

23 Rio Vista Drive

3670

SFR

BUILDING INSPECTION

(FOR OFFICIAL USE ONLY)

(SIGN OFF)

FORM BOARD SURVEY	_____	DATE	_____	NAILING	<u>OK</u>	DATE	<u>12/14/94</u>
ROUGH PLUMBING	<u>OK</u>	DATE	<u>10/22/94</u>	ROOF	<u>OK</u>	DATE	<u>2/12/95</u>
TERMITE PROTECTION	_____	DATE	_____	INSULATION	<u>OK</u>	DATE	<u>2/15/95</u>
FOOTING-SLAB	<u>OK</u>	DATE	<u>10/31/94</u>	FINAL ELECTRIC	<u>OK</u>	DATE	<u>6-9-95</u>
LINTEL	<u>NR</u>	DATE	_____	FINAL PLUMBING	<u>OK</u>	DATE	<u>6-9-95</u>
ROUGH ELECTRIC	<u>OK</u>	DATE	<u>3/14/95</u>	SEPTIC FINAL	<u>OK</u>	DATE	<u>6-9-95</u>
FRAMING	<u>OK</u>	DATE	<u>3/14/95</u>	DRIVEWAY	<u>OK</u>	DATE	<u>6-9-95</u>
A/C DUCTS	<u>OK</u>	DATE	<u>2/14/95</u>	FINAL C.O.	<u>OK</u>	DATE	<u>6-9-95</u>

PERMIT AUTHORIZED BY

Dale Bro

- Call 287-2455 from 8:00 a.m. to 4:00 p.m. for inspections.
- Requests for inspections require 24 hours notice.
- All work must be in compliance with the Town of Sewall's Point ordinances, the South Florida Building Code, the State of Florida Energy Efficiency Building Code and Elevations based on the latest flood insurance rate map.
- Portable toilet facilities and haul-off trash container must be in job site before initial inspection.
- Working hours are from 8:00 a.m. to 5:00 p.m. Monday through Saturday.
- No trucks, trailers or other commercial vehicles may be left on job site overnight unless totally concealed. Violators will be cited. Questions regarding such equipment should be directed to the Building or Police Departments.

3670

Tax Folio No. 12-38-41-002-000-01030-7-00

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name FRANK JOHN CAPELLA & LEAH MARIE CAPELLA

Owner's Address 300 COLORADO AVE. SUITE 204 STUART, FL 34994

Owner's Telephone 223-8070

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

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

City _____ State _____ Zip _____

Contractor's Name ARK HOMES CONSTRUCTION INC

Contractor's Address 1046 N.E. JENSEN BEACH BLVD.

City JENSEN BEACH State FL Zip 34957

Contractor's Telephone 334-8379 License Number CGC057270

Job Name SINGLE FAMILY RESIDENCE

Job Address LOT 103 RIO VISTA #23 RIO VISTA

City Town of Sewall's Point State Florida Zip 34996

Legal Description LOT 103 RIOVISTA SUBDIVISION, RECORDED IN PLAT BOOK 6 PAGE 95, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA

Bonding Company _____

Bonding Company Address _____

City _____ State _____

Architect (Engineer's) Name MATHERS ENGINEERING

Architect/Engineer's Address 1111 SUITE 5 FEDERAL HWY, STUART

Mortgage Lender's Name SEA BOARD SAVINGS BANK F.S.B

Mortgage Lender's Address 715 COLORADO AVE. STUART, FL 34994

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

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

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

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

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

Plumbing Contractor ARLOW PLUMBING License No. CF0029692
Electrical Contractor COOK ELEC. License No. ME00152
Roofing Contractor PANACHE License No. CGLA07057
A/C Contractor CLASSIC COOLING License No. CAC029403
Description of Building or Alterations SINGLE FAMILY RESIDENCE

Name of Street Designated as Front Building Line and Front Yard

RIO VISTA

Subdivision RIO VISTA Lot 103 Block _____

Building Area (air conditioned) 2410 sq. ft.

Garage, Porch, Carport Area 820 sq. ft.

Contract Price (excluding carpet, land, appliance, landscaping)

\$ 160,877.00

Sean M. Caccia

DATE 10/7/94

(Owner or Authorized Agent)

Sworn and Subscribed before me this

7th day of October 1994

(SEAL)

Joan H. Barrow

NOTARY PUBLIC

State of Florida at Large

My Commission Expires:

Notary Public, State of Florida

My Commission Expires Nov. 15, 1994

Bonded Thru Troy Fain - Insurance Inc.

Ronald A. Britton, Pres

(Contractor)

DATE Oct 4, 1994

Sworn and Subscribed before me this

4th day of Oct. 1994

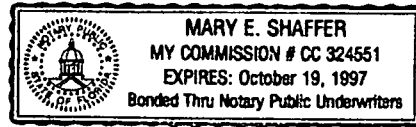
(SEAL)

Mary E. Shaffer

NOTARY PUBLIC

State of Florida at Large

My Commission Expires:



Certificate of Competency Holder

Contractor's State Certification or Registration No. CGC057270

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY Dale Brown 10/17/94 Permit Officer
[Signature]

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked ✓ _____ Date _____

A/C Area 2410 sq. ft. x \$60. = \$ 144,600

Non A/C Area 820 sq. ft. x \$25. = \$ 20,500

Total = \$ 165,100

Contract Price \$ 160,877.⁰⁰ (fee will be charged on higher amount)

~~\$ 165,100.00~~ M. x \$8.00 = \$ 1,320 Building Fee
 25% Owner/Builder Fee \$ 149 (if applicable)
 A/C Fee \$ 100.00
 Electrical Fee \$ 100.00
 Plumbing Fee \$ 100.00
 Roofing Fee \$ 100.00
 Radon Fee \$ 32.30
 County Impact Fee \$ 1,508.20
 TOTAL PERMIT FEE \$ 3,261.50
 PAYMENT RECEIVED Dale B... 10/17/94
 Signature Date

- Contractor's License
- Sub-Contractors' Licenses
- Workers' Comp. Insurance
- General Liability Insurance
- Three sets of Plans
- Plans sealed by architect or engineer
- Plot Plan
- Boundary survey
- Topographic survey certified to the Town of S.P.
- Recorded warranty deed
- Septic tank permit
- Energy Code calculations
- Elevation certificate
- Recorded notice of commencement
- Application for c.o.

01048272

94 FEB 28 PM 4:29

Parcel ID Number: 12-38-41-002-000-01030-9-0000

Grantee #1 TIN:

Grantee #2 TIN:

[Space Above This Line For Recording Data]

Warranty Deed

This Indenture, Made this 25th day of February, 1994 A.D. Between David A. VanHorn and Barbara A. VanHorn, his wife,

of the County of Northampton, State of Pennsylvania, grantors, and Frank John Cacella and Leah Marie Cacella, his wife,

whose address is: 10606 228th Lane South, BOCA RATON, Florida 33428

of the County of PALM BEACH, State of Florida, grantees.

Witnesseth that the GRANTORS, for and in consideration of the sum of TEN & NO/100 (\$10.00) DOLLARS, and other good and valuable consideration to GRANTORS in hand paid by GRANTEEES, the receipt whereof is hereby acknowledged, have granted, bargained and sold to the said GRANTEES and GRANTEES' heirs and assigns forever, the following described land, situate, lying and being in the county of MARTIN State of Florida to wit:

Lot 103, RIO VISTA SUBDIVISION, according to the Plat thereof filed December 11, 1975 and recorded in Plat Book 6, page 95, Martin County, Florida public records.

SUBJECT TO restrictions, reservations, easements, rights-of-way, and limitations of record, zoning and/or other prohibitions imposed by governmental authorities and taxes subsequent to December 31, 1993.

REC-DEED \$ 581.00 MARSHA STILLER
REC-MTG \$ _____ MARTIN COUNTY
DOC-ASM \$ _____ CLERK OF CIRCUIT COURT
INT. TAX \$ _____ BY JK D.C.

and the grantors do hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever. In Witness Whereof, the grantors have hereunto set their hands and seals the day and year first above written. Signed, sealed and delivered in our presence:

Susan M. Nonnenaker
Printed Name: Susan M. Nonnenaker
Witness as to Both
Robert F. Nonnenaker
Printed Name: Robert F. Nonnenaker
Witness as to Both

David A. VanHorn (Seal)
David A. VanHorn
P.O. Address 1440 Dartmouth Drive, Bethlehem, PA 18017-9146
Barbara A. VanHorn (Seal)
Barbara A. VanHorn
P.O. Address 1440 Dartmouth Drive, Bethlehem, PA 18017-9146

COMMONWEALTH OF Pennsylvania COUNTY OF Lehigh

The foregoing instrument was acknowledged before me this 25th day of February, 1994 by David A. VanHorn and Barbara A. VanHorn, his wife,

who are personally known to me or who have produced their PA Notary Public as identification and who did take an oath

This Document Prepared By:
Robert S. Kramer, Esq.
COPELAND KRAMER SEWELL & SOPKO, P.A.
2307 S.E. Monterey Road
Stuart, FL 34996

Printed Name: Robert F. Nonnenaker
NOTARY PUBLIC
My Commission Expires:

Notarial Seal
Robert F. Nonnenaker, Notary Public
Bethlehem, Lehigh County
My Commission Expires March 30, 1997

DRBK1058 PGO435

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No 3067-0077
Expires May 31, 1993

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME <u>CACELLA</u>	POLICY NUMBER	
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER <u>RIO VISTA DRIVE</u>	COMPANY NAIC NUMBER	
OTHER DESCRIPTION (Lot and Block Numbers, etc.) <u>LOT 103, RIO VISTA</u>		
CITY <u>SEWALLS POINT</u>	STATE <u>FLA</u>	ZIP CODE

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
<u>120164</u>	<u>0002</u>	<u>C</u>	<u>4/3/84</u>	<u>C</u>	<u>N/A</u>

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGVD '29 Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level .
- 2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of 122.4 feet NGVD (or other FIRM datum—see Section B, Item 7).
- (b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building.
- (d). FIRM Zone AO. The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? Yes No Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations: NGVD '29 Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
4. Elevation reference mark used appears on FIRM: Yes No (See Instructions on Page 4)
5. The reference level elevation is based on: actual construction construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is: 122.0 feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: feet NGVD (or other FIRM datum—see Section B, Item 7).
2. Date of the start of construction or substantial improvement

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE), V1-V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

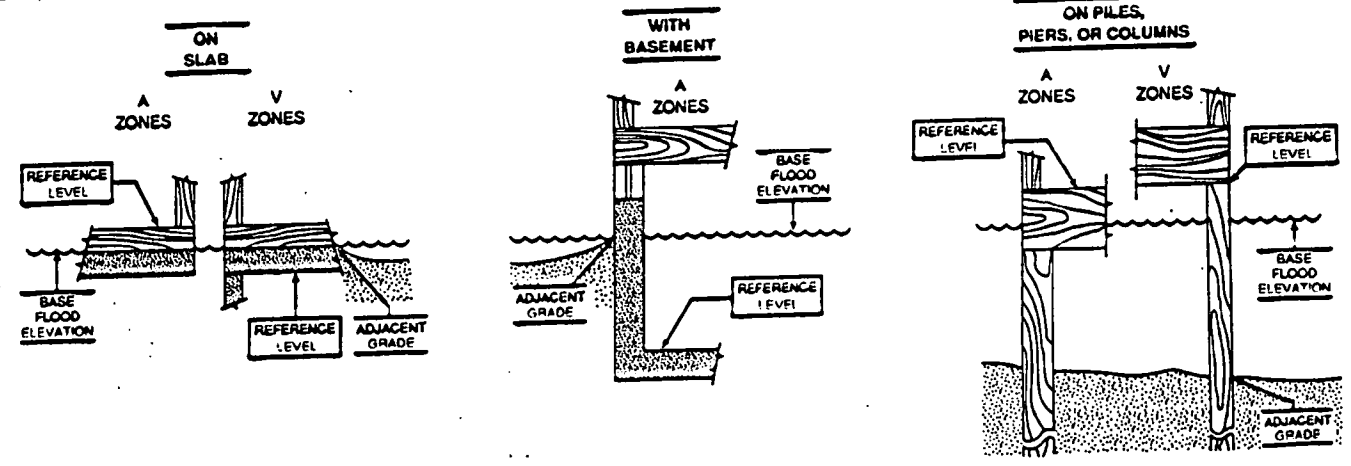
Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Stephen J. Brown	4049	
<small>CERTIFIER'S NAME</small> Land Surveyor	<small>LICENSE NUMBER (or Affix Seal)</small>	
290 Florida Street	Stuart	Florida 34994
<small>TITLE</small>	<small>COMPANY NAME</small>	<small>STATE ZIP</small>
290 Florida Street	Stuart	Florida 34994
<small>ADDRESS</small>	<small>CITY</small>	<small>STATE ZIP</small>
10/27/94	(407) 288-7176	
<small>SIGNATURE</small>	<small>DATE</small>	<small>PHONE</small>

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS:



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones. Elevations for all A Zones should be measured at the top of the reference level floor. Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.

Prepared by, record & return to:
Robert S. Kramer, Esquire
Copeland, Kramer, Sewell & Sopko, P.A.
2307 S.E. Monterey Road
Stuart, Florida 34996

1508174

NOTICE OF COMMENCEMENT

THE UNDERSIGNED hereby gives notice as follows to inform all concerned that improvements will be made to the herein described real property:

1. Improvements consisting of single family residence
will be made to the follow-
ing described property in Martin County,
Florida.

(a) Legal Description: Lot 103, Rio Vista Subdivision, according to
the Plat thereof, recorded in Plat Book 6, page 95, public records of
Martin County, Florida.

(b) Street Address: 23 Rio Vista Drive
Stuart, Florida 34996

(c) General Physical Location: _____

2. The name and address of the Owner (as such term is defined in Section 713.01, Florida Statutes) of the property is:

Name: Frank John Cacella & Leah Marie Cacella
Address: 300 Colorado Avenue, Suite 204
Stuart, Florida 34994

3. Said Owner's interest in the site of the improvement is:
Fee simple.

4. The name and address of the fee simple titleholder is (if other than Owner):

Name: _____
Address: _____

5. Name and address of the contractor is:

Name: ARK HOMES CONSTRUCTION, INC.
Address: 957 South Federal Highway
Stuart, Florida 34994

6. The name and address of the surety on the payment bond, and the amount of such payment bond, is as follows:

Name: _____
Address: _____

Amount of the payment bond: \$ _____



7. The following person or entity (within the State of Florida) is hereby designated by the Owner as a person other than the Owner upon whom notice or other documents may be served under Chapter 713, Florida Statutes:

Name: _____
Address: _____

8. The following entity is making a loan for the construction of the improvements referred to herein and is hereby designated as a person upon whom notice or other documents must be served under Chapter 713, Florida Statutes:

SEABOARD SAVINGS BANK, F.S.B.
715 COLORADO AVENUE
STUART, FLORIDA 34994

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

OWNER: [Signature]
Frank John Cacella
[Signature]
Leah Marie Cacella

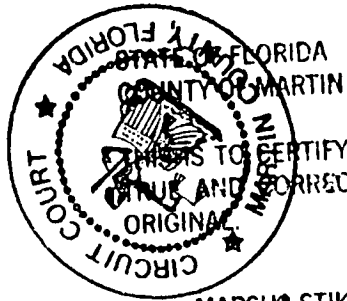
STATE OF FLORIDA
COUNTY OF Martin

The foregoing instrument was acknowledged before me this 12th day of September, 1994, by Frank John Cacella & Leah Marie Cacella, personally known to me or who has produced FLORIDA DRIVERS LICENSE as identification and who did/did not take an oath.

[Signature]
Notary Public - State of Florida

Notary printed name

My commission expires:



MARSHA STILLER, CLERK
BY [Signature] D.C.
DATE 9/14/94

Wind Load Structural Calculations per ASCE 7-93

<p>START HERE</p> <p>STEP No. 1</p> <p>The velocity pressure value shown in the chart below is based on the fastest mile wind speed design requirement and the mean roof height for each rectangle of the structure. *See Below</p> <p style="text-align: center;">Design wind speed & exposure ENTER HERE</p>	<p>Establish wind load velocity pressure for exposure C or exposure D for shoreline areas</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center;">110 EXP. D</p> </div>	<p style="text-align: center;">Hurricane Engineering Corporation</p> <p style="text-align: center;">1111 South Federal Hwy., Suite 226 Stuart, Florida 34994</p> <p style="text-align: center; font-size: small;">Phone: 407 / 221-8839 Fax: 220-8886</p>
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Wind speed & exposure	VELOCITY PRESSURE VALUES $(q_z = 0.00256 \times K_z \times (V)^2)$										Importance factor, I = 1.05
	80 Exp. C	90 Exp. C	100 Exp. C	110 Exp. C	120 Exp. C	130 Exp. C	140 Exp. C	90 Exp. D	100 Exp. D	110 Exp. D	
Mean Roof height 0' to 15'	14.5	18.3	22.6	27.3	32.5	38.2	44.3	27.4	33.9	41.0	
Mean Roof height 15' to 20'	15.7	19.9	24.6	29.7	33.4	41.5	48.1	29.0	35.8	43.4	
Mean Roof height 20' to 25'	16.8	21.3	26.2	31.8	37.8	44.4	51.4	30.2	37.3	45.1	
Mean Roof height 25' to 30'	17.7	22.4	27.7	33.5	39.8	46.7	54.2	31.3	38.7	46.8	
Mean Roof height 30' to 35'	18.4	23.3	28.8	34.8	41.5	48.7	56.4	32.3	39.9	48.3	
Mean Roof height 35' to 40'	19.1	24.2	29.9	36.2	43.1	50.6	58.6	33.4	41.2	49.9	
Mean Roof height 40' to 45'	19.8	25.0	30.9	37.4	44.5	52.2	60.6	34.1	42.1	50.9	
Mean Roof height 45' to 50'	20.4	25.8	31.9	38.6	45.9	53.9	62.5	34.7	42.8	51.9	
Mean Roof height 50' to 55'	21.0	26.5	32.7	39.6	47.1	55.9	64.2	35.4	43.7	52.9	
Mean Roof height 55' to 60'	21.5	27.2	33.6	40.8	48.4	58.8	65.8	36.1	44.6	54.0	

Rectangle Information: Select velocity pressure and list mean roof height for each roof rectangle											
For Rectangle	A	B	C	D	E	F	G	H	I	J	K
Velocity pressure	41.0	45.1									
Mean roof height	11.0	22'									

To determine the mean roof height; first, ADD vertical distance from grade to top of exterior wall at eave PLUS; 50% of the vertical distance from top of exterior wall at eave to highest roof ridge line of each rectangle.

DEAD LOAD (PSF) 2

General Information												
Roof Pitch	1:12	2:12	3:12	4:12	5:12	6:12	7:12	8:12	9:12	10:12	11:12	12:12
Pitch Factor	1.00347	1.01378	1.03078	1.05409	1.08333	1.11803	1.15770	1.20185	1.25000	1.30172	1.35857	1.41421
Force factor	0.94444	0.88888	0.84444	0.78888	0.74444	0.70000	0.68866	0.62222	0.58888	0.55555	0.52222	0.50000
Pitch Angle	5 Degrees	10 Degrees	14 Degrees	18 Degrees	23 Degrees	27 Degrees	30 Degrees	34 Degrees	37 Degrees	40 Degrees	43 Degrees	45 Degrees

Roof Coefficients for wind load calculations on buildings with a mean roof height of less than 60 feet.

