

# **15 Rio Vista Drive**

**1540**

**WALL**

**&**

**FENCE**

RECEIVED

#1540

Date \_\_\_\_\_

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

JAN 14 1983

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

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

Owner MR. & MRS. R. RIZZO Present Address 15 RIO VISTA DRIVE

Phone 287-4326 SEWALL'S POINT, FLA. 33494

Contractor (OWNER) Address SAME AS ABOVE

Phone SAME AS ABOVE

Where licensed N/A License number \_\_\_\_\_

Electrical contractor N/A License number \_\_\_\_\_

Plumbing contractor N/A License number \_\_\_\_\_

Describe the structure, or addition or alteration to an existing structure, for which this permit is sought: C.B.S. WALL TYPE FENCE & CHAINLINK FENCE ADDITION

15 RIO VISTA DRIVE  
State the street address at which the proposed structure will be built:

Subdivision RIO VISTA Lot number 51 Block number —

Contract price \$ 1,600.<sup>00</sup> Cost of permit \$ 15<sup>XX</sup> PAID CASH

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

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

(OWNER)  
Contractor ✓ Ramon L. Rizzo

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 ✓ Ramon L. Rizzo

TOWN RECORD  
Date submitted 1/14/83 Approved: [Signature] 1/18/82  
Building Inspector Date

Approved: [Signature] 1/26/83 Final Approval given: 2/5/82 [Signature]  
Commissioner Date Date

Certificate of Occupancy issued (if applicable) not applicable  
Date

Note: C.B.S. wall & gates  
SP1282 ~~are~~ have not been Permit No. \_\_\_\_\_  
built. Only the C.L. Fence  
was built.

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.  
NOTE: PLEASE PHONE BOB HERRICK WHEN PERMIT IS ISSUED AND READY TO PICK-UP.  
THANK YOU, HIS PHONE No. IS 283-0357

as of 5/25/84 - C.B.S. still not built. Jan

#1540

**1056**

**POOL**

TOWN OF SEWALL'S POINT FLORIDA

RECEIVED OCT 17 1979

1056

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

Date 10-17-79

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 ROBERT HERRICK Present address 14 PALM COURT

Phone 283-0604

Contractor LODDEN CONST CO, INC Address 4306 S. US. # 1

Phone 283-4040 FT. PIERCE, FLA

Where licensed STATE CERTIFIED License number CPC 010400

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: NEW POOL AND PATIO

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

15 Rio Vista Drive

Subdivision RIO VISTA Lot No. 51

Contract price \$ 7150 Cost of Permit \$ 36

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 LODDEN CONST CO, INC 124  
X [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 \_\_\_\_\_

Approved: [Signature] Building Inspector Date 10/23/79

Approved: [Signature] Commissioner Date 24 Oct '79

Final Approval given: \_\_\_\_\_ Date 1/16/80

Certificate of Occupancy issued \_\_\_\_\_ Date \_\_\_\_\_

SP/1-79

Pool Steel & grouting 10/31/79  
Patio Steel 1/9/80

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.

1056

**1065**

**SFR**

Date 10-29-79

Permit No. 1065

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.

Owner ROBERT HERRICK Present address LAMAR RD SEWALLS PT.

Phone 283-0654

General contractor ROB CARTER Address 675 HIDDEN RIVER DR

Phone 878-1830

Where licensed \_\_\_\_\_ License No. \_\_\_\_\_

Plumbing contractor MICHAEL PERMUT License No. 1117

Electrical contractor WOOLES ELECT License No. 0009

Air-conditioning contractor WIM SHEET METAL License No. CA-C012797

Describe the building, or alteration to existing building \_\_\_\_\_

CONST. SING. FAM, C.B.S RESIDENCE 3 BR/2 BATH.

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

15 VISTA DRIVE

Subdivision BIO-VISTA Lot No. 51 Area 1840

Building area, inside walls (excluding garage, carport, porches, pools, etc.)...square feet 1840

Contract price (excluding land, carpeting, appliances, landscaping, etc.) \$ 64,400

Cost of permit \$ 355 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 Rob Carter

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 Robert Herrick

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

TOWN RECORD

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

Approved by Building Inspector (date) 10/31/79

Inspector's initials Spencer

Approved by Town Commissioner (date) 7 Nov 179

Commissioner's initials WCA

Certificate of Occupancy issued (date) 2/22/80

1065

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

# Certificate of Insurance

FLORIDA FARM BUREAU MUTUAL INSURANCE COMPANY  
 FLORIDA FARM BUREAU CASUALTY INSURANCE COMPANY  
 P.O. Box 730                      Gainesville, FL 32602

DATE: \_\_\_\_\_

THIS IS TO CERTIFY that the Company named above has issued policy (ies) to the insured named below. If such policy (ies) are canceled or changed during the period(s) of coverage as stated herein, such a manner as to effect this certificate, \_\_\_\_\_ days written notice will be mailed to the party designated below for whom this certificate is issued.

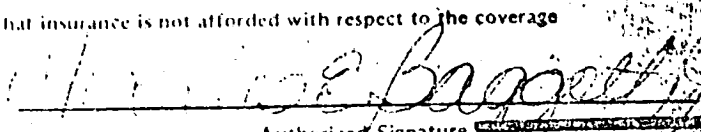
Name and Address of Party to Whom This Certificate is Issued	Name and Address of Insured
	Courtney G/b/a Builder Florida 33450

Description of Insured Operations:	
	...-completed

Policy Numbers †	Kind of Insurance	Limits *	Eff. Date	Expiration Date
	<b>AUTOMOBILE</b>			
	BODILY INJURY LIABILITY	Each Person \$ _____ Each Accident \$ _____		
	PROPERTY DAMAGE LIABILITY	Each Accident \$ _____		
	<b>PUBLIC LIABILITY</b>			
	BODILY INJURY LIABILITY	Each Occurrence \$ _____	3/1/79	3/1/80
	PROPERTY DAMAGE LIABILITY	Each Occurrence \$ _____		
	<b>PRODUCTS - Completed Operations Liability</b>			
	BODILY INJURY LIABILITY	Each Occurrence \$ _____ Aggregate \$ _____	3/1/79	3/1/80
	PROPERTY DAMAGE LIABILITY	Each Occurrence \$ _____ Aggregate \$ _____		
	<b>CONTRACTUAL LIABILITY</b>			
	BODILY INJURY LIABILITY	Each Occurrence \$ _____		
	PROPERTY DAMAGE LIABILITY	Each Occurrence \$ _____ Aggregate \$ _____		
Description of Contract(s) Covered:				
	<b>WORKMEN'S COMPENSATION</b>	\$ STATUTORY	3/1/79	3/1/80

THIS CERTIFICATE OF INSURANCE IS NOT VALID UNLESS IT IS COUNTERSIGNED BY A DULY AUTHORIZED REPRESENTATIVE OF THE COMPANY.

cc: Policyholder                      † If more than one kind of insurance is written on one policy, the policy number need not be repeated.  
 Producing Agent                      \* Absence of an entry in these spaces means that insurance is not afforded with respect to the coverage  
 File    opposite thereto.

  
 \_\_\_\_\_  
 Authorized Signature





# FLORIDA MODEL ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

BOB GRAHAM  
GOVERNOR

SECTION 9  
POINTS METHOD

GOVERNOR'S ENERGY OFFICE  
LEX HESTER, DIRECTOR

PREPARED BY: BRABHAM KUHN'S DEBAY-CONSULTING ENGINEERS

PROJECT NAME AND NUMBER	15 RIO-VISTA DR,	1065
BUILDER OWNER	COURTNEY	

STATISTICAL DATA									
ZONE:	FLOOR AREA	ROOF R-VALUE	HEATING SYSTEM TYPE						
7	1750 sqft	R- 19	STRIP: <input checked="" type="checkbox"/>	HT.PUMP: <input type="checkbox"/>	GAS: <input type="checkbox"/>	OIL: <input type="checkbox"/>	SOLAR: <input type="checkbox"/>		
EPI	WALL AREA	WALL R-VALUE	HOT WATER SYSTEM TYPE						
95	1066 sqft	R- 3	ELECTRIC: <input checked="" type="checkbox"/>	HT.REC.: <input type="checkbox"/>	GAS: <input type="checkbox"/>	OIL: <input type="checkbox"/>	SOLAR: <input type="checkbox"/>		
A/C SYSTEM	GLASS AREA	WALL CONSTRUCTION	NUMBER OF UNITS PER STRUCTURE						
EER- 7.0	310 sq.ft.	CBS: <input checked="" type="checkbox"/> FRAME: <input type="checkbox"/>	SING.FAM: <input checked="" type="checkbox"/>	DUPLEX: <input type="checkbox"/>	TRIPLEX: <input type="checkbox"/>	OVER 3: <input type="checkbox"/>			

THIS DATA TO BE SENT TO THE GOVERNOR'S ENERGY OFFICE

TOTAL HOUSE POINTS	CERTIFIED BY	FLORIDA HOME INSULATION INC.
EPI- 95		<i>Russell A Sobye</i>
Fewer total points mean greater energy savings.	DATE	11/12/79

SOLAR WATER HEATER CALCULATION		
NUMBER OF BEDROOMS IN HOUSE		
HOT WATER TANK CAPACITY		
TANK CAPACITY PER BEDROOM (=tank capacity ÷ number of bedrooms)		
DCR OF COLLECTOR (daily collection rate in Btu's at 122°F, from Mfr. data)		
DCR PER BEDROOM (=DCR ÷ number of bedrooms)		
HOT WATER POINTS (from table 9c)		

Attach copy of collector rating certificate. Collector must be mounted within 30° of south.

HEAT RECOVERY UNIT CALCULATION		
NUMBER OF BEDROOMS IN HOUSE		
HOT WATER TANK CAPACITY		
TANK CAPACITY PER BEDROOM (=tank capacity ÷ number of bedrooms)		
HRU CERTIFIED RATING (In Btuh per ton)		
BACK-UP SYSTEM (electric or gas)		
HOT WATER POINTS (from table 9c)		

Attach copy of HRU's rating certificate indicating output in Btuh/ton when operating with proposed A/C system.



