: STUART State: FL Zip: 34995

State Registration Number: _____

State Certification Number: _____

Municipality License Number: CPE3584

ARCHITECT _____

Lic.#: _____

Phone Number: _____

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

ENGINEER _____

Lic.#: _____

Phone Number: _____

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

AREA SQUARE FOOTAGE (SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carport: _____ Total Under Roof: _____ Wood Deck: _____ Accessory Building: _____

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

NOTICES TO OWNERS AND CONTRACTORS:

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

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

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

OWNER OR AUTHORIZED AGENT SIGNATURE (required) _____

CONTRACTOR SIGNATURE (required) _____

State of Florida, County of: MARTIN

On State of Florida, County of: MARTIN

This the 14 day of Aug, 2008

This the 21 day of Aug, 2008

by LEO HART who is personally

by CHESTER RICHMOND who is personally

known to me or produced DL

known to me or produced _____

as identification. Janis L. Loudin

As identification. Janis L. Loudin

My Commission Expires: _____

My Commission Expires: _____

NOTARY PUBLIC STATE OF FLORIDA

NOTARY PUBLIC STATE OF FLORIDA

Janis L. Loudin

Janis L. Loudin

Seal # DD538831

Commission # DD538831

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



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

Site Provided by...
governmentmax.com T1.11

Summary

print Owner
14 of 115

Parcel Info

Summary

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

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-002-000-00680-4	14 RIO VISTA DR	27581	Owner	0	1

Summary

Property Location 14 RIO VISTA DR
Tax District 2200 Sewall's Point
Account # 27581
Land Use 101 0100 Single Family
Neighborhood 120250
Acres 0.359

Legal Description
Property Information
 RIO VISTA S/D LOT 68

Search By

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

Owner Information
Owner Information
 HART LEO J & JODY L

Mail Information
 14 RIO VISTA DR
 STUART FL 34996

Assessment Info
Front Ft. 0.00

Market Land Value \$275,000
Market Impr Value \$179,100
Market Total Value \$454,100

Site Functions

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

Recent Sale
Sale Amount \$325,000

Sale Date 7/21/2008
Book/Page 2341 1435

[Print](#) | [Back to List](#) | [<< First](#) | [Previous](#) | [Next >>](#) | [Last >>](#)

[Legal disclaimer / Privacy Statement](#)

Data updated on 08/18/2008





TOWN OF SEWALL'S POINT BUILDING DEPARTMENT

One S. Sewall's Point Road
Sewall's Point, Florida 34996
Tel 772-267-2455 Fax 772-2204765

FENCE or WALL EASEMENT AGREEMENT

Date: 8/15/08

Gentlemen:

I propose to apply for a Town of Sewall's Point permit to erect a (type of fence/wall) _____

In the (utility/drainage) easement on my property located at 14 Bio Vista Dr,
Sewall's Point

LEGAL DESCRIPTION: LOT 68, BLOCK _____, SUBDIVISION Bio Vista

Give a brief description of dimensions and location from property lines:

See Survey

In the event you have no objection to this project, please complete this form and return to me at:

Address: _____

City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of
This fence and that any removal or replacement of such, necessary for your use of this easement will be
done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage)
easement by the construction or maintenance of this structure.

Signed: [Signature] Phone: 463-8270

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: AT&T

By: Susan Morse

Title: Mgr OSP Pkg & Design

Company records indicate that a potential conflict DOES DOES NOT exist.

The conflict consists of:

AT&T Florida has buried facilities in this easement. These facilities must be located prior
to digging by calling 1-800-432-4770. Hand digging must be done within 2 feet of
facilities. Should we need access to our facilities in the future, it will be at customer
expense.



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

FENCE or WALL EASEMENT AGREEMENT

Date: 8/15/08

Gentlemen:

I propose to apply for a Town of Sewall's Point permit to erect a (type of fence/wall) _____

In the (utility/drainage) easement on my property located at 14 RIO VISTA DR,

SEWALL'S POINT

LEGAL DESCRIPTION: LOT 68, BLOCK _____, SUBDIVISION BIO VISTA

Give a brief description of dimensions and location from property lines:

SEE SURVEY

In the event you have no objection to this project, please complete this form and return to me at:

Address: _____

City: _____ State: _____ Zip: _____

I understand your company will not be responsible in any way for repair or replacement of any portion of this fence and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: [Signature] Phone: 463-8270

*****THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY*****

We agree to the proposed construction under the circumstances described above.

Company: Martin County Utilities

By: Jim Christ Jr.

Title: Associate Planner

Company records indicate that a potential conflict DOES (X) DOES NOT exist.

The conflict consists of: _____

Page 1

The conflict consists of:

Company records indicate that a potential conflict DOES NOT exist.

Title:

CONSTRUCTION COORDINATOR

By:

Rich Johnson

Company:

COMCAST

We agree to the proposed construction under the circumstances described above.

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY

Signed:

[Signature]

Phone:

463-8270

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

I understand your company will not be responsible in any way for repair or replacement of any portion of this fence and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

City:

State:

Zip:

Address:

In the event you have no objection to this project, please complete this form and return to me at:

Give a brief description of dimensions and location from property lines:

SEE SURVEY

LEGAL DESCRIPTION: LOT 68, BLOCK _____, SUBDIVISION Rio Vista

Sewall's Point

In the (utility/drainage) easement on my property located at 14 Rio Vista Dr.

I propose to apply for a Town of Sewall's Point permit to erect a (type of fence/wall)

FENCE or WALL EASEMENT AGREEMENT

Date:

8/15/08



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

08/15/2008 12:54 Harmony Healing Arts Ctr
08/15/2008 12:29 7722883035

STUART FENCE

772-220-4470

STUART FENCE

08/15/2008 12:52 7722889035

STUART FENCE

PAGE 02/03

Aug 15 08 12:38p Harmony Holding Arts Ctr

772-220-4473

p.2

08/15/2008 12:29 7722889035

STUART FENCE

PAGE 02/02



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

FENCE or WALL EASEMENT AGREEMENT

Date: 8/15/08

Gentlemen:

I propose to apply for a Town of Sewall's Point permit to erect a (type of fence/wall)

In the (utility/drainage) easement on my property located at 14 Bio Vista Dr

Sewall's Point

LEGAL DESCRIPTION: LOT 68, BLOCK, SUBDIVISION Bio Vista

Give a brief description of dimensions and location from property lines:

SEE SURVEY

In the event you have no objection to this project, please complete this form and return to me at:

Address:

City: State: Zip:

I understand your company will not be responsible in any way for repair or replacement of any portion of This fence and that any removal or replacement of such, necessary for your use of this easement will be done at my expense.

I acknowledge that I will be responsible for any damage caused to your facilities in this (utility/drainage) easement by the construction or maintenance of this structure.

Signed: [Signature] Phone: 463-8270

THE FOLLOWING IS TO BE COMPLETED BY UTILITY COMPANY

We agree to the proposed construction under the circumstances described above.

Company: Florida Power + Light

By: Rob Morris [Signature]

Title: Project Manager

Company records indicate that a potential conflict DOES X DOES NOT exist.

The conflict consists of: OR TO INSTALL

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8-29, 2008 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8974	Hompson 179 S River TC Garage	Garage door Final	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
8968	Nelson 3 Marquitta Aaron Kline	rough plumbing	PASS	 INSPECTOR: <i>[Signature]</i>
8394	Foster 7 Turner St Schiller Pool	Final	FAIL	 INSPECTOR: <i>[Signature]</i>
8911	Willis 3 Worth Ct Eric Johnson	Final	FAIL	 INSPECTOR: <i>[Signature]</i>
8909	Wade	Final	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
	14 Riv Vista Stuart Fence			 INSPECTOR: <i>[Signature]</i>
8872	Bean 112 S Sewalls WB Conert	Final	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
				INSPECTOR: <i>[Signature]</i>

OTHER: _____

9394

FENCE



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9394	DATE ISSUED:	03/22/2010
SCOPE OF WORK:	FENCE		
CONDITIONS :			
CONTRACTOR:	STUART FENCE CO.		
PARCEL CONTROL NUMBER:	123841002000006804	SUBDIVISION	RIO VISTA LOT 68
CONSTRUCTION ADDRESS:	14 RIO VISTA DR.		
OWNER NAME:	HART		
QUALIFIER:	CHESTER RICHMOND	CONTACT PHONE NUMBER:	288-1151

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM**

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.