For Roof framing members at 16" on center												
16" O.C.												
With roof pitch angle Zero to 10 degrees					With roof pitch angle 10 to 30 degrees				With roof pitch angle 30 to 45 degrees			
Coefficients for					Coefficients for				Coefficients for			
Roof frame member span lgth. brg. to brg. (Feet)	Roof frame members with only 1 edge/ridge Zone #2	Roof frame members with more than 1 Zone #2	Roof frame members totally in a gable End Zone	Overhang portion of Roof frame members	Roof frame members with only 1 edge/ridge Zone #2	Roof frame members with more than 1 Zone #2	Roof frame members totally in a gable End Zone	Overhang portion of Roof frame members	Roof frame members with only 1 edge/ridge Zone #2	Roof frame members with more than 1 Zone #2	Roof frame members totally in a gable End Zone	Overhang portion of Roof frame members
0 to 6	2.00	2.55	2.55	3.03	2.15	3.00	3.00	3.33	1.50	1.63	1.63	2.32
6 to 9	1.75	2.07	2.40	2.68	1.85	2.42	2.80	2.89	1.46	1.54	1.63	2.25
9 to 12	1.87	1.91	2.40	2.54	1.68	2.04	2.80	2.60	1.44	1.50	1.63	2.22
12 to 18	1.52	1.68	2.10	2.34	1.43	1.68	2.50	2.30	1.33	1.38	1.52	2.10
18 to 20	1.50	1.60	2.10	2.30	1.38	1.58	2.50	2.23	1.32	1.38	1.52	2.09
20 to 28	1.47	1.54	2.10	2.25	1.32	1.46	2.50	2.14	1.31	1.34	1.52	2.08
28 to 36	1.46	1.53	2.10	2.25	1.24	1.34	2.20	2.04	1.24	1.26	1.43	2.00
36 to 48	1.30	1.35	1.70	2.08	1.24	1.34	2.20	2.04	1.24	1.26	1.43	2.00
48 to 60	1.30	1.35	1.70	2.08	1.24	1.34	2.20	2.04	1.24	1.26	1.43	2.00
60 to 80	1.23	1.28	1.50	2.00	1.19	1.28	2.00	1.99	1.22	1.24	1.40	1.98
80 Plus	1.23	1.28	1.50	2.00	1.19	1.28	2.00	1.99	1.22	1.24	1.40	1.98

For Roof framing members at 24" on center												
24" O.C.												
With roof pitch angle Zero to 10 degrees					With roof pitch angle 10 to 30 degrees				With roof pitch angle 30 to 45 degrees			
Coefficients for					Coefficients for				Coefficients for			
Roof frame member span lgth. brg. to brg. (Feet)	Roof frame members with only 1 edge/ridge Zone #2	Roof frame members with more than 1 Zone #2	Roof frame members totally in a gable End Zone	Overhang portion of Roof frame members	Roof frame members with only 1 edge/ridge Zone #2	Roof frame members with more than 1 Zone #2	Roof frame members totally in a gable End Zone	Overhang portion of Roof frame members	Roof frame members with only 1 edge/ridge Zone #2	Roof frame members with more than 1 Zone #2	Roof frame members totally in a gable End Zone	Overhang portion of Roof frame members
0 to 6	1.91	2.40	2.40	2.81	2.04	2.80	2.80	3.17	1.50	1.63	1.63	2.32
6 to 9	1.75	2.07	2.40	2.68	1.62	2.06	2.50	2.59	1.37	1.44	1.52	2.16
9 to 12	1.57	1.75	2.10	2.41	1.51	1.84	2.50	2.43	1.35	1.41	1.52	2.13
12 to 18	1.52	1.68	2.10	2.34	1.43	1.68	2.50	2.30	1.33	1.38	1.52	2.10
18 to 20	1.50	1.60	2.10	2.30	1.38	1.58	2.50	2.23	1.25	1.28	1.43	2.02
20 to 28	1.31	1.35	1.70	2.08	1.24	1.36	2.20	2.05	1.24	1.27	1.43	2.00
28 to 36	1.30	1.35	1.70	2.08	1.24	1.34	2.20	2.04	1.24	1.26	1.43	2.00
36 to 48	1.30	1.35	1.70	2.08	1.19	1.28	2.00	1.99	1.22	1.24	1.40	1.98
48 to 60	1.23	1.28	1.50	2.00	1.19	1.28	2.00	1.99	1.22	1.24	1.40	1.98
60 to 80	1.23	1.28	1.50	2.00	1.19	1.28	2.00	1.99	1.22	1.24	1.40	1.98
80 Plus	1.23	1.28	1.50	2.00	1.19	1.28	2.00	1.99	1.22	1.24	1.40	1.98

Note 1. Edge/Ridge Zone and End Zone calculation is thus; 10% of the endwall width or 40% of the mean roof height, whichever is smaller, but not less than either 3 feet or 4% of the longest wall.

The methods of determining the wind force generated reaction loads in this document utilizes the provisions of the ANSI / ASCE Standard 7-93, Minimum Design Loads for Buildings and Other Structures, Section 6, Wind Loads, 6.4.2 Analytical Procedure in accordance with 6.4.2.2 Limitations of Analytical Procedure. This method applies all appropriate factors and pressure coefficients applicable for the main wind force resisting system, end zones, overhangs, edge strips, walls, roofs, components and cladding as shown in Section 6, figures 1, 2, 3, & 4 and tables 4, 5, 6, 7, 8, 9, 10, 11 & 12. The velocity pressures shown in Step No. 1 have been calculated in accordance with Section 6.5.1 and modified for velocity pressure exposure coefficients and gust response factors relative to exposures C and D in compliance with Table 6 and Table 8 respectively. The use of this document is restricted to buildings less than 60 feet high, subject to the same limitations as shown in Section 6.4.2.2 of the ASCE Standard 7-93 and must be completed under the direction and supervision of a registered professional engineer.

STEP No. 2 Identify and Number:

SAMPLE: A-T1 (A = the roof Rectangle in which the truss T1 is located)

On your roof framing plan, identify, by prefixes and number, all structural framing members. Use the same prefix and number for all members which are identical in span and general design. Prefixes are shown in the chart below.

Note: Mark all girder trusses and beams at their bearing points with "A" at one bearing point and "B" at the other bearing point. (Example: G1-A and G1-B for each end of a girder truss)

Note: Nomenclature assigned by truss companies may also be used except for girders & beams.

Item Description	Roof Truss	Roof Rafter	Hip Jack	Beam or Girder	Hip King Jack	O.S. Roof Corner	Opening Header	Gable Frame	Shear Wall (Int.)	End Wall	Side Wall
Rectangle Prefix +	T-#	R-#	J-#	B or G-#	K-#	CR-#	H-#	GF-#	X-#	EW-#	SW-#

STEP No. 3 Calculate wind uplift loads for structural roof framing members at both bearing points.

List hip roof king-jacks after Step 4D is completed. Do include hand framed Gables, GF-#.

Note 2: The selection of the coefficient "C" must be from the chart shown on page 1 and is based first on the roof framing center distance, 16" or 24" on center; next the chart for the appropriate roof pitch angle must be used in conjunction with the roof frame member span length from bearing point to bearing point.

Important: Select the correct coefficient for each roof framing member based on the number of Edge or Ridge strip areas acting on that specific roof frame member. Typically, most hip jacks and some rafters have only one edge or ridge strip.

The load result of this calculation is the net uplift reaction vertical to the bearing point less the dead load reaction.

Col. A Rectangle Letter-	Col. B Roof frame member I.D. No. on plans	Col. C Coefficient "C" Note 2 Roof and overhang	Col. D Velocity pressure	Col. E Calculated Value	Col. F Dead Load (PSF)	Col. G Calculated Value	Col. H Roof frame center distance (feet)	Col. I Calculated Value	Col. J* Line a: = 1/2 Span Line b: = overhang	Col. K Uplift load opposite eave and for a.(Lbs.)	Col. L* Uplift load at eave w/ overhang for b.(Lbs.)	Letter Ridge end = a. Eave end = b.
A	J1	2.04 3.17	41.0	83.6 130.0	2	81.6 128.0	2	163.2 256.0	0.5 2.0	81.6 512.0		a. b.
A	J3	2.04 3.17		83.6 130.0		81.6 128.0		163.2 256.0	1.5 2.0	244.8 512.0		a. b.
A	J5	2.04 3.17		83.6 130.0		81.6 128.0		163.2 256.0	2.5 2.0	408.0 512.0		a. b.
A	J7	1.62 2.59		66.4 106.2		64.4 104.2		128.8 208.4	3.5 2.0	450.8 416.8		a. b.
A	T1	2.04 3.17		83.6 130.0		81.6 128.0		163.2 256.0	2.25 2.0	405.0 512.0		a. b.
A	T2	1.43 2.30		58.6 94.3		56.6 92.3		113.2 184.6	6.25 0	707.5 0		a. b.
A	T3	1.62 2.59		66.4 106.2		64.4 104.2		128.8 208.4	3.25 0	418.6 0		a. b.
A	T4	1.24 2.05		50.8 84.0		48.8 82.0		97.6 164.0	11.0 2.0	1073.6 328.0		a. b.
A	T5	1.51 2.43		61.9 99.6		59.9 97.6		119.8 195.2	5.25 2.0	629.0 392.4		a. b.
A	T6	1.51 2.43		61.9 99.6		59.9 97.6		119.8 195.2	4.5 2.0	539.1 392.4		a. b.
A	T7	1.62 2.59		66.4 106.2		64.4 104.2		128.8 208.4	4.0 2.0	512.2 416.8		a. b.
A	G1	1.43 2.30		58.6 94.3		56.6 92.3		113.2 184.6	6.25 0	707.5 0		a. b.
A	G2	1.24 2.05		50.8 84.0		48.8 82.0		97.6 164.0	11.0 2.0	1073.6 328.0		a. b.
A	G3	1.36 2.05		55.8 84.0		53.8 82.0		107.6 164.0	11.0 2.0	1133.6 328.0		a. b.
A	KJ5	2.04 3.17		83.6 130.0		81.6 128.0		163.2 256.0	3.35 2.8	628.3 716.8		a. b.
A	KJ7	1.62 2.59		66.4 106.2		64.4 104.2		128.8 208.4	3.35 2.8	639.0 583.5		a. b.
A	KJ8	1.62 2.59		66.4 106.2		64.4 104.2		128.8 208.4	6.9 2.8	858.7 583.5		a. b.
B	J1	2.04 3.17	45.1	92.0 143.0	2	90.0 141.0		180.0 282.0	0.5 2.0	90.0 564.0		a. b.
B	J3	2.04 3.17		92.0 143.0		90.0 141.0		180.0 282.0	1.5 2.0	270.0 564.0		a. b.
B	J5	2.04 3.17		92.0 143.0		90.0 141.0		180.0 282.0	2.5 2.0	450.0 564.0		a. b.
B	J5A	2.04 3.17		92.0 143.0		90.0 141.0		180.0 282.0	2.5 0	450.0 0		a. b.
B	J7	1.62 2.59		66.4 106.2		64.4 104.2		128.8 208.4	3.5 2.0	450.8 416.8		a. b.
B	T1	1.87 2.43		85.0 109.6		81.0 107.6		162.0 215.2	5.75 2.0	931.5 420.4		a. b.
B	T2	1.51 2.43		63.1 109.6		66.1 107.6		132.2 215.2	5.75 2.0	760.2 420.4		a. b.

*NOTE 3: If the eave does NOT have an overhang of 1'-6" or more; then enter 1.5 in column "J"

STEP No. 3 (Cont.)

Calculate wind uplift loads for structural roof framing members at both bearing points.

List hip roof king-jacks after Step 4D is completed. Do include hand framed Gables, GF-#.

Note 2: The selection of the coefficient "C" must be from the chart shown on page 1 and is based first on the roof framing center distance, 18" or 24" on center; next the chart for the appropriate roof pitch angle must be used in conjunction with the roof frame member span length from bearing point to bearing point.

Important: Select the correct coefficient for each roof framing member based on the number of Edge or Ridge strip areas acting on that specific roof frame member. Typically, most hip jacks and some rafters have only one edge or ridge strip.

Follow calculation instructions at the bottom of the columns.

The load result of this calculation is the net uplift reaction vertical to the bearing point less the dead load reaction.

Col. A Rectangle Letter	Col. B Roof frame member I.D. No. on plans	Col. C Coefficient "C" Note 2 Roof and overhang	Col. D Velocity pressure	Col. E Calculated Value	Col. F Dead Load (PSF)	Col. G Calculated Value	Col. H Roof frame center distance (feet)	Col. I Calculated Value	Col. J* Line a. = 1/2 Span Line b. = overhang	Col. K Uplift load opposite eave end for a.(Lbs.)	Col. L* Uplift load at eave w/ overhang for b.(Lbs.)	Letter Ridge end = a. Eave end = b.
B	T3	1.36 2.05	45.1	61.3 92.5	2	59.3 90.5	2	118.6 180.4	12.5 2.0	1482.5 360.8	1843	a. b.
B	T4	1.43 2.30		64.5 103.7		62.5 101.7		125.0 203.4	6.0 2.0	750.0 406.8	1157	a. b.
B	T5	1.62 2.59		73.1 116.8		71.1 114.8		142.2 229.6	3.25 3.0	462.2 688.8	1151	a. b.
B	T6	1.43 2.30		64.5 103.7		62.5 101.7		125.0 203.4	7.25 2.0	406.3 406.8	1313	a. b.
B	G1	1.84 2.43		83.0 109.6		81.0 107.6		162.0 215.2	5.75 2.0	931.5 430.4	1362	a. b.
B	G2	1.51 2.43		68.1 109.6		66.1 107.6		132.2 215.2	5.75 2.0	760.2 430.4	1191	a. b.
B	G4	1.51 2.43		68.1 109.6		66.1 107.6		132.2 215.2	5.75 2.0	760.2 430.4	1191	a. b.
B	G5	1.24 2.05		55.9 92.5		53.9 90.5		107.8 181.0	17.5 2.0	1347.5 362.0	1710	a. b.
B	G6	1.38 2.23		62.2 100.6		60.2 98.6		120.4 197.2	8.0 2.0	963.2 394.4	1358	a. b.
B	G7	1.43 2.30		64.5 103.7		62.5 101.7		125.0 203.4	7.25 2.0	406.3 406.8	1313	a. b.
B	G8	1.43 2.30		64.5 103.7		62.5 101.7		125.0 203.4	7.25 2.0	406.3 406.8	1313	a. b.
B	KJ5	2.04 3.17		92.0 143.0		90.0 141.0		180.0 282.0	3.85 2.8	693.0 789.6	1483	a. b.
B	KJ5A	2.04 3.17		92.0 143.0		90.0 141.0		180.0 282.0	4.1 2.8	738.0 789.6	1525	a. b.
B	KT5B	2.04 3.17		92.0 143.0		90.0 141.0		180.0 282.0	4.1 0	738.0 0	738	a. b.
B	KJ7	1.62 2.59		73.1 116.9		71.1 114.9		142.2 229.8	5.35 2.8	760.8 643.4	1404	a. b.
B	J4	2.90 3.17		126.3 143.0		124.3 141.0		248.6 282.0	2.0 2.0	497.2 514.0	1061	a. b.
B	G9	1.36 2.05		61.3 92.5		59.3 90.5		118.6 180.4	12.5 2.0	1482.5 360.8	1843	a. b.
B	G3	1.43 2.30		64.5 103.7		62.5 101.7		125.0 203.4	6.0 0	750.0 2	750	a. b.
B	KJ7A	1.62 2.59		73.1 116.8		71.1 114.8		142.2 229.6	3.5 0	497.7 0	498	a. b.
B	G10	1.62 2.59		73.1 116.8		71.1 114.8		142.2 229.6	3.0 2.0	426.6 459.2	856	a. b.
B	G11	2.04 3.17		92.0 143.0		90.0 141.0		180.0 282.0	1.0 0	180.0 0	180	a. b.
B	G12	2.04 3.17		92.0 143.0		90.0 141.0		180.0 282.0	1.0 2.0	180.0 564.0	744	a. b.
B	G3	1.43 2.30		64.5 103.7		62.5 101.7		125.0 203.4	6.25 0	751 0	751	a. b.

Columns &
Calculation
Instructions

C x D = E

E - F = G

G x H = I

I x J = K

Ka + Kb = L*

*NOTE 3: If the eave does NOT have an overhang of 1'-6" or more; then enter 1.5 in column "J"

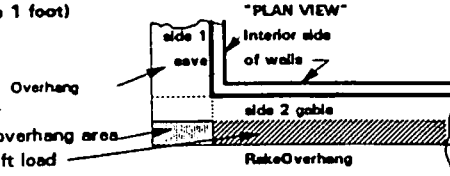
STEP No. 4A (Only if Rake overhang exceeds 1 foot)

Contributory Uplift Load Values for outside wall corner overhang areas:

Use for ALL GABLE Corners ONLY

Identical corners should have the same I.D. number

AA represents uplift load for this corner overhang area
BB represents excess rake overhang uplift load



STEP No. 4C

Hypotenuse lengths for roof frame Hip King-Jacks

Select the LENGTH values CC and DD from this chart based upon the hip girder truss set-back distance from the exterior bearing wall and the eave overhang length.

Corner I.D. as shown on plans	Enter Sq. Ft. of Shaded corner Area	MATH	Fixed Value	Math Function Value (results)	MATH	specific rectangle Velocity pressure (sheet 1)	Value AA	Set-Back Distance in feet	CC Bearing Length	Set-Back Distance in feet	CC Bearing Length	Set-Back Distance in feet	CC Bearing Length	Eave Over-Hang Distance in feet	DD overhang Length
CR-1	X	4	=	X	=			1	1.4	9	12.7	17	24.0	1.00	1.4
CR-2	X	4	=	X	=			2	2.8	10	14.1	18	25.5	1.33	1.9
CR-3	X	4	=	X	=			3	4.2	11	15.6	19	26.9	1.50	2.1
CR-4	X	4	=	X	=			4	5.7	12	17.0	20	28.3	2.00	2.8
CR-6	X	4	=	X	=			5	7.1	13	18.4	21	29.7	2.50	3.5
CR-6	X	4	=	X	=			6	8.5	14	19.8	22	31.1	3.00	4.2
CR-7	X	4	=	X	=			7	9.9	15	21.2	23	32.5	3.50	4.9
CR-8	X	4	=	X	=			8	11.3	16	22.6	24	33.9	4.00	5.7

STEP No. 4B

Calculate Wind Uplift Load Values at bearing points of gable truss or rafter and uplift per lineal foot for gable diaphragm design and connector sizing on hand framed gables

GF# or Member I.D. No. as shown on plans	Col A Enter half Sq. Ft. of hatched rake area brg. to brg.	MATH	Fixed Value	Math Function Value (results)	MATH	specific rectangle Velocity pressure (sheet 1)	Value BB	MATH	Plus Value AA	List Ka. & Lb. values from Step 3	Uplift at each bearing point a. & b.	Total uplift for both bearing points	List horizont'l bearing distance (Feet)	Uplift shear on gable sheathing (PLF)	Sheathing Mat'l. & thickness Nail size & V. Ctrs.	LINE Letter Ridge end = a. Eave end = b.
	X	2.4	=	X	=			+								a. b.
	X	2.4	=	X	=			+								a. b.
	X	2.4	=	X	=			+								a. b.
	X	2.4	=	X	=			+								a. b.
	X	2.4	=	X	=			+								a. b.
	X	2.4	=	X	=			+								a. b.
	X	2.4	=	X	=			+								a. b.
	X	2.4	=	X	=			+								a. b.
	X	2.4	=	X	=			+								a. b.

A x B = C

C x D = E

E + F + G = H

Ha + Hb = I

I / J = K

STEP No. 4D

List the values requested and perform the calculations on Lines 3, 4, and 6 for each dissimilar king-jack shown on plans. Then, insert the calculated values from Line 4 and Line 5 into Step 3, Column J, lines a. & b. respectively.

Line Number	King-Jack I.D. No. as shown on plans	KJ5	KJ7	KJ8	KJ5	KJ5A	KJ5B	KJ7
1	Pitch Factor = Page 1, General info.	1.08333	1.08333	1.08333	1.08333	1.15770	1.15770	1.08333
2	List the CC length value	7.1	9.9	11.3	7.1	7.1	7.1	9.9
3	Multiply Line 1 times Line 2 =	7.7	10.7	13.8	7.7	8.2	7.2	10.7
4	Divide Line 3 value by 2 =	3.85	5.35	6.9	3.85	4.1	4.1	5.35
5	List the DD overhang length value	2.5	2.8	2.5	2.5	2.9	0	2.8
6	Multiply Line 1 times Line 5 =	3.03	3.03	3.03	3.03	3.24	0	3.03

STEP No. 5

Determine the ADDITIONAL wind uplift load for those roof frame members that extend or exist over partially enclosed and/or open areas.

Member I.D. No. as shown on plans	Col A Load Ka. & Lb. from Step No. 3 (Lbs.)	Col B Velocity pressure from Step No. 3 Col. "D"	Col C Additional uplift load per sq. ft. (Lbs.)	Col D Member length over the open area only (Feet)	Col E Member distance on center (Feet)	Col F Effective sq. ft. area per member (Lbs.)	Col G Sum of additional uplift load / member (Lbs.)	Col H Member span dist brg to brg (Feet)	Col I additional uplift load per lineal foot (PLF)	Col J Load Ctr. dist. to: brg pt. b. brg pt. a. (Feet)	Col K additional uplift load t brg. pts a. and b. (Lbs.)	Col L Revised uplift load t brg. pts a. and b. (Lbs.)	LINE Letter Ridge end = a. Eave end = b.
T1	408 920	41.0	30.8	4.5	2	9	277	4.5	61.5	2.25 2.25	138 138	542 1053	a. b.
KJ5	628 1345	41.0	30.8	5	2	10	308	5	61.6	2.5 2.5	154 154	782 1439	a. b.
T5	629 1019	41.0	30.8	10.5	2	21	647	10.5	61.6	5.25 5.25	323 323	952 1342	a. b.
T6	539 930	41.0	30.8	9	2	18	55A	9	61.5	4.5 4.5	277 277	816 1207	a. b.
T7	515 932	41.0	30.8	8	2	16	493	8	61.6	4.0 4.0	246 246	761 1178	a. b.