SLAB ON GRADE PERIMETER	EDGE INSULATION PERIMETER	WPM	GWP
	R0 - 2.9	28.3	
	R3 - 5.9	20.4	
	R6 & UP	12.4	

GLASS	OR.	AREA	SINGLE	DOUBLE	WOF	GWP	GLASS	OR.	AREA	SINGLE CLR.	DOUBLE CLR.	TIN.	TIN.	S OF	GSP
	N	80	55.4	38.5	1	4432		N	80	204	176	163	139	1	16320
	NE		55.4	38.5				NE		309	264	258	218		
	E	-	55.4	38.5				E		425	360	362	304		
	SE		55.4	38.5				SE		418	354	355	298		
	S	142	55.4	38.5	.86	6765		S	142	346	294	287	242	.92	45201
	SW		55.4	38.5				SW		418	354	355	298		
	W	28	55.4	38.5	1	1551		W	28	425	360	362	304	.95	11305
	NW		55.4	38.5				NW		309	264	258	218		
	H		22.6	6.8				H		720	605	627	524		
	N	60	55.4		1	3324		N	60	204				1	12240

H = HORIZONTAL GLASS (SKYLIGHTS) FOR TINTED GLASS SC.# 083 SEE SEC. 902.2(d)

TOTAL GROSS WINTER POINTS	31492	TOTAL GROSS SUMMER POINTS	123788
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DUCT INSULATION MULTIPLIER	1" FIBERGLASS	31492	1.15	36215	DUCT INSULATION MULTIPLIER	1" FIBERGLASS	123788	1.15	142356
	1.5" FIBERGLASS		1.12			1.5" FIBERGLASS		1.12	
	DUCT IN COND. SP.		1.00			DUCT IN COND. SP.		1.00	

HSM from table 9A	1	x	36215	CSM from table 9B	.93	x	142356	132391
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FLOOR AREA (DIVIDE)	36215 ÷ 1750	21	FLOOR AREA (DIVIDE)	132391 ÷ 1750	76
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WINTER POINTS (WP)		SUMMER POINTS (SP)	76
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CREDIT POINTS from table 9D	CEILING FANS	MULTIZONE A/C	VENTILATION	OTHER	TOTAL CP
NOT MORE THAN 10 TOTAL CREDIT POINTS					

PENALTY POINTS from table 9E	W&D IN COND. SPACE	INOPERABLE WINDOWS	OTHER	TOTAL PP

FORM 900-789	TOTALS					ZONES-789
WINTER POINTS	SUMMER POINTS	HOT WATER POINTS	CREDIT POINTS	PENALTY POINTS		95 EPI
21	+ 76	- 0	- 2	+ 0	=	
FEWER TOTAL POINTS ARE ENCOURAGED FOR MAXIMUM ENERGY SAVINGS						NOT TO EXCEED 100

9F	WINTER OVERHANG FACTORS (WOF)							
FEET	N	NE	E	SE	S	SW	W	NW
0-99	1.00	0.99	0.85	0.75	0.83	0.98	1.00	1.00
1-1.99	1.00	0.99	0.85	0.76	0.84	0.98	1.00	1.00
2-2.99	1.00	0.99	0.86	0.77	0.85	0.99	1.00	1.00
3-3.99	1.00	0.99	0.87	0.80	0.87	0.99	1.00	1.00
4-4.99	1.00	0.99	0.89	0.83	0.90	0.99	1.00	1.00
5-5.99	1.00	0.99	0.91	0.86	0.92	1.00	1.00	1.00
6-6.99	1.00	0.99	0.92	0.90	0.94	1.00	1.00	1.00
7-7.99	1.00	1.00	0.94	0.92	0.95	1.00	1.00	1.00
8-8.99	1.00	1.00	0.96	0.95	0.97	1.00	1.00	1.00
9-9.99	1.00	1.00	0.97	0.97	0.98	1.00	1.00	1.00
10-10.99	1.00	1.00	0.98	0.98	0.99	1.00	1.00	1.00
11&UP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

9F	SUMMER OVERHANG FACTORS (SOF)							
FEET	N	NE	E	SE	S	SW	W	NW
0-99	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
1-1.99	1.00	1.00	0.99	0.99	0.99	0.99	0.99	1.00
2-2.99	1.00	0.98	0.95	0.93	0.92	0.93	0.95	0.98
3-3.99	1.00	0.99	0.89	0.87	0.86	0.87	0.89	0.95
4-4.99	1.00	0.91	0.84	0.81	0.80	0.81	0.84	0.91
5-5.99	0.99	0.88	0.80	0.76	0.76	0.76	0.80	0.88
6-6.99	0.99	0.89	0.76	0.72	0.72	0.72	0.76	0.85
7-7.99	0.99	0.83	0.72	0.68	0.70	0.68	0.72	0.83
8-8.99	0.98	0.81	0.69	0.66	0.68	0.66	0.69	0.81
9-9.99	0.98	0.79	0.67	0.64	0.66	0.64	0.67	0.79
10-10.99	0.98	0.78	0.65	0.62	0.65	0.62	0.65	0.78
11-11.99	0.97	0.78	0.63	0.61	0.65	0.61	0.63	0.76
12&UP	0.97	0.78	0.62	0.59	0.64	0.59	0.62	0.76

9A	HEATING SYSTEM MULTIPLIER (HSM)									
HEAT PUMP	COP	2.0-2.19	2.2-2.39	2.4-2.59	2.6-2.79	2.8-2.99	3.0-3.19	3.2-3.39	3.4 & UP	
	HSM	0.50	0.45	0.42	0.38	0.36	0.33	0.31	0.29	
SOLAR HEAT	(1-% CAPACITY) X (BACKUP SYSTEM HSM)									
GAS HEAT	0.50									
OIL HEAT	0.70									
ELECTRIC STRIP HEAT	1.00									

9B	COOLING SYSTEM MULTIPLIER (CSM)												
ELECTRIC	EER	6.0-6.49	6.5-6.99	7.0-7.49	7.5-7.99	8.0-8.49	8.5-8.99	9.0-9.49	9.5-9.99	10.0-10.49	10.5-10.99	11.0-11.99	12.0 & UP
	CSM	1.08	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	0.60-0.65	0.65-0.69	0.70 & UP					
	CSM	1.50	1.25	1.20	1.09	1.00	92	89					

Note: EER = cooling mode COP x 3.413 = ARI rated cooling output in Btuh ÷ total watts consumed.

9C	HOT WATER CREDIT POINTS (HWP)	
ELECTRIC		0.0
SOLAR	GAS	13.1
	MINIMUM CERTIFIED DCR OF 6000 BTU PER BEDROOM AND 15 GALLONS STORAGE PER BEDROOM	19.6
	MINIMUM CERTIFIED DCR OF 9000 BTU PER BEDROOM AND 20 GALLONS STORAGE PER BEDROOM	22.8
A/C HEAT RECOVERY UNIT	MINIMUM CERTIFIED DCR OF 12,000 BTU PER BEDROOM AND 27 GALLONS STORAGE PER BEDROOM	24.5
	MINIMUM CERTIFIED RATING OF 1500 BTUH/TON	16.3
	MINIMUM CERTIFIED RATING OF 2500 BTUH/TON	17.9

Note: Daily collection rate (DCR) is measured at 122°F using FSEC Standard Florida Solar Day

9D	SPECIAL DESIGN CREDIT POINTS (CP)	
CEILING FANS IN CONDITIONED SPACE - 5 POINTS MAX.		1 PER FAN
MULTIZONING A/C (Zones must be separated by operable door.) - 5 POINTS MAX PER RESIDENCE		5
WINDOWS ON TWO OR MORE SIDES OF A ROOM (Excluding inoperable or corner windows and bathrooms.) - 5 POINTS MAX.		1 PER ROOM

9E	SPECIAL DESIGN PENALTY POINTS (PP)	
WASHER & DRYER IN CONDITIONED SPACE.		3
MAXIMUM OPENING OF GLASS LESS THAN 50% OF TOTAL GLASS AREA		5

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

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

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

Section I - Instructions:

1. Percolation test data, soil profile and water table elevation information must be attached. (Note: Test must be made at proposed location of system).
2. Existing building and proposed buildings on lot must be shown and drawn to scale at their location or proposed location (Use block on this sheet or attach plot plan).
3. Proposed location of septic tank must be shown on plan.
4. Any pond or stream areas must be indicated on the plan.

5. Indicate name and date of recording of subdivision. If not recorded, attach metes and bounds description.
6. Complete the following information section.

Notes:

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

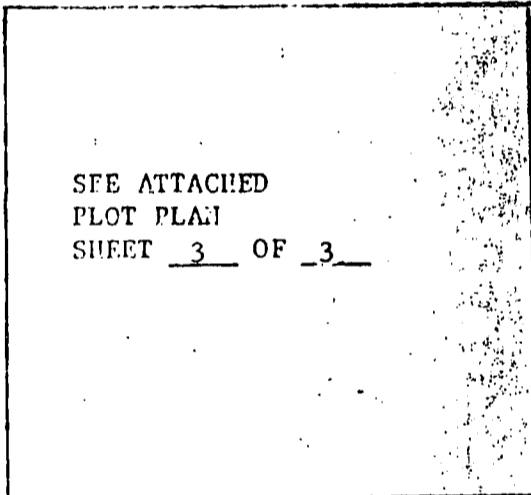
Section II - Information:

1. Property Address (Street & House No.) 15 VISTA DRIVE  
 Lot 51 Block        Subdivision RIO VISTA  
 Date Recorded        Directions to Job EAST TO SEWALLS POINT SOUTH TO RIO VISTA DRIVE
2. Owner or Builder ROBERT HERRICK  
 P.O. Address 14 PALM CT. City JENSEN BEACH
3. Specifications

Tank	Drainfield
Gals.	ft. of 6" Clay tile or 5" perforated plastic drain in a 3' trench or _____ ft. of 4" clay drain or 4" perforated plastic drain in an 18" trench
<u>900</u> Gals. <u>255</u>	

Scale 1" = 50'

(Rear)



SFE ATTACHED PLOT PLAN SHEET 3 OF 3

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

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

Price Engineering Co. for:  
Applicant: ROBERT HERRICK  
Please Print

(Front)  
(Name of Street or State Road)

Signature: [Signature]

Date: 10/19/79

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

Section III - Application Approval & Construction Authorization  
Installation subject to following special conditions:

The above signed application has been found to be in compliance with Chapter 17-1 Florida Administrative Code, and construction is hereby approved, subject to the above specifications and conditions.

By: Robert Washam County Health Dept. MARTIN Date 10-23-79

Section IV - Final Construction Approval

Construction of installation approved:        Yes        No

Date:        By:       

FHA No.        VA No.       