Copy from Stuart Fence
orig misplaced

Town of Sewall's Point BUILDING PERMIT APPLICATION

Permit Number: 9394

Date: 3-22-10

OWNER/TITLEHOLDER NAME: Leo Hart Phone (Day) 463-8270 (Fax) _____

Job Site Address: N Rio Vista Drive City: Sewalls Pt. State: FL Zip: 34990

Legal Description Rio Vista S/D LOT 68 Parcel Control Number: 12-38-41-002-000-00680.4

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

Scope of work (please be specific): 66' of 6' VSB wood fence + one 12' gate + one 5' gate

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: \$ 1160.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8 **X**
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

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

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

State License Number: _____ OR: Municipality: Martin City License Number: CFE3584

LOCAL CONTACT: Harte Phone Number: 288-1151

DESIGN PROFESSIONAL: _____ Lic# _____ Phone Number: _____

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

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

Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE*: _____

* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

NOTICES TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
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3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2004 W/ 2006 REVISIONS SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
[Signature]
State of Florida, County of: Martin
This the 18 day of March, 2010
by Leo Hart who is personally
known to me or produced
as identification. Kathryn Pereny

CONTRACTOR SIGNATURE: (required)
[Signature]
On State of Florida, County of: Martin
This the 18 day of March, 2010
by Chester Richmond who is personally
known to me or produced
as identification. Kathryn Pereny

My Commission Expires: _____ EXPIRES February 14, 2014
COMMISSION # DD949089

My Commission Expires: _____ EXPIRES February 14, 2014
COMMISSION # DD949089

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!



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

Site Provided by...
governmentmax.com T1.14

Summary

print Owner
13 of 115

Parcel Info

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-002-000100680-4	14 RIO VISTA DR	27581	Owner	0	1

Summary

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

Summary

Property Location 14 RIO VISTA DR
Tax District 2200 Sewall's Point
Account # 27581
Land Use 101 0100 Single Family
Neighborhood 120250
Acres 0.359

Legal Description
Property Information
 RIO VISTA S/D LOT 68

Search By

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

Owner Information
Owner Information
 HART LEO J & JODY L

Mail Information
 14 RIO VISTA DR
 STUART FL 34996

Assessment Info
 Front Ft. 0.00

Market Land Value \$176,250
Market Impr Value \$118,870
Market Total Value \$295,120

Site Functions

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

Recent Sale
Sale Amount \$106,700

Sale Date 11/9/2009
Book/Page 2434 0699

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

Legal disclaimer / Privacy Statement

Data updated on 3/18/2010



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TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

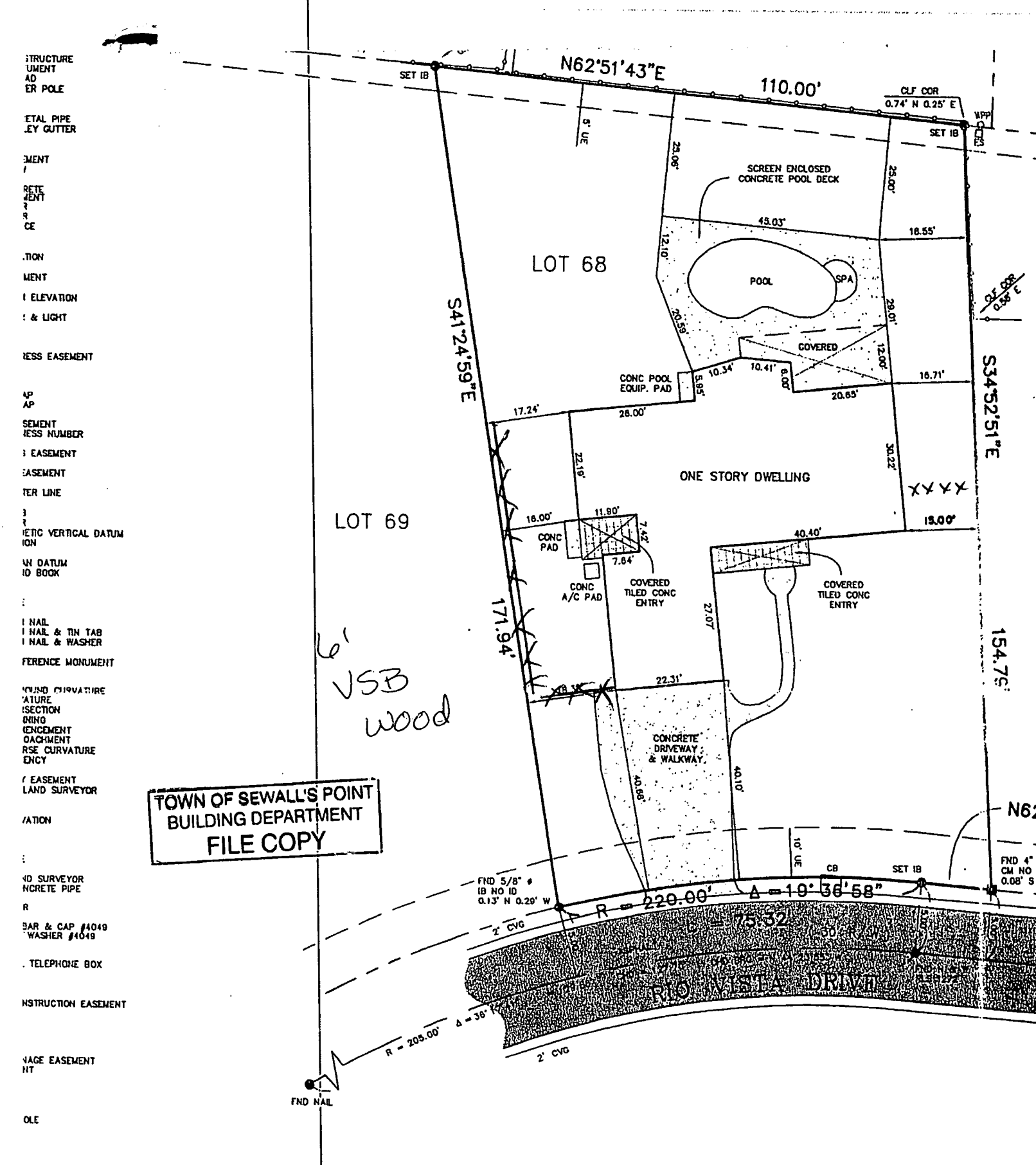
6' VSB
 wood

PROPERTY ADDRESS: 14 RIO VISTA DRIVE

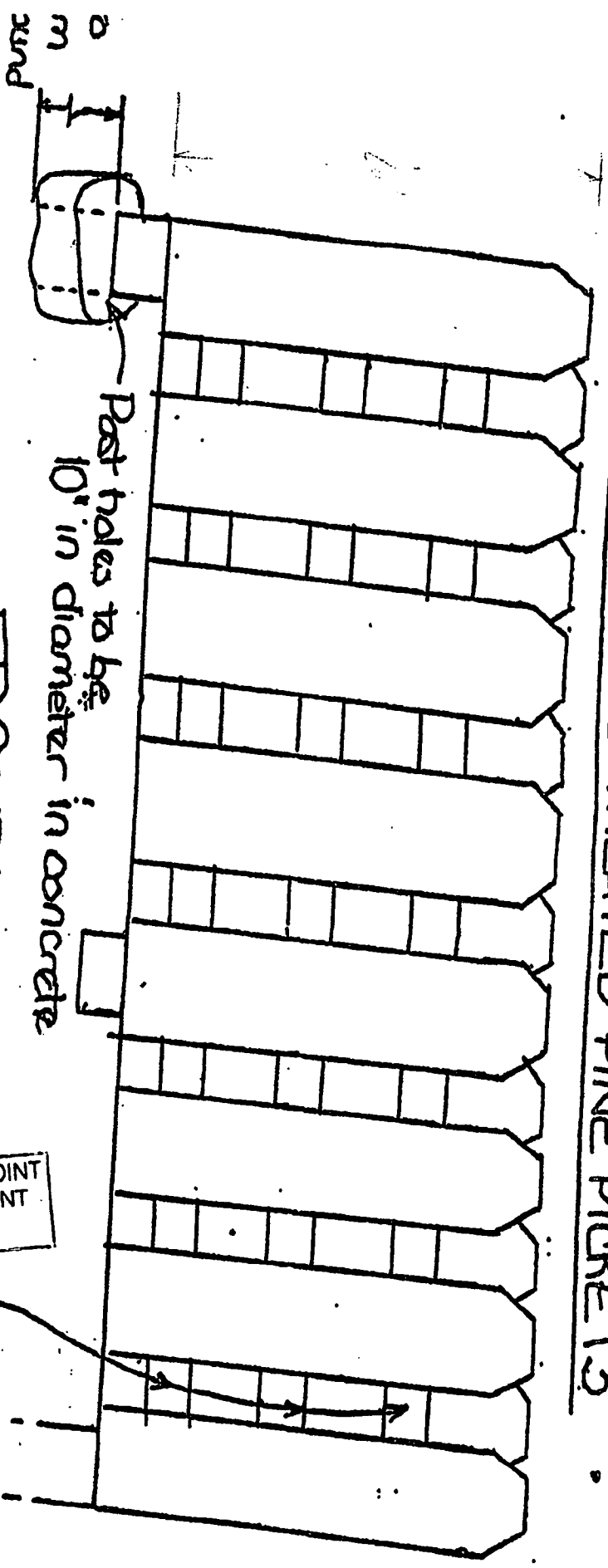
TIFIED TO: LEO J. & JODY HART
 SEACOAST NATIONAL BANK, ITS
 SUCCESSORS AND/OR ASSIGNS, ATIMA
 CARRIE LAVARGNA, ESQUIRE, P.A.
 ATTORNEY'S TITLE INSURANCE FUND, INC.