Calculation Instructions

B x 0.75 = C

D x E = F

C x F = G

G / H = I

I x J = K

A + K = L

STEP No. 6A

Calculate Wind Load Values for all roof framing girder trusses and beams at their bearing points.
(Do NOT list headers over ext. & int. bearing wall openings in this calculation step. See Step No. 7)

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:					G2	
Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	(Totals)	
					Add lines 1 thru 10 & enter sum on line 11	
1	J3	270	x	1	270	
2	J5	450	x	1	450	
3	J7	451	x	3	1353	
4			x			
5			x			
6			x			
7			x			
8			x			
9			x			
10			x			
11	Sub-Total				2073	
12	Divide Line 11 by 2 =				1037	
13a	This member's uplift load from Steps 3 or 5 (End a.)				1191	
13b	This member's uplift load from Steps 3 or 5 (End b.)				1191	
14a	Add Line 12 and Line 13a = (End a.)				2228	
14b	Add Line 12 and Line 13b = (End b.)				2228	

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:					G4	
Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	(Totals)	
					Add lines 1 thru 10 & enter sum on line 11	
1	KJ7A	1263	x	1	1263	
2	J7	451	x	3	1353	
3			x			
4			x			
5			x			
6			x			
7			x			
8			x			
9			x			
10			x			
11	Sub-Total				2616	
12	Divide Line 11 by 2 =				1308	
13a	This member's uplift load from Steps 3 or 5 (End a.)				1191	
13b	This member's uplift load from Steps 3 or 5 (End b.)				1191	
14a	Add Line 12 and Line 13a = (End a.)				2499	
14b	Add Line 12 and Line 13b = (End b.)				2499	

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:					G6	
Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	(Totals)	
					Add lines 1 thru 10 & enter sum on line 11	
1	KJ5A	738	x	3	2214	
2	KJ5B	738	x	3	2214	
3			x			
4			x			
5			x			
6			x			
7			x			
8			x			
9			x			
10			x			
11	Sub-Total				4428	
12	Divide Line 11 by 2 =				2214	
13a	This member's uplift load from Steps 3 or 5 (End a.)				1358	
13b	This member's uplift load from Steps 3 or 5 (End b.)				1358	
14a	Add Line 12 and Line 13a = (End a.)				3572	
14b	Add Line 12 and Line 13b = (End b.)				3572	

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:					G3	
Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	(Totals)	
					Add lines 1 thru 10 & enter sum on line 11	
1	T2	760	x	2	1520	
2			x			
3			x			
4			x			
5			x			
6			x			
7			x			
8			x			
9			x			
10			x			
11	Sub-Total				1520	
12	Divide Line 11 by 2 =				760	
13a	This member's uplift load from Steps 3 or 5 (End a.)				760	
13b	This member's uplift load from Steps 3 or 5 (End b.)				760	
14a	Add Line 12 and Line 13a = (End a.)				1520	
14b	Add Line 12 and Line 13b = (End b.)				1520	

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:					G5	
Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	(Totals)	
					Add lines 1 thru 10 & enter sum on line 11	
1	T6	906	x	7	6342	
2			x			
3			x			
4			x			
5			x			
6			x			
7			x			
8			x			
9			x			
10			x			
11	Sub-Total				6342	
12	Divide Line 11 by 2 =				3171	
13a	This member's uplift load from Steps 3 or 5 (End a.)				1710	
13b	This member's uplift load from Steps 3 or 5 (End b.)				1710	
14a	Add Line 12 and Line 13a = (End a.)				4881	
14b	Add Line 12 and Line 13b = (End b.)				4881	

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:					G7	
Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	(Totals)	
					Add lines 1 thru 10 & enter sum on line 11	
1	KJ5B	738	x	2	1476	
2	J5A	450	x	2	900	
3			x			
4			x			
5			x			
6			x			
7			x			
8			x			
9			x			
10			x			
11	Sub-Total				2376	
12	Divide Line 11 by 2 =				1188	
13a	This member's uplift load from Steps 3 or 5 (End a.)				1313	
13b	This member's uplift load from Steps 3 or 5 (End b.)				1313	
14a	Add Line 12 and Line 13a = (End a.)				2501	
14b	Add Line 12 and Line 13b = (End b.)				2501	

STEP No. 6A

Calculate Wind Load Values for all roof framing girder trusses and beams at their bearing points.

"B" RECTANGLE

(Do NOT list headers over ext. & int. bearing wall openings in this calculation step. See Step No. 7)

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below;					G8	
Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	(Totals)	
					Add lines 1 thru 10 & enter sum on line 11	
1	R17	761	x	1	=	761
2	T5	462	x	4	=	1848
3			x		=	
4			x		=	
5			x		=	
6			x		=	
7			x		=	
8			x		=	
9			x		=	
10			x		=	
11	Sub-Total					2609
12	Divide Line 11 by 2 =					1305
13a	This member's uplift load from Steps 3 or 5 (End a.)					1710
13b	This member's uplift load from Steps 3 or 5 (End b.)					1710
14a	Add Line 12 and Line 13a = (End a.)					3015
14b	Add Line 12 and Line 13b = (End b.)					3015

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below;					G9	
Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	(Totals)	
					Add lines 1 thru 10 & enter sum on line 11	
1	G3	781	x	1	=	781
2	T4	750	x	6	=	4500
3			x		=	
4			x		=	
5			x		=	
6			x		=	
7			x		=	
8			x		=	
9			x		=	
10			x		=	
11	Sub-Total					5281
12	Divide Line 11 by 2 =					2641
13a	This member's uplift load from Steps 3 or 5 (End a.)					1843
13b	This member's uplift load from Steps 3 or 5 (End b.)					1843
14a	Add Line 12 and Line 13a = (End a.)					4484
14b	Add Line 12 and Line 13b = (End b.)					4484

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below;					G10	
Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	(Totals)	
					Add lines 1 thru 10 & enter sum on line 11	
1	J1	90	x	1	=	90
2	J3	270	x	1	=	270
3	J5A	450	x	2	=	900
4			x		=	
5			x		=	
6			x		=	
7			x		=	
8			x		=	
9			x		=	
10			x		=	
11	Sub-Total					1260
12	Divide Line 11 by 2 =					630
13a	This member's uplift load from Steps 3 or 5 (End a.)					836
13b	This member's uplift load from Steps 3 or 5 (End b.)					836
14a	Add Line 12 and Line 13a = (End a.)					1516
14b	Add Line 12 and Line 13b = (End b.)					1516

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below;					G11	
Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	(Totals)	
					Add lines 1 thru 10 & enter sum on line 11	
1	J5A	450	x	2	=	900
2			x		=	
3			x		=	
4			x		=	
5			x		=	
6			x		=	
7			x		=	
8			x		=	
9			x		=	
10			x		=	
11	Sub-Total					900
12	Divide Line 11 by 2 =					450
13a	This member's uplift load from Steps 3 or 5 (End a.)					150
13b	This member's uplift load from Steps 3 or 5 (End b.)					190
14a	Add Line 12 and Line 13a = (End a.)					630
14b	Add Line 12 and Line 13b = (End b.)					630

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below;					G12	
Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	(Totals)	
					Add lines 1 thru 10 & enter sum on line 11	
1	J5	450	x	2	=	900
2			x		=	
3			x		=	
4			x		=	
5			x		=	
6			x		=	
7			x		=	
8			x		=	
9			x		=	
10			x		=	
11	Sub-Total					900
12	Divide Line 11 by 2 =					450
13a	This member's uplift load from Steps 3 or 5 (End a.)					744
13b	This member's uplift load from Steps 3 or 5 (End b.)					744
14a	Add Line 12 and Line 13a = (End a.)					1194
14b	Add Line 12 and Line 13b = (End b.)					1194

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below;						
Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	M A T H	Quantity of members with same I.D. No. bearing on this beam or truss	(Totals)	
					Add lines 1 thru 10 & enter sum on line 11	
1			x		=	
2			x		=	
3			x		=	
4			x		=	
5			x		=	
6			x		=	
7			x		=	
8			x		=	
9			x		=	
10			x		=	
11	Sub-Total					
12	Divide Line 11 by 2 =					
13a	This member's uplift load from Steps 3 or 5 (End a.)					
13b	This member's uplift load from Steps 3 or 5 (End b.)					
14a	Add Line 12 and Line 13a = (End a.)					
14b	Add Line 12 and Line 13b = (End b.)					

CACELLA RES.

STEP No. 6A

Calculate Wind Load Values for all roof framing girder trusses and beams at their bearing points.
(Do NOT list headers over ext. & int. bearing wall openings in this calculation step. See Step No. 7.)

1' B" RECTANGLE

Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	Girder Truss or Beam I.D. No. Box				Sub-Total
			M	A	T	H	
1	J1	90	X	X	X	X	165
2	J3	270	X	X	X	X	540
3			X	X	X	X	
4			X	X	X	X	
5			X	X	X	X	
6			X	X	X	X	
7			X	X	X	X	
8			X	X	X	X	
9			X	X	X	X	
10			X	X	X	X	
11			X	X	X	X	120
12			X	X	X	X	360
13a	This member's uplift load from Steps 3 or 5 (End a.)						
13b	This member's uplift load from Steps 3 or 5 (End b.)						
14a	Add Line 12 and Line 13a = (End a.)						
14b	Add Line 12 and Line 13b = (End b.)						

KJ5

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:

Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	Girder Truss or Beam I.D. No. Box				Sub-Total
			M	A	T	H	
1	G12	744	X	X	X	X	1488
2			X	X	X	X	
3			X	X	X	X	
4			X	X	X	X	
5			X	X	X	X	
6			X	X	X	X	
7			X	X	X	X	
8			X	X	X	X	
9			X	X	X	X	
10			X	X	X	X	
11			X	X	X	X	1488
12			X	X	X	X	744
13a	This member's uplift load from Steps 3 or 5 (End a.)						
13b	This member's uplift load from Steps 3 or 5 (End b.)						
14a	Add Line 12 and Line 13a = (End a.)						
14b	Add Line 12 and Line 13b = (End b.)						

KJ5A

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:

Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	Girder Truss or Beam I.D. No. Box				Sub-Total
			M	A	T	H	
1	G11	744	X	X	X	X	1488
2	G11	180	X	X	X	X	360
3			X	X	X	X	
4			X	X	X	X	
5			X	X	X	X	
6			X	X	X	X	
7			X	X	X	X	
8			X	X	X	X	
9			X	X	X	X	
10			X	X	X	X	
11			X	X	X	X	1104
12			X	X	X	X	552
13a	This member's uplift load from Steps 3 or 5 (End a.)						
13b	This member's uplift load from Steps 3 or 5 (End b.)						
14a	Add Line 12 and Line 13a = (End a.)						
14b	Add Line 12 and Line 13b = (End b.)						

KJ5B

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:

Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	Girder Truss or Beam I.D. No. Box				Sub-Total
			M	A	T	H	
1	J1	90	X	X	X	X	180
2	J3	270	X	X	X	X	540
3	J3	450	X	X	X	X	900
4			X	X	X	X	
5			X	X	X	X	
6			X	X	X	X	
7			X	X	X	X	
8			X	X	X	X	
9			X	X	X	X	
10			X	X	X	X	
11			X	X	X	X	1620
12			X	X	X	X	810
13a	This member's uplift load from Steps 3 or 5 (End a.)						
13b	This member's uplift load from Steps 3 or 5 (End b.)						
14a	Add Line 12 and Line 13a = (End a.)						
14b	Add Line 12 and Line 13b = (End b.)						

KJ7

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:

Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	Girder Truss or Beam I.D. No. Box				Sub-Total
			M	A	T	H	
1	J1	90	X	X	X	X	90
2	J3	270	X	X	X	X	540
3	J5	450	X	X	X	X	900
4			X	X	X	X	
5			X	X	X	X	
6			X	X	X	X	
7			X	X	X	X	
8			X	X	X	X	
9			X	X	X	X	
10			X	X	X	X	
11			X	X	X	X	1530
12			X	X	X	X	765
13a	This member's uplift load from Steps 3 or 5 (End a.)						
13b	This member's uplift load from Steps 3 or 5 (End b.)						
14a	Add Line 12 and Line 13a = (End a.)						
14b	Add Line 12 and Line 13b = (End b.)						

KJ7A

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:

Line #	Structural member I.D. No. on plans	Loads from Steps 3 & 5 Values which apply	Girder Truss or Beam I.D. No. Box				Sub-Total
			M	A	T	H	
1	KJ5	1053	X	X	X	X	2106
2	J5	450	X	X	X	X	900
3			X	X	X	X	
4			X	X	X	X	
5			X	X	X	X	
6			X	X	X	X	
7			X	X	X	X	
8			X	X	X	X	
9			X	X	X	X	
10			X	X	X	X	
11			X	X	X	X	3006
12			X	X	X	X	1503
13a	This member's uplift load from Steps 3 or 5 (End a.)						
13b	This member's uplift load from Steps 3 or 5 (End b.)						
14a	Add Line 12 and Line 13a = (End a.)						
14b	Add Line 12 and Line 13b = (End b.)						

G1

List all roof frame members that bear their loads on the specific girder truss or beam I.D. No. listed below:

CACELLA RES.

STEP No. 6A

Calculate Wind Load Values for all roof framing girder trusses and beams at their bearing points.
(Do NOT list headers over est. & int. bearing wall openings in this calculation step. See Step No. 7.)

11" A RECTANGLE

Line #	Structural member I.D. No. on plans	Girder Truss or Beam I.D. No. Box			Quantity of members with same I.D. No. bearing on this beam or truss	(Totals) Add lines 1 thru 10 & enter sum on line 11
		Loads from Steps 3 & 5 Values which apply	M A T H	M A T H		
1	J1	82	X	1	164	
2	J3	245	X	2	490	
3			X			
4			X			
5			X			
6			X			
7			X			
8			X			
9			X			
10			X			
11				Sub-Total	654	
12				Divide Line 11 by 2 =	327	
13a				This member's uplift load from Steps 3 or 5 (End a.)	782	
13b				This member's uplift load from Steps 3 or 5 (End b.)	1499	
14a				Add Line 12 and Line 13a = (End a.)	1109	
14b				Add Line 12 and Line 13b = (End b.)	1826	

KJ5

Line #	Structural member I.D. No. on plans	Girder Truss or Beam I.D. No. Box			Quantity of members with same I.D. No. bearing on this beam or truss	(Totals) Add lines 1 thru 10 & enter sum on line 11
		Loads from Steps 3 & 5 Values which apply	M A T H	M A T H		
1	J1	32	X	2	64	
2	J3	245	X	2	490	
3	J5	408	X	2	816	
4			X			
5			X			
6			X			
7			X			
8			X			
9			X			
10			X			
11				Sub-Total	1470	
12				Divide Line 11 by 2 =	735	
13a				This member's uplift load from Steps 3 or 5 (End a.)	699	
13b				This member's uplift load from Steps 3 or 5 (End b.)	1293	
14a				Add Line 12 and Line 13a = (End a.)	1424	
14b				Add Line 12 and Line 13b = (End b.)	2008	

KJ7

Line #	Structural member I.D. No. on plans	Girder Truss or Beam I.D. No. Box			Quantity of members with same I.D. No. bearing on this beam or truss	(Totals) Add lines 1 thru 10 & enter sum on line 11
		Loads from Steps 3 & 5 Values which apply	M A T H	M A T H		
1	J1	82	X	2	164	
2	J3	245	X	2	490	
3	J5	408	X	2	816	
4	J7	451	X	2	902	
5			X			
6			X			
7			X			
8			X			
9			X			
10			X			
11				Sub-Total	2372	
12				Divide Line 11 by 2 =	1186	
13a				This member's uplift load from Steps 3 or 5 (End a.)	954	
13b				This member's uplift load from Steps 3 or 5 (End b.)	1472	
14a				Add Line 12 and Line 13a = (End a.)	2075	
14b				Add Line 12 and Line 13b = (End b.)	2658	

KJ8

Line #	Structural member I.D. No. on plans	Girder Truss or Beam I.D. No. Box			Quantity of members with same I.D. No. bearing on this beam or truss	(Totals) Add lines 1 thru 10 & enter sum on line 11
		Loads from Steps 3 & 5 Values which apply	M A T H	M A T H		
1	KJ7	1424	X	1	1424	
2	J7	451	X	4	1804	
3			X			
4			X			
5			X			
6			X			
7			X			
8			X			
9			X			
10			X			
11				Sub-Total	3228	
12				Divide Line 11 by 2 =	1614	
13a				This member's uplift load from Steps 3 or 5 (End a.)	708	
13b				This member's uplift load from Steps 3 or 5 (End b.)	708	
14a				Add Line 12 and Line 13a = (End a.)	2322	
14b				Add Line 12 and Line 13b = (End b.)	2322	

G1

Line #	Structural member I.D. No. on plans	Girder Truss or Beam I.D. No. Box			Quantity of members with same I.D. No. bearing on this beam or truss	(Totals) Add lines 1 thru 10 & enter sum on line 11
		Loads from Steps 3 & 5 Values which apply	M A T H	M A T H		
1	KJ7	1424	X	1	1424	
2	T3	419	X	9	3771	
3			X			
4			X			
5			X			
6			X			
7			X			
8			X			
9			X			
10			X			
11				Sub-Total	5195	
12				Divide Line 11 by 2 =	2598	
13a				This member's uplift load from Steps 3 or 5 (End a.)	1492	
13b				This member's uplift load from Steps 3 or 5 (End b.)	1492	
14a				Add Line 12 and Line 13a = (End a.)	4090	
14b				Add Line 12 and Line 13b = (End b.)	4090	

G2

Line #	Structural member I.D. No. on plans	Girder Truss or Beam I.D. No. Box			Quantity of members with same I.D. No. bearing on this beam or truss	(Totals) Add lines 1 thru 10 & enter sum on line 11
		Loads from Steps 3 & 5 Values which apply	M A T H	M A T H		
1	KJ7	1424	X	2	2848	
2	J7	451	X	10	4510	
3			X			
4			X			
5			X			
6			X			
7			X			
8			X			
9			X			
10			X			
11				Sub-Total	5554	
12				Divide Line 11 by 2 =	2777	
13a				This member's uplift load from Steps 3 or 5 (End a.)	1512	
13b				This member's uplift load from Steps 3 or 5 (End b.)	1512	
14a				Add Line 12 and Line 13a = (End a.)	4289	
14b				Add Line 12 and Line 13b = (End b.)	4289	

G3

STEP No. 7

Calculate Wind Load Values for all opening headers at their bearing points.

(List headers over exterior & interior bearing wall openings in this calculation step.)

NOTE: Non-symmetrical header loading with extreme loads require special calculations in a different format. Use Step 6A thru 6D.

'A' RECTANGLE

List all roof frame members that bear their loads on the specific opening header I.D. No. listed below;						List all roof frame members that bear their loads on the specific opening header I.D. No. listed below;						List all roof frame members that bear their loads on the specific opening header I.D. No. listed below;					
Opening Header I.D. No. (H-1)						Opening Header I.D. No. (H-2)						Opening Header I.D. No. (H-3)					
Line #	Structural member I.D. number on plans	Uplift Loads acting on this HEADER	M A T	Quantity of members with same I.D. No. bearing on this open'g header	(Totals) Add line 1 thru 4 and enter sum on line 5	Line #	Structural member I.D. number on plans	Uplift Loads acting on this HEADER	M A T	Quantity of members with same I.D. No. bearing on this open'g header	(Totals) Add line 1 thru 4 and enter sum on line 5	Line #	Structural member I.D. number on plans	Uplift Loads acting on this HEADER	M A T	Quantity of members with same I.D. No. bearing on this open'g header	(Totals) Add line 1 thru 4 and enter sum on line 5
1	J5	408	X	1	408	1	J5	408	X	1	408	1	J5	408	X	2	816
2			X			2			X			2	J7	451	X	6	2706
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total				408	5	Sub-Total				408	5	Sub-Total				3522
6	Divide Line 5 by 2 =				204	6	Divide Line 5 by 2 =				204	6	Divide Line 5 by 2 =				1761
1	J5	408	X	1	408	1	J3	245	X	1	245	1	J3	245	X	1	245
2			X			2	J5	408	X	1	408	2	J5	408	X	1	408
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total				408	5	Sub-Total				653	5	Sub-Total				653
6	Divide Line 5 by 2 =				204	6	Divide Line 5 by 2 =				327	6	Divide Line 5 by 2 =				327
1	K38	1472	X	1	1472	1	T5	1342	X	3	4026	1	T1	1058	X	3	3174
2	T7	1178	X	2	2356	2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total				3828	5	Sub-Total				4026	5	Sub-Total				3174
6	Divide Line 5 by 2 =				1914	6	Divide Line 5 by 2 =				2013	6	Divide Line 5 by 2 =				1587
1	T1	1058	X	3	3174	1	T2	708	X	2	1416	1	J3	245	X	1	245
2			X			2			X			2	J5	408	X	1	408
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total				3174	5	Sub-Total				1416	5	Sub-Total				653
6	Divide Line 5 by 2 =				1587	6	Divide Line 5 by 2 =				708	6	Divide Line 5 by 2 =				327
1	J3	245	X	1	245	1	J7	451	X	2	902	1	J5	408	X	1	408
2			X			2			X			2	J3	419	X	1	419
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total				245	5	Sub-Total				902	5	Sub-Total				827
6	Divide Line 5 by 2 =				123	6	Divide Line 5 by 2 =				451	6	Divide Line 5 by 2 =				414
1	T2	708	X	1	708	1			X			1			X		
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total				708	5	Sub-Total					5	Sub-Total				
6	Divide Line 5 by 2 =				354	6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =				
1			X			1			X			1			X		
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total					5	Sub-Total					5	Sub-Total				
6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =				
1			X			1			X			1			X		
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total					5	Sub-Total					5	Sub-Total				
6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =				
1			X			1			X			1			X		
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total					5	Sub-Total					5	Sub-Total				
6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =				

List I.D. numbers of all Opening Headers along with their respective Line #6 load values on the Connector Specification Chart.