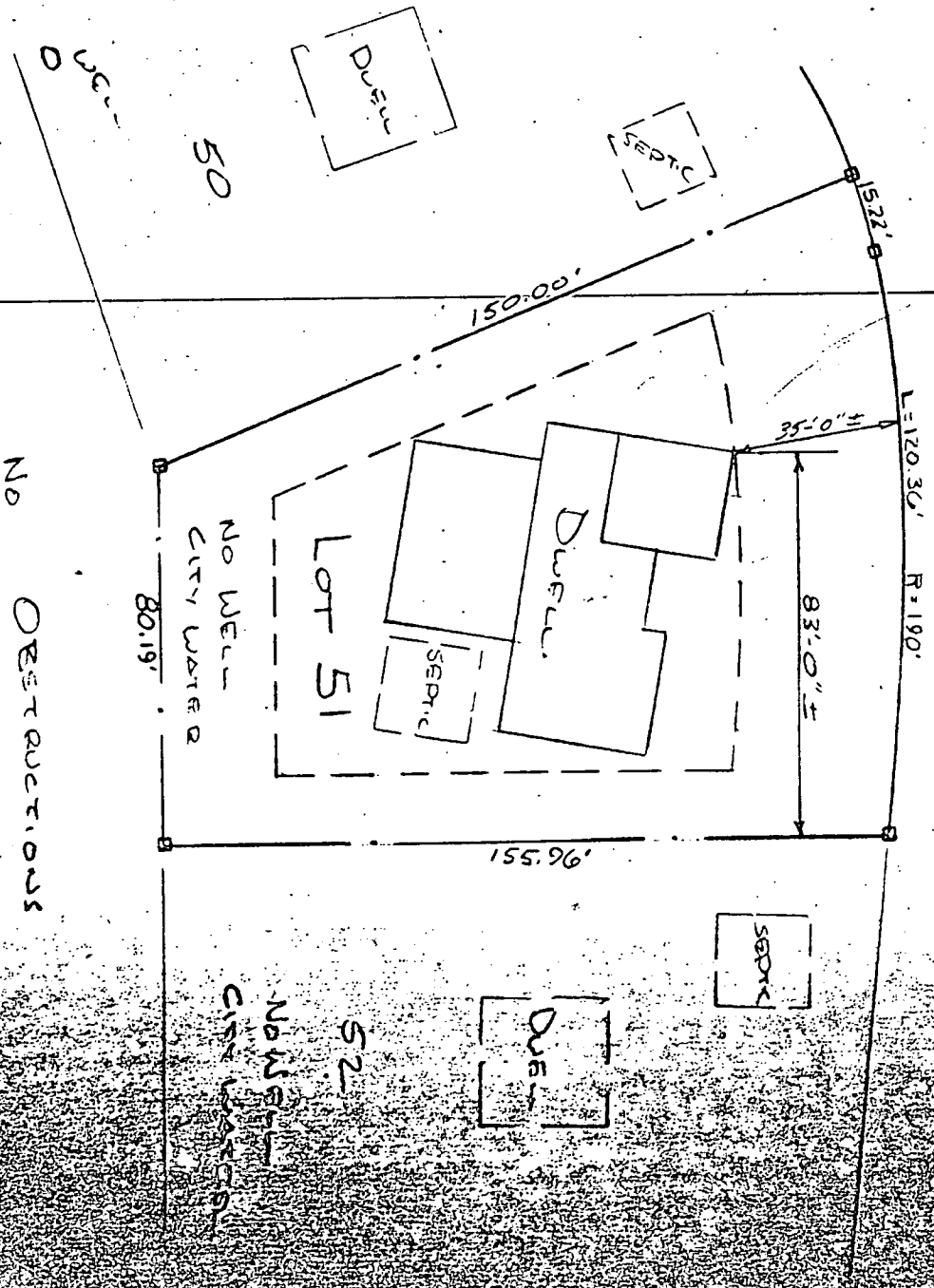
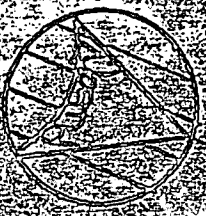
\*\*\*\*\*

NO

RESTRICTIONS

RIO VISTA  
(30' WIDE)

SCALE: 1"=40'



NO RESTRICTIONS

PREPARED BY:  
PAIGE ENGINEERING CO.  
STUART, FLORIDA

PREPARED FOR:  
ROBERT H. STARK

Plot Plan

DESCRIPTION -  
 "Rio Vista"  
 BEING KNOWN AS LOT 51 BOOK -  
 AS RECORDED IN PLAT BOOK -  
 PAIGE PUBLIC RECORDS OF  
 MARTIN COUNTY FLA.

DWG. BY: W DATE: 10/19/79 ISSUED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SHEET NO. 3053

*[Handwritten signature]*



TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 2/22/80

This is to request that a Certificate of Approval for Occupancy be issued to R. Herricks  
For property built under Permit No 1165 Dated 10/29/79 when completed in  
conformance with the Approved Plans

[Signature]  
Signed

RECORD OF INSPECTIONS

Item	Date	Approved by
Set-backs and footings	11/12/79	<u>[Signature]</u>
Rough plumbing	11/12/79	
Slab	11/15/79	
Perimeter beam	11/29/79	
Close-in, roof and rough electric	12/19/79	
Final Plumbing	2/22/80	
Final Electric	2/22/80	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector [Signature] date 2/22/80

Approved by Building Commissioner [Signature] date [Signature]

Utilities notified February 22, 1980 date

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

(Keep carbon copy for Town files)

**3304**

**RE-ROOF**



TAX FOLIO NO. \_\_\_\_\_

DATE \_\_\_\_\_

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

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

Owner Ramon L. Rizzo Present Address 15 Rio Vista Dr.  
(SEWALLS POINT)  
STUART FLA. 34996

Phone 407-287-4326  
Contractor Samuel E. Coates Address 2997 S.W. Venet St.  
Pt-St. Lucie, Fla. 34953

Phone 336-2192  
Where licensed Martin County License Number Sp 00320

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: N.A.

REPLACE SHINGLES + FELT. (SAME COLOR)

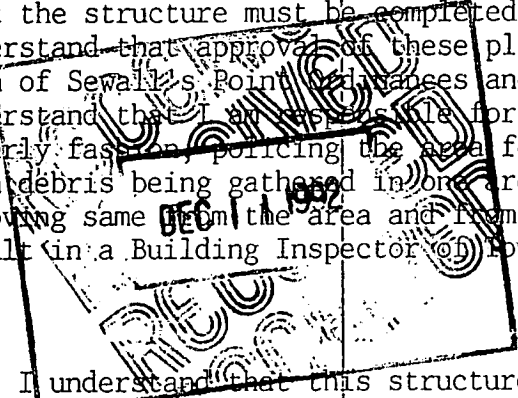
State the street address at which the proposed structure will be built: N.A.

Subdivision Rio Vista Lot Number 51 Block Number \_\_\_\_\_

Contract Price \$ 3,860.00 Cost of Permit \$ 100.00

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 Ordinance 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 of 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 Ramon L. Rizzo 12/9/92

TOWN RECORD

Date submitted \_\_\_\_\_ Approved: Dale Brown 12/11/92  
Building Inspector Date

Approved: [Signature] 12/11/92 Final Approval given: \_\_\_\_\_  
Commissioner Date Date

Certificate of Occupancy issued(if applicable) \_\_\_\_\_  
Date

SP1282

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

**9609**

**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:	9609	DATE ISSUED:	OCTOBER 21, 2010
SCOPE OF WORK:	AC CHANGEOUT		
CONDITIONS :			
CONTRACTOR:	CLASSIC COOLING		
PARCEL CONTROL NUMBER:	123841002-000-005100	SUBDIVISION	RIO VISTA - LOT 51
CONSTRUCTION ADDRESS:	15 RIO VISTA DR		
OWNER NAME:	RIZZO		
QUALIFIER:	STEPHEN STRAIT	CONTACT PHONE NUMBER:	283-8710

**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**

Date: 10/20/10 Permit Number: 9609  
 OWNER/TITLEHOLDER NAME: Amice Rizzo Phone (Day) 287-4326 (Fax) \_\_\_\_\_  
 Job Site Address: 15 Riv Vista Dr City: Stuart State: FL Zip: 34996  
 Legal Description \_\_\_\_\_ Parcel Control Number: \_\_\_\_\_  
 Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

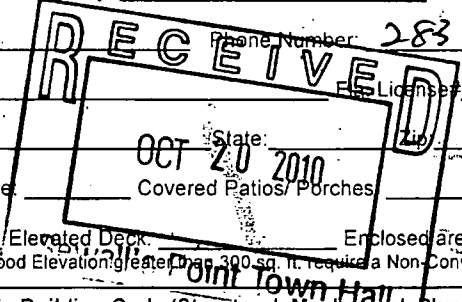
**SCOPE OF WORK (PLEASE BE SPECIFIC):** Replacing 3.5TON A/C SYSTEM.

**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: \$ 4700.00  
 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
 Is subject property located in flood hazard area? VE10 \_\_\_\_\_ AE9 \_\_\_\_\_ AE8   
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
 Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
 (Fair Market Value of the Primary Structure only, Minus the land value)  
 PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Classic Cooling Phone: 283-8710 Fax: 283-8735  
 Qualifiers name: Stephen Strait Street: 1258 SW 34th St City: Palm Bay State: FL Zip: 34990  
 State License Number: CA0282103 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: Steve Strait Phone Number: 283-8710  
 DESIGN PROFESSIONAL: \_\_\_\_\_  
 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): 2007  
 National Electrical Code: 2005(2008 after 6/1/09) Florida Energy Code: 2007, Florida Accessibility Code: 2007, Florida Fire Prevention Code 2007.

**NOTICES TO OWNERS AND CONTRACTORS:**

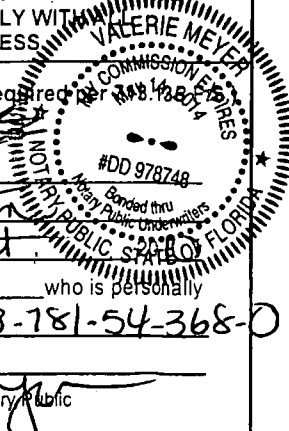
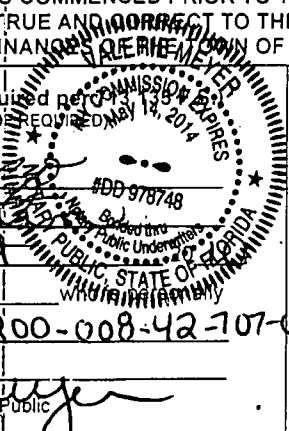
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM.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

OWNER NOTORIZED SIGNATURE: (required per COMMISSION EXPIRES MAY 13, 2014)  
 OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)  
 X Amice H. Rizzo  
 State of Florida, County of: Martin  
 On This the 20 day of Oct  
 by Amice H. Rizzo  
 known to me or produced RD# R200-008-42-107-0  
 As identification: Valerie Meyer Notary Public  
 Commission Expires: \_\_\_\_\_

CONTRACTOR NOTORIZED SIGNATURE: (required per COMMISSION EXPIRES MAY 13, 2014)  
 X \_\_\_\_\_  
 State of Florida, County of: Martin  
 On This the 20 day of Oct  
 by Stephen A. Strait who is personally  
 known to me or produced FDL# S363-781-54-368-0  
 As identification: Valerie Meyer Notary Public  
 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!