NOT VALID WITHOUT THE SIGNATURE A
 ORIGINAL RAISED SEAL OF A FLORIDA
 SURVEYOR AND MAPPER.

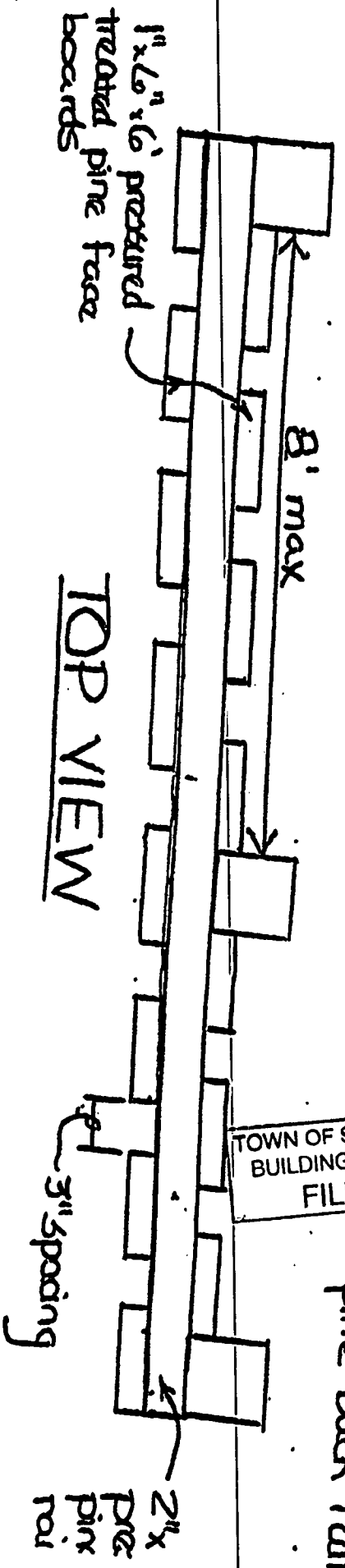
STEPHEN J. BROWN INC



PRESSURE TREATED PINE PICKETS



FRONT VIEW



TOP VIEW

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

3-2" x 4" Pressure
pine back rail

2" x
Pre
pine
rail

14 Rio Vista

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection: Mon Tue Wed **Thur** Fri **10.28** 2010 Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9610	Elson	Fence		
1st	10 Admirals Walk Forward Elec	Ac	Pass	Close INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9394	Hart	Fence	Pass	Close
	Stuart Fence			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Slater	Tree		
	4 Lagoon Island		OK	INSPECTOR <i>[Signature]</i>

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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

9726

FENCE



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

BUILDING PERMIT CARD

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

PERMIT NUMBER:	9726	DATE ISSUED:	FEBRUARY 25, 2011
SCOPE OF WORK:	FENCE		
CONDITIONS:			
CONTRACTOR:	STUART FENCE		
PARCEL CONTROL NUMBER:	123841002-000-006804	SUBDIVISION	RIO VISTA - LOT 68
CONSTRUCTION ADDRESS:	14 RIO VISTA DR		
OWNER NAME:	HART		
QUALIFIER:	CHET RICHMOND	CONTACT PHONE NUMBER:	288-1151

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE
 CALL 287-2455 - 8:00AM TO 4:00PM**

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**

Permit Number: 9726

Date: 2-24-11

OWNER/TITLEHOLDER NAME: LEO Hart

Phone (Day) 305-667-8069 (Fax) _____

Job Site Address: 14 RIO VISTA

City: STUART State: FL Zip: 34996

Legal Description RIO VISTA Lot 68

Parcel Control Number: 12-38-41-002-000-00680-4

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

SCOPE OF WORK (PLEASE BE SPECIFIC): Remove 30' of 4' HIGH BLACK VINYL CHAIN LINK. INSTALL 30' of 6' HIGH WOOD VERTICAL SHADOW BOX FENCE

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

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 675.00
(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: STUART FENCE Co Phone: 288 1151 Fax: 288 3035

Qualifiers name: CHESTER RICHMOND Street: PO BOX 2636 City: STUART State: FL Zip: 34995

State License Number: _____ OR: Municipality: CFE 3584 License Number: MARTIN

LOCAL CONTACT: JAN Phone Number: 288 1151

DESIGN PROFESSIONAL: _____ Florida License # _____

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

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

Carpport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE: _____

* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

NOTICES TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 60-95.
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/NOTORIZED SIGNATURE: (required per 713.135 F.S.)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

[Signature]

State of Florida, County of: MARTIN

On This the 24 day of FEB, 2011

by LEO HART who is personally

known to me or produced DL

As Identification: [Signature]

My Commission Expires: JANIS LOUDIN
NOTARY PUBLIC
MY COMMISSION # DD 998548
EXPIRES: June 7, 2014
Bonded Thru Budget Notary Services

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

X [Signature]

State of Florida, County of: MARTIN

On This the 24 day of FEB, 2011

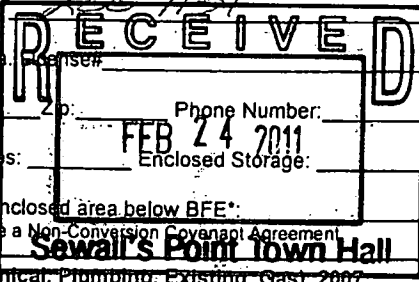
by CHESTER RICHMOND who is personally

known to me or produced _____

As Identification: [Signature]

My Commission Expires: JANIS LOUDIN
NOTARY PUBLIC
MY COMMISSION # DD 998548
EXPIRES: June 7, 2014
Bonded Thru Budget Notary Services

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





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

Site Provided by...
governmentmax.com 1.13

Summary



Address
2 of 2

Tabs

Summary

- Print View
- Land
- Improvements
- Assessments & Exemptions
- Sales
- Taxes →
- Parcel Map →
- Trim Notice →

Searches

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

Functions

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

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
12-38-41-002-000-00680-4	27581	14 RIO VISTA DR, SEWALL'S POINT	\$240,690	2/12/2011

Owner Information

Owner(Current)	HART LEO J & JODY L
Owner/Mail Address	14 RIO VISTA DR STUART FL 34996
Sale Date	11/09/2009
Document Number	2189720
Document Reference No.	2434 0699
Sale Price	106700

Location/Description

Account #	27581	Map Page No.	SP-04
Tax District	2200	Legal Description	RIO VISTA S/D LOT 68
Parcel Address	14 RIO VISTA DR, SEWALL'S POINT		
Acres	.3590		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120250 RIO VISTA DRY

Assessment Information

Market Land Value	\$127,000
Market Improvement Value	\$113,690
Market Total Value	\$240,690

Print Back to List First Previous Next Last

Legal Disclaimer / Privacy Statement



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TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