STEP No. 7

NOTE: Non-symmetrical header loading with extreme loads require special calculations in a different format. Use Step 6A thru 6D.

Calculate Wind Load Values for all opening headers at their bearing points.
 (List headers over exterior & interior bearing wall openings in this calculation step.)

"B" RECTANGLE

List all roof frame members that bear their loads on the specific opening header I.D. No. listed below;						List all roof frame members that bear their loads on the specific opening header I.D. No. listed below;						List all roof frame members that bear their loads on the specific opening header I.D. No. listed below;					
Opening Header I.D. No. (H-1)						Opening Header I.D. No. (H-2)						Opening Header I.D. No. (H-3)					
Line #	Structural member I.D. number on plans	Uplift Loads acting on this HEADER	M A T H	Quantity of members with same I.D. No. bearing on this open'g header	(Totals) Add lines 1 thru 4 and enter sum on line 5	Line #	Structural member I.D. number on plans	Uplift Loads acting on this HEADER	M A T H	Quantity of members with same I.D. No. bearing on this open'g header	(Totals) Add lines 1 thru 4 and enter sum on line 5	Line #	Structural member I.D. number on plans	Uplift Loads acting on this HEADER	M A T H	Quantity of members with same I.D. No. bearing on this open'g header	(Totals) Add lines 1 thru 4 and enter sum on line 5
1	J3	270	X	1	270	1	T4	750	X	1	750	1			X		
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total → 270					5	Sub-Total → 750					5	Sub-Total →				
6	Divide Line 5 by 2 = 135					6	Divide Line 5 by 2 = 375					6	Divide Line 5 by 2 =				
1	T3	1483	X	1	1483	1	J5	450	X	2	900	1	J5	450	X	2	900
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total → 1483					5	Sub-Total → 400					5	Sub-Total → 900				
6	Divide Line 5 by 2 = 742					6	Divide Line 5 by 2 = 450					6	Divide Line 5 by 2 = 450				
1	J5	450	X	2	900	1	T6	906	X	3	2718	1	J1	90	X		90
2			X			2			X			2	J3	270	X	1	270
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total → 900					5	Sub-Total → 2718					5	Sub-Total → 360				
6	Divide Line 5 by 2 = 450					6	Divide Line 5 by 2 = 1359					6	Divide Line 5 by 2 = 180				
1	J3	270	X	1	270	1	T3	1483	X	2	2966	1	T1	932	X	2	1864
2	J5	450	X	1	450	2			X			2			X		
3	T5	462	X	2	924	3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total → 1644					5	Sub-Total → 2966					5	Sub-Total → 1864				
6	Divide Line 5 by 2 = 822					6	Divide Line 5 by 2 = 1483					6	Divide Line 5 by 2 = 932				
1			X			1			X			1			X		
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total →					5	Sub-Total →					5	Sub-Total →				
6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =				
1			X			1			X			1			X		
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total →					5	Sub-Total →					5	Sub-Total →				
6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =				
1			X			1			X			1			X		
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total →					5	Sub-Total →					5	Sub-Total →				
6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =				
1			X			1			X			1			X		
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total →					5	Sub-Total →					5	Sub-Total →				
6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =				
1			X			1			X			1			X		
2			X			2			X			2			X		
3			X			3			X			3			X		
4			X			4			X			4			X		
5	Sub-Total →					5	Sub-Total →					5	Sub-Total →				
6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =					6	Divide Line 5 by 2 =				

List I.D. numbers of all Opening Headers along with their respective Line #6 load values on the Connector Specification Chart.

STEP No. 8

Calculate lateral loads perpendicular and horizontal to bearing surface for all roof frame members.

General Information

Roof Pitch Ratio	1:12	2:12	3:12	4:12	(5:12)	6:12	(7:12)	8:12	9:12	10:12	11:12	12:12
Pitch Angle Degrees	5 Degrees	10 Degrees	14 Degrees	19 Degrees	23 Degrees	27 Degrees	30 Degrees	34 Degrees	37 Degrees	40 Degrees	43 Degrees	45 Degrees
Perpendicular Force factor	0.05883	0.12501	0.18422	0.26762	0.34329	0.42857	0.50002	0.60715	0.69814	0.80002	0.91490	1.00000
Horizontal Force factor	0.03530	0.07501	0.11053	0.16057	0.20597	0.25714	0.30001	0.36429	0.41888	0.48001	0.54894	0.60000

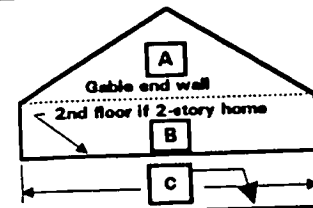
Roof frame member I.D. No. on plane	Col. A Uplift load from Steps 3, 5 or 8	Col. B Enter Roof Pitch Ratio	Col. C Enter Perpendicular Force factor from above	Col. D Enter Horizontal Force factor from above	Col. E Lateral Load Perpendicular to bearing surface Lbs.	Col. F Lateral Load Horizontal to bearing surface Lbs.	Roof frame member I.D. No. on plane	Col. A Uplift load from Steps 3, 5 or 8	Col. B Enter Roof Pitch Ratio	Col. C Enter Perpendicular Force factor from above	Col. D Enter Horizontal Force factor from above	Col. E Lateral Load Perpendicular to bearing surface Lbs.	Col. F Lateral Load Horizontal to bearing surface Lbs.
T1	594	5:12	0.34329	0.20597	204	132							
J3	757				260	156							
J5	920				316	189							
J7	868				298	179							
T1	920				316	189							
T2	708				243	146							
T3	419				144	86							
T4	1402				481	289							
T5	1842				461	276							
T6	1207				414	249							
T7	1178				404	243							
G1	708				243	146							
G2	1402				481	289							
G3	1512				519	311							
KJ5	1499				515	309							
KJ7	1273				437	262							
KJ8	1472				505	303							
J1	654	5:12	0.34329	0.20597	225	135							
J3	834	↓	↓	↓	286	172							
J4	1061	7:12	0.50002	0.30001	531	318							
J5	1014	7:12	↓	↓	507	304							
J5	450	5:12	0.34329	0.20597	154	93							
J7	910				312	187							
T1	1362				468	281							
T2	1191				409	245							
T3	1843				633	380							
T4	1157				397	238							
T5	1151				395	237							
T6	1313				451	270							
G1	1362				468	281							
G2	1191				409	245							
G3	2941				1010	606							
G4	1191				409	245							
G5	7823	↓	↓	↓	2637	1612							
G6	3962	7:12	0.50002	0.30001	1991	1189							
G7	1313	5:12	0.34329	0.20597	451	270							
G8	1710				537	352							
G9	1843				633	380							
G10	836				304	182							
G11	180				62	37							
G12	744				255	153							
KJ5	1483	↓	↓	↓	509	305							
KJ5A	1522	7:12	0.50002	0.30001	764	458							
KJ5B	738	7:12	↓	↓	369	221							
KJ7	1454	5:12	0.34329	0.20597	483	289							
KJ7A	493	↓	↓	↓	171	103							

Columns & Calculation Instructions	A	B	C	D	E	F	Columns & Calculation Instructions	A	B	C	D	E	F
					$A \times C = E$	$A \times D = G$						$A \times C = E$	$A \times D = F$

STEP No. 9A Lateral Loads perpendicular to Wood Gables

Calculate connector requirements for Gables at top of wall line.

This step will determine the maximum center distance between the specified connectors as shown in the last phase of this calculation step.



Verify roof diaphragm and nailing for this shear load.

OMIT STEP 8B IF MASONRY GABLE.

Gable I.D. No. on plans	Enter square foot Area ABOVE Wall line A Enter for Wood Gable ONLY	M A T H	Enter square foot Area BELOW Wall line B Omit if wall is masonry construction	Math Function Value (results)	M A T H	Enter Rect. velocity press. Step 1	Math Function Value (results)	M A T H	Fixed Value for wall Wd. = 0.6 CMU=0.9	Math Function Value (results)	M A T H	Gable Width C	Shear Load per lineal Foot
GF-1	Sq.Ft. +		Sq.Ft. =		X			X	0.6 or 0.9 =		/		=
GF-2	Sq.Ft. +		Sq.Ft. =		X			X	0.6 or 0.9 =		/		=
GF-3	Sq.Ft. +		Sq.Ft. =		X			X	0.6 or 0.9 =		/		=
GF-4	Sq.Ft. +		Sq.Ft. =		X			X	0.6 or 0.9 =		/		=

Gable Wall requirements with VAULTED ceilings:
Framed walls must be continuous floor to roof, masonry walls to be continuous or have wood gables secured to a level bond beam.

A gable end wall scissor truss is NOT permitted except for use as a framing guide and ceiling diaphragm nailer.

Gable I.D. No. on plans	List manufacturer's perpendicular to plate load value for the connector specified		M A T H	Shear Load per lineal Foot from above	Maximum centers between connectors
	Connector Part No. (List Now)	Rated Lateral Load			
GF-1			/		
GF-2			/		
GF-3			/		
GF-4			/		

Gable end wall requirements with FLAT Ceilings:
All gable end walls must be continuous framed or continuous masonry from the floor to the flat ceiling line.
All ceiling support members within 8 feet of the exterior gable wall must have 2x4 blocking between them at 48" on center.
If the ridge height of a gable truss exceeds 8 ft. above the flat ceiling line, a wood gable shall be hand framed with 2 x **GG** at 16" O.C..

Approved Alternate Anchorage for Gable truss and mandatory anchorage for framed gable on masonry end wall:
A minimum 2x8 pressure treated wood plate shall be bolted to the bond beam with 1/2 inch dia. anchor bolts at the following centers per wind speed (mph)

Velocity	up to 100	101 to 120	121 to 140
Bolt Ctr's	4 Feet	3 Feet	2 Feet

Remarks:

Specify connector manufacturer **HERE**

fb = 1000 < 101 mph
fb = 1200 < 121 mph
fb = 1400 < 141 mph

Gable Stud Size	Maximum Gable Ridge Height Above Ceiling						
	Wind (mph) Velocity	8 Feet	10 feet	12 feet	14 feet	16 feet	18 feet
	GG	up to 100	2x4	2x4	2x6	2x6	2x6	2x8
	101 to 120	2x4	2x6	2x8	2x8	2x8	2x10
	121 to 140	2x6	2x8	2x8	2x8	2x10	2x10

NOTE: All ceiling diaphragms abutting any exterior or interior load bearing walls including end walls shall be backed adjacent to these walls with 2x blocking and approved fasteners for the ceiling diaphragm along the perimeter of these walls shall be on the following centers: Wind Velocity to 110 mph; fasteners to be 7" O.C. & Wind Velocity from 110 mph to 140 mph; fasteners to be 5" O.C.

STEP No. 9B Lateral Shear Loads for Wood Frame End Walls, Side Walls & Interior Shearwalls (plf)

Subject Wall I.D. No. on plans	Half the Lgth. of loading wall acting on subj.	M A T H	Mean roof ht. Minus half the wall height	Area acting on subject shear wall	M A T H	Rect. velocity press. Step 1 X 1.4 Hip X 1.5 Gab	Math Function Value (results) HH	Length of Subject Wall	M A T H	Sum of subj. wall window & door open'g. widths	Math Function Value (results) II	Enter Value HH	M A T H	Enter Value II	Lateral Shear force on Wall PLF
EW1	11.5	x	7	= 80.5	x	57.4	= 4621	21	-	6	= 15	4621	1	15	= 308
EW2	10.5	x	7	= 73.5	x	57.4	= 4219	22.5	-	16	= 6.5	4219	1	6.5	= 649
EW3	26	x	7	= 182	x	57.4	= 10447	20.5	-	2.8	= 17.7	10447	1	17.7	= 590
EW4	10.25	x	7	= 71.75	x	57.4	= 4118	14	-	7	= 7	4118	1	7	= 588
EW5	7	x	7	= 49	x	57.4	= 2813	3	-	0	= 3	2813	1	3	= 938
EW6	23	x	19	= 437	x	57.4	= 25083		-		= 27	25083	1	27	= 929
EW7	4.25	x	6.5	= 27.6	x	57.4	= 1584	3	-	2.8	= 5.2	1584	1	5.2	= 305
EW8	4	x	6.5	= 26.0	x	57.4	= 1492	3.5	-	0	= 3.5	1492	1	3.5	= 426
EW9	4.25	x	6.5	= 27.6	x	57.4	= 1584	8	-	3	= 5	1584	1	5	= 317

Note 1. The factored velocity pressure is applied over the full wall area to compensate for bi-lateral shear forces generating torsion on the diaphragm.
Note 2. See Engineer's Select-A-Spec for wall stud size, stud center distance and stud material with species.
Note 3. See Engineer's Select-A-Spec for wall sheathing diaphragm thickness, sheathing material, nail size and nailing center distance.

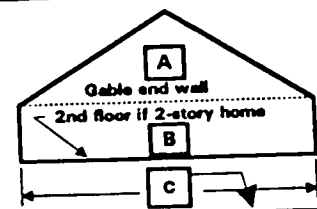
STEP No. 9C 8" Masonry Walls & Shearwalls General Reinforcement Specification

- No. 1. See Engineer's Select-A-Spec for required size and number of vertical bars to be grouted in the CMU cells and the maximum center distance between vertical bar reinforcement.
- No. 2. One number 7 bar or one number 9 bar shall be permitted as an alternate for two number 5 bars or two number 7 bars respectively.
- No. 3. Reinforcing steel bar requirements shall not be additive when the reinforcing location happens to fulfil more than one requirement. In all cases the most stringent requirements shall be applicable.
- No. 4. All shearwall segment lengths which are less than one-half the floor to ceiling height and greater than 1'-4" shall be constructed with column block, solid grouted with double the specified vertical reinforcement bars at each end of the wall segment and at center of the wall segment's length if the wall segment is 3 feet or greater in length.

STEP No. 9A Lateral Loads perpendicular to Wood Gables

Calculate connector requirements for Gables at top of wall line.

This step will determine the maximum center distance between the specified connectors as shown in the last phase of this calculation step.



Verify roof diaphragm and nailing for this shear load.

•• OMIT STEP 8B IF MASONRY GABLE.

Gable I.D. No. on plans	Enter square foot Area ABOVE Wall line A <i>Enter for Wood Gable ONLY</i>	MATH	Enter square foot Area BELOW Wall line B <i>Omit if wall is masonry construction</i>	Math Function Value (results)	MATH	Enter Rect. velocity press. Step 1	Math Function Value (results)	MATH	Fixed Value for wall Wd. = 0.6 CMU = 0.9	Math Function Value (results)	MATH	Gable Width C	Shear Load per lineal Foot
GF-1	Sq.Ft.	+	Sq.Ft.	=	X	=	=	X	0.6 or 0.9	=	/	=	=
GF-2	Sq.Ft.	+	Sq.Ft.	=	X	=	=	X	0.6 or 0.9	=	/	=	=
GF-3	Sq.Ft.	+	Sq.Ft.	=	X	=	=	X	0.6 or 0.9	=	/	=	=
GF-4	Sq.Ft.	+	Sq.Ft.	=	X	=	=	X	0.6 or 0.9	=	/	=	=

Gable I.D. No. on plans	List manufacturer's perpendicular to plate load value for the connector specified		MATH	Shear Load per lineal Foot from above	Maximum centers between connectors	Gable end wall requirements with FLAT Ceilings: All gable end walls must be continuous framed or continuous masonry from the floor to the flat ceiling line. All ceiling support members within 8 feet of the exterior gable wall must have 2x4 blocking between them at 48" on center. If the ridge height of a gable truss exceeds 8 ft. above the flat ceiling line, a wood gable shall be hand framed with 2 x GG at 16" O.C..
	Connector Part No. (List Now)	Rated Lateral Load				
GF-1			/	=		
GF-2			/	=		
GF-3			/	=		
GF-4			/	=		

Approved Alternate Anchorage for Gable truss and mandatory anchorage for framed gable on masonry end wall:
A minimum 2x8 pressure treated wood plate shall be bolted to the bond beam with 1/2 inch dia. anchor bolts at the following centers per wind speed (mph)

Velocity	Bolt Ctr's			GG	Wind (mph) Velocity	Maximum Gable Ridge Height Above Ceiling					
	up to 100	101 to 120	121 to 140			8 Feet	10 feet	12 feet	14 feet	16 feet	18 feet
up to 100	4 Feet	3 Feet	2 Feet	Gable Stud Size	up to 100	2x4	2x4	2x6	2x6	2x6	2x8
101 to 120			101 to 120		2x4	2x6	2x8	2x8	2x8	2x10	
121 to 140			121 to 140		2x6	2x8	2x8	2x8	2x10	2x10	

NOTE: All ceiling diaphragms abutting any exterior or interior load bearing walls including and walls shall be backed adjacent to these walls with 2x blocking and approved fasteners for the ceiling diaphragm along the perimeter of these walls shall be on the following centers: Wind Velocity to 110 mph; fasteners to be 7" O.C. & Wind Velocity from 110 mph to 140 mph; fasteners to be 5" O.C.

STEP No. 9B Lateral Shear Loads for Wood Frame End Walls, Side Walls & Interior Shearwalls (plf)

Subject Wall I.D. No. on plans	Half the Lgth. of loading wall acting on subj.	MATH	Mean roof ht. Minus half the wall height	Area acting on subject shear wall	MATH	Rect. velocity press. Step 1 X 1.4 Hip X 1.5 Gab	Math Function Value (results) HH	Length of Subject Wall	MATH	Sum of subj. wall window & door open'g. widths	Math Function Value (results) II	Enter Value HH	MATH	Enter Value II	Lateral Shear force on Wall PLF
EW10	10	x	19	= 190	x	57.4	= 10906	6	-	0	= 6	10906	/	6	= 1818
EW11	3	x	19	= 57	x	57.4	= 3271	20	-	11.5	= 8.5	3271	/	8.5	= 385
EW12	10	x	19	= 190	x	57.4	= 10906	3.5	-	0	= 3.5	10906	/	3.5	= 316
EW13	6	x	7	= 42	x	57.4	= 2410	11.5	-	6.5	= 5	2410	/	5	= 482
EW14	5.75	x	7	= 40.25	x	57.4	= 2310	12	-	6	= 6	2310	/	6	= 385
X1	13	x	19	= 247	x	57.4	= 14170	12	-	2.5	= 9.5	14170	/	9.5	= 1492
EW16		x		=	x		=		-		=		/		=
EW17		x		=	x		=		-		=		/		=

Note 1. The factored velocity pressure is applied over the full wall area to compensate for bi-lateral shear forces generating torsion on the diaphragm.
Note 2. See Engineer's Select-A-Spec for wall stud size, stud center distance and stud material with species.
Note 3. See Engineer's Select-A-Spec for wall sheathing diaphragm thickness, sheathing material, nail size and nailing center distance.

STEP No. 9C 8" Masonry Walls & Shearwalls General Reinforcement Specification

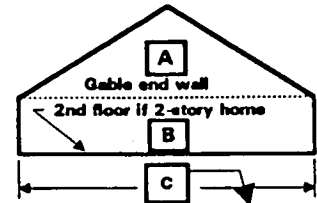
- No. 1. See Engineer's Select-A-Spec for required size and number of vertical bars to be grouted in the CMU cells and the maximum center distance between vertical bar reinforcement.
- No. 2. One number 7 bar or one number 9 bar shall be permitted as an alternate for two number 5 bars or two number 7 bars respectively.
- No. 3. Reinforcing steel bar requirements shall not be additive when the reinforcing location happens to fulfil more than one requirement. In all cases the most stringent requirements shall be applicable.
- No. 4. All shearwall segment lengths which are less than one-half the floor to ceiling height and greater than 1'-4" shall be constructed with column block, solid grouted with double the specified vertical reinforcement bars at each end of the wall segment and at center of the wall segment's length if the wall segment is 3 feet or greater in length.

STEP No. 9A Lateral Loads perpendicular to Wood Gables

Calculate connector requirements for Gables at top of wall line.

This step will determine the maximum center distance between the specified connectors as shown in the last phase of this calculation step.