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

Site Provided by...  
governmentmax.com 1.13

Summary

print 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
12-38-41-002-000-00510-0	27564	15 RIO VISTA DR, SEWALL'S POINT	\$221,220	10/16/2010

Owner Information	
Owner(Current)	RIZZO RAMON L & AIMEE H(LE)
Owner/Mail Address	15 RIO VISTA DR STUART FL 34997
Sale Date	03/07/2002
Document Number	
Document Reference No.	1628 1608
Sale Price	0

Location/Description			
Account #	27564	Map Page No.	SP-04
Tax District	2200	Legal Description	RIO VISTA S/D LOT 51
Parcel Address	15 RIO VISTA DR, SEWALL'S POINT		
Acres	.3900		

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

Assessment Information	
Market Land Value	\$127,000
Market Improvement Value	\$94,220
Market Total Value	\$221,220

Print Back to List First Previous Next Last

Legal Disclaimer / Privacy Statement





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

TOWN OF SEWALL'S POINT  
 BUILDING DEPARTMENT  
 FILE COPY

**Air Conditioning Change out Affidavit**

Residential  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**

<b>Air handler:</b> Mfg: <u>Trane</u> Model# <u>4TR5042</u>	<b>Condenser:</b> Mfg <u>Trane</u> Model# <u>4TR5042E</u>
Volts <u>240</u> CFM's <u>1400</u> Heat Strip <u>10</u> Kw	Volts <u>240</u> SEER/EER <u>16</u> BTU's <u>40,000</u>
Min. Circuit Amps <u>42</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>23</u> Wire gauge <u>10</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>55</u>	Max. Breaker size <u>40</u> Min. Breaker size <u>35</u>
Ref. line size: Liquid <u>3/8</u> Suction <u><del>3/8</del> 3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u><del>3/8</del> 3/4</u>
Refrigerant type <u>R410</u>	Refrigerant type <u>R410</u>
Location: Existing <input checked="" type="checkbox"/> New _____	Location: Existing <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>Garage</u>	Left/Right/Rear/Front/Roof <u>Right Rear</u>
Access: <u>Open</u>	Condensate Location <u>By Condenser</u>

**EXISTING SYSTEM COMPONENTS**

<b>Air handler:</b> Mfg: <u>Sundial</u> Model# <u>S17-04-10</u>	<b>Condenser:</b> Mfg <u>Luxaire</u> Model# <u>EFC042FAB</u>
Volts <u>240</u> CFM's <u>1400</u> Heat Strip <u>10</u> Kw	Volts <u>240</u> SEER/EER <u>6.7</u> BTU's <u>39,500</u>
Min. Circuit Amps <u>46</u> Wire gauge <u>6</u>	Min. Circuit Amps <u>34</u> Wire gauge <u>10</u>
Max. Breaker size <u>60</u> Min. Breaker size <u>50</u>	Max. Breaker size <u>55</u> Min. Breaker size _____
Ref. line size: Liquid <u>3/8</u> Suction <u><del>3/8</del> 3/4</u>	Ref. line size: Liquid <u>3/8</u> Suction <u>3/4</u>
Refrigerant type <u>R22</u>	Refrigerant type <u>R22</u>
Location: Ext. <input checked="" type="checkbox"/> New _____	Location: Ext. <input checked="" type="checkbox"/> New _____
Attic/Garage/Closet (specify) <u>Garage</u>	Left/Right/Rear/Front/Roof <u>Right Rear</u>
Access: <u>Open</u>	Condensate Location <u>By Condenser</u>

**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 \_\_\_\_\_

Date 10/20/10



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

# Certificate of Product Ratings

AHRI Certified Reference Number: 3435462

Date: 10/18/2010

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

Outdoor Unit Model Number: 4TTR5042E1

Indoor Unit Model Number: 4TEE3C04A1

Manufacturer: TRANE

Trade/Brand name: XR15

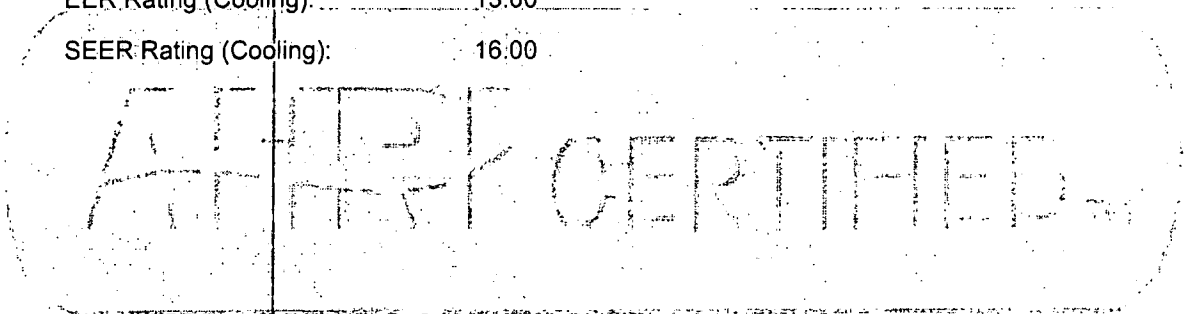
Manufacturer responsible for the rating of this system combination is TRANE

Rated as follows in accordance with AHRI Standard 210/240-2006 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh): 40000

EER Rating (Cooling): 13.00

SEER Rating (Cooling): 16.00



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

#### DISCLAIMER

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

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#### CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at [www.ahridirectory.org](http://www.ahridirectory.org), click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date on which the certificate was issued, which is listed above, and the Certificate No., which is listed below.



Air-Conditioning, Heating, and Refrigeration Institute

©2010 Air-Conditioning, Heating, and Refrigeration Institute

CERTIFICATE NO.: 129319005620409640

P 1/1

Trane Quick Select

Single Phase Residential Condensing Unit Data

South Florida Trane Residential Solutions

MODELS	DIMENSIONS (INCHES)			COMPRESSOR			FACTORY INSTALLED START KIT?	ACCESSORY START KIT MODEL #	CRANKCASE HEATER	EXTREME CONDITIONS MOUNTING KIT	OD FAN MOTOR		SUCTION LINE	LIQUID LINE	MIN. BR. CIR. AMPACITY	MAX. PROTECTION (AMPS)	NE WEIGHT (LBS)	dB RATING	
	H	W	D	RLA	LRA	TYPE					HP	FLA							
<b>XB300</b>																			
4TTM3018A1000A	29	25 1/2	23 1/2	6.7	38.6	R	YES			BAYCCHT300	BAYECMT021	1/4	1.30	5/8	3/8	10	15	56	
4TTM3024A1000A	29	25 1/2	23 1/2	8.4	58.0	R	YES			BAYCCHT300	BAYECMT021	1/4	1.30	3/4	3/8	12	15	59	
4TTM3030A1000A	29	25 1/2	23 1/2	11.3	68.0	R	YES			BAYCCHT300	BAYECMT021	1/4	1.30	3/4	3/8	15	25	80	
4TTM3036A1000A	29	25 1/2	23 1/2	13.5	83.0	R	YES			BAYCCHT300	BAYECMT021	1/4	1.30	3/4	3/8	18	30	63	
4TTM3042A1000A	29	29	28 1/2	19.9	109.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT021	1/3	1.70	7/8	3/8	27	45	68	
4TTM3048A1000A	29	29	28 1/2	21.8	117.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT021	1/3	1.70	7/8	3/8	29	50	68	
4TTM3060A1000A	29	29	28 1/2	28.3	134.0	S	YES			BAYCCHT301	BAYECMT021	1/3	1.70	7/8	3/8	35	60	71	
<b>XB 13</b> Note - height changed on "D" models May 2010																			
4TTB3018D1000A	29	33	30	6.4	38.6	R	YES			BAYCCHT300	BAYECMT023	1/8	0.70	5/8	3/8	9	15	165	78
4TTB3024D1000A	29	33	30	8.3	58.0	R	YES			BAYCCHT300	BAYECMT023	1/8	0.70	5/8	3/8	11	15	169	78
4TTB3030D1000A	29	33	30	11.3	68.2	R	YES			BAYCCHT300	BAYECMT023	1/8	0.70	3/4	3/8	15	25	173	78
4TTB3036D1000A	33	33	30	14.0	63.0	R	YES			BAYCCHT300	BAYECMT023	1/8	0.70	3/4	3/8	18	30	190	79
4TTB3042D1000A	29	37	34	19.9	109.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/5	1.00	3/4	3/8	25	45	186	79
4TTB3048D1000A	29	37	34	21.8	117.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/5	1.00	7/8	3/8	28	50	203	79
4TTB3060D1000A	37	37	34	26.8	134.0	S	YES			BAYCCHT301	BAYECMT004	1/5	1.00	7/8	3/8	35	60	226	80
<b>XB 14</b>																			
4TTB4018E1000A	30	33	30	6.4	38.6	R	YES			BAYCCHT300	BAYECMT023	1/8	0.70	5/8	3/8	9	15	173	79
4TTB4024E1000A	30	33	30	6.8	38.6	R	YES			BAYCCHT300	BAYECMT023	1/8	0.70	3/4	3/8	9	15	174	79
4TTB4030E1000A	33	37	34	9.1	57.8	R	YES			BAYCCHT300	BAYECMT004	1/5	1.10	3/4	3/8	12	20	201	80
4TTB4036E1000A	37	37	34	14.1	77.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/5	1.10	3/4	3/8	19	30	193	78
4TTB4042E1000A	41	37	34	17.9	112.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/5	1.10	7/8	3/8	23	40	235	80
4TTB4048E1000A	45	37	34	19.9	109.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/5	1.10	7/8	3/8	26	45	256	80
4TTB4060E1000A	45	37	34	26.4	134.0	S	NO	BAYKSKT280		BAYCCHT301	BAYECMT004	1/5	1.10	7/8	3/8	34	60	248	80
<b>XB 14 New 4.5 ton Higher Efficiency Models July 2010</b>																			
4TTB4048E1000A	45	37	34	19.9	109.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/3	2.80	7/8	3/8	28	45	267	76
4TTB4061E1000A	45	37	34	28.8	152.9	S	NO	BAYKSKT280		BAYCCHT301	BAYECMT004	1/3	2.80	1 1/8	3/8	39	60	275	76
<b>XR 13</b> Note - height changed on "D" models May 2010																			
4TTR3018D1000A	29	33	30	6.7	38.6	R	YES			BAYCCHT300	BAYECMT023	1/8	0.70	5/8	3/8	9	15	185	76
4TTR3024D1000A	29	33	30	8.3	58.0	R	YES			BAYCCHT300	BAYECMT023	1/8	0.70	5/8	3/8	11	15	169	75
4TTR3030D1000A	29	33	30	11.1	68.2	R	YES			BAYCCHT300	BAYECMT023	1/8	0.70	3/4	3/8	15	25	173	76
4TTR3036D1000A	33	33	30	14.0	63.0	R	YES			BAYCCHT300	BAYECMT023	1/8	0.70	3/4	3/8	18	30	190	75
4TTR3042D1000A	29	37	34	19.9	109.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/5	1.00	3/4	3/8	25	45	186	74
4TTR3048D1000A	29	37	34	21.8	117.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/5	1.00	7/8	3/8	28	50	203	75
4TTR3060D1000A	37	37	34	26.8	134.0	S	YES			BAYCCHT301	BAYECMT004	1/5	1.00	7/8	3/8	35	60	226	76
<b>XR 15</b>																			
4TTR5018E1000A	30	33	30	6.4	38.6	R	YES			BAYCCHT300	BAYECMT023	1/8	0.70	5/8	3/8	9	15	200	79
4TTR5024E1000A	30	33	30	6.8	38.6	R	YES			BAYCCHT300	BAYECMT023	1/8	0.70	3/4	3/8	9	15	201	79
4TTR5030E1000A	33	37	34	9.1	57.8	R	YES			BAYCCHT300	BAYECMT004	1/5	1.10	3/4	3/8	12	20	234	80
4TTR5036E1000A	37	37	34	14.1	77.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/5	1.10	3/4	3/8	19	30	228	78
4TTR5042E1000A	41	37	34	17.9	112.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/5	1.10	7/8	3/8	23	40	235	80
4TTR5048E1000A	45	37	34	19.9	109.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/5	1.10	7/8	3/8	26	45	256	79
4TTR5060E1000A	45	37	34	26.4	134.0	S	YES			BAYCCHT301	BAYECMT004	1/5	1.10	7/8	3/8	34	60	285	79
<b>XR 15 NEW 4.5 TON Higher Efficiency Models July 2010</b>																			
4TTR5049E1000A	45	37	34	19.9	109.0	S	NO	BAYKSKT260		BAYCCHT301	BAYECMT004	1/3	2.80	7/8	3/8	28	45	267	74
4TTR5061E1000A	45	37	34	28.8	152.9	S	NO	BAYKSKT280		BAYCCHT301	BAYECMT004	1/3	2.80	1 1/8	3/8	39	60	275	75