LOT 69

LOT 68

ONE STORY DWELLING

CONCRETE DRIVEWAY & WALKWAY

SCREEN ENCLOSED CONCRETE POOL DECK

POOL

SPA

CONC POOL EQUIP. PAD

CONC PAD

CONC A/C PAD

COVERED TILED CONC ENTRY

COVERED TILED CONC ENTRY

Existing

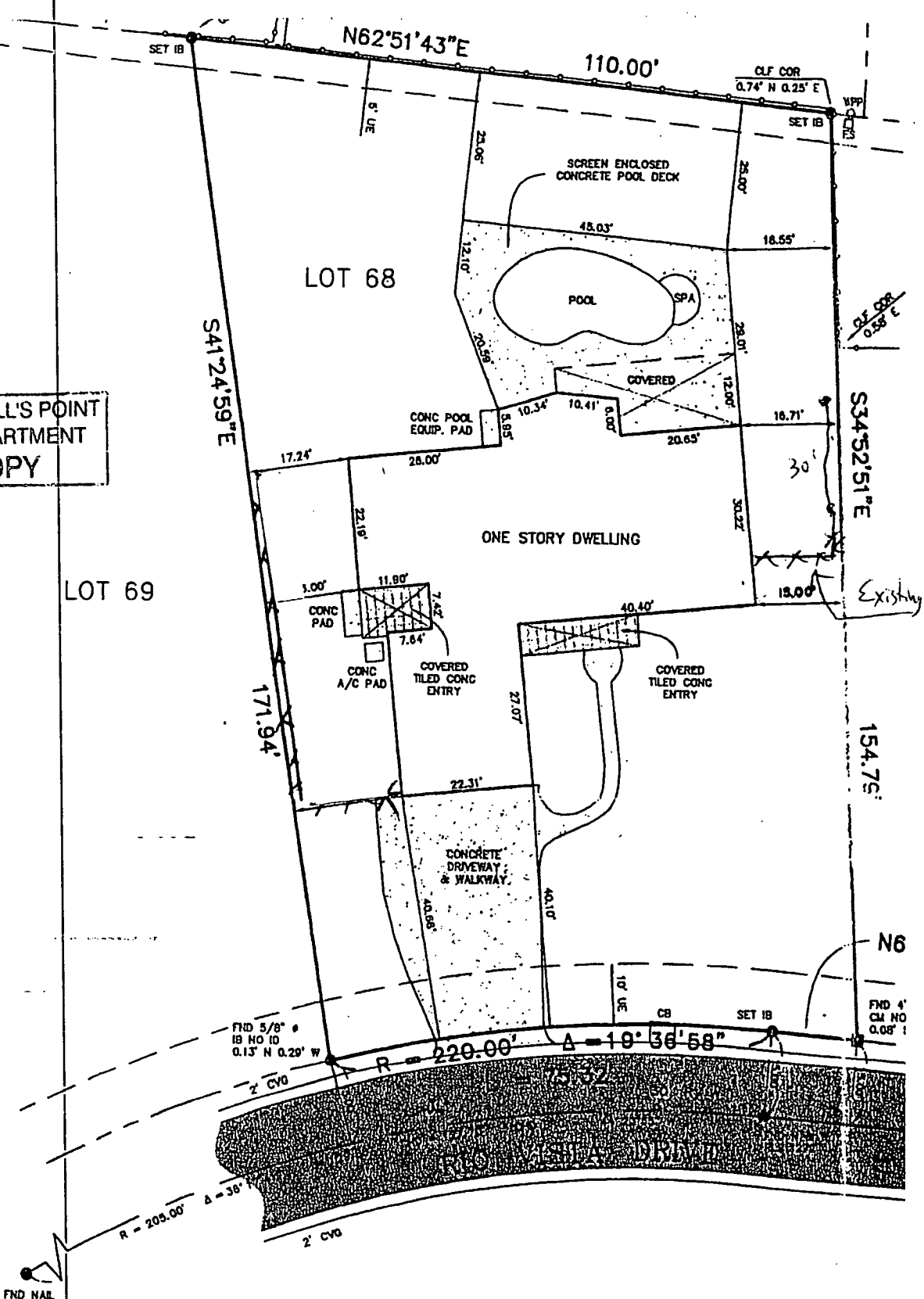
FND NAIL

PROPERTY ADDRESS: 14 RIO VISTA DRIVE

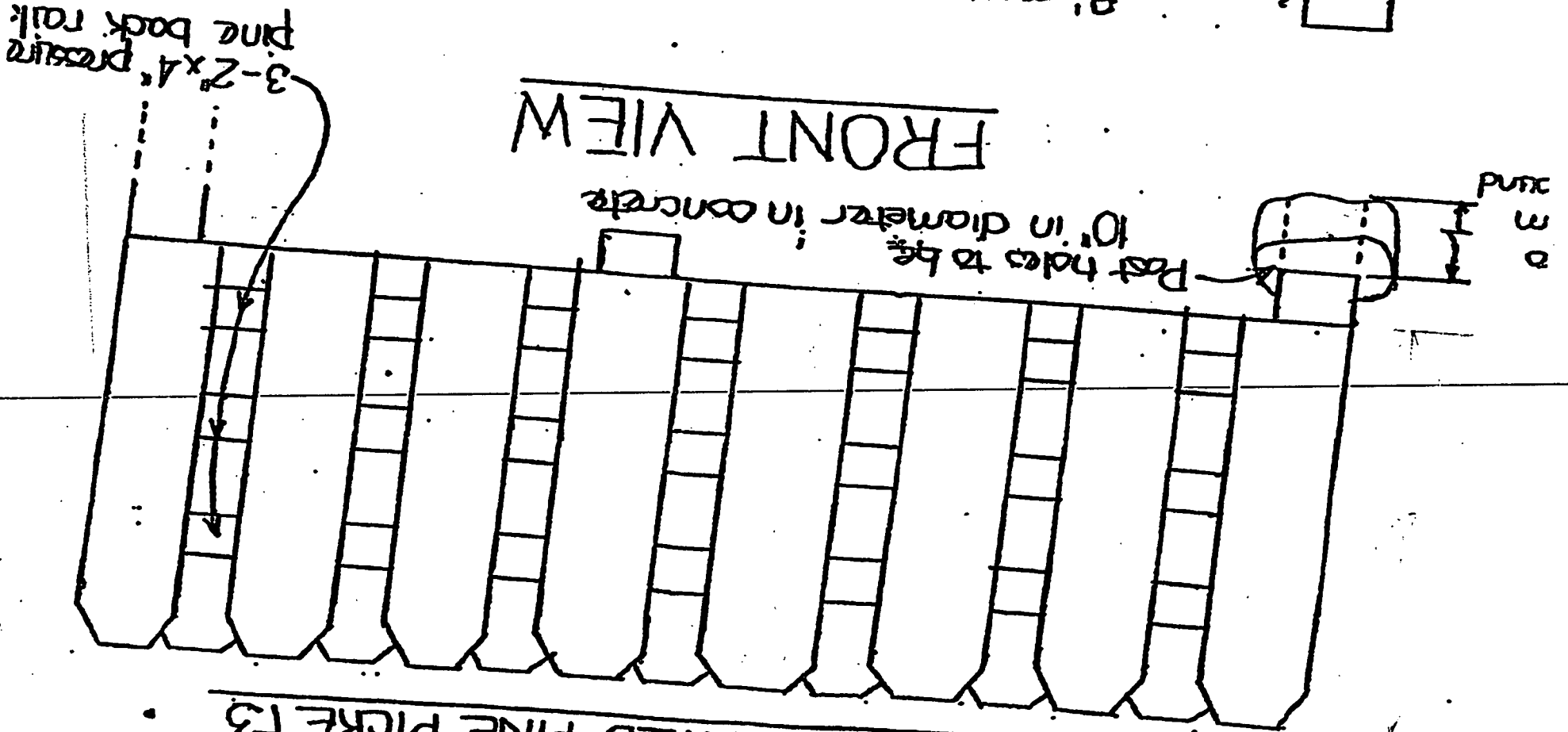
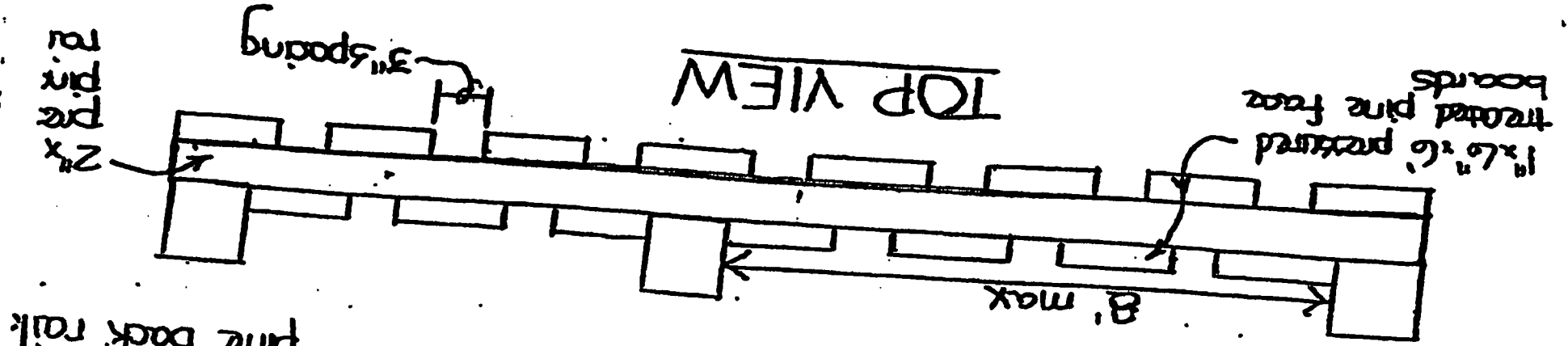
FILED TO: LEO J. & JODY HART
SEACOAST NATIONAL BANK, ITS
SUCCESSORS AND/OR ASSIGNS, ATIMA
CARRIE LAVARGNA, ESQUIRE, P.A.
ATTORNEY'S TITLE INSURANCE FUND, INC.

NOT VALID WITHOUT THE SIGNATURE &
ORIGINAL RAISED SEAL OF A FLORIDA
SURVEYOR AND MAPPER.

STEPHEN J. BROWN INC



14 Rio Vista



REQUIRE TREATED PINE PICKETS

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed ~~Thu~~ Fri **3-10-11** Page **1** of **1**

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9726	11100 Vista	Fence	Pass	Close
	Start Fence			INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9630	Kandy Seaver 19 W High Pt Scott Holmes	Final Garage repairs	Pass	Close
				INSPECTOR <i>[Signature]</i>

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Kinard 5 Timor St	Tree	OK	
				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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

10092

PAVERS



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:	10092	DATE ISSUED:	MAY 11, 2012
SCOPE OF WORK:	PAVER POOL DECK & RELOCATE POOL EQUIPMENT		
CONTRACTOR:	APEX PAVERS		
PARCEL CONTROL NUMBER:	123841002-000-006804	SUBDIVISION	RIO VISTA - L 68
CONSTRUCTION ADDRESS:	14 RIO VISTA DR		
OWNER NAME:	HART		
QUALIFIER:	RYAN FIGMAN	CONTACT PHONE NUMBER:	419-5151

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.