** OMIT STEP 8B IF MASONRY GABLE.



Gable I.D. No. on plans	Enter square foot Area ABOVE Wall line A <i>Enter for Wood Gable ONLY</i>	MATH	Enter square foot Area BELOW Wall line B <i>Omit if wall is masonry construction</i>	MATH	Enter Rect. velocity press. Step 1	MATH	Enter Rect. velocity press. Step 1	MATH	Fixed Value for wall Wd. = 0.6 CMU = 0.9	MATH	Math Function Value (results)	MATH	Gable Width C	Shear Load per lineal Foot
GF-1	Sq.Ft.	+	Sq.Ft.	=	X	=	X	0.6 or 0.9	=	/	=			
GF-2	Sq.Ft.	+	Sq.Ft.	=	X	=	X	0.6 or 0.9	=	/	=			
GF-3	Sq.Ft.	+	Sq.Ft.	=	X	=	X	0.6 or 0.9	=	/	=			
GF-4	Sq.Ft.	+	Sq.Ft.	=	X	=	X	0.6 or 0.9	=	/	=			

Gable I.D. No. on plans	List manufacturer's perpendicular to plate load value for the connector specified Connector Part No. (List Now)	Rated Lateral Load	MATH	Shear Load per lineal Foot from above	Maximum centers between connectors	Gable end wall requirements with VAULTED ceilings: Framed walls must be continuous floor to roof, masonry walls to be continuous or have wood gables secured to a level bond beam.	
						Gable end wall requirements with FLAT Ceilings: All gable end walls must be continuous framed or continuous masonry from the floor to the flat ceiling line. All ceiling support members within 8 feet of the exterior gable wall must have 2x4 blocking between them at 48" on center. If the ridge height of a gable truss exceeds 8 ft. above the flat ceiling line, a wood gable shall be hand framed with 2 x GG at 16" O.C..	
GF-1			/	=		A gable end wall scissor truss is NOT permitted except for use as a framing guide and ceiling diaphragm nailer.	
GF-2			/	=			
GF-3			/	=			
GF-4			/	=			

Approved Alternate Anchorage for Gable truss and mandatory anchorage for framed gable on masonry end wall:
A minimum 2x8 pressure treated wood plate shall be bolted to the bond beam with 1/2 inch dia. anchor bolts at the following centers per wind speed (mph)

Velocity	Bolt Ctr's			GG	Wind (mph) Velocity	Maximum Gable Ridge Height Above Ceiling					
	up to 100	101 to 120	121 to 140			8 Feet	10 feet	12 feet	14 feet	16 feet	18 feet
up to 100	4 Feet	3 Feet	2 Feet	Gable Stud Size	up to 100	2x4	2x4	2x6	2x6	2x6	2x8
101 to 120					101 to 120	2x4	2x6	2x8	2x8	2x8	2x10
121 to 140					121 to 140	2x6	2x8	2x8	2x8	2x10	2x10

NOTE: All ceiling diaphragms abutting any exterior or interior load bearing walls including end walls shall be backed adjacent to these walls with 2x blocking and approved fasteners for the ceiling diaphragm along the perimeter of these walls shall be on the following centers: Wind Velocity to 110 mph; fasteners to be 7" O.C. & Wind Velocity from 110 mph to 140 mph; fasteners to be 5" O.C.

STEP No. 9B Lateral Shear Loads for Wood Frame End Walls, Side Walls & Interior Shearwalls (plf)

Subject Wall I.D. No. on plans	Half the Lgth. of wall acting on subj.	MATH	Mean roof ht. Minus half the wall height	MATH	Area acting on subject shear wall	MATH	Rect. velocity press. Step 1 X 1.4 Hip X 1.5 Gab	MATH	Math Function Value (results) HH	Length of Subject Wall	MATH	Sum of subj. wall window & door open'g. widths	MATH	Math Function Value (results) II	Enter Value HH	MATH	Enter Value II	Lateral Shear force on Wall PLF	
EW1	17	x	8	=	306	x	63.1	=	19309	47	-	12	=	35	19309	1	35	=	552
EW2	27	x	8	=	216	x	63.1	=	13630	12	-	0	=	17	17630	1	12	=	1136
EW3	13	x	8	=	104	x	63.1	=	6562	12	-	3	=	9	6562	1	9	=	730
EW4	12	x	8	=	96	x	63.1	=	6057	14	-	2	=	12	6057	1	12	=	505
EW5	12	x	8	=	96	x	63.1	=	6057	20	-	10	=	10	6057	1	10	=	606
EW6	15	x	8	=	120	x	63.1	=	7572	6	-	0	=	6	7572	1	6	=	1262
EW7	3	x	8	=	24	x	63.1	=	1514	6.5	-	3	=	3.5	1514	1	3.5	=	433
EW8	12.5	x	8	=	140	x	63.1	=	8834		-		=		8834	1	9	=	981
EW9	16	x	8	=		x	63.1	=			-	3	=	3		1	2	=	

Note 1. The factored velocity pressure is applied over the full wall area to compensate for bi-lateral shear forces generating torsion on the diaphragm.
Note 2. See Engineer's Select-A-Spec for wall stud size, stud center distance and stud material with species.
Note 3. See Engineer's Select-A-Spec for wall sheathing diaphragm thickness, sheathing material, nail size and nailing center distance.

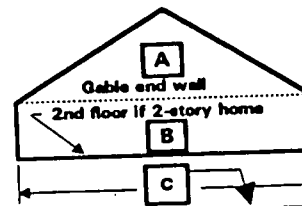
STEP No. 9C 8" Masonry Walls & Shearwalls General Reinforcement Specification

- No. 1. See Engineer's Select-A-Spec for required size and number of vertical bars to be grouted in the CMU cells and the maximum center distance between vertical bar reinforcement.
- No. 2. One number 7 bar or one number 9 bar shall be permitted as an alternate for two number 5 bars or two number 7 bars respectively.
- No. 3. Reinforcing steel bar requirements shall not be additive when the reinforcing location happens to fulfil more than one requirement. In all cases the most stringent requirements shall be applicable.
- No. 4. All shearwall segment lengths which are less than one-half the floor to ceiling height and greater than 1'-4" shall be constructed with column block, solid grouted with double the specified vertical reinforcement bars at each end of the wall segment and at center of the wall segment's length if the wall segment is 3 feet or greater in length.

STEP No. 9A Lateral Loads perpendicular to Wood Gables

Calculate connector requirements for Gables at top of wall line.

This step will determine the maximum center distance between the specified connectors as shown in the last phase of this calculation step.



Verify roof diaphragm and nailing for this shear load.

OMIT STEP 8B IF MASONRY GABLE.

Gable I.D. No. on plans	Enter square foot Area ABOVE Wall line [A] <i>Enter for Wood Gable ONLY</i>	MATH	Enter square foot Area BELOW Wall line [B] <i>Omit if wall is masonry construction</i>	Math Function Value (results)	MATH	Enter Rect. velocity press. Step 1	Math Function Value (results)	MATH	Fixed Value for wall Wd. = 0.6 CMU = 0.9	Math Function Value (results)	MATH	Gable Width [C]	Shear Load per lineal Foot
GF-1	Sq.Ft. +		Sq.Ft. =		X			X	0.6 or 0.9 =		/		
GF-2	Sq.Ft. +		Sq.Ft. =		X			X	0.6 or 0.9 =		/		
GF-3	Sq.Ft. +		Sq.Ft. =		X			X	0.6 or 0.9 =		/		
GF-4	Sq.Ft. +		Sq.Ft. =		X			X	0.6 or 0.9 =		/		

Gable Wall requirements with VAULTED ceilings:
Framed walls must be continuous floor to roof, masonry walls to be continuous or have wood gables secured to a level bond beam.

A gable end wall scissor truss is NOT permitted except for use as a framing guide and ceiling diaphragm nailer.

Gable I.D. No. on plans	List manufacturer's perpendicular to plate load value for the connector specified		MATH	Shear Load per lineal Foot from above	Maximum centers between connectors
	Connector Part No. (List Now)	Rated Lateral Load			
GF-1			/		
GF-2			/		
GF-3			/		
GF-4			/		

Gable end wall requirements with FLAT Ceilings:
All gable end walls must be continuous framed or continuous masonry from the floor to the flat ceiling line.
All ceiling support members within 8 feet of the exterior gable wall must have 2x4 blocking between them at 48" on center.
If the ridge height of a gable truss exceeds 8 ft. above the flat ceiling line, a wood gable shall be hand framed with 2 x [GG] at 16" O.C..
fb = 1000 < 101 mph
fb = 1200 < 121 mph
fb = 1400 < 141 mph

Approved Alternate Anchorage for Gable truss and mandatory anchorage for framed gable on masonry end wall:
A minimum 2x8 pressure treated wood plate shall be bolted to the bond beam with 1/2 inch dia. anchor bolts at the following centers per wind speed (mph)

Velocity	up to 100	101 to 120	121 to 140
Bolt Ctr's	4 Feet	3 Feet	2 Feet

Remarks:

Specify connector manufacturer HERE

GG Stud Size	Maximum Gable Ridge Height Above Ceiling					
	8 Feet	10 feet	12 feet	14 feet	16 feet	18 feet
up to 100	2x4	2x4	2x6	2x6	2x6	2x8
101 to 120	2x4	2x6	2x8	2x8	2x8	2x10
121 to 140	2x6	2x8	2x8	2x8	2x10	2x10

NOTE: All ceiling diaphragms abutting any exterior or interior load bearing walls including end walls shall be backed adjacent to these walls with 2x blocking and approved fasteners for the ceiling diaphragm along the perimeter of these walls shall be on the following centers: Wind Velocity to 110 mph; fasteners to be 7" O.C. & Wind Velocity from 110 mph to 140 mph; fasteners to be 5" O.C.

STEP No. 9B Lateral Shear Loads for Wood Frame End Walls, Side Walls & Interior Shearwalls (plf)

Subject Wall I.D. No. on plans	Half the Lgth. of loading wall acting on subj.	MATH	Mean roof ht. Minus half the wall height	Area acting on subject shear wall	MATH	Rect. velocity press. Step 1 X 1.4 Hip X 1.5 Gab	Math Function Value (results) [HH]	Length of Subject Wall	MATH	Sum of subj. wall window & door open'g. widths	Math Function Value (results) [II]	Enter Value [HH]	MATH	Enter Value [II]	Lateral Shear force on Wall PLF
EW10	23	x	8	= 184	x	63.1	= 11610	32	-	8	= 24	11610	/	24	= 404
X1	10	x	8	= 80	x	63.1	= 5048	13.5	-	0	= 13.5	5048	/	13.5	= 374
		x		=	x		=				=		/		=
		x		=	x		=				=		/		=
		x		=	x		=				=		/		=
		x		=	x		=				=		/		=
		x		=	x		=				=		/		=

Note 1. The factored velocity pressure is applied over the full wall area to compensate for bi-lateral shear forces generating torsion on the diaphragm.
Note 2. See Engineer's Select-A-Spec for wall stud size, stud center distance and stud material with species.
Note 3. See Engineer's Select-A-Spec for wall sheathing diaphragm thickness, sheathing material, nail size and nailing center distance.

STEP No. 9C 8" Masonry Walls & Shearwalls General Reinforcement Specification

- No. 1. See Engineer's Select-A-Spec for required size and number of vertical bars to be grouted in the CMU cells and the maximum center distance between vertical bar reinforcement.
- No. 2. One number 7 bar or one number 9 bar shall be permitted as an alternate for two number 5 bars or two number 7 bars respectively.
- No. 3. Reinforcing steel bar requirements shall not be additive when the reinforcing location happens to fulfil more than one requirement. In all cases the most stringent requirements shall be applicable.
- No. 4. All shearwall segment lengths which are less than one-half the floor to ceiling height and greater than 1'-4" shall be constructed with column block, solid grouted with double the specified vertical reinforcement bars at each end of the wall segment and at center of the wall segment's length if the wall segment is 3 feet or greater in length.

STEP No. 9D Calculate Uplift Shear Loads for all Wood Frame Walls (plf) "B" RECTANGLE

This step will determine if uplift loads exceed the shear capacity of the specified wall diaphragm and nailing.

** Omit any roof structural member having a direct vertical connector tie to the foundation, such as girders, beams & headers.

Wall I.D. Number EW# SW#	Add total uplift loads for all roof members bearing on top of wall ** Enter value here	M A T H	Length of Wall Less all opening widths	Equals Uplift Shear Load (PLF)	M A T H	Enter Wall Uplift Shear Capacity	If Neg. STOPI If POS. Cont. →	Connectors for Stud to plates			M A T H	Enter Value JJ	Maximum center distance between connectors (Feet)
								Top Plate part No. (list now)	Sill Plate part No. (list now)	Min. Rated uplift load for the connector			
EW19	0	1	-	-	-	-	-			1462	1	279	4.0
EW10	13543	1	24	564	-	285	-	279	TP4X	1462	1	447	3.2
X1	9883	1	13.5	732	-	285	-	447	TP4X	1462	1		
		1			-		-				1		
		1			-		-				1		
		1			-		-				1		
		1			-		-				1		
		1			-		-				1		

Note: If uplift shear loads exceed shearwall uplift capacities additional connectors will be required to tie studs to sill plate and to double top plates.

Specify connector manufacturer HERE **HUGHES**

Engineer Approved Connector Specification Chart * WORST CASE

Changes to this chart must be accompanied by an Engineering Change Order from a Registered Engineer.

Connector location symbol key					"E"	"F"	"G"	"H"
"A" Roof frame member to top of wall	"B" Wall stud(s) to sill plate or foundation	"C" Opening headers to studs, jacks or cripples	"D" Foundation or stemwall to rim joist or sill		Rim Joist to stud including and/or sill plate	Column bases and Column caps	Two story, lower wall to 2nd floor to upper wall	Special Location "Describe"

Connector Manufacturer symbol key			
HUGHES Manufacturing, Inc. Use the Letter "H"	Simpson Strong-Tie Company, Inc. Use the Letter "ST"	Southeastern Metals Mfg. Co., Inc. Use the Letter "SM"	Other manufacturers, Specify Name Use "X"

CONNECTOR CHART

Structural member I.D. No. as shown on Plans	Enter load values, use 2 lines if load differs at ends of same member			Connector Symbols		Manufacturer's connector Part Number	Quantity req'd. at each LOCATION	Size of nails and number of nails required at each connector	Building Inspector's Check-Off Column
	Uplift Load at bearing point	Perpendicular load to bearing	Horizontal load to bearing	for location RECTANGLE	For Mfg.				
J1	594	SEE STEP 8 PG. 8	SEE STEP 8 PG. 8	A	H	RT22TW	1	8-16d	
J3	757						1	12-16d	
J5	920						1	14-16d	
J7	868						2	"	
T1	1053						1	10-16d	
T2	708						1	8-16d	
T3	419						2	18-16d	
T4	1402						2	18-16d	
T5	1342						2	16-16d	
T6	1207						2	"	
T7	1173						2	18-16d	
G1AEE	2522								
G2AEE	4000								
G3AEB	4289								
KJ5	1826					RT22TW	2	18-16d	
KJ7	2008						2	"	
KJ8	2658						3	"	
H1	204					C(A) H	1	6-16d	
H2	204						1	"	
H3	1761						2	18-16d	
H4	204						1	6-16d	
H5	327						1	"	
H6	327						1	"	

CONNECTOR CHART (Continued)

Structural member I.D. No. as shown on Plans	Enter load values, use 2 lines if load differs at ends of same member			Connector Symbols		Manufacturer's connector Part Number	Quantity req'd. at each LOCATION	Size of nails and number of nails required at each connector	Building Inspector's Check-Off Column
	Uplift Load at bearing point	Perpendicular load to bearing	Horizontal load to bearing	for location	For Mfg.				
H7	1914			C(A)	H	RT18	2	18-16d	
H8	2013						2	"	
H9	1587						2	"	
H10	1587						2	"	
H11	708						1	10-16d	
H12	327						1	6-16d	
H13	123						1	"	
H14	451						1	"	
H15	414						1	"	
H16	354						1	"	
				RECTANGLE					
J1	654	SEE STEP 8 PG. 8	SEE STEP 8 PG. 8	B	H	RTZZTW	1	10-16d	
J3	834						1	12-16d	
J4	1061						1	16-16d	
J5	1014						1	"	
J5A	450						1	8-16d	
J7	910						1	14-16d	
T1	1362						2	18-16d	
T2	1191						2	"	
T3	1843						2	"	
T4	1157						2	"	
T5	1151						2	"	
T6	1313						2	"	
G1AEB	2865						3	"	
G2AEB	2228						2	"	
G3AEB	2941						3	"	
G4AEB	2499						3	"	
G5AEB	7828			B		WJWC SYSTEM	TO BE	FABRICATED	
G6AEB	3962					"	"	"	
G7AEB	2501			B	H	RTZZTW	3	18-16d	
G8AEB	3015						3	"	
G9AEB	4484						TO BE	FABRICATED	
G10AEB	1516			B	H	RTZZTW	2	18-16d	
G11AEB	630						1	10-16d	
G12AEB	1194						1	16-16d	
KJ5	1843						2	18-16d	
KJ5A	2272						3	18-16d	
KJ5B	1290						1	"	
KJ7	2214						2	"	
KJ7A	1263						2	"	
H1	135			C(B)	H	RT18	1	6-16d	
H2	375						1	"	
H4	742						1	10-16d	
H5	450						1	6-16d	
H6	450						1	"	
H7	450						1	"	
H8	1357						2	18-16d	
H9	180						1	6-16d	
H10	822						1	12-16d	
H11	1483					RTZZ	2	18-16d	
H12	932					RT18	1	14-16d	
B-1	3347			C	H				
B-2	4026			C	H				

Engineer's Specifications for Wood and Masonry Construction including Roof Sheathing:

NOTES: All fastenings must be in strict compliance with S.B.C.C.I. Code 1705 and, or meet local requirements.
 All Wood Construction must conform to the provisions of Chapter 17 in the S.B.C.C.I. Standard Building Code and, or meet the local requirements of any other applicable code* or code amendments adopted by the community in which this specific structure is being constructed.
 All Masonry Construction must conform to the provisions of Chapter 14 in the S.B.C.C.I. Standard Building Code and, or meet the local requirements of any other applicable code* or code amendments adopted by the community in which this specific structure is being constructed. *Such as the South Florida Building Code or others.

Any specification shown hereon shall supersede any conflicting specification shown on the submitted drawings.

Masonry and Wood Const.	Wood Construction				Masonry Construction of Hollow Load Bearing Units						
	Single story or two story 2nd floor wall sheathing & studs		Two story first floor wall sheathing & studs		Single story or two story 2nd floor wall const.		First floor wall construction for a two story structure				
Roof sheathing to be:	Thick	1/2"	Thick	1/2"	Wall reinforcing per spacing	Wall reinforcing per spacing					
	Matl.	PLY	Matl.	PLY	Bar size	Bar size					
	nail size	10d OR 8dRS	nail size	10d OR 8dRS	Bars req'd	Bars req'd					
	nailing*	6 "O.C.	Shearwall lateral load	Shearwall lateral load	Dowel size	Dowel size					
	Ply-clip	"O.C.	nailing*	3 "O.C.	Max. Ctrs	Max. Ctrs					
Part #	Shearwall uplift load		Shearwall uplift load		Wall thick	8 inches		Wall thick	8 inches		
1 Story Footings	nailing*	3 "O.C.	nailing*	3 "O.C.	Bond beam	cmu	cast	Bond beam	cmu	cast	
size	16 X 10	Studs	2 X 4	Studs	2 X 4	beam size	8" X		beam size	8" X	
stl req'd	3 #5's	Centers	16 inches	Centers	16 inches	steel req'd	steel req'd				
concrete	2500 PSI	Species	F _b 1400	Species	F _b 1400	Grout	PSI		Grout	PSI	
2 Story Footings	& Grade	OR BETTER	& Grade	OR BETTER	Min shear	end wall		Min shear	end wall		
size	18 X 20	Sill plate anchor	Sill plate anchor		wall lgth.	side wall		wall lgth.	side wall		
stl req'd	3 #7's	Part #	ACS200	Part #	1/2" φ A BOLT	8" Masonry Gable					
concrete	2500 PSI	Max ctr.	16"	Max ctr.	24"	Wall reinforcing per spacing	Rake beam requirements				
2 Anchors req'd. each corner & wall opening use wsh-916 washers	Remarks: *Nailing center distance specified above is for perimeter edge of sheathing. interior nailing of sheathing is 12" O.C.				Bar size			Bar size			
					Bars req'd			Bars req'd			
					Max. Ctrs.			Min. Depth			

This Structural Engineer of Record Certifies that I have directed, supervised and reviewed these Wind Load Calculations and declare that the wind load values, connector specifications and material specifications shown hereon have been properly determined by the provisions of ASCE Standard 7-93, Section 6, for this specific structure. An impact resistance code has not been specified by this engineer for the exterior window and door openings of this structure. Storm panels are recommended.

Note: This Engineer of Record has delegated other engineers to design and certify the structural credibility of any pre-engineered and manufactured structural building components or roof / floor truss systems including required connectors (factory or field installed) which are intrinsically associated parts of the components or truss systems.

ENGINEER'S SPECIAL INSTRUCTIONS & REMARKS:

- 1/2" φ ANCHOR BOLTS TO HAVE 6" MIN. EMBEDMENT WITH W.P.B. TYPE WASHERS

This Engineer of Record is for structural only and not to be considered the Engineer of Record with total responsibility for all specifications relative to this entire structure and specific site location including energy code, electrical, plumbing, HVAC, soil conditions, survey & drainage unless otherwise indicated.