772 287 2455

7722838735 >>

CLASSIC COOLING

2010-10-20 09:32

\*Dual compressors  
R=Trane Climatuff Reciprocating Compressor  
S=Trane Climatuff Scroll Compressor



# TOWN OF SEWALLE'S POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 10-20-2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9590	Stern 9 Lantana DTD Garage	Final Garage	FAIR	No ONE HOME  INSPECTOR
9577	McMahon 55 S Sewalls Code Red	Final - roof	Pass	Close  INSPECTOR A
9344	Woods 32 E High Pt Capital Auto	2nd fl slab	Pass	  INSPECTOR
9546	Jockem 22 Ridgeland On Shore Roof	in-progress	Pass	  INSPECTOR A
9532	Martin 3 Quail Run AG Envir	Final- Remodel	Pass	Close  INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		<del>NO PERMIT</del>	28	<del>3-8-10</del>
		<del>CLASSIC COOLING</del>		<del>250 FINE</del>
		<del>A/C CHANGOUT</del>		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	3 NERINAA SUB CONTRACTING 288-0201 18 E 116th Pt.	SIDING NO PERMIT		INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

10-25-2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9609	[Redacted]	Final - Air	[Redacted]	[Redacted]
	Classic Cooling			INSPECTOR [Signature]
9379	Balfort 103 Hillcrest Ct Balfort	meter final	Pass	INSPECTOR [Signature]
Tree	Creary 105 N Sewalls	Tree	OK	INSPECTOR
9051	Benchana 3602 SE Ocean Comm Cont	rough duct for installation rough electrical for wall	Pass Pass	INSPECTOR [Signature]
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

**10306**

**RE-ROOF**



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

## BUILDING PERMIT CARD

**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:	10306	DATE ISSUED:	12/14/2012
SCOPE OF WORK:	REROOF		
CONTRACTOR:	GARY MARZO INC		
PARCEL CONTROL NUMBER:	123841002-000-005100	SUBDIVISION	RIO VISTA - LOT 51
CONSTRUCTION ADDRESS:	15 RIO VISTA DR		
OWNER NAME:	RIZZO		
QUALIFIER:	GARY MARZO	CONTACT PHONE NUMBER:	871-2489

**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 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: 10306

Date: 12/12/12

OWNER/TITLEHOLDER NAME: Aimee Rizzo

Phone (Day) 772-287-4376 (Fax)

Job Site Address: 15 Rio Vista Dr.

City: Sewalls Pt State: FL Zip: 34997

Legal Description: Rio Vista S/D Lot 51

Parcel Control Number: 12-38-41-002-000-00510-02750

Owner Address (if different):

City: State: Zip:

Scope of work (please be specific): Reroof

**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: \$ 10,775.00  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10  AE9  AE8   
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

CONTRACTOR/Company: Gary Marzo INC.

Phone: 877-2489 Fax: 465-8829

Street: 801A-SW Lakehurst Dr

City: Pt. St. Lucie State: FL Zip: 34983

State License Number: CC-C058193 OR: Municipality: License Number:

LOCAL CONTACT: Lynn

Phone Number: 877-2489

DESIGN PROFESSIONAL:

Phone Number:

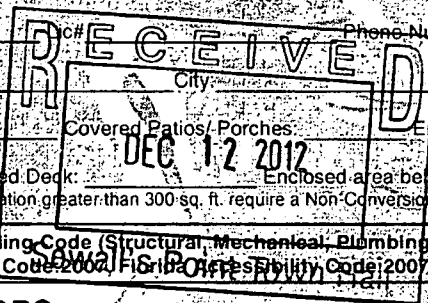
Street:

City: State: Zip:

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

Carport: Total under Roof: 3658 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 2004 Florida Fire Prevention Code 2007 Florida Fire Prevention Code 2007



**NOTICES TO OWNERS AND CONTRACTORS:**

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



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 OWNER'S LEGAL AUTHORIZED AGENT (PROOF REQUIRED)  
Aimee Rizzo

CONTRACTOR SIGNATURE: (required)  
Gary Marzo

State of Florida, County of: Martin

On State of Florida, County of: Martin

This the 12 day of December, 2012

This the 12 day of December, 2012

by Aimee Rizzo who is personally

by Gary Marzo who is personally

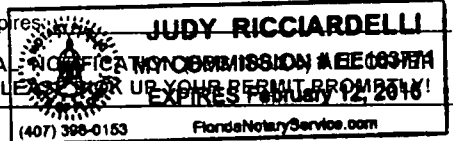
known to me or produced

known to me or produced

as identification. Lynn Marzo  
LYNN MARZO  
MY COMMISSION # EE 173953  
EXPIRES: April 5, 2016

As identification. Judy Ricciardelli  
JUDY RICCIARDELLI  
Notary Public  
My Commission Expires: February 12, 2016

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL. NOTIFICATION OF COMMISSION # EE 173953  
APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!  
EXPIRES FEBRUARY 12, 2016!



Exp Feb. 12, 2016



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:	10306
ADDRESS	15 RIO VISTA DR - RIZZO
DATE	SCOPE OF WORK REROOF

SINGLE FAMILY OR ADDITION /REMODEL	Declared Value	\$	
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 space: (@ \$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.		\$	
Total Construction Value:		\$	
Building fee: (2% of construction value SFR or >\$200K)		\$	
Building fee: (1% of construction value < \$200K + \$75 per insp.)			
Total number of inspections (Value < \$200K) @\$75 ea.		\$	
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)			
Martin County Impact Fee:		\$	
<b>TOTAL BUILDING PERMIT FEE:</b>		\$	

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections @\$75.00 each	4		300.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	4.50
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	4.50
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
<b>TOTAL ACCESSORY PERMIT FEE:</b>		\$	314.00

*Pd*  
*CR#4594*

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

*generated on 12/6/2012 3:59:30 PM EST*

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-002-000-00510-027564		15 RIO VISTA DR, SEWALL'S POINT	\$198,420	12/1/2012

Owner Information	
Owner(Current)	RIZZO AIMEE H L/E RIZZO AIMEE HILLYER (TR)
Owner/Mail Address	15 RIO VISTA DR STUART FL 34997
Sale Date	12/9/2011
Document Book/Page	2554 0333
Document No.	2309874
Sale Price	100

Location/Description			
Account #	27564	Map Page No.	SP-04
Tax District	2200	Legal Description	RIO VISTA S/D LOT 51
Parcel Address	15 RIO VISTA DR, SEWALL'S POINT		
Acres	.3900		

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

Assessment Information	
Market Land Value	\$120,000
Market Improvement Value	\$78,420
Market Total Value	\$198,420

INSTR # 2366231  
OR BK 2617 PG 2630  
(1 Pgs)  
RECORDED 12/12/2012 01:15:14 PM  
MARSHA EWING  
MARTIN COUNTY CLERK

**NOTICE OF COMMENCEMENT**

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

PERMIT #: \_\_\_\_\_ TAX FOLIO # 12-38-41-002-000-00510-027564

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 51

GENERAL DESCRIPTION OF IMPROVEMENT: RE-ROOF

**OWNER INFORMATION OR LESSEE INFORMATION, IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**

Name: AIMEE RIZZO  
Address: 15 RIO VISTA DRIVE SEWALL'S POINT FL. 34997  
Interest in property: \_\_\_\_\_  
Name and address of fee simple title holder (if different from Owner listed above): \_\_\_\_\_

CONTRACTOR'S NAME: GARY MARZO, INC. Phone No.: (772) 871-2489  
Address: 861 A- SW LAKEHURST DRIVE PORT ST LUCIE FL. 34983

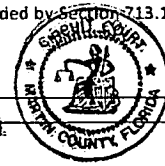
SURETY COMPANY (if applicable, a copy of the payment bond is attached):  
Name and address: N/A  
Phone No.: \_\_\_\_\_ Bond amount: \_\_\_\_\_

LENDER'S NAME: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_

Persons within the State of Florida designated by owner upon whom notices of other claims 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 PAGE IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL.  
MARSHA EWING, CLERK



In addition to himself or herself, owner designates \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.  
By: \_\_\_\_\_ D.C.  
Phone number of person or entity designated by Owner: \_\_\_\_\_  
DATE: 12/12/12

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 1, SECTION 713.13, FLORIDA STATUTES AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

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.

*Aimee N. Rizzo*  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager/Attorney-in-fact

OWNER  
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 13 day of September, 2012

By: *Aimee Rizzo* as *OWNER* for \_\_\_\_\_  
Name of person Type of authority (e.g. officer, trustee) Party on behalf of whom instrument was executed

*Lynn Marzo*  
Notary's Signature

Personally known  or produced identification   
Type of identification produced \_\_\_\_\_

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







RE-ROOF CERTIFICATION

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

CONTRACTOR'S NAME: Gary Marzo PHONE #: 871-2489 FAX: 465-8829

OWNER'S NAME: Aimee Rizzo

CONSTRUCTION ADDRESS: 15 Rio Vista CITY Sewalls Point STATE FL

RE-ROOF:  RESIDENTIAL (SINGLE FAMILY)

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

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

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

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

ROOF TYPE:  HIP \_\_\_\_\_ BOSTON-HIP \_\_\_\_\_ GABLE \_\_\_\_\_ FLAT \_\_\_\_\_ OTHER \_\_\_\_\_

ROOF PITCH: 5 /12 SLOPE

ROOF DECK:\* \_\_\_\_\_ SHEATH-OVER - (APPLYING PLYWOOD PANELS OVER EXISTING SPACED  
\_\_\_\_\_ RE-SHEATH - (REMOVAL OF SPACED SHEATHING/PLYWOOD FOR APPLICATION OF  
NEW PLYWOOD PANELS) - REQUIRES USE OF MINIMUM PLYWOOD AS PER  
FLORIDA BUILDING CODE "2004".

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

EXISTING DECK TO REMAIN/REPAIRED & RENAILED

EXISTING ROOF COVERING: Shingles EXISTING COVERING TO BE REMOVED? YES \_\_\_\_\_ NO

PROPOSED NEW ROOF COVERING: Shingles

MANUFACTURER GAF PRODUCT NAME Timberline PRODUCT APPR # \_\_\_\_\_

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

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

PROPOSED FLASHING: \_\_\_\_\_ GALV./STEEL  ALUMINUM \_\_\_\_\_ COPPER \_\_\_\_\_ OTHER \_\_\_\_\_

RIDGEVENT TO BE INSTALLED: \_\_\_\_\_ YES  NO \_\_\_\_\_

DESCRIPTION OF WORK: Remove existing shingles on roof  
Install Polyglass IRX Shingle Underlayment + GAF Shingles

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

Gary Marzo  
SIGNATURE OF CONTRACTOR

DATE: 12/12/12

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

The following information is to be provided by roofing contractor or owner/builder on all re-roof applications for the purpose of obtaining compliance with recent changes to State Statute and referenced "Hurricane Mitigation Manual". Effective date: October 1, 2007.

Note: These requirements apply to residential structures built prior to implementation of the FBC on March 1, 2002.