DAVID CELL # 561 262-6313

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 4-27-12

Permit Number: 10092

OWNER/TITLEHOLDER NAME: Leo Hart Phone (Day) 305-785-4746 (Fax)

Job Site Address: 14 Rio Vista DR City: Sewall Pt State: FL Zip: 34996

Legal Description: Rio Vista S/D Lot 68 Parcel Control Number: 123841002000006804

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

Scope of work (please be specific): Sand-set brick pavers and relocate pool equipment

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: \$ 8250 -
(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

CONTRACTOR/Company: Apex Pavers Phone: 772-419-5151 Fax: 772-419-5101

Street: 834 SE Lincoln Ave City: Stuart State: FL Zip: 34994

State License Number: OR: Municipality: Martin County License Number: MCPB4701

LOCAL CONTACT: Doreen Buffa Phone Number: 772-419-5151

DESIGN PROFESSIONAL: License: Phone Number:

Street: City: State: Zip:

AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/Porches: 1277 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: 2005 (2008 after 6/1/09) Florida Energy Code: 2010 Florida Accessibility Code: 2010 Florida Fire Prevention Code 2010

NOTICES TO OWNERS AND CONTRACTORS:

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

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

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

OWNERS SIGNATURE: (required)
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)
State of Florida, County of: Martin
This the 27 day of April, 2012
by Leo Hart who is personally
known to me or produced
as identification: Doreen Buffa

CONTRACTOR SIGNATURE: (required)
On State of Florida, County of: Martin
This the 27 day of April, 2012
by Ryan Figman who is personally
known to me or produced
As identification: Doreen Buffa

My Commission Expires: DOREEN J. BUFFA
MY COMMISSION # EE 150754
EXPIRES: January 3, 2016

My Commission Expires: Notary Public
Doreen J. Buffa
MY COMMISSION # EE 150754
EXPIRES: January 3, 2016

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

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

generated on 5/4/2012 3:20:37 PM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-002-000-00680-4	27581	14 RIO VISTA DR, SEWALL'S POINT	\$235,550	4/21/2012

Owner Information	
Owner(Current)	HART LEO J & JODY L
Owner/Mail Address	14 RIO VISTA DR STUART FL 34996
Sale Date	11/9/2009
Document Book/Page	2434 0699
Document No.	2189720
Sale Price	106700

Location/Description			
Account #	27581	Map Page No.	SP-04
Tax District	2200	Legal Description	RIO VISTA S/D LOT 68
Parcel Address	14 RIO VISTA DR, SEWALL'S POINT		
Acres	.3590		

Parcel Type	
Use Code	0100 Single Family
Neighborhood	120250 RIO VISTA DRY

Assessment Information	
Market Land Value	\$127,000
Market Improvement Value	\$108,550
Market Total Value	\$235,550

INSTR # 2329169
OR BK 02574 PG 2751
Pg 2751; (1pg)
RECORDED 05/03/2012 10:30:05 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY S Phoenix

Record and Return to:
Apex Pavers
834 SE Lincoln Ave
Stuart, FL 34994

(2)

NOTICE OF COMMENCEMENT
To be completed when construction value exceeds \$2,500.00

PERMIT #: _____ TAX FOLIO # 12-38-41-002-000-00680-4

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):
Rio Vista S/D LOT 68; 14 Rio Vista Dr, Sewalls Pt, FL

GENERAL DESCRIPTION OF IMPROVEMENT: Brick Paver Pool Deck

OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:
Name: Leo Hart
Address: Same 14 Rio Vista Dr, Sewalls Pt, FL 34996
Interest in property: Owner
Name and address of fee simple title holder (If different from Owner listed above): _____

CONTRACTOR'S NAME: Ryan Figman, Apex Pavers Phone No.: (772) 419-5151
Address: 834 SE Lincoln Ave, Stuart, FL 34994

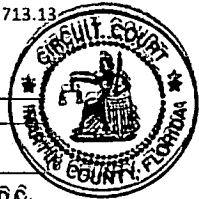
SURETY COMPANY (If applicable, a copy of the payment bond is attached):
Name and address: _____
Phone No.: _____ Bond amount: _____

LENDER'S NAME: _____ Phone No.: _____
Address: _____

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: _____

STATE OF FLORIDA
MARTIN COUNTY
THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
BY: MARSHA EWING, CLERK
DATE: 5-3-12



In addition to himself or herself, owner designates _____ of _____
receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Phone number of person or entity designated by Owner: _____

Expiration date of Notice of Commencement:
(the expiration date may not be before the completion of construction and final payment to the contractor, but will be 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 I, 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.

Under penalty 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.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

Leo Hart, Owner
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 27 day of April, 2012

By: Leo Hart as Owner for _____
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

Doreen Bluffa
Notary's Signature

(Print, Type, or Stamp Commissioned Name of Notary)

Personally known or produced identification
Type of identification produced: _____
DOREEN J. BLUFFA
MY COMMISSION # EE 150754
EXPIRES: January 5, 2016
Bonded Thru Notary Public Unscrupulous



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

TRAVMO Electric

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: LEO Hart

CONSTRUCTION ADDRESS: 14 Rio Vista Drive

PERMIT TYPE: RESIDENTIAL _____ COMMERCIAL

- ELECTRIC
- _____ PLUMBING
- _____ HVAC
- _____ IRRIGATION
- _____ FUEL GAS
- _____ ROOFING

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

SCOPE OF WORK: Relocate Pool Equipment

VALUE OF CONSTRUCTION \$ 350

_____ 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 OF LICENSED CONTRACTOR: [Signature] ADDRESS OF CONTRACTOR: 2800 SW SAN ANTONIO DR. PALM CITY

COMPANY OR QUALIFIER'S NAME: Harold Stambaugh II

TELEPHONE NO: (772) 597-6233 FAX NO: 772 597-1509

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: MCME 00515 ER0013864

** 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 #: 123841002062000006804

SUBDIVISION: _____ LOT: 68 BLK: _____ PHASE: _____

SITE ADDRESS: _____

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



834 SE Lincoln Ave.
 Stuart, FL 34994
 Tel. 772-419-5151
 Fax 772-419-5101

FAX

To:	Valerie Sewall's Point	From:	Doreen Buffa Apex Pavers
Fax:	772-220-4765	Pages:	3
Phone:	772-287-2455 ext. 13	Date:	May 7, 2012
Re:	Commercial Pool/Spa License and Certificate of Competency		

Hi Valerie,

Per our conversation on Friday, following please find our State of Florida Pool and Spa Contractor's License and our Martin County Pool and Spa Certificate of Competency. I am in the process of having the survey for the Hart Residence (14 Rio Vista Drive) certified to the Town of Sewall's Point and will have the plans resubmitted hopefully by tomorrow. In the meantime, I have contacted the client and told them that they need to have their Electrician Travmo fill out the proper paperwork to get certified to work in Sewall's Point, so they should be getting the information over to you hopefully today or tomorrow. If there is anything else you need, please do not hesitate to call me.

Thank you!
 Doreen

TRAVMO Electrician

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon

Tue

Wed

Thur

Fri

6-11-12 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10093	Chicky 5 Knowles Pinnacle Roof.	Final roof	Cancel	
		ladder e rear of garage		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10095	Gauld 485 Sewalls Crest	rough plumbing UNDERGROUND	PASS	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10101	Spanfi 3601 SE Ocean A Worrell Bldg.	wall rough PARTIAL	PASS	
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10108	Almond 11 Oakwood Encampers Pavers	Final driveway	PASS	close
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Dayton 14 Bnm Co	TREE	OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10092	Hart A. Rev. Vista	Plumbing UNDER-ELECT	PASS	
	Apeel Pavers			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10099	Lerner 37 E. High Pt T.C. Fence	Fence FINAL	PASS	close
				INSPECTOR <i>[Signature]</i>

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 6:21 -12 Page 2 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10092	HO...	FENCE		
	M. BIRD VISTA	RAVEN POWER	PPS	PLANS
	APEX RAVEN			INSPECTOR SA
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	6 Wendy Lane	TREE	OK	
				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
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

11118

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:	11118	DATE ISSUED:	December 11, 2014
SCOPE OF WORK:	A/C Change Out		
CONTRACTOR:	Grössmann Air Conditioning		
PARCEL CONTROL NUMBER:	12-38-41-002-000-00680-4	SUBDIVISION:	Rio Vista S/D Lot 68
CONSTRUCTION ADDRESS:	14 Rio Vista Drive		
OWNER NAME:	Hart		
QUALIFIER:	Jeffrey Grossmann	CONTACT PHONE NUMBER:	398-9725

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

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 12/19/14 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11108	Hart	Final		
AM Requested	Rivista Dr Grossman A/c	Mechanical	Pass	Close
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10939	Askeland	Final		
AM Requested	5 Pineapple Lane Krauss + Crane	Mechanical	PASS	Close
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11123	Friburg	Final		
	9 Copaire Rd Mark Jenkins, Inc	Pool Enclosure	PASS	Close
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
11109	Beecher	Final		
	12 Ridgeland Drive Arlington Electric	Electric	PASS	Close
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
10879	Chapman	Final		
	11 Palm Road Expert Shutters	Shutters	PASS	Close
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	INSPECTOR COMMENTS
				INSPECTOR



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 RECEIPT

PERMIT NUMBER:	11118		
ADDRESS:	14 Rio Vista Drive		
DATE ISSUED:	12/11/2014	SCOPE OF WORK:	A/C Change Out

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
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Plan Submittal Fee (\$350.00 SFR, \$175.00 Remodel < \$200K)		\$	
(No plan submittal fee when value is less than \$100,000)			
Total square feet air-conditioned spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp			n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 5,500.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$	100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	5.00

TOTAL ACCESSORY PERMIT FEE:		\$	109.00
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Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number:

Date: 12/10/14

OWNER/LESSEE NAME: Leo Hart

Phone (Day) 772-398-9725 (Fax) 772-398-9727

Job Site Address: 14 Rio Vista Dr.