Contractor ARK HOMES Address _____
 City/State/Zip _____ Phone: _____
 Job Address _____ City _____
 Building Dept. _____
 Legal Description: _____
 Residence for: CACELLA
 Engineer's Name WILLIAM J. MATHERS
 State Registration Number 19658 in the State of FL
 Address 1111 S. FEDERAL HWY.
 City STUART State FL Zip 34994
 Phone (Area code) 407 Number 287-0525

Structural Engineer
of Record's

SEAL

Date: 10/6/94

ENGINEER'S SIGNATURE: W. J. Mathers

Hurricane Engineering Corporation, 1111 South Federal Hwy., Suite 226, Stuart, FL 34994

Phone: 407 / 221-8639

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STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Ark Homes / Cacella SEPTIC TANK PERMIT NO. AD94-241

LEGAL DESCRIPTION: Lot 103 Rio Vista

The items which are checked off below must be certified by a surveyor or engineer and returned to the Martin County Health Unit prior to the first plumbing inspection by the Building Department. Approval of this stubout elevation certification constitutes commencement of building construction for septic system permits.

- 1. Building Permit Number: # 3670 (Certification not required for this item).
- 2. I certify that the elevation of the top of the lowest plumbing stubout is 22 inches (circle one) above / below benchmark elevation as indicated on septic tank permit.
- 3. I certify that the top of the lowest building plumbing stubout is _____ inches (circle one) above/ below crown of road elevation shown on septic tank permit.
- 4. I certify that the top of the drainfield pipe elevation is _____
- 5. I certify that all severely limited soil has been removed from an area of _____ feet by _____ feet a minimum depth of six(6) feet below top of required stubout elevation. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram ___A/ ___B on reverse side) Date Observed: ___/___/___
- 6. I certify that all moderately and severely limited soils have been removed in an area _____ feet wide or 33% of the area of the drainfield. This area is centered in the drainfield and extends to a depth of _____ feet where slightly limited soils exist. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram B on reverse side) Date Observed: ___/___/___
- 7. I certify that all severely limited soils have been removed from an area one foot beyond the perimeter of the drainfield rock and the excavation meets all detail requirements as shown in _____ "Diagram A", or _____ "Diagram B" on reverse side. Surveyor must submit 2 plot plans to scale of excavated area. Date Observed: ___/___/___

- NOTE:
- a. Severely limited soil includes but is not limited to hardpan, clay, silt, marl or muck.
 - b. Drainfield must be centered in the excavated area. Drainfield will not be approved if severe limited soils are not removed.
 - c. Condition numbers 5, 6 and 7 may be satisfied with excavation certification from the certified septic installer responsible for drainfield installation.

CERTIFIED BY: STEPHEN J. BROWN

As applicant or applicant's representative, I understand the above requirements.

Date: 10/27/94 Job Number: 1444-44-01

Susan M. Trax
(Signature)

-----FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY-----

Martin County Health Unit Approval Signature

(Date)

MARTIN COUNTY PUBLIC HEALTH UNIT
ENVIRONMENTAL HEALTH
612 SOUTH DIXIE HIGHWAY • STUART, FLORIDA 34994

Revised 3/28/92

RECORD OF INSPECTIONS
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

LOT 103 RIO VISTA SUBDIVISION
PLAT BOOK 6 PAGE 95, MARTIN CO. FL.

Date 6-9-95

This is to request that a Certificate of Approval for Occupancy be issued to FRANK + LEAH CACELLA.

For property at 23 RIO VISTA built under Permit
(street address)
No. 3670 Dated 10-17-94 when completed in conformance with the
Approved Plans.

Signed [Signature]

ITEM	DATE	APPROVED BY (initials)
1. Form board tie in	10-25-94	RB
2. Termite protection	10-27-94	RB
3. Footing - slab	10-31-94	RB
4. Rough plumbing - slab	10-3-94	RB
5. Rough electric - slab	2-14-94	RB
6. Lintel	NA	RB
7. Dry in (final)	2-12-94	RB
8. Roof	6-9-95	RB
9. Framing	2-19-95	RB
10. Rough electric	2-19-95	RB
11. Rough plumbing	10-27-94	RB
12. A/C Ducts	2-14-95	RB
13. Insulation	2-15-95	RB
14. Final electric	6-9-95	RTM
15. Final plumbing	6-9-95	RTM
16. Final construction	6-9-95	RTM
17. As-built survey	6-9-95	RTM
18. Affidavit of cost	6-9-95	RTM

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector Ray Mary 6-9-95 date

Approved by Building Commissioner [Signature] 6-9-95 date

Utilities notified 6-9-95 date

Original Copy sent to Frank Cacella 6-9-95 date
(owner)

(Keep carbon copy for Town files)

3796

SHUTTERS

Parcel # 12-38-41-002-000-01-03-09000.0

TAX FOLIO NO.

DATE 5/18/95

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

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 FRANK CACELLA Present address 22 RIO VISTA

Phone 223-8070

Contractor GULFSTREAM ALUMINUM Address 197 SE Monterey Rd

Phone 287-6476 Shutter STUART FL 34994

Where licensed Martin Co STATE License number MC 00231

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: STORM PANELS .050 ON ALL WINDOWS EXCEPT

Sm Kitchen

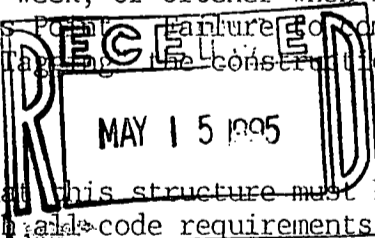
State the street address at which the proposed structure will be built: Parcel # 12-38-41-002-000-01-03-090000 22 R.D VISTA DRIVE Sewell's Point

Subdivision RIO VISTA Lot Number 103 Block Number

Contract price \$ 3400.00 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 Ordinances and the South Florida Building Code. Moreover, I understand that I am responsible for maintaining the construction site in a neat and orderly fashion, policing the area for trash, scrap building materials and other debris, such debris being gathered in one area and at least once a week, or oftener when necessary, removing same from the area and from the Town of Sewall's Point. Failure to comply may result in a Building Inspector or Town Commissioner "Red-tagging" the construction project.



Contractor [Signature]

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

Owner Frank M. Cacella / BOB

TOWN RECORD

Date submitted

Approved: Dale Brown 5/15/95 Building Inspector Date

Approved: [Signature] Commissioner Date

Final approval given: Date

CERTIFICATE OF OCCUPANCY issued (if applicable) Date

PERMIT NO.

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with Section 713.13, Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT. This notice shall be void and of no force and effect if construction is not commenced within 30 days of recordation.

DESCRIPTION OF PROPERTY:

General description of improvements: SIDING PANELS

Owner: Frank Caella & Leah Caella
Address: 22 RIO VISTA DR. Seville FL 34996

Owner's interest in site of the improvement: residence

Contractor: Gulf Stream Aluminum & Shutter Corp.
Address: 17 SE Monterey Rd Stuart, FL 34994

Surety (if any): _____
Address: _____
Amount of Bond: _____

Lender: _____
Address: _____

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

Name: _____
Address: _____

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06(2)(b), Florida Statutes:

Name: _____
Address: _____

Leah M. Caella
Frank Caella

Sworn to and subscribed before me this 15 day
of May, 1995.

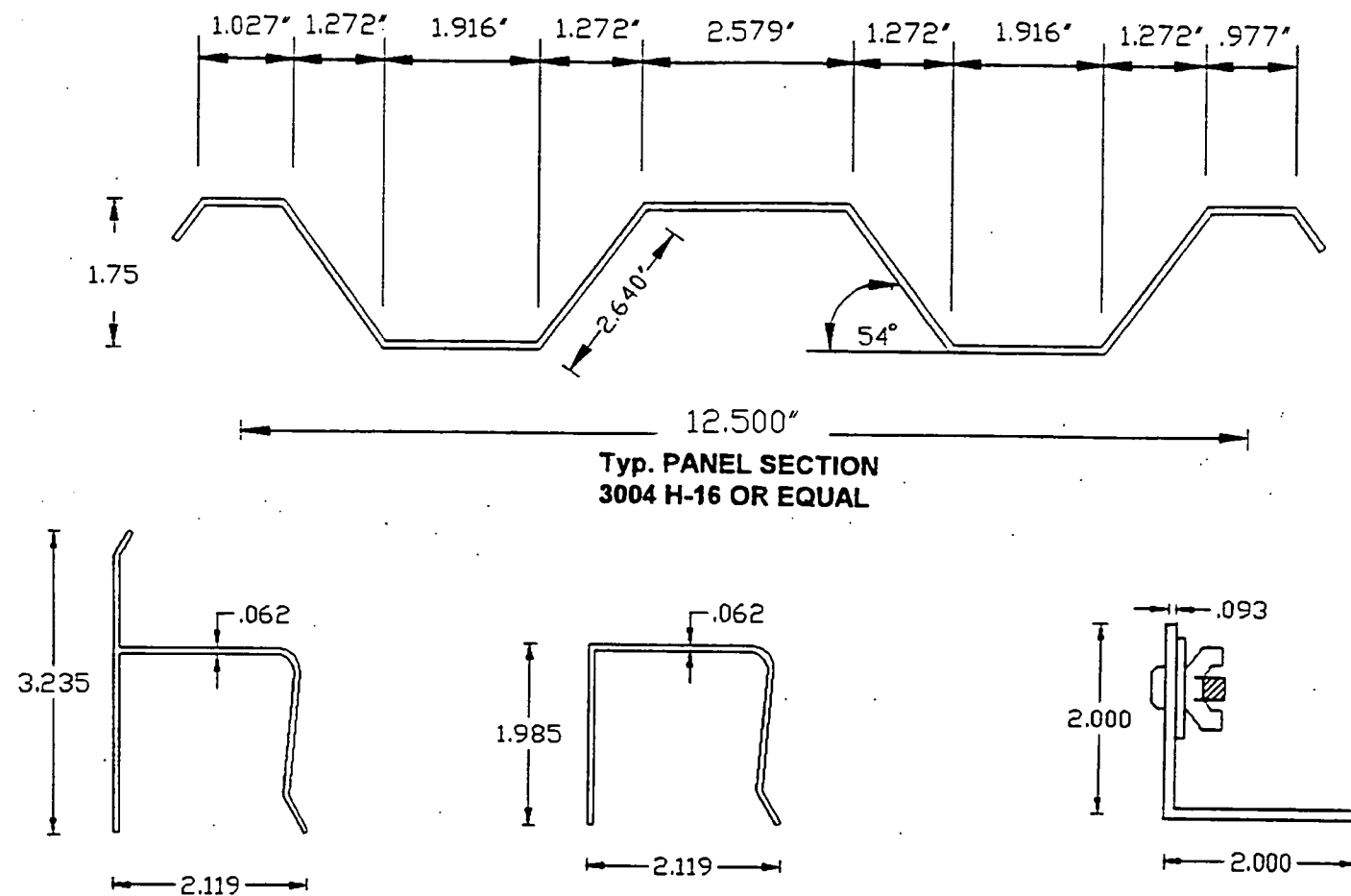
I am a Notary Public of the
STATE OF FL AT LARGE, and
My Commission Expires:
4/13/97

(NOTARY SEAL)

BARBARA A. O'BRIEN
My Comm Exp. 4/13/97
Bonded By Service Ins
No. CC285971
 Personally Known Other I.O.

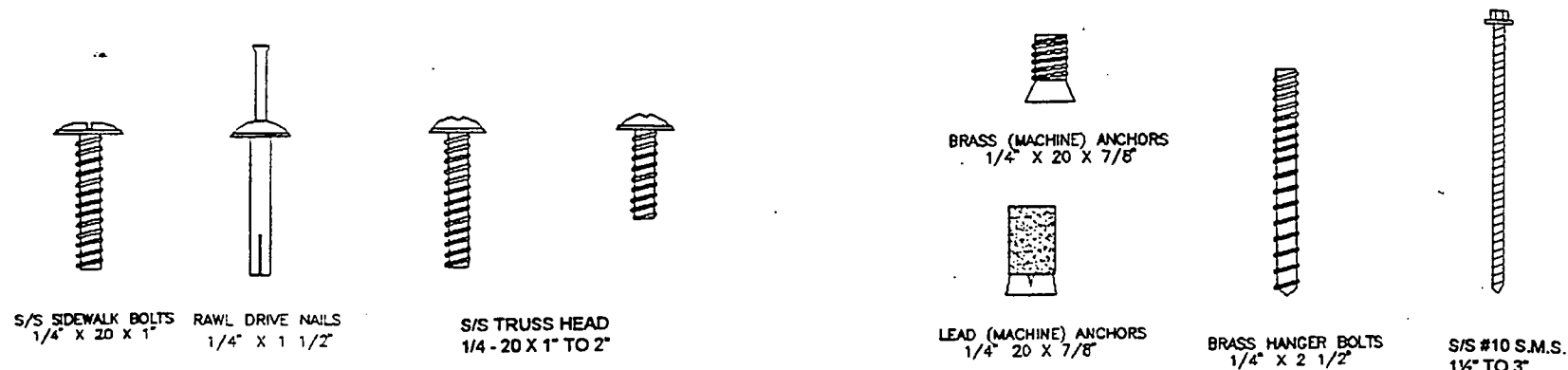
BARBARA A. O'BRIEN
My Comm Exp. 4/13/97
Bonded By Service Ins
No. CC285971
 Personally Known Other I.O.

**STORM PANEL
120 M.P.H. WINDLOAD**



**BASE AND HEADER CONNECTION MEMBERS
ALUMINUM SECTIONS 6063 T-6**

TYPICAL INSTALLATION FASTENERS



GENERAL INFORMATION

Specifications

The Aluminum Construction Manual, Specifications For Aluminum Structures, the Aluminum Formed Sheet Building Sheathing Design Guide, the Engineering Data For Aluminum Structures, and The Commentary on Specifications For Aluminum Structures, published by the Aluminum Association, Inc. in Washington, D.C. are used as reference material.

Applicable ASTM specifications are designations B209, B211, B234, B241, B247, B308, and B249.

Extrusions used herein shall be 6063 T-6 aluminum, registered with the Aluminum Association, Inc. - Washington, D.C., unless otherwise noted.

Deflections

The deflection limits of structural aluminum members set forth shall be applicable, and conform to the Standard Building Code, the South Florida Building Code - maximum of 1" deflection - L/30.

The allowable stresses for aluminum members shall be as given in specifications for Aluminum Structures published by the Aluminum Association, Inc. - Washington, D.C.

Tolerances

The specified minimum thickness of extruded aluminum, aluminum coil products, and other applicable materials as detailed shall be the nominal thickness, and is subject to the tolerances published in the Aluminum Standards and Data, Aluminum Association, Washington, D.C.

Safety Factors

All engineering calculations used in conjunction with this design shall be based on a safety factor in accordance with table 3.3.3 of the Aluminum Construction Manual Series, section 1.

Shape Factors

Non-Coastal zones, class 1 and 2 buildings -1.1.
Coastal zones, class 1 buildings -(end zones) -1.3
Coastal zones, class 2 buildings -(end zones) -1.9

All calculations used are based on the South Florida Building Code 1988 Edition, Chapter 23, Section 2303.3 (i) and 2309.2.

Materials

Aluminum roll-formed panels shall be 3004-H16 alloy. Steel roll-formed panels shall be galvanized and have ASTM A-525 designation. Aluminum bolts shall be 2024-T4 alloy.

Dissimilar Materials

Where the aluminum alloy sections are in contact with, or are fastened to, steel members or other dissimilar materials, the aluminum shall be kept from direct contact with the steel or other dissimilar material painting.

Steel surfaces to be placed in contact with aluminum shall be painted with good quality, non-lead contaminating, priming paint such as zinc chromate primer in accordance with Federal Specification TT-P-845, followed by two coats of paint consisting of two pounds (2 lbs.) of aluminum paste pigment, ASTM Specification D962-66, Type 2, Class B, per gallon of varnish meeting Federal Specification TT-V-81, Type II, or the equivalent. Where severe corrosion conditions are expected, additional protection can be obtained by applying a suitable sealant to the faying surfaces, capable of excluding moisture from the joint during prolonged service in addition to the zinc chromate primer. Aluminized, hot-dip galvanized or electrogalvanized steel placed in contact with aluminum need not be painted. Stainless steel (300 series) placed in contact with aluminum need not be painted except in high chloride containing environments.

Aluminum should not be placed in direct contact with wood, fiberboard or other porous material that may absorb water and cause corrosion. When such contacts cannot be avoided, an insulating barrier between the aluminum and the porous material shall be installed. Aluminum or other coating providing equivalent protection before installation. Aluminum in contact with concrete or masonry should be similarly protected in cases where moisture is present and corrodents can be entrapped between the surfaces.

Prepainted aluminum generally does not need additional painting, even in contact with other materials such as wood, concrete or steel. Under (extreme) corrosive conditions, additional protection may be provided as described in the preceding sections.

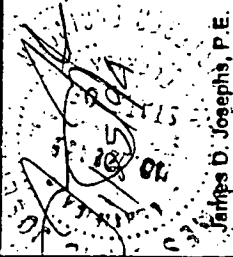
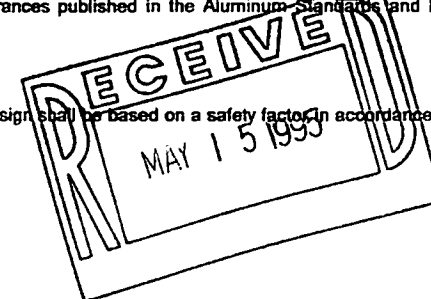
GENERAL CONSTRUCTION REQUIREMENTS

All fastenings, unless specified differently, shall be a maximum of twenty four inches (24") on center. Aluminum, hot-dip galvanized, electro-galvanized, aluminized steel, 300 series stainless steel, or corrosion resistant fasteners may be used, or as specified by local codes and ordinances.

Concrete anchors must be embedded a minimum of one and one quarter inches (1-1/4") into the structural concrete, and tightened properly. A longer fastener shall be required in the event that deck toppings, coatings, tile, brick or pavers are used, as these surfaces do not have to required holding ability.

Anchor types shown shall meet or exceed the safe working values as specified by the manufacturer. Any substitutions must follow these requirements.

Any fastener stripped or not adequately holding must be replaced.