- Value: show proof of insured value of residential structure or a copy of the ad-valorem tax value.
- Provide copy of contract

All re-roofs regardless of value shall comply with the following:

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

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

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

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

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

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

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

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



BUILDING AND NEIGHBORHOOD COMPLIANCE DEPARTMENT (BNC)  
BOARD AND CODE ADMINISTRATION DIVISION

MIAMI-DADE COUNTY  
PRODUCT CONTROL SECTION  
11805 SW 26 Street, Room 208  
Miami, Florida 33175-2474  
T (786) 315-2590 F (786) 315-2599  
[www.miamidade.gov/building/](http://www.miamidade.gov/building/)

## NOTICE OF ACCEPTANCE (NOA)

GAF Materials Corporation  
1361 Alps Road.  
Wayne, NJ 07470

### SCOPE:

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

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

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

### DESCRIPTION: GAF Timberline Lifetime Shingles

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

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

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

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

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

This NOA revises #08-1110.11 and consists of pages 1 through 5.  
The submitted documentation was reviewed by Alex Tigera.



NOA No.: 10-1122.08  
Expiration Date: 04/22/13  
Approval Date: 02/17/11  
Page 1 of 5

**ROOFING ASSEMBLY APPROVAL**

**Category:** Roofing  
**Sub-Category:** Asphalt Shingles  
**Materials:** Laminate  
**Deck Type:** Wood

**SCOPE**

This approves GAF Timberline Prestique Lifetime and GAF Tiberline Ultra HD Shingles as manufactured by GAF Materials Corp. described in Section 2 of this Notice of Acceptance.

**PRODUCT DESCRIPTION**

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
GAF Timberline Prestique Lifetime <i>Manufacturing Locations #1, 2, 3, 4, 5, 6</i>	13 <sup>1</sup> / <sub>4</sub> " x 39 <sup>3</sup> / <sub>8</sub> "	TAS 110	Fiberglas reinforced heavy weight asphalt roof shingle, with a laminate profile.
GAF Timberline Ultra HD <i>Manufacturing Locations #1, 2, 3, 4, 5, 6</i>	13 <sup>1</sup> / <sub>4</sub> " x 39 <sup>3</sup> / <sub>8</sub> "	TAS 110	Fiberglas reinforced heavy weight asphalt roof shingle, with a laminate profile.

**MANUFACTURING LOCATIONS**

1. Tampa, FL
2. Michigan City, IN
3. Baltimore, MD
4. Ennis, TX
5. Myerstown, PA
6. Tuscaloosa, AL

**EVIDENCE SUBMITTED**

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Center for Applied Engineering	PA 100		02/23/94
Underwriters Laboratories, Inc.	ASTM D 3462		09/13/06
PRI Asphalt Technologies, Inc.	ASTM D 3462	GAF-102-02-02	11/02/05
Underwriters Laboratories, Inc.	PA 107		04/13/94
Center for Applied Engineering	ASTM D3462		03/18/97
PRI Asphalt Technologies, Inc.	TAS 100	GAF-045-02-01	01/13/04
PRI Asphalt Technologies, Inc.	TAS 100	GAF-102-02-01	11/14/05
Underwriters Laboratories, Inc.	TAS 107	04NK04273	02/20/04



NOA No.: 10-1122.08  
 Expiration Date: 04/22/13  
 Approval Date: 02/17/11

Underwriters Laboratories, Inc.	TAS 107	05CA42840	11/11/05
PRI Asphalt Technologies, Inc.	TAS 100	ELK-083-02-01	10/16/02
PRI Asphalt Technologies, Inc.	TAS 100	ELK-084-02-01	10/15/02
PRI Asphalt Technologies, Inc.	TAS 100	ELK-085-02-01	10/14/02
PRI Asphalt Technologies, Inc.	TAS 100	ELK-086-02-01	10/24/02
PRI Asphalt Technologies, Inc.	TAS 100	ELK-087-02-01	10/21/02
PRI Asphalt Technologies, Inc.	TAS 100	ELK-088-02-01	10/16/02
PRI Asphalt Technologies, Inc.	TAS 100	ELK-107-02-01	10/09/03
PRI Asphalt Technologies, Inc.	TAS 100	ELK-108-02-01	10/09/03
PRI Asphalt Technologies, Inc.	TAS 100	ELK-109-02-01	10/09/03
Underwriters Laboratories, Inc.	TAS 107	02NK41811	11/11/02
Underwriters Laboratories, Inc.	ASTM D 3462	02NK41809	08/11/02
Underwriters Laboratories, Inc.	TAS 107	03CA35209	10/17/03
Underwriters Laboratories, Inc.	ASTM D 3462	03NK26444	10/17/03
Underwriters Laboratories, Inc.	TAS 107	04CA13850	08/30/04
Underwriters Laboratories, Inc.	ASTM D 3462	05CA04091	02/07/05
Underwriters Laboratories, Inc.	ASTM D 3462	06NK17056	10/17/06

**LIMITATIONS**

1. Fire classification is not part of this acceptance; refer to a current Approved Roofing Materials Directory for fire ratings of this product.
2. Shall not be installed on roof mean heights in excess of 33 ft.
3. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9B-72 of the Florida Administrative Code.

**INSTALLATION**

1. Shingles shall be installed in compliance with Roofing Application Standard RAS 115.
2. Flashing shall be in accordance with Roofing Application Standard RAS 115
3. The manufacturer shall provide clearly written application instructions.
4. Exposure and course layout shall be in compliance with Detail 'A', attached.
5. Nailing shall be in compliance with Detail 'B', attached.

**LABELING**

1. Shingles shall be labeled with the Miami-Dade Seal as seen below, or the wording "Miami-Dade County Product Control Approved".



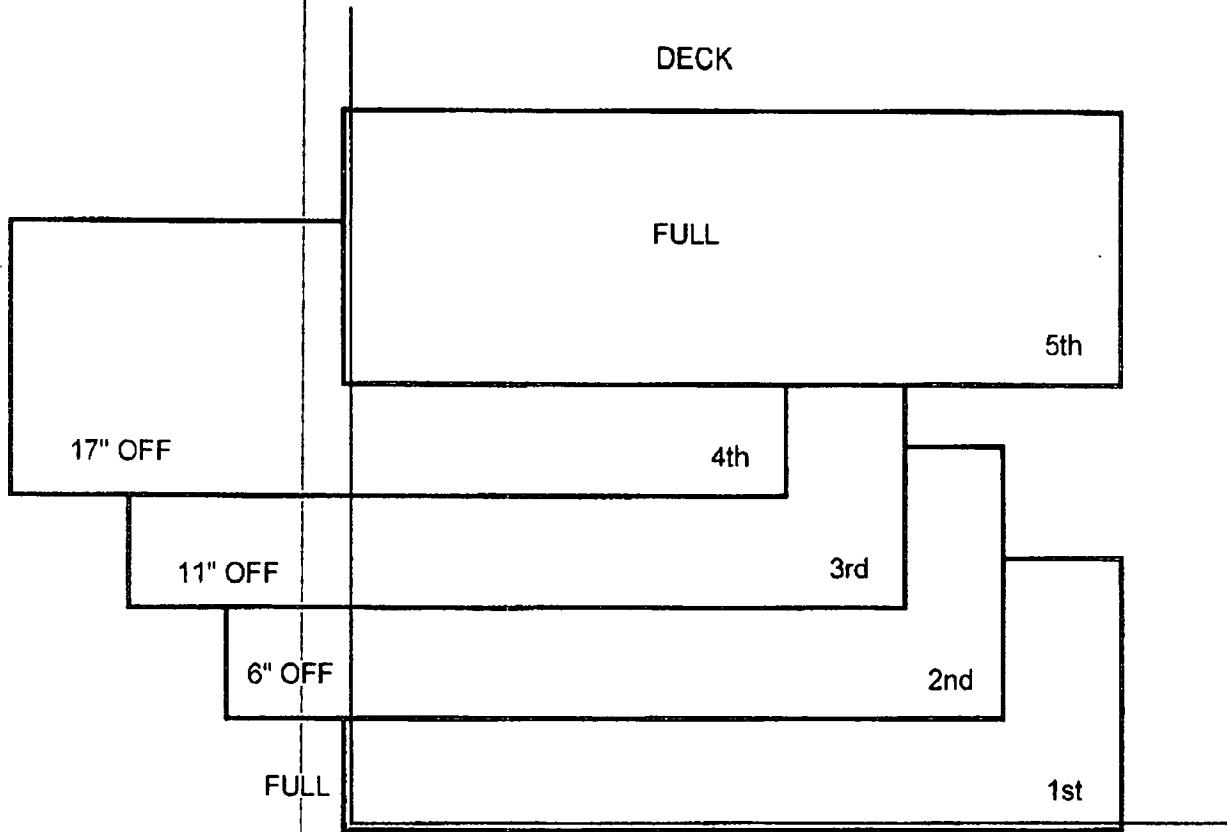
**BUILDING PERMIT REQUIREMENTS**

1. Application for building permit shall be accompanied by copies of the following:
  - 1.1 This Notice of Acceptance.
  - 1.2 Any other documents required by the Building Official or the applicable code in order to properly evaluate the installation of this system.



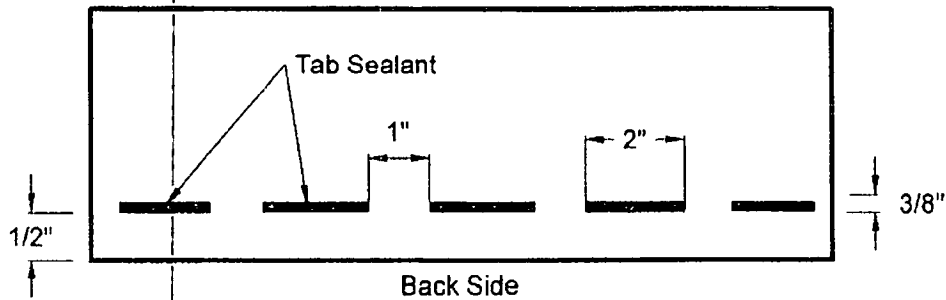
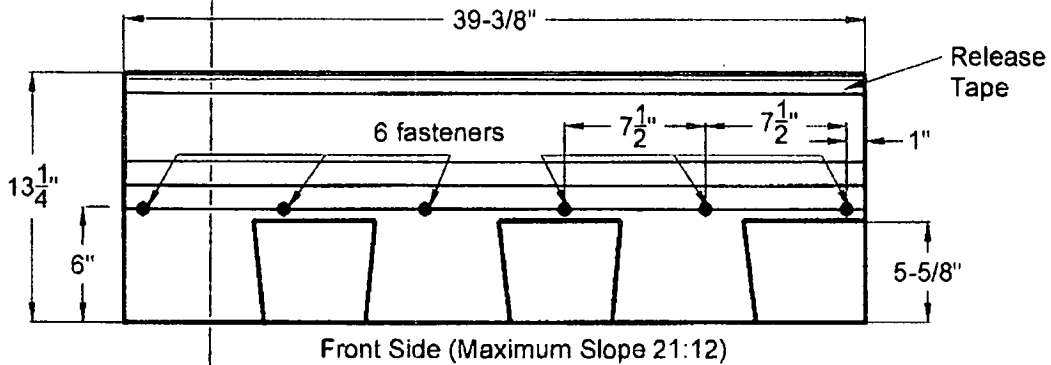
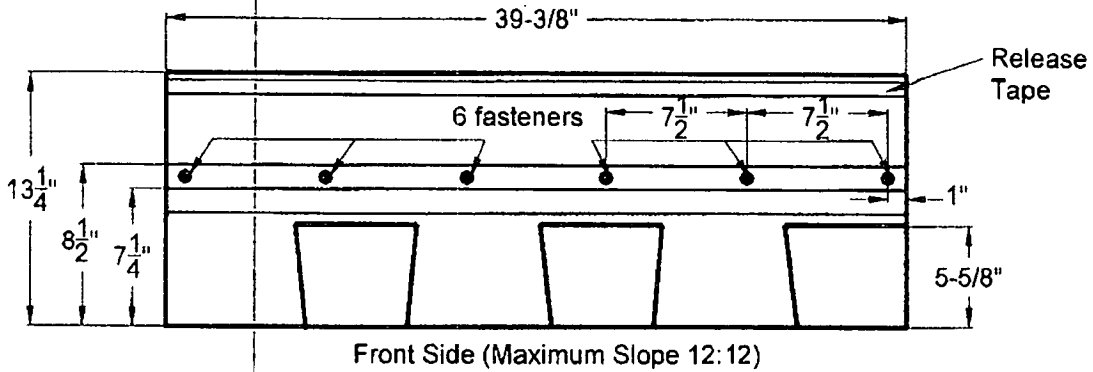
NOA No.: 10-1122.08  
 Expiration Date: 04/22/13  
 Approval Date: 02/17/11