City: Stuart State: FL Zip: 34996

Legal Description: Rio Vista S/D Lot 68

Parcel Control Number: 1238-41-002-000-00680-4

Fee Simple Holder Name:

Address:

City:

State:

Zip:

Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC): A/C 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: \$ 5500

(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: Grossmann Air Conditioning Phone: 398-9725 Fax: 398-9727

Qualifiers name: Jeffrey Grossmann Street: 1223 SE Lennard Rd. City: Fort St. Lucie State: FL Zip: 34952

State License Number: CRC 058289 OR: Municipality: License Number:

LOCAL CONTACT: Phone Number:

DESIGN PROFESSIONAL: [Signature] Fla. License#

Street: City: 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:

x See customer signed proposal

State of Florida, County of:

On This the _____ day of _____, 20____

by _____ who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: _____

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

[Signature]

State of Florida, County of: St Lucie

On This the 11th day of December 20 14

by Jeffrey V Grossmann who is personally

known to me or produced _____

As identification. _____

Notary Public

My Commission Expires: 12/11/14

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!



Gail H. Gentle
Commission # FF 083705
Expires: JAN. 15, 2018
WWW.AARONNOTARY.COM



GROSSMANN AIR CONDITIONING, INC.

Air Conditioning • Heating
10223 SE Lennard Rd.
Port St. Lucie, FL 34952
(772) 398-9725, fax (772) 398-9727
e-mail grossmannac@comcast.net

Leo Hart
14 Rio Vista Dr.
Sewall's Pt., FL 34996

INSTALL NEW 4 TON 16 SEER HIGH EFFICIENCY AMERICAN STANDARD AC SYSTEM WITH 10KW ELECTRIC HEATER

1. Recover Freon refrigerant from systems and remove existing equipment
2. Install new condensing unit on existing slab with hurricane tie-downs
3. Flush and connect existing copper refrigerant lines
4. Install new air handler horizontally in attic including auxiliary drain pan and float switch
5. Install new programmable thermostat
6. Connect condensate lines, and connect high and low voltage wiring
7. Evacuate system, charge system with environmentally friendly Freon R410A refrigerant
8. Start up and check out system



Condensing Unit	Air Handler	.BTUs	Total System Value	FPL Rebate	Out-of-Pocket Cost
AMERICAN STANDARD 4A7A6049H1000A	TAM7A0C42H31SD	46,000	\$6,359.00	\$780.00	\$5,579.00

WARRANTY: 10 Years Parts, 1 Year Labor

PRICE INCLUDES 4" FILTER CABINET

Total to include all parts, labor, & taxes.
Fifty percent due at acceptance of job, remaining 50% due at completion.
This job does not include repairs to any hidden or concealed damage

Proposal accepted by:  Quote good for 30 days

12/9/2014



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

GROSSMANN, JEFFREY V
GROSSMAN AIR CONDITIONING INC
10223 SE LENNARD RD
PORT SAINT LUCIE FL 34952

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong!

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CAC058289 ISSUED: 06/04/2014

CERTIFIED AIR COND CONTR
GROSSMANN, JEFFREY V
GROSSMAN AIR CONDITIONING INC

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date : AUG 31, 2016 L1406040001459

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CAC058289

The CLASS B AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

GROSSMANN, JEFFREY V
GROSSMAN AIR CONDITIONING INC
10223 SE LENNARD RD
PORT SAINT LUCIE FL 34952



ISSUED: 06/04/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1406040001459



CERTIFICATE OF LIABILITY INSURANCE

GROSS-1

OP ID: SS

DATE (MM/DD/YYYY)
03/13/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HARBOR INSURANCE 6645 S US Highway 1 Port St Lucie, FL 34952-1426 Harbor Insurance	CONTACT NAME: Sherry Sherrard
	PHONE (A/C No, Ext): 561-623-6142 FAX (A/C No): 561-623-6142 E-MAIL ADDRESS: Sherry.Sherrard@harboria.com
INSURED Grossmann Air Conditioning Inc Jeff & Paula Grossmann 10225 SE Lennard Rd Port St Lucie, FL 34952	INSURER(S) AFFORDING COVERAGE
	INSURER A: Ohio Security Insurance Co NAIC # 24082
	INSURER B: Owners Insurance Company NAIC # 32700
	INSURER C: Associated Industries Ins Co.
	INSURER D:
	INSURER E:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADJ. SUBM. (NSR) (WVD)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCJR		BLS55639105	07/06/2013	07/08/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADY INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		9543506102	04/01/2014	04/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	AWC1031399	04/01/2014	04/01/2015	<input checked="" type="checkbox"/> WC STAT. TOY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
		N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Air Conditioning/install/service/repair/NOC

CERTIFICATE HOLDER Town of Sewalls Point Building Dept. Fax: 772-220-4765 1 South Sewalls Point Road Stuart, FL 34996	CANCELLATION SEWAL-1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

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2014 / 2015 **ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT** RECEIPT # 1711-20040014

CHRIS CRAFT, ST. LUCIE COUNTY TAX COLLECTOR

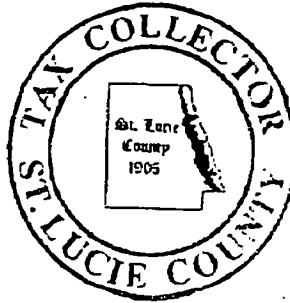
EXPIRES SEPTEMBER 30, 2015

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 9
TYPE OF BUSINESS 1711 AIR COND/PLUMBING CONTRACTOR (AIR COND PLUMBING)

BUSINESS/ Jeffrey V. Grossmann

DBA NAME Grossman Air conditioning Inc
MAILING Jeffrey V Grossmann
ADDRESS 10223 SE Lennard Rd
PSL, FL 34952

BUSINESS LOCATION 10223 SE Lennard Rd
PSL, FL 34952
St Lucie County



RENEWAL ORIGINAL TAX	\$12.35
PENALTY COLLECTION COST	
TOTAL	\$12.35

CAC 058289
H48750

Paid 07/09/2014 12.35

0099-20140709-034419

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the Local Business Taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession, or occupation.

Pursuant to State Law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1st of each year and shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector shall be entitled to a collection cost fee of from \$1.00 to \$5.00, based on the amount of the Local Business Tax, which shall be collected from delinquent taxpayers after September 30th, of the business year.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county or cities. It also does not exempt the Local Business Taxpayer from any other taxes, licenses or permits that may be required by law.

Local Business Taxes are subject to change according to law.

Jeffrey V Grossmann
10223 SE Lennard Rd
PSL, FL 34952



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

TOWN OF SEWALL'S POINT
 BUILDING DEPARTMENT
 FILE COPY

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: American Standard Model# TAM7AOC42
 Volts 208 CFM's 1625 Heat Strip 10 Kw #31SD
 Min. Circuit Amps 55 Wire gauge #6
 Max. Breaker size 60 Min. Breaker size 60
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type 410A
 Location: Existing New
 Attic/Garage/Closet (specify) attic
 Access: in garage

Condenser: Mfg: American Standard Model# 4A7A6049H1000A
 Volts 208 SEER/EER 16/3 BTU's 46000
 Min. Circuit Amps 26 Wire gauge #8
 Max. Breaker size 45 Min. Breaker size 45
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type 410A
 Location: Existing New
 Left/Right/Rear/Front/Roof _____
 Condensate Location left side house near condenser

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

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Trane Model# 2WE048C1
 Volts 208 CFM's _____ Heat Strip 10 Kw _____
 Min. Circuit Amps _____ Wire gauge #6
 Max. Breaker size 60 Min. Breaker size 60
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type R22
 Location: Ext. _____ New _____
 Attic/Garage/Closet (specify) _____
 Access: in garage - attic

Condenser: Mfg: Payne Model# PA13NR048-E
 Volts 208 SEER/EER unknown BTU's _____
 Min. Circuit Amps _____ Wire gauge _____
 Max. Breaker size 45 Min. Breaker size _____
 Ref. line size: Liquid 3/8 Suction 7/8
 Refrigerant type R22
 Location: Ext. _____ New _____
 Left/Right/Rear/Front/Roof _____
 Condensate Location left side house near condenser

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

Signature [Handwritten Signature]

Date 12/10/14



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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

For use when part of the duct and/or HVAC system has been replaced (Section 101.4.7.1.1 & FS 553.912)

Owner: Leo Hart Contractor name: Grossmann Air Conditioning
Street address: 14 Rio Vista Dr. Jurisdiction: _____
City: Sewall's Point Permit No.: _____
Zip: 34996 Final inspection date: _____

I certify that I have inspected the duct work associated with the HVAC unit referenced by the permit listed above and found it complies with the requirements of Section 101.4.7.1.1 as indicated below:

- Where needed, the existing ducts have been sealed using reinforced mastic or code-approved equivalent.
- Ducts are located within conditioned space. (Section 101.4.7.1.1 exception 1)
- The joints or seams are already sealed with fabric and mastic (Section 101.4.7.1.1 exception 2)
- System was tested (see below) and repairs were made as necessary – (Section 101.4.7.1.1 exception 3)

Signature: [Signature] Date: 12/11/14

Printed Name: Jeffrey Grossmann

Contractor License #: CAC 058289

I certified I have tested the replaced air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.).