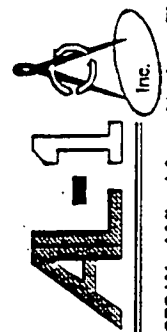
Page 1 of 2

**Gulfstream
ALUMINUM
PRODUCTS, INC.**

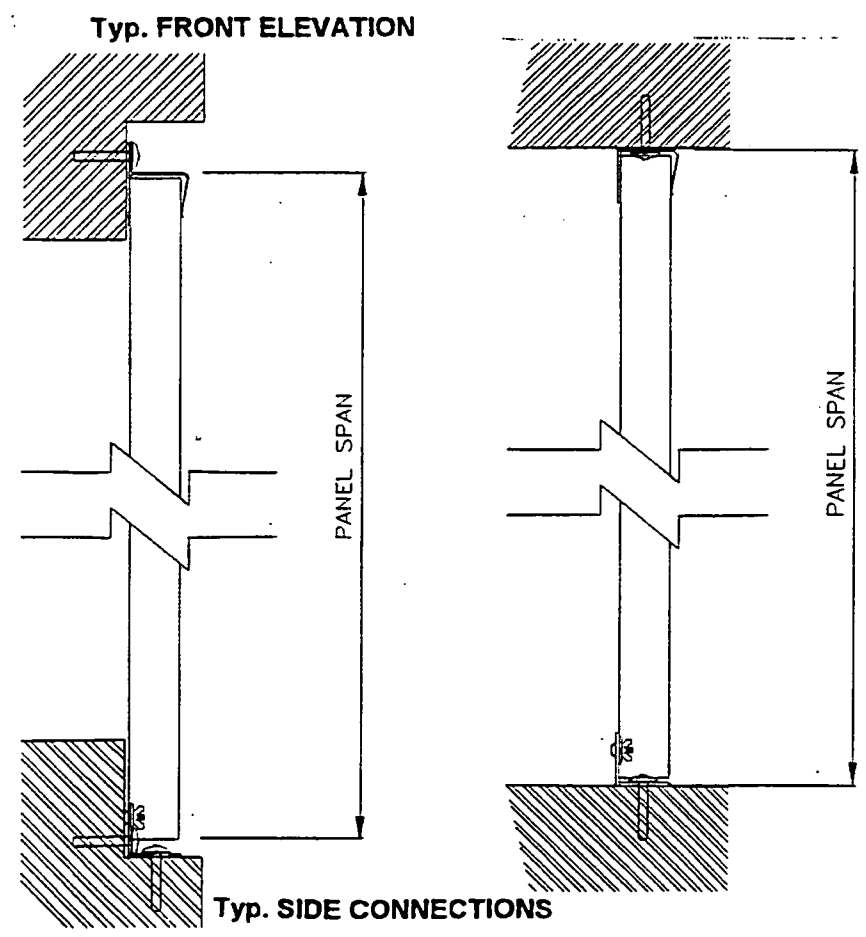
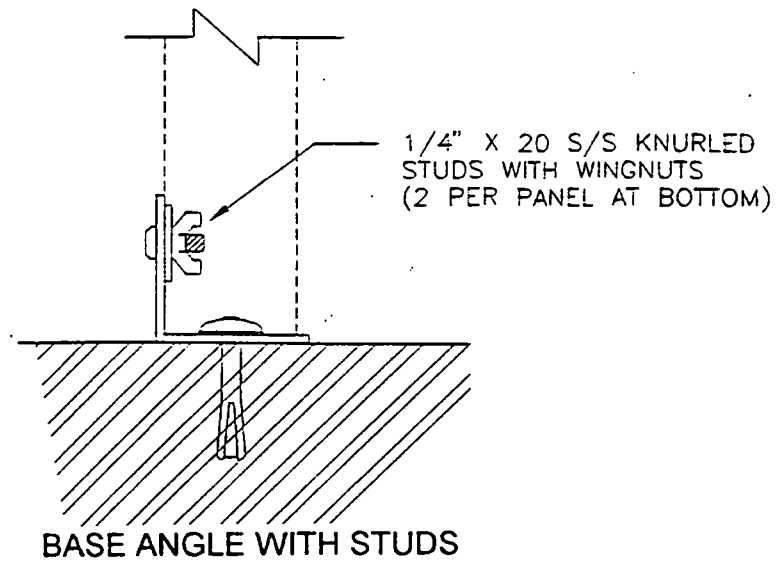
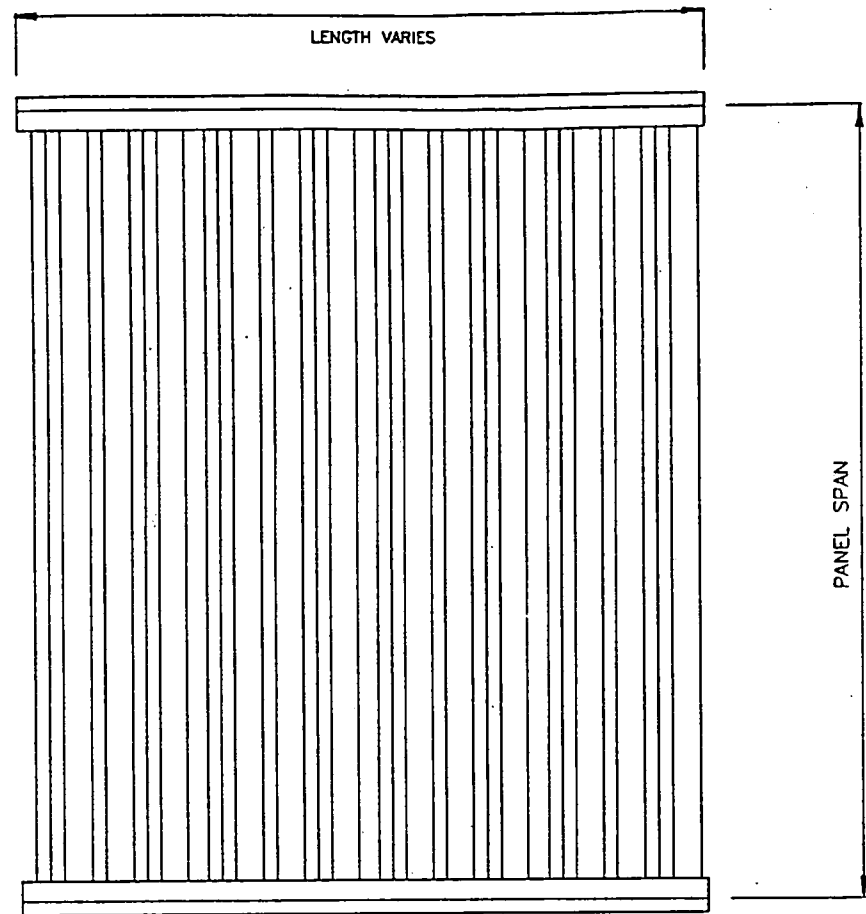
197 SB Monterey Road
Stuart, FL 34994

**AL-1, INC.
CIVIL, STRUCTURAL
ENGINEERING**

258 West Miami Ave. Venice, FL 34285 813-486-4922



Revisions



ANCHOR SPACING TABLE

Height Above Grade	Anchor Spacing
0' - 35'	18" O/C
35' - 55'	16" O/C
55' - 100'	14" O/C

**STORM PANEL SPAN TABLE
120 M.P.H. WINDLOAD**

HEIGHT ABOVE GRADE	NON - COASTAL ZONES		
	ALUMINUM		STEEL
	.040"	.050"	20 GA.
0' - 15'	8' - 0"	8' - 7"	10' - 5"
15' - 25'	7' - 7"	8' - 2"	9' - 11"
25' - 35'	7' - 5"	7' - 11"	9' - 8"
35' - 55'	7' - 3"	7' - 8"	9' - 5"
55' - 60'	7' - 0"	7' - 6"	9' - 1"

HEIGHT ABOVE GRADE	COASTAL ZONES		
	ALUMINUM		STEEL
	.040"	.050"	20 GA.
0' - 15'	7' - 8"	8' - 3"	10' - 0"
15' - 25'	7' - 4"	7' - 10"	9' - 6"
25' - 35'	7' - 1"	7' - 7"	9' - 3"
35' - 55'	6' - 11"	7' - 5"	8' - 11"
55' - 60'	6' - 9"	7' - 2"	8' - 5"

TABLE BASED ON MAX. OF 1" DEFELECTION, L/30, 120 M.P.H.
AS PER. S.F.B.C. - SECTION 2303.3 (I) AND 2309.2.
SHAPE FACTORS OF - 1.1 AND - 1.3 (END ZONE ONLY) FOR CLASS 1 BUILDINGS.

NOTE: STORM PANELS MAY BE INSTALLED HORIZONTALLY

SPECIFICATIONS COMPLY TO THE REQUIREMENTS OF SECTION 1205 OF THE 1991 STANDARD BUILDING CODE

HEIGHT ABOVE GRADE	COASTAL ZONES - 140 MPH		
	ALUMINUM		STEEL
	.040"	.050"	20 GA.
0' - 15'	6' - 7"	7' - 10"	9' - 4"
15' - 25'	6' - 1"	7' - 5"	8' - 9"
25' - 35'	5' - 9"	6' - 9"	8' - 4"
35' - 55'	5' - 4"	6' - 3"	7' - 9"
55' - 60'	5' - 3"	6' - 2"	7' - 8"

James D. Josephs, P.E.

Page 2 of 2

Gulstream
ALUMINUM
PRODUCTS, INC.

197 SE Monterey Road
Stuart, FL 34994

AL-1, INC.
CIVIL, STRUCTURAL
ENGINEERING

813-485-9322

AL-1
INC.

258 West Miami Ave. Venice, FL 34285

Revisions

140 MPH ADDED 1/25/94

8310

FENCE

&

GATE

TOWN OF SEWALL'S POINT

Date 7-11-06

Receipt#
BUILDING PERMIT NO. 8310

Building to be erected for Flannery Type of Permit Fence

Applied for by Stuart Fence (Contractor) Building Fee _____

Subdivision Rio Vista Lot 103 Block _____ Radon Fee _____

Address 23 Rio Vista Dr. Impact Fee _____

Type of structure SFR A/C Fee _____

Parcel Control Number: _____ Electrical Fee _____

123841-002-000-010309-0000 Plumbing Fee _____

Amount Paid \$30 Check # 6725 Cash _____ Other Fees (Fence) 30

Total Construction Cost \$ 4748 TOTAL Fees 30

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official / Clerk



MARTIN COUNTY BUILDING PERMIT

CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE FRONT OF THE PREMISES WITHIN VIEW OF THE STREET BEFORE WORK IS STARTED.

Permit Number: SP01 - 20060074
Permit Type: SEWALLS POINT
Date Issued: 07-JUL-06
Project:
Scope of Work: Install vertical shadow box fence & gates

Applicant/Contact:	RICHMOND, CHESTER J III /	
Parcel Control Number:	12-38-41-002-000-0103.0-90000	
Subdivision:	RIO VISTA	
Construction Address:	23 RIO VISTA DR	
Location Description:		
Owner Name:	FLANNERY, RYAN T & JILL S	
Prime Contractor:	RICHMOND, CHESTER J III 3307 RAILROAD AVE STUART, FL 34997	STUART FENCE & WIRE 772-288-1151 License No.: CFE3584

In consideration of the granting of this permit, it is agreed that in all respects the work will be performed and completed in accordance with the permitted plans and the applicable codes for Martin County, Florida. This permit may be revoked at any time upon the violation of any of the provisions of said laws, ordinances or rules and regulations or upon any change in the plans and specifications unauthorized by this department. Permit expires one hundred eighty (180) days from the date of issuance if work is not started or if work is suspended for a period of six months. Per FBC Section 3305, sanitary facilities shall be provided during construction, remodeling, or demolition activities.

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

**"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 RECORDED NOTICE OF COMMENCEMENT MUST BE SUBMITTED TO THE ISSUING AUTHORITY PRIOR TO THE FIRST INSPECTION.**

ALL REINSPECTIONS OR ADDITIONAL INSPECTIONS WILL BE CHARGED AT A RATE ESTABLISHED BY THE BOARD OF COUNTY COMMISSION. **NOTICE: DO NOT ORDER CONCRETE UNTIL INSPECTION IS APPROVED.**

UPON COMPLETION OF WORK, A FINAL INSPECTION MUST BE CALLED FOR BY THE CONTRACTOR. FAILURE TO DO SO WILL RESULT IN A DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR.

INSPECTIONS

Phone 221-2364 (interactive voice) or 288-5489 for inspections. 24 hour notice is required.
The inspections listed below may not represent all necessary required inspections for the scope of work.

6099 Residential Final _____

SP

RECEIVED
7/6/06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 7/6/06 Permit Number: _____

OWNER/TITLEHOLDER NAME: RYAN FLANNERY Phone (Day) 305-442-9344 (Fax) _____

Job Site Address: 23 Rio Vista City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Rio Vista Lot 103 Parcel Number: 12-38-41-002-000-01030-9

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

Description of Work To Be Done: INSTALL VERTICAL SHADOW BOX FENCE & GATES

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 4748.⁰⁰
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

(If yes, Owner Builder Affidavit must accompany application)

CONTRACTOR/Company: STUART FENCE CO Phone: 288 1151 Fax: 288 3035

Street: 3307 SE RAILROAD AVE City: STUART State: FL Zip: 34997

State Registration Number: _____ State Certification Number: _____ Martin County License Number: LFE 3584

SUBCONTRACTOR INFORMATION:

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

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

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

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carpport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

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

OWNER OR AGENT SIGNATURE (required)
Ryan Flannery

State of Florida, County of: MARTIN

This the 27 day of JUNE, 2006

by RYAN FLANNERY who is personally

known to me or produced DL

as identification Janis L. Loudin

My Commission Expires: _____

CONTRACTOR SIGNATURE (required)
Chester Richmond

On State of Florida, County of: MARTIN

This the 5 day of JULY, 2006

by CHESTER RICHMOND who is personally

known to me or produced _____

As identification Janis L. Loudin

My Commission Expires: _____

NOTARY PUBLIC-STATE OF FLORIDA
Janis L. Loudin
Commission # DD538831
Expires: MAY 21, 2010
Sealed Thru Atlantic Bonding Co., Inc.

NOTARY PUBLIC-STATE OF FLORIDA
Janis L. Loudin
Commission # DD538831
Expires: MAY 21, 2010
Sealed Thru Atlantic Bonding Co., Inc.

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # 12-38-41-002-000-01030-9

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

23 RIO USTA LOT 103

GENERAL DESCRIPTION OF IMPROVEMENT: _____

OWNER: RYAN T. FLANNERY
ADDRESS: 23 RIO USTA DR STUART, FL
PHONE #: 781-5804 FAX #: _____

INTEREST IN PROPERTY: _____

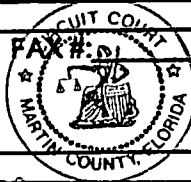
NAME AND ADDRESS OF FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER): _____

CONTRACTOR: STUART FENCE
ADDRESS: P.O. BOX 2636 STUART, FL 34995
PHONE #: 288-1151 FAX #: 288-3035

SURETY COMPANY (IF ANY) STATE OF FLORIDA
ADDRESS: MARTIN COUNTY
PHONE # _____

BOND AMOUNT: _____

LENDER/MORTGAGE COMPANY _____
ADDRESS: _____
PHONE #: _____
BY [Signature] DATE 6-6-06 FAX #: _____
MARCHA EWING CLERK



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

NAME: _____
ADDRESS: _____
PHONE #: _____ FAX #: _____

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

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

[Signature]
SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 27 DAY OF JUNE 2006
BY RYAN FLANNERY

PERSONALLY KNOWN _____
OR PRODUCED ID F 456 738 76 - 020-0

[Signature]
NOTARY SIGNATURE
NOTARY PUBLIC-STATE OF FLORIDA
Janis L. Loudin
Commission # DD538831
Expires: MAY 21, 2010
Bonded Thru Atlantic Bonding Co., Inc.

INSTR # 1945621 DR BK 02159 PG 2644 RECD 07/06/2006 01:07:07 PM
Pg. 2644 (1 of 1)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoenix

Prepared by
Michelle Blaszkowiak, an employee of
First American Title Insurance Company
729 South Federal Highway, Suite 103
Stuart, Florida 34994
(772)286-0850

Return to: Grantee

File No.: 1071-1228790

WARRANTY DEED

Made this June 16, of 2006 by and between

Jacqueline Pasheluk, joined by her spouse, Andrew Pasheluk

whose address is: **23 Rio Vista Drive, Stuart, FL 34996-6423**
hereinafter called the "grantor", to

Ryan T. Flannery and Jill S. Flannery, husband and wife

whose post office address is: **23 Rio Vista Drive, Stuart, FL 34996-6423**
hereinafter called the "grantee":

(Which terms "Grantor" and "Grantee" shall include singular or plural, corporation or individual, and either sex, and shall include heirs, legal representatives, successors and assigns of the same)

Witnesseth, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in **Martin** County, **Florida**, to-wit:

Lot 103, RIO VISTA SUBDIVISION, according to the plat thereof recorded in Plat Book 6, Page 95, Public Records of Martin County, Florida.

Parcel Identification Number: **12-38-41-002-000-01030.90000**

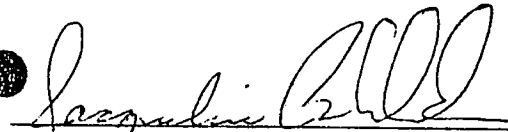
Subject to all reservations, covenants, conditions, restrictions and easements of record and to all applicable zoning ordinances and/or restrictions imposed by governmental authorities, if any.

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

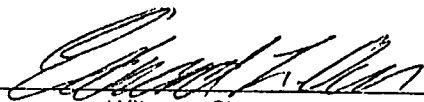
To Have and to Hold, the same in fee simple forever.

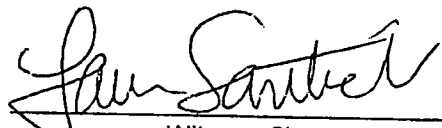
And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31st of 2005.

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


Jacqueline Pasheluk


Signed, sealed and delivered in the presence of these witnesses:


Witness Signature
Print Name: Ethad L. Orr


Witness Signature
Lauren Santich

State of New York
County of Suffolk

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED before me this June 16, 2005 by Jacqueline Pasheluk, who is personally known to me or has produced Drivers License as identification.


NOTARY PUBLIC
Jill Ramundo
Notary Print Name
My Commission Expires: 2-7-09

JILL M. RAMUNDO
Notary Public, State of New York
No. 01RA6123311, Suffolk County
Commission Expires, March 07, 2009

Andrew Pasheluk
Andrew Pasheluk

Signed, sealed and delivered in the presence of these witnesses:

Angela S. Pasciolla
Witness Signature

Print Name: ANGELA S. PASCIOLLA

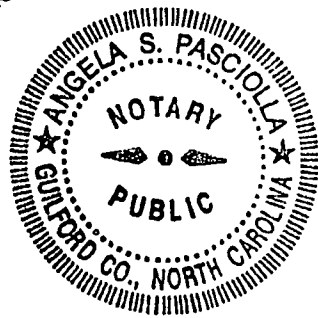
Hanna H. Kerchner
Witness Signature

HANNA HASEL-KERCHNER

State of NORTH CAROLINA

County of Guilford

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED before me this
June 14, 2006 by Andrew Pasheluk, who is personally known to me or has
produced drivers license as identification.



Angela S. Pasciolla
NOTARY PUBLIC

ANGELA S. PASCIOLLA
Notary Print Name
My Commission Expires: 7-6-09

EASEMENT AGREEMENT

Date: 6/28/06

Gentlemen:

I propose to apply for a Martin County permit to erect a FENCE in the (utility/drainage) easement on my property at _____

23 Rio Vista

LEGAL DESCRIPTION:

LOT 103, BLOCK _____, SUBDIVISION Rio Vista

(Brief description of dimensions and location from property lines)
SEE SURVEY

In the event you have no objection to this project, please complete this form and return to me at FAX 772-288-3035

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

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

Signed: [Signature] Phone: _____

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

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

Company: BELLSOUTH TELECOMMUNICATIONS INC.

By: LEROY WALKER [Signature] 6/28/06

Title: ENGINEER

Company records indicate that a potential conflict (DOES) (DOES NOT) exist. The conflict consists of _____

EASEMENT AGREEMENT

Date: 6/28/06

Gentlemen:

I propose to apply for a Martin County permit to erect a Fence in the (utility/drainage) easement on my property at _____

23 Bio Vista

LOT 103, BLOCK _____, SUBDIVISION Bio Vista

LEGAL DESCRIPTION:

(Brief description of dimensions and location from property lines)
S.P. SURVEY

In the event you have no objection to this project, please complete this form and return to me at FAX 772-288-3035

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

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

Signed: [Signature] Phone: _____

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

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

Company: Martin County Utilities

By: Phillip M. Keasley

Title: EE II

Company records indicate that a potential conflict (DOES) exist. The conflict consists of _____

EASEMENT AGREEMENT

Date: 6/28/06

Gentlemen:

I propose to apply for a Martin County permit to erect a FENCE in the (utility/drainage) easement on my property at _____

23 Rio Vista

LEGAL DESCRIPTION:

LOT 103, BLOCK _____, SUBDIVISION Rio Vista

(Brief description of dimensions and location from property lines)
SEE SURVEY

In the event you have no objection to this project, please complete this form and return to me at FAX 772-288-3035

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

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

Signed: [Signature] Phone: _____

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

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

Company: Adelphia

By: [Signature]

Title: Field Coordinator

Company records indicate that a potential conflict (DOES) (DOES NOT) exist. The conflict consists of _____

EASEMENT AGREEMENT

Date: 6/28/06

Gentlemen:

I propose to apply for a Martin County permit to erect a FENCE in the (utility/drainage) easement on my property at _____

23 RIO VISTA

LOT 103, BLOCK _____, SUBDIVISION RIO VISTA LEGAL DESCRIPTION:

(Brief description of dimensions and location from property lines) SEE SURVEY

In the event you have no objection to this project, please complete this form and return to me at FAX 772-288-3035

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

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

Signed: [Signature] Phone: _____

FOLLOWING TO BE COMPLETED BY UTILITY COMPANY

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

Company: Florida Power & Light Company
By: Curt Percy
Title: Service Planner

Company records indicate that a potential conflict (DOES) (DOES NOT) exist. The conflict consists of Be aware that

FPL has an underground service at the southwest property line.