**DETAIL A  
COURSE LAYOUT**



NOA No.: 10-1122.08  
Expiration Date: 04/22/13  
Approval Date: 02/17/11  
Page 4 of 5

**DETAIL B – 13-1/4" X 39-3/8"**  
**OVERALL DIMENSIONS AND NAILING PATTERN**



**GAF TIMBERLINE PRESTIQUE LIFETIME AND GAF TIMBERLINE ULTRA HD**

**END OF THIS ACCEPTANCE**



NOA No.: 10-1122.08  
 Expiration Date: 04/22/13  
 Approval Date: 02/17/11  
 Page 5 of 5



MIAMI-DADE

BUILDING AND NEIGHBORHOOD COMPLIANCE DEPARTMENT (BNC)  
BOARD AND CODE ADMINISTRATION DIVISION

MIAMI-DADE COUNTY  
PRODUCT CONTROL SECTION

11805 SW 26 Street, Room 208  
Miami, Florida 33175-2474  
T (786) 315-2590 F (786) 315-2599

[www.miamidade.gov/building/](http://www.miamidade.gov/building/)

## NOTICE OF ACCEPTANCE (NOA)

Polyglass USA Inc.  
150 Lyon Drive  
Fernley, NV 89408

### SCOPE:

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

This NOA shall not be valid after the expiration date stated below. The Miami-Dade County Product Control Section (In Miami Dade County) and/or the AHJ (in areas other than Miami Dade County) reserve the right to have this product or material tested for quality assurance purposes. If this product or material fails to perform in the accepted manner, the manufacturer will incur the expense of such testing and the AHJ may immediately revoke, modify, or suspend the use of such product or material within their jurisdiction. BNC reserves the right to revoke this acceptance, if it is determined by Miami-Dade County Product Control Section that this product or material fails to meet the requirements of the applicable building code. This product is approved as described herein, and has been designed to comply with the Florida Building Code including the High Velocity Hurricane Zone of the Florida Building Code.

### DESCRIPTION: Polyglass Polystick Underlayments

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

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

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

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

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

This renews and revises NOA # 09-0806.07 and consists of pages 1 through 8.  
The submitted documentation was reviewed by Alex Tigera.



NOA No.: 11-0601.10  
Expiration Date: 09/13/16  
Approval Date: 09/15/11  
Page 1 of 8

## ROOFING COMPONENT APPROVAL

**Category:** Roofing  
**Sub-Category:** Underlayment  
**Material:** SBS , APP Self-Adhering Modified Bitumen

### PRODUCTS DESCRIPTION:

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
Polystick MTS underlayment <i>Manufacturing Location #2</i>	Roll: 65'8" x 3'3-3/8" 60 mils thick	TAS 103	A homogeneous, rubberized asphalt waterproofing membrane, glass fiber reinforced with polyolefinic film on the upper surface for use as an underlayment for metal roofing, roof tile, slate tiles and shingle underlayment.
Polystick IR-Xe underlayment <i>Manufacturing Location #1 &amp; #2</i>	Roll: 65' x 3'3-3/8" Or 65' x 3' 80 mils thick	TAS 103 and ASTM D 1970	A fine granular/sand top surface self-adhering, APP polymer modified, fiberglass reinforced, bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as an ice & rain shield and as a flat roof tile underlayment.
Polystick TU underlayment <i>Manufacturing Location #1 &amp; #2</i>	Roll: 32'10" x 3'3-3/8" 100 mils thick	TAS 103 and ASTM D 1970	A heavy granuled surface self adhering, APP polymer modified, fiberglass or polyester reinforced, bituminous sheet material for use as an underlayment in sloped roof assemblies. Designed as a a roof tile underlayment.
Polystick TU Plus underlayment (Facer of Membrane with surface printing) <i>Manufacturing Location #1 &amp; #2</i>	Roll: 65' x 3'3-3/8" 80 mils thick	TAS 103 and ASTM D 1970	A non-wicking fabric surfaced, self-adhering, APP polymer modified, fiberglass reinforced with a high strength polyester fabric, bituminous sheet material for use an an underlayment in sloped roof assemblies. Designed as a metal roofing and roof tile underlayment.
Polystick TU P underlayment <i>Manufacturing Location #2</i>	Roll: 32'10" x 3'3-3/8" 130 mils thick	TAS 103 and ASTM D 1970	A rubberized asphalt waterproofing membrane, glass-fiber/polyester reinforced, with a granular surface designed for use as a tile roof underlayment.
Polystick Tile Pro <i>Manufacturing Location #2</i>	Roll: 61' x 3'3-3/8" 60 mils thick	TAS 103 and ASTM D 1970	A rubberized asphalt self-adhering, glass-fiber/polyester reinforced waterproofing membrane. Designed as a metal roofing and roof tile underlayment.



NOA No.: 11-0601.10  
 Expiration Date: 09/13/16  
 Approval Date: 09/15/11  
 Page 2 of 8

**PRODUCTS DESCRIPTION:**

<u>Product</u>	<u>Dimensions</u>	<u>Test Specification</u>	<u>Product Description</u>
Polystick Dual Pro <i>Manufacturing Location</i> #2	Roll: 61' x 3'3-3/8" 60 mils thick	ASTM D 1970	A rubberized asphalt self-adhering, glass-fiber/polyester reinforced waterproofing membrane, specific for use as a high temperature underlayment. Designed as a metal roofing.

**MANUFACTURING PLANTS:**

1. Hazelton, PA
2. Winter Haven, FL

**EVIDENCE SUBMITTED:**

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>	
Exterior Research & Design, LLC	11756.04.01-1	TAS 103	04/27/01	
	11756.08.01-1	ASTM D 1970	08/14/01	
Trinity   ERD	02202.08.05	TAS 103	08/29/05	
	P5110.08.07	TAS 103	08/29/07	
	P10870.09.08-R1	TAS 103	12/04/08	
	P10870.04.09	TAS 103/ASTM D4798 & G155	04/13/09	
	P33360.06.10	ASTM D1970	07/01/10	
	P33370.03.11	TAS 103	03/02/11	
	P36900.09.11	TAS 103/ASTM D4798 & G155	09/01/11	
PRI Asphalt Technologies	PRI01111	ASTM D 4977	04/08/02	
	PUSA-005-02-01	ASTM D 4977	01/31/02	
	PUSA-018-02-01	ASTM D 2523	07/14/03	
	PUSA-035-02-01	TAS 103	09/29/06	
	PUSA-033-02-01	ASTM D 1970	01/12/06	
	PUSA-055-02-02	TAS 103	12/10/07	
	PUSA-083-02-01	TAS 103	06/30/08	
	PUSA-089-02-01	TAS 103/ASTM D4798 & G155	07/06/09	
	Momentum Technologies, Inc.	JX20H7A	TAS 103/ASTM D4798 & G155	04/01/08
		RX14E8A	TAS 103/ASTM D4798 & G155	11/09/09
DX23D8B		TAS 103/ASTM D4798 & G155	02/18/10	
DX23D8A		TAS 103/ASTM D4798 & G155	02/18/10	



## INSTALLATION PROCEDURES:

- Deck Type I:** Wood, non-insulated
- Base Sheet:** One or more plies of ASTM D 226 Type II or ASTM D 2626.
- Fastening:** Per FBC 1518.2 & 1518.4 Nails and tin caps 12" grid, 6" o.c. at a minimum 4" head lap. (for base sheet only)
- Membrane:** Polystick membranes self-adhered.
- Surfacing:** None

1. All nails in the deck shall be carefully checked for protruding heads. Re-fasten any loose decking panels and sweep the deck thoroughly to remove any dust and debris prior to application.
2. Place the underlayment over metal drip edge in accordance with RAS 111.
3. Place the first course of membrane parallel to the eave, rolling the membrane to obtain maximum contact. Remove the release film as the membrane is applied. All side laps shall be a minimum of 3-½" and end laps shall be a minimum of 6." Roll the membrane into place after removing the release strip. Vertical strapping of the roof with Polystick is acceptable. Membrane shall be back nailed in accordance with applicable building code.
4. When applying the membrane in the valley, start at the low point and work to the high point, rolling the membrane from the center outward in both directions.
5. For ridge applications, center the membrane and roll from the center outward in both directions.
6. Roll or broom the entire membrane surface so as to have full contact with the surface, giving special attention to lap areas.
7. Flash vent pipes, stacks, chimneys and penetrations in compliance with Roof Assembly current Product Control Notice of Acceptance.
8. All protrusions or drains shall be initially taped with a 6" piece of underlayment. The flashing tape shall be pressed in place and formed around the protrusion to ensure a tight fit. A second layer of Polystick shall be applied over the underlayment.



**GENERAL LIMITATIONS:**

1. Fire classification is not part of this acceptance.
2. Polystick MTS, TU Plus, and Tile Pro may be used in asphaltic shingles, wood shakes and shingles, non-structural metal roofing, roof tile systems and quarry slate roof assemblies. IR-Xe, TU, and TU P may be used in all the previous assemblies listed except metal roofing. Dual Pro may be used in all the previous assemblies listed except roof tile systems.
3. Deck requirements shall be in compliance with applicable building code.
4. Polyglass Polystick membranes shall be applied to a smooth, clean and dry surface. The deck shall be free of irregularities.
5. Polyglass Polystick membranes and underlayments shall not be adhered directly over a pre-existing roof membrane as a recover system.
6. Polyglass Polystick membranes shall not be left exposed as a temporary roof for longer than the amount of days listed in the table below after application. Polyglass reserves the right to revise or alter product exposure times; not to exceed the preceding maximum time limitations.