Signature: _____ Date: _____

Printed Name: _____



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2013.

Certificate of Product Ratings

AHRI Certified Reference Number: 5876323 Date: 12/10/2014

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

Outdoor Unit Model Number: 4A7A6049H1

Indoor Unit Model Number: *AM7A0C42H31

Manufacturer: AMERICAN STANDARD

Trade/Brand name: AMERICAN STANDARD

Series name: GOLD XI

Manufacturer responsible for the rating of this system combination is AMERICAN STANDARD

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	46000
EER Rating (Cooling):	13.00
SEER Rating (Cooling):	16.00
IEER Rating (Cooling):	

* Ratings followed by an asterisk (*) indicate a voluntary rerate of previously published data, unless accompanied with a WAS, which indicates an involuntary rerate.

DISCLAIMER

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

TERMS AND CONDITIONS

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

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahrirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom right.

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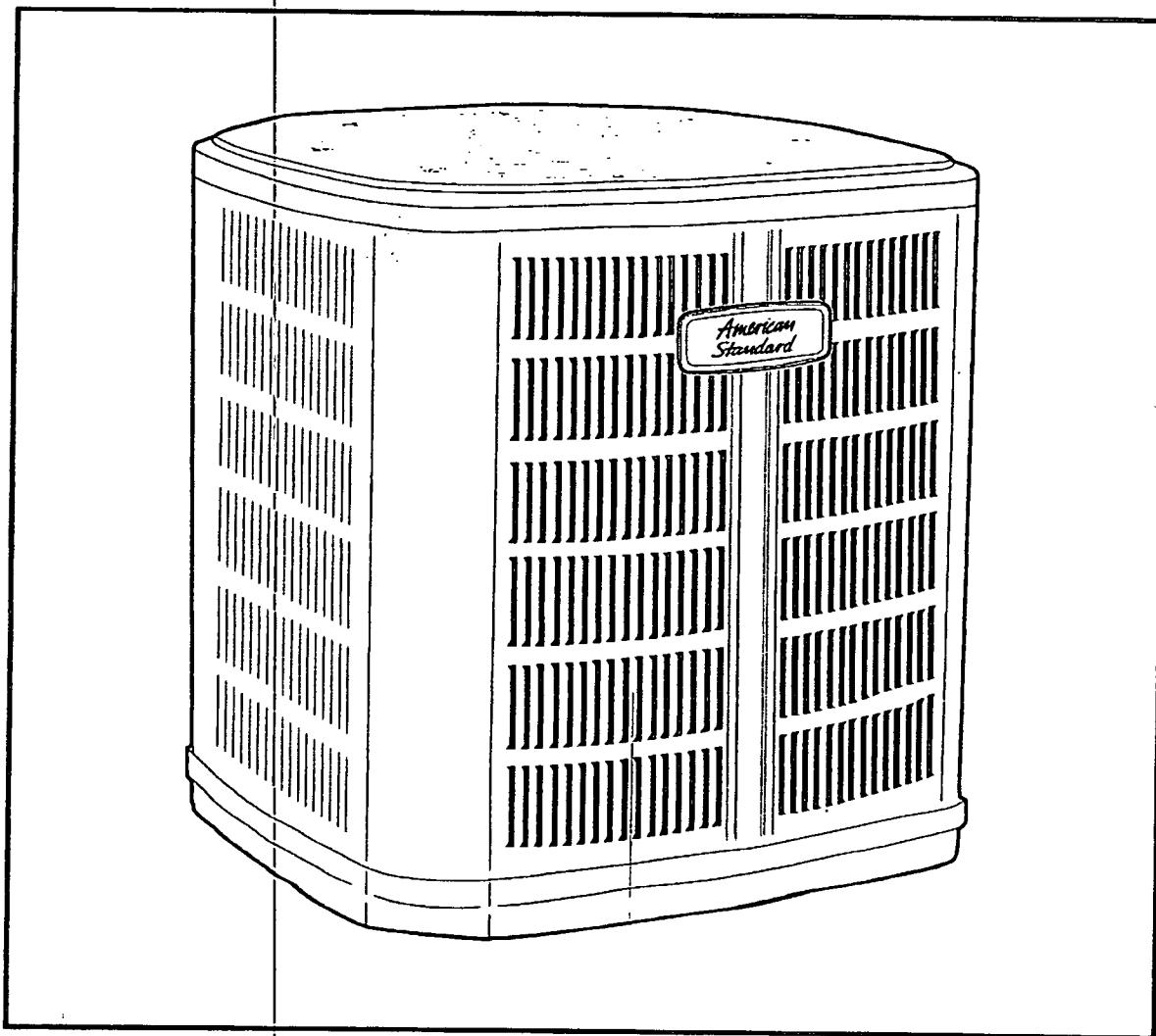
we make life better™

CERTIFICATE NO.:

130627117958118989

American Standard[®]
HEATING & AIR CONDITIONING

SPLIT SYSTEM COOLING
1 1/2 – 5 TON



MODELS 4A7A6018-61

PUB. NO. 12-1350-02
August 2014

Features and Benefits

- **DURATION™** compressor
- Efficiency up to **17.0 SEER**
- All aluminum **SPINE FIN™** coil
- **WEATHERGUARD™** fasteners
- **EASY-SESS™** cabinet, service access and refrigerant connections with full coil protection
- **DURABASE™** base, fast complete drain, weatherproof
- **COMFORT-R™** mode approved
- Glossy corrosion resistant finish
- Internal compressor high/low pressure & temperature protection
- 018, 024 & 030 ship with start kit
- Liquid line filter/drier
- Spinnaker gray cabinet with high contrast badge and cap
- High pressure switch
- Service valve cover
- R-410A refrigerant
- S.E.E.T. design testing
- 100% line run test
- Low ambient cooling to 30°F with AY28X079
- Low ambient cooling to 55°F as shipped
- **Extended warranties available**

General Data

Product Specifications

Model No. ①	4A7A6042H1000A	4A7A6048H1000A	4A7A6049H1000A	4A7A6060H1000A	4A7A6061J1000A
Electrical Data V/Ph/Hz ②	208/230/1/60	208/230/1/60	208/230/1/60	208/230/1/60	230/1/60
Min Cir Ampacity	23	26	26	34	45
Max Fuse Size (Amps)	40	45	45	60	60
Compressors	DURATION™ - SCROLL	DURATION™ - SCROLL	DURATION™ - SCROLL	DURATION™ - SCROLL	DURATION™ - SCROLL
No. Used - No. Stages	1-1	1-1	1-1	1-1	1-2
RL AMPS - LR AMPS	17.9 - 112	19.9 - 109	19.9 - 109	26.4 - 134	32.1 - 152.9
Outdoor Fan FL Amps	0.93	0.93	1.00	0.93	2.80
Fan HP	1/5	1/5	1/5	1/5	1/3
Fan Dia (inches)	27.6	27.6	27.6	27.6	27.6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	8/4-LB/OZ	8/5-LB/OZ	11/9-LB/OZ	8/8-LB/OZ	12/9-LB/OZ
Line Size - (in.) O.D. Gas ③	7/8	7/8	7/8	7/8	1-1/8
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	46.4 x 35.1 x 38.7	51 x 35.1 x 38.7	51 x 35.1 x 38.7	51 x 35.1 x 38.7	51 x 35.1 x 38.7
Weight - Shipping	272	282	304	285	312
Weight - Net	235	245	267	248	275
Start Components	NO	NO	NO	NO	NO
Sound Enclosure	YES	YES	NO	YES	NO
Compressor Sump Heat	NO	NO	NO	NO	NO
Optional Accessories: ④					
Anti-short Cycle Timer	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A	TAYASCT501A
Evaporator Defrost Control A/C	AY28X079	AY28X079	AY28X079	AY28X079	AY28X079
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Crank Case Heater Kit	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301
Hard Start Kit Scroll	BAYKSKT263	BAYKSKT263	BAYKSKT263	BAYKSKT263	BAYKSKT263
Extreme Condition Mounting Kit	BAYECMT004	BAYECMT004	BAYECMT004	BAYECMT004	BAYECMT004
Snow Leg - Base & Cap 4" High	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002
Snow Leg - 4" Extension	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003
Seacoast Kit	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001	BAYSEAC001
Refrigerant Lineset ⑤	TAYREFLN3*	TAYREFLN3*	TAYREFLN3*	TAYREFLN3*	TAYREFLN3*

① Certified in accordance with the Air-Source Unitary Heat Pump Equipment certification program which is based on AHRI Standard 210/240.