Exposure Limitations (days)							
	MTS	IR-Xe	TU	TU Plus	TU P	Tile Pro	Dual Pro
Winter Haven, FL.	180	180	180	180	180	180	180
Hazelton, PA.	N/A	30	30	180	N/A	N/A	N/A

7. All products listed herein shall have a quality assurance audit in accordance with the Florida Building Code and Rule 9B-72 of the Florida Administrative Code.
8. In roof tile application, data for the attachment resistance of roof tiles shall be as set forth in the roof tile manufacturer's Notice of Acceptance. Polystick TU and TU Plus may be used in both adhesive set and mechanically fastened roof tile applications. Polystick IR-Xe, and Tile Pro are limited to mechanically fastened roof tile applications. Polystick MTS is limited to mechanically fastened with battens roof tile applications. Polystick TU P may be used in both adhesive set and mechanically fastened roof tile applications with the exception of mortar set tile applications.
9. The maximum roof slope for use as roof tile underlayment for (direct-to-deck) tile assemblies shall be as follows: (See Table Below)

Tile Profile	Polystick MTS	Polystick IR-Xe	Polystick TU, TU Plus, TU P, Tile Pro
Flat Tile	Prohibited without battens	5:12	No limitation
Profiled Tile	Prohibited without battens	Prohibited	No limitation

The above slope limitations can be exceeded only by using battens and counter battens in accordance with the Approved Tile System Notice of Acceptance and applicable Florida Building Code requirements. **Battens are required for both loading and installation of tiles at all times.**





## **POLYGLASS GENERAL APPLICATION GUIDELINES FOR POLYSTICK MEMBRANES:**

1. Polyglass does accept the direct application of Polystick underlayment membranes to wood decks. Installers are cautioned to refer to applicable local building codes prior to direct deck installation to ensure this is acceptable. Please also refer to applicable Product Data Sheets of the corresponding products.
2. All rolls, with the exception of Polystick TU Plus should be back-nailed in selvage edge seam as per Polyglass Back Nailing Guide. Nails shall be, 11 gauge ring shank type, applied with a minimum 1" metal disk as required in Dade County or simplex type nail as otherwise allowable in other regions, at a minimum rate of 12" o.c. Polystick TU Plus should be back nailed in designated area marked "nail area, area para clavar" on the face of membrane, with the above stated nails and/or disks. The head lap membrane is to cover the area being back-nailed. (Please refer to applicable local building codes prior to installation.)
3. All seal lap seams (selvage laps) must be rolled with a hand roller to ensure full contact.
4. All fabric over fabric; and granule over granule end laps, shall have a 6" wide, uniform layer of Polyglass Polyplus 55 Premium Modified Flashing Cement, Polyglass Polyplus 50 Premium MB Flashing Cement, Polyglass PG500 MB Flashing Cement, Mule-Hide 241 Premium Modified Flashing Cement, Mule-Hide 251 Premium Wet/Dry Elastomeric Flashing Cement, or Mule-Hide 421 Mod Bit Flashing Adhesive Trowel Grade mastic, applied in between the application of the lap. The use of mastic between the laps does not appl



13. Questions in regards to the application of Polyglass products should be directed to our Technical Services Department at 1 (800) 894-4563.
14. Polyglass recommends that applicators follow good roofing practices and applicable procedures as outlined by the National Roofing Contractors Association (NRCA).

**PLEASE CHECK**



NOA No.: 11-0601.10  
Expiration Date: 09/13/16  
Approval Date: 09/15/11  
Page 8 of 8





# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

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

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10299	Rowe	Final		
10 AM	5 S River Rd Niskin			CANCEL Housekeeper will meet you David 341-3882 INSPECTOR
<del>1306</del>	<del>15 Woodstar Dr</del>	<del>dry-in/metal</del>	<del>Pass</del>	
	Mary Roofing	Watching off dam		INSPECTOR <i>[Signature]</i>
10144	Bahsh	wire lath		
	8 Herons Nest Brownie		<i>[Signature]</i>	INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection  Mon  Tue  Wed  Thur  Fri 12-20-12 Page 1 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10027	Goudis 25 S Leven Team Parks	roof sheathing truss eng.	PASS	INSPECTOR <i>JA</i>
10299	Lowe 5 S Leven Rd Nishi	Final A/C	PASS	INSPECTOR <i>JA</i>
10282	Neild 12 MIRAMAN GRATEFUL A/C	FINAL A/C	PASS	CLOSE INSPECTOR <i>JA</i>
10302	Higgins 18 S. VIA LUCINDIA Pawley Propane	FINAL TANK & LINES	PASS	CLOSE INSPECTOR <i>JA</i>
9917	Ford 98 N Sewalls Masterpiece	Paint Co.	PASS	EXPIRES 1/4/13 INSPECTOR <i>JA</i>
10307	Serls 4 RIVER PAK Masterpiece	FINAL FRUELS	PASS	CLOSE INSPECTOR <i>JA</i>
10306	Rizzo 15 Rivista Gary Marzo	tiling/stone	PASS	INSPECTOR <i>JA</i>

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

 Mon

 Tue

 Wed

 Thur

 Fri

12-26-12

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10300	15 Red Vista	Final	Pass	
	Gary Marzo			INSPECTOR <i>[Signature]</i>
10311	Beulitz 105 Via Lucinda Gulfstream Alum	in-progress Final SGD	Pass	Close INSPECTOR <i>[Signature]</i>
10150	Morris 64 S Sewalls Adams AC	Final AC (copy of permit was faded)	Pass	Close INSPECTOR <i>[Signature]</i>
10292	Coffin 15 RIVERVIEW ON SHORE ROOF	ROOF SWEATING	Pass	INSPECTOR <i>[Signature]</i>
				INSPECTOR
				INSPECTOR
				INSPECTOR
				INSPECTOR

**TREE**



TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

Permit # \_\_\_\_\_

Date Issued: \_\_\_\_\_

This application shall include a written statement giving reasons for removal, relocation, or replacement and a site plan which shall include the dimensional location on a survey, scale drawing, or aerial photograph, superimposed with lot lines to scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.

Owner Rizzo Address 15 Rio Vista Phone \_\_\_\_\_

Contractor Living Waters Landscape Address \_\_\_\_\_ Phone 370-0572

Number of trees to be removed (list kinds of trees) 1 Cottonwood Tree - dead  
OK

Number of trees to be relocated within 30 days (no fee) (list kinds of trees) \_\_\_\_\_

Number of trees to be replaced: \_\_\_\_\_ (list kinds of trees):  
0

Permit Fee \$ 0

\$15.00

(No permit fee for trees which are relocated on property or lie within a utility easement and are required to be removed in order to provide utility service, nor for a tree which is dead, diseased, injured or hazardous to life or property.)

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

Permit good for one year. Fee for renewal of expired permit is \$5.00.

Signature of applicant [Signature] Plans approved as marked \_\_\_\_\_

Approved by Building Inspector [Signature] Date submitted: 3/26/13

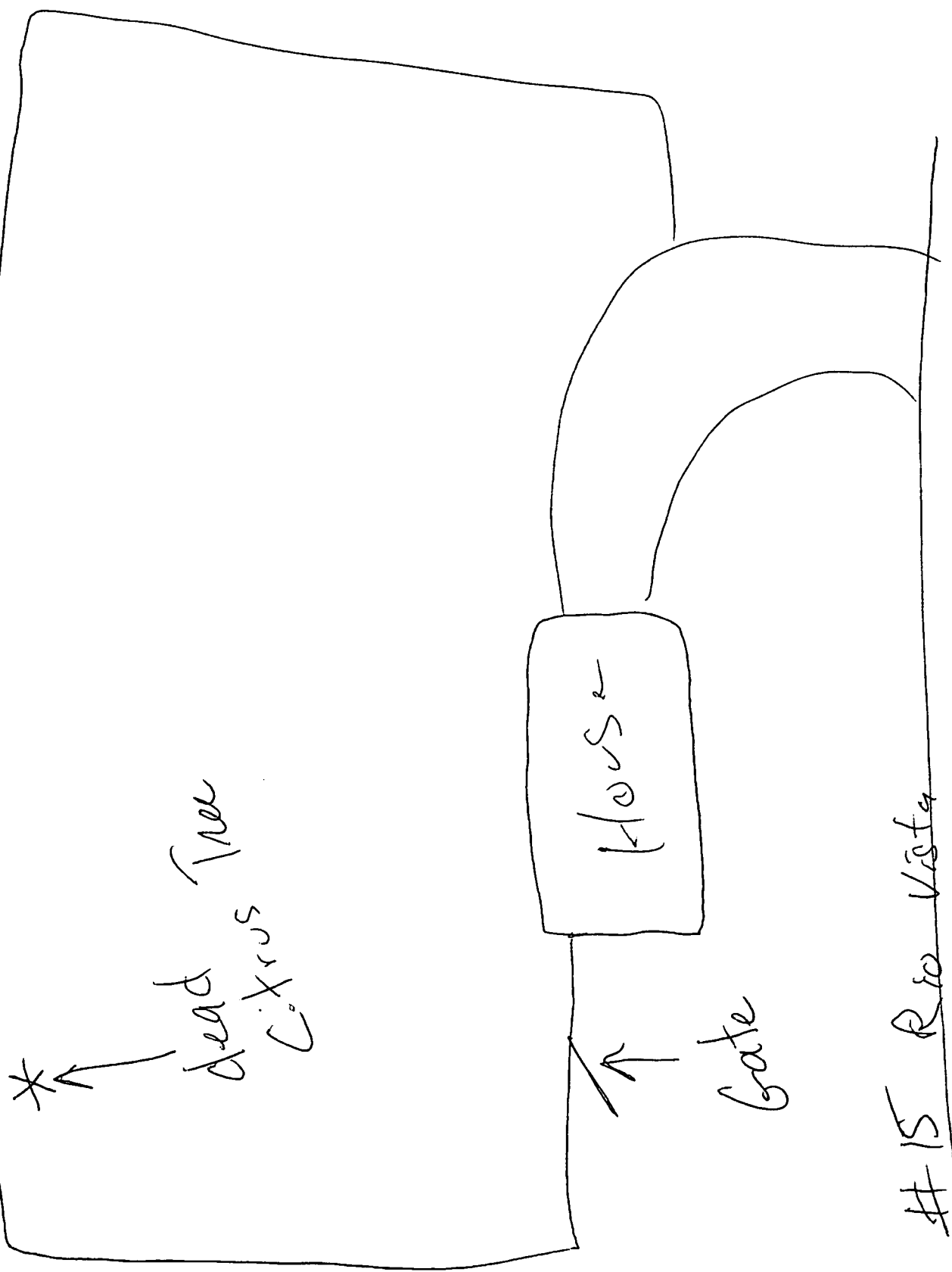
Completed \_\_\_\_\_ Date \_\_\_\_\_ Checked by \_\_\_\_\_

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT A FEE. BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND STRANGLER FIG. FOR THE PURPOSE OF THIS PERMIT, A TREE IS DEFINED AS ANY SELF-SUPPORTING WOODY OR FIBROUS PERENNIAL PLANT WHICH HAS A MINIMUM HEIGHT OF TWELVE (12) FEET.

THE FOLLOWING TREES MUST BE REMOVED BEFORE CONSTRUCTION BEGINS: BRAZILIAN PEPPER, FLORIDA HOLLY TREE, AUSTRALIAN PINE AND MELALEUCA

See attached Tree Species List

Diagram Over



#15 Rio Vista

W

E