② Calculated in accordance with N.E.C. Only use HACR circuit breakers or fuses.

③ Standard line lengths - 60'. Standard lift - 60' Suction and Liquid line. For 061 units, Max. linear length 60 ft.; Max. lift - Suction 25 ft.; Max lift - Liquid 25 ft. For Greater lengths and lifts refer to refrigerant piping software Pub# 32-3312-01. (*denotes latest revision)

④ For accessory description and usage, see page 5.

⑤ * = 15, 20, 25, 30, 40 and 50 foot lineset available.

HEATER ATTRIBUTE DATA

TAM7A0C36H31SD, TAM7A0C36H31EA											
Heater Model No.	No. of Circuits	240 Volt					208 Volt				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kw	BTUH				kw	BTUH			
No Heater	0	-	-	3.0 **	4	15	-	-	3.0 **	4	15
BAYEVAC04++1	1	3.84	13100	16.0	24	25	2.88	9800	13.8	21	25
BAYEVAC05++1	1	4.80	16400	20.0	29	30	3.60	12300	17.3	25	25
BAYEVAC08++1	1	7.68	26200	32.0	44	45	5.76	19700	27.7	38	40
BAYEVAC10++1	1	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEVAC10LG3	1-3 PH	9.60	32800	23.1	32	35	7.20	24600	20.0	28	30
BAYEVBC15LG3	1-3 PH	14.40	42000	34.6	47	50	10.80	36900	30.0	41	45
BAYEVBC15BK1 - Circuit 1 ^(a)	2	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEVBC15BK1 - Circuit 2		4.80	16400	20.0	25	25	3.60	12300	17.3	22	25
BAYEVBC20BK1 - Circuit 1 ^(a)	2	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEVBC20BK1 - Circuit 2		9.60	32800	40.0	50	50	7.20	24600	34.6	43	45

Note: ** Motor Amps

^(a) MCA and MOP for circuit 1 contains the motor amps

TAM7A0C42H31SD, TAM7A0C42H31EA											
Heater Model No.	No. of Circuits	240 Volt					208 Volt				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kw	BTUH				kw	BTUH			
No Heater	0	-	-	3.9 **	5	15	-	-	3.9 **	5	15
BAYEVAC04++1	1	3.84	13100	16.0	25	25	2.88	9800	13.8	22	25
BAYEVAC05++1	1	4.80	16400	20.0	30	30	3.60	12300	17.3	27	30
BAYEVAC08++1	1	7.68	26200	32.0	45	45	5.76	19700	27.7	39	40
BAYEVAC10LG3	1-3 PH	9.60	32800	40.0	55	60	7.20	24600	34.6	48	50
BAYEVBC15LG3	1-3 PH	14.40	42000	34.6	48	50	10.80	36900	30.0	42	45
BAYEVBC15BK1 - Circuit 1 ^(a)	2	9.60	32800	40.0	55	60	7.20	24600	34.6	48	50
BAYEVBC15BK1 - Circuit 2		4.80	16400	20.0	25	25	3.60	12300	17.3	22	25
BAYEVBC20BK1 - Circuit 1 ^(a)	2	9.60	32800	40.0	55	60	7.20	24600	34.6	48	50
BAYEVBC20BK1 - Circuit 2		9.60	32800	40.0	50	50	7.20	24600	34.6	43	45

Note: ** Motor Amps

^(a) MCA and MOP for circuit 1 contains the motor amps

TREE



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

OK

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner: Leo Hart Address: 1/4 Rd / Vista Dr Phone: 463 8270 Leo

Contractor: Tristan Tree Address: _____ Phone: (305) 785-4746 Leo

No. of Trees: REMOVE 2 Species: ① Hickory / ② Unknown

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

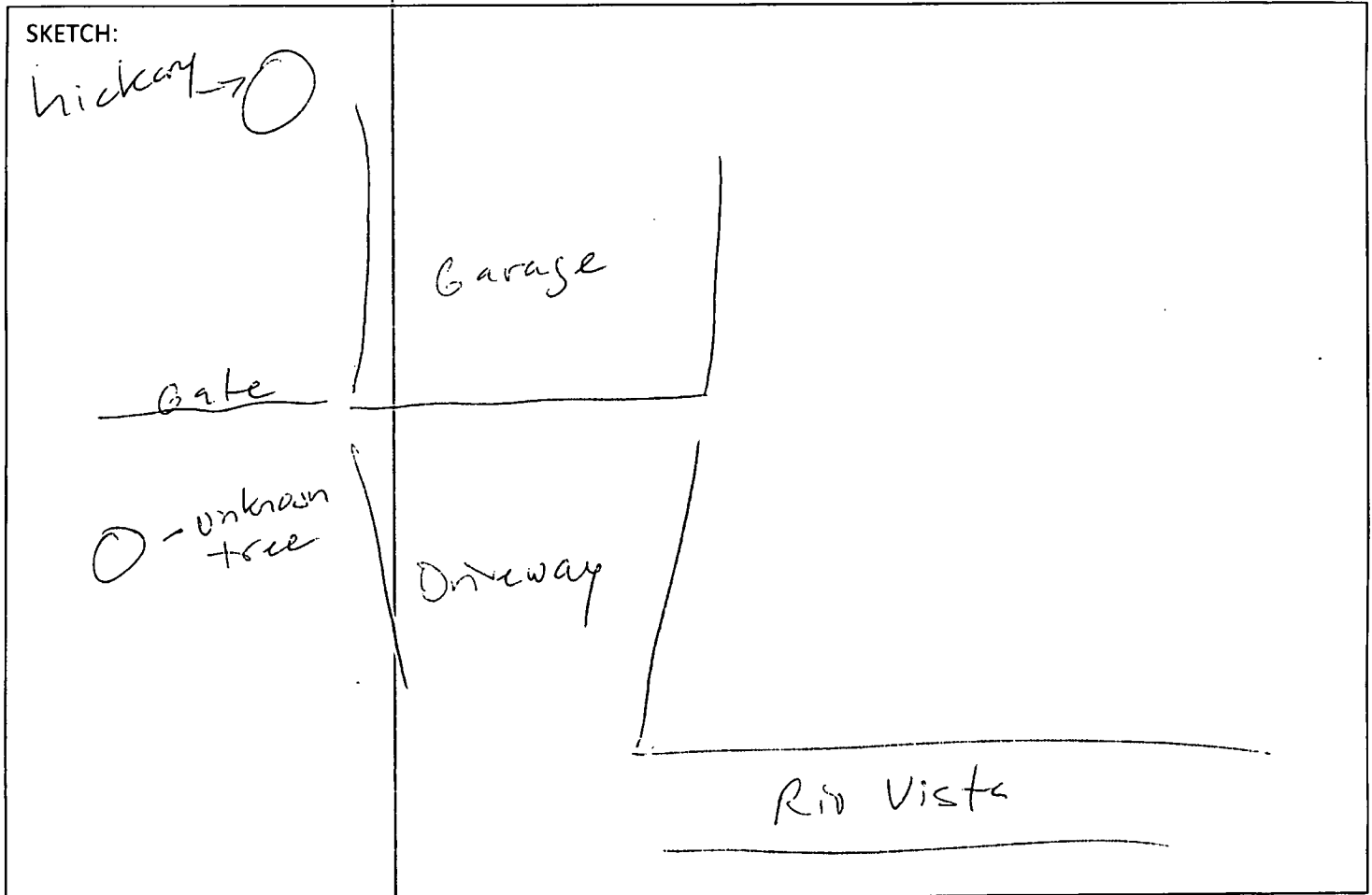
ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal/relocation (See notice above) Hickory - diseased / infestation
Unknown tree - health hazard from allergic reaction

Signature of Property Owner: [Signature] Date: 12/21/10

Approved by Building Inspector: [Signature] Date: 12-21-10 Fee: 11/2

NOTES:





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

OK

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Leo Hart Address 14 Rio Vista Dr Phone 463 8270 *Leo*

Contractor Tristan Tree Address _____ Phone (305) 785-4746 *Cell*

No. of Trees: REMOVE 2 Species: ① Hickory / ② Unknown

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

Reason for tree removal /relocation (See notice above) Hickory - diseased / infestation
Unknown tree - health hazard from allergic reaction

Signature of Property Owner [Signature] Date 12/21/10

Approved by Building Inspector: [Signature] Date 12-21-10 Fee: N/C

NOTES: _____