ACORD. CERTIFICATE OF LIABILITY INSURANCE

2/23/2006

PRODUCER
MARIE HOWELL INSURANCE SERVICES
 3215 S US 1 SUITE B-201
 FORT PIERCE FL 34982
 772-461-4733
INSURED
STUART FENCE COMPANY INC.,
CHESTER J. RICHMOND & JOHN JAMASON
 P O B 2636
 STUART, FL 34995

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

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: WESTERN WORLD	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

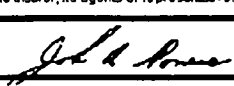
COVERAGES

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

GENERAL LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	NPP0835360	8/18/2005	8/18/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC. \$ AOG \$
<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below <input type="checkbox"/> OTHER				

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

CERTIFICATE HOLDER	CANCELLATION
THE TOWN OF SEWELLS POINT 1 SOUTH SEWELLS POINT RD SEWELLS POINT, FL 34996 ATTN: LAURA FAX# 772-220-4765	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>M. Howell</i>

ACORD™ CERTIFICATE OF LIABILITY INSURANCE							Date 2/24/2006			
Producer: Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone: 727-838-5562 Fax: 727-837-2138				This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.						
Insured: South East Personnel Leasing, Inc. 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone : (727)938-5562				Insurers Affording Coverage			NAIC #			
				Insurer A: Lion Insurance Company					11075	
				Insurer B:						
				Insurer C:						
				Insurer D:						
Insurer E:										
Coverages										
The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.										
INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits				
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$			
						Damage to rented premises (EA occurrence)	\$			
						Med Exp	\$			
						Personal Adv Injury	\$			
						General Aggregate	\$			
						Products - Comp/Op Agg	\$			
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$			
						Bodily Injury (Per Person)	\$			
						Bodily Injury (Per Accident)	\$			
						Property Damage (Per Accident)	\$			
		GARAGE LIABILITY <input type="checkbox"/> Any Auto				Auto Only - Ea Accident	\$			
						Other Than Autos Only: EA Acc	\$			
						Autos Only: AGG	\$			
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence				
						Aggregate				
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2006	01/01/2007	X	WC Statutory Limits	OTH-ER		
							E.L. Each Accident	\$1000000		
							E.L. Disease - Ea Employee	\$1000000		
							E.L. Disease - Policy Limits	\$1000000		
	Other 3485485	Stuart Fence Company, Inc.	COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.							
Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: ADD ON DATE: 5/10/2004 COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Stuart Fence Company, Inc. * FAX: 772-288-3035 & 772-220-4765 / ISSUE: 10-21-04 (PDC) / REISSUE 8-23-05 (JLH) / REISSUE 1-18-06 (JLH) REISSUE 2-24-06 (SH)										
Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616										
CERTIFICATE HOLDER					CANCELLATION					
TOWN OF SEWALLS POINT ATTN: LAURA 1 S. SEWALLS POINT RD. SEWALLS POINT FL 34988					Should any of the above described policies be canceled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.					
										

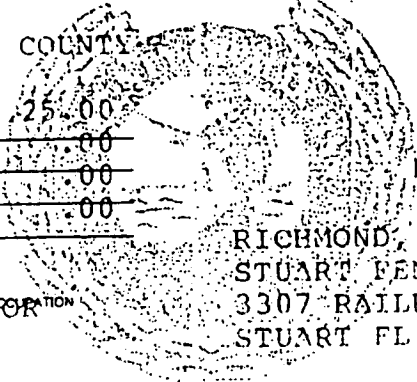
2005-2006 **MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

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

LICENSE 2004-518-003 CERT CFE3584
PHONE (772) 519-6263 SIC NO 235991
LOCATION 3307 RAILROAD AVE STU

CHARACTER COUNTS IN MARTIN COUNTY


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



RICHMOND, CHESTER - QUALI
STUART FENCE COMPANY INC
3307 RAILROAD AVE
STUART FL 34997 USA

RECEIPT of PAYMENT
 6818
 LARRY C. O'STEEN
 99 08/23/2005 OCCI NORMAL
 200451800003000
 02200508230806030CK
 \$25.00

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **FENCE ERECTION CONTRACTOR**
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE
03 AUGUST 05
DAY OF 2005
AND ENDING SEPTEMBER 30



**MARTIN COUNTY, FLORIDA
Construction Industry Licensing Board
Certificate of Competency**

FENCE ERECTION

License Number **CFE3584** Expires: **30-SEP-06**

**RICHMOND, CHESTER J III
STUART FENCE & WIRE
3307 RAILROAD AVE
STUART, FL 34997**

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7-24, 2006 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC0048	Govel	Fence final	PASS	CLOSE
5	24 Castle Hill Way OB			INSPECTOR: <i>[Signature]</i>
0212	Teacher, Higgins OB	Final		RESCHEDULE FORWED
	3601 SE Ocean Blvd	hurricane photos		7/26.
	Jensen beach Alum	214-4550-call if cannot inspect		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC			FAIL	
3	113 SE HILLCREST DR.			<u>\$45 FEE</u> INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC0001	[REDACTED]	FENCE	FAIL	DUMPSTER 1
2	23 LIO VISTA DR.			LATE WORK INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
1	12 HERONS NEST TONY LAGONIS		OK	DEBRIS ON SITE USED SILT SCREEN INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
4	10 CASTLE HILL		OK	MEET W/ BEVE INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

2006 0014

OTHER: _____



0074

TOWN OF SEWALL'S POINT
One South Sewall's Point Road
Sewall's Point, Florida 34996
(772) 287-2455

CORRECTION NOTICE

ADDRESS: 23 RIO VISTA

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

FENCE

~~REMOVE CONSTRUCTION DUMPSTER FROM SITE.~~

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

DATE: 7/24

[Signature]

INSPECTOR

DO NOT REMOVE THIS TAG

BOUNDARY SURVEY

LOT 103, RIO VISTA SUBDIVISION
 PLAT BOOK 6, PAGE 95
 MARTIN COUNTY, FLORIDA.

LEGAL DESCRIPTION:

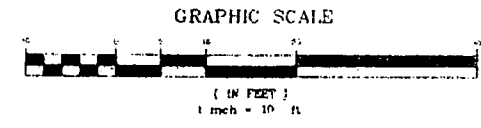
LOT 103, RIO VISTA SUBDIVISION, ACCORDING TO THE PLAT THEREON AS RECORDED IN PLAT BOOK 6 PAGE 95, IN THE PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

SURVEYOR'S NOTES:

1. NO ATTEMPT WAS MADE BY THIS FIRM TO LOCATE UNDERGROUND UTILITIES ON OR ADJACENT TO THIS SITE. THE APPROXIMATE LOCATION OF ALL UTILITIES SHOWN HEREIN WERE TAKEN FROM AS-BUILT DRAWINGS AND/OR ON-SITE LOCATION AND SHOULD BE VERIFIED BEFORE CONSTRUCTION.
2. NO ATTEMPT WAS MADE BY THIS FIRM TO LOCATE UNDERGROUND FOUNDINGS OF BUILDINGS OR FENCES ON OR ADJACENT TO THIS SITE.
3. LANDS SHOWN HEREON WERE SURVEYED WITHOUT THE BENEFIT OF TITLE SEARCH.
4. BEARINGS SHOWN HEREON REFER TO AN ASSUMED MERIDIAN OF N63°44'59"W ALONG THE SOUTHWESTERLY RIGHT OF WAY LINE OF SOUTH RIVER DRIVE.
5. LEGAL DESCRIPTION FURNISHED BY CLIENT.
6. THIS SITE LIES IN FLOOD ZONE "A" AS SCALED AND INTERPOLATED ON FEMA MAP NO. 12085C-0154-F, COMMUNITY NO. 120161, DATED: OCTOBER 4, 2001.
7. SITE AREA = 15,176.24 SQUARE FEET OR 0.35 ACRES MORE OR LESS.
 TOTAL PERVIOUS AREA = 10,629.29 SQUARE FEET OR 24.04%
 TOTAL IMPERVIOUS AREA = 4,546.95 SQUARE FEET OR 29.96%
 CONCRETE DRIVEWAY = 945.19 SQUARE FEET OR 6.23% PAVEMENT BRICK = 71.86 SQUARE FEET OR 0.47% COVERED WOOD DECK = 120.42 SQUARE FEET OR 0.79% CONCRETE PATIO = 48.36 SQUARE FEET OR 0.32% EAST CONCRETE DRIVEWAY = 1,260.33 SQUARE FEET OR 8.30% COVERED CONCRETE PATIO = 221.64 SQUARE FEET OR 1.46% TWO STORY RESIDENCE = 1,609.15 SQUARE FEET OR 10.58%

CERTIFICATIONS:

1. RYAN AND ALL FLANNERY
2. COUNTY-WIDE HOME LOANS
3. FIRST AMERICAN TITLE INSURANCE COMPANY



SURVEYOR'S CERTIFICATION:

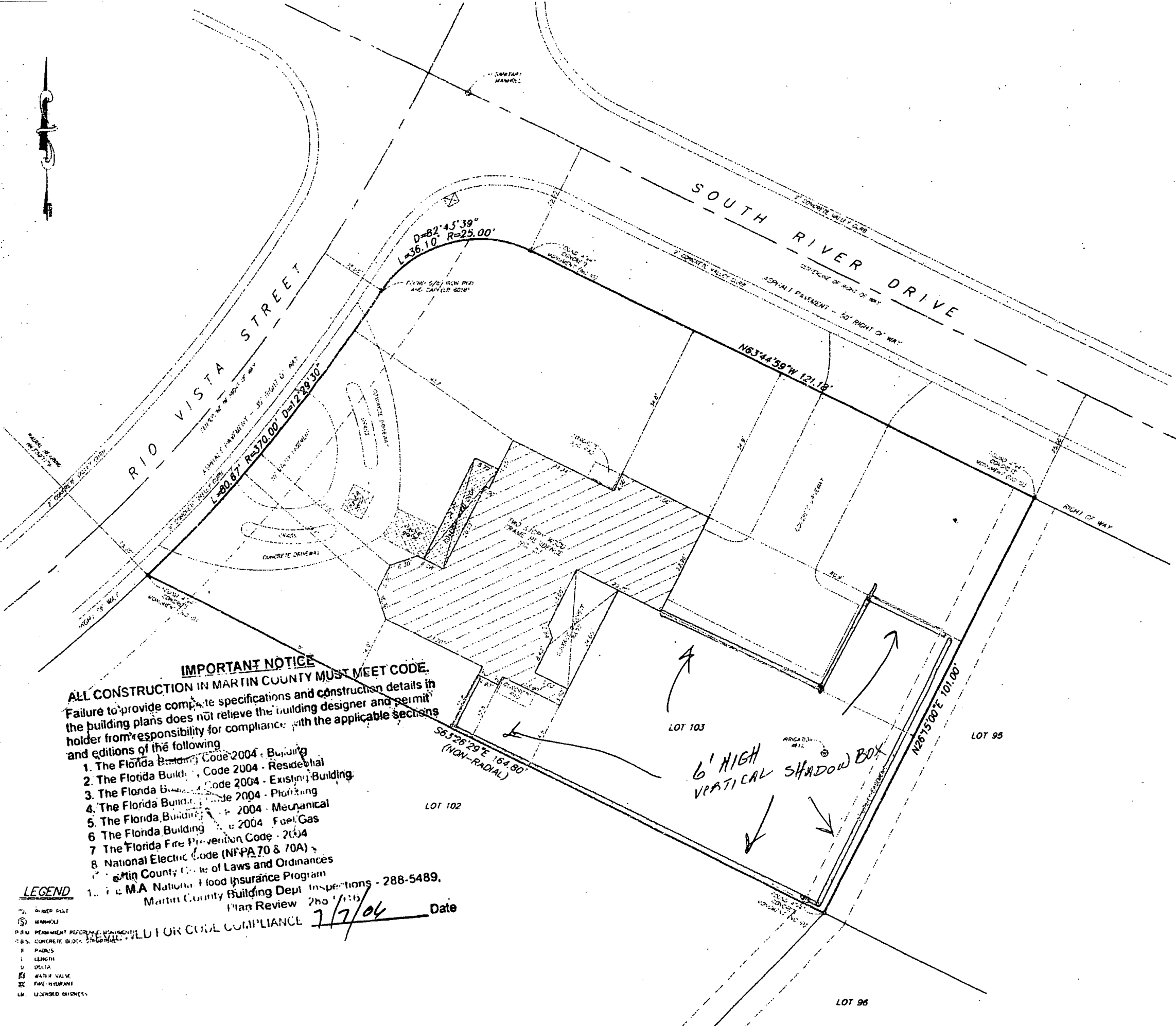
I HEREBY CERTIFY THAT THIS PLAT OF SURVEY WAS PREPARED UNDER MY RESPONSIBLE CHARGE AND MEETS THE MINIMUM TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS AND MAPPERS IN CHAPTER 461, F.S., FLORIDA STATUTES, AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A LICENSED FLORIDA SURVEYOR AND MAPPER.

Robert S. Bracker, Jr.
 ROBERT S. BRACKER, JR.
 PROFESSIONAL LAND SURVEYOR
 NO. 4114 STATE OF FLORIDA

BLOOMSTER
 PROFESSIONAL LAND SURVEYORS, INC.
 L.P. #4118
 791 NORTHEAST DIXIE HIGHWAY
 JENSEN BEACH, FLORIDA 34957
 PHONE 772-334-0868

SHEET 1 OF 1	
DATE	7/7/04
SCALE	AS SHOWN
FIELD BOOK	24152
ADJ. NO.	
REVISIONS	
DATE	DESCRIPTION
06-19-04	LEGASO SUNI

PREPARED FOR: RYAN & JILL FLANNERY
 23 RIO VISTA DRIVE
 SEWALLS POINT, MARTIN COUNTY, FLORIDA



IMPORTANT NOTICE
 ALL CONSTRUCTION IN MARTIN COUNTY MUST MEET CODE.

Failure to provide complete specifications and construction details in the building plans does not relieve the building designer and permit holder from responsibility for compliance with the applicable sections and editions of the following:

1. The Florida Building Code 2004 - Building
2. The Florida Building Code 2004 - Residential
3. The Florida Building Code 2004 - Existing Building
4. The Florida Building Code 2004 - Plumbing
5. The Florida Building Code 2004 - Mechanical
6. The Florida Building Code 2004 - Fuel Gas
7. The Florida Fire Prevention Code 2004
8. National Electric Code (NFPA 70 & 70A)
9. Martin County Code of Laws and Ordinances
10. M.A. National Flood Insurance Program

LEGEND

- MANHOLE
- PERMANENT REFERENCE MARK
- CONCRETE BLOCK
- PATIO
- LENGTH
- DELTA
- WATER VALVE
- FIRE HYDRANT
- UNPAVED HIGHWAY

Martin County Building Dept Inspections - 288-5489
 Plan Review 7/7/04 Date

8393

POOL

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 9-28-06

BUILDING PERMIT NO. 8393

Building to be erected for Flannery

Type of Permit Pool & deck

Applied for by RD Schiller Pools

(Contractor) Building Fee 240

Subdivision Rio Vista Lot 103 Block _____

Radon Fee _____

Address 23 Rio Vista Dr

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Other Fees (_____) _____

TOTAL Fees 240

Parcel Control Number:

123841-0020000-103090000

Amount Paid \$240 Check # 7503 Cash _____

Total Construction Cost \$ 23000 _____

X Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

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

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

INSPECTIONS

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

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

RECEIVED
8-4-06

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____
OWNER/TITLEHOLDER NAME: RYAN FLANNERY Phone (Day) 781-5804 (Fax) _____

Job Site Address: 23 RIO VISTA DRIVE City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block): #103, RIO VISTA Parcel Number: 123841-002000103090000

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

Description of Work To Be Done: Swimming Pool

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 23,000.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ 700,000.00

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: R.D. SCHULLER POOLS Phone: 287-0768 Fax: 287-9970

Street: 3590 SE DIXIE HIGHWAY City: STUART State: FL Zip: 34997

State Registration Number: RPC055005 State Certification Number: CPC057114 Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: Harman + Harman Elec. Inc. State: FL 004037 License Number: _____

Mechanical: Robert Dean Schuller State: CPC057114 License Number: _____

Plumbing: N/A State: _____ License Number: _____

Roofing: N/A State: _____ License Number: _____

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

ENGINEER: Treasure Coast Bld. Engineer Inc. Lic.# 32831 Phone Number: (772) 466-5509
Street: 7205 ELY SE. Circle City: Port St. Lucie State: FL Zip: 34952

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____
Carpport: _____ Total Under Roof _____ Wood Deck: _____ Accessory Building: _____

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

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

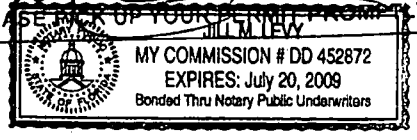
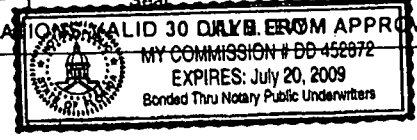
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (required)
[Signature]
State of Florida, County of: Martin
This the 4 day of August, 2006
by Ryan Flannery who is personally known to me or produced personally known as identification.

CONTRACTOR SIGNATURE (required)
[Signature]
On State of Florida, County of: Martin
This the 4 day of August, 2006
by R.D. Schuller who is personally known to me or produced personally known as identification.

Notary Public
My Commission Expires: July 20, 2009

Notary Public
My Commission Expires: July 20, 2009



PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT FROM THE TOLM LEV

SWIMMING POOL AND DECK (Revised 12/28/05)

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITTALS FOR SWIMMING POOL AND DECK

IMPORTANT NOTICE: All items listed below must accompany your permit application. No application will be accepted unless all items that are applicable are submitted.

Application form must contain the following information:

1. Property Appraiser's parcel number or property control number
2. Legal description of property (can be found on your deed, survey or tax bill)
3. Contractor's name, address, phone, fax and license numbers.
4. Name all sub-contractors (properly licensed)
5. Architect or engineer name, address, & phone number.
6. Scope of work
7. Estimated cost of construction.
8. Original signature of owner, notarized
9. Original signature of contractor, notarized.

Submittals (~~2~~⁴ copies)

1. Current survey (**mean high water if project is on waterfront property**) containing the following information:
 - a. Location of proposed and existing pool and deck along with dimensions to property lines
 - b. Location of pool equipment and heaters
 - c. Location of all accessory buildings or structures
 - d. Flood zone line or lines in relationship to structures proposed or existing
 - e. Flood zone with base floor elevation with current adoption date
 - f. Legal description of lot
 - g. Lot dimensions and bearings
 - h. Street and waterway names
 - i. Grade elevations (proposed and existing)
 - j. Easements
 - k. Setbacks
 - l. All encroachments into setbacks
 - m. Impervious/pervious calculations
 - n. All encroachments must be abated or variances received prior to issuance of building permit.
 - o. Certified to the Town of Sewall's Point
2. Statement of fact (owner/builder affidavit)
3. Proof of ownership (deed or tax recpt.)
4. Application for tree removal or relocation (attach tree survey and removal or relocation plan)
5. A certified copy of the Notice of Commencement for any work over \$2500.00

6. Copy of license (either Martin County Certificate of Competency or state certified or registered contractor license)
7. Copy of certificate of workmen's compensation insurance or exemption
8. Copy of certificate of liability insurance

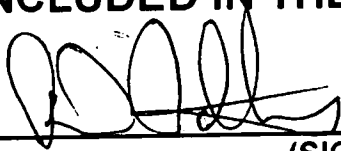
The following documents must be signed and sealed by a registered architect or engineer. (2 copies) Note: All plans must be certified for compliance with 2004 FBC with amendments.

1. **Foundation Plan containing the following information:**
 - a. Cross section of footer with steel callout (size, lap and placement)
 - b. All footings and pad locations
 - c. Dimensions of all footing and pads
 - d. Step downs
 - e. Footing and pad call outs for size (width and depth), steel (size, lap and placement)

2. **Pool Construction Plan containing the following information:**
 - a. Plan to include pool size, deck size
 - b. Pool dimensions and volume in gallons
 - c. Pool profile showing depth and slope.
 - d. Pool wall section. Indicate when in the angle of repose.
 - e. Provide angle of repose detail when required
 - f. Provide vapor barrier for all concrete decks
 - g. Provide pump make, model and capacity. Detail compliance with FBC
 - h. Provide piping diagram including suction inlet covers, vacuum cleaner system with isolation valves must have protective inlets by an approved antivortex cover, 12" x 12" grate or larger; or other approved means.
 - i. Backup system when grate covers are missing alternative vacuum relief devices shall include approved vacuum release system, approved vent piping or other approved devices or means.
 - j. Minimum two (2) suction inlets per pump: Minimum three (3) feet separation, and located on two (2) different planes.
 - k. Vacuum or pressure cleaner fitting(s) must be accessible at least six (6) inches and not greater than twelve (12) inches below the minimum operating water level or as an attachment to the skimmer(s)
 - l. Pumps must have strainer on inlet side and be mounted on substantial base
 - m. Capacity following heads, pressure diatomaceous earth – at least sixty (60) ft, vacuum diatomaceous earth – twenty (20) inch vacuum on the suction side and forty (40) feet total head, rapid sand – at least forty-five (45) feet and high rate sand – at least sixty (60) feet.
 - n. Valves when under concrete slab must be located in a pit minimum five (5) pipe diameters minimum of ten (10) inches with cover.
 - o. Full-way (gate) valves when below overflow rim of pool a valve must be installed on discharge outlet and suction line.

- p. Check valves must be of the swing or vertical check patterns
- q. Water supply must have backflow
- r. No over the rim fill spout unless under diving board or guarded
- s. Water depth more than 24 inches must have ladder or steps (max. step rise 12 inches)
- t. More than five (5) foot depth must have ladders, stairs or underwater benches/swimouts in deep end.
- u. If diving equipment is used swimouts must be recessed or located in the corner
- v. Show ladder and handrail detail
- w. Detail electrical bonding and compliance to NEC
- x. Surface skimmers are required
- y. One (1) per 1000 square feet of surface area
- z. Minimum flow rate of 25 GPM per skimmer
- aa. One (1) main outlet must be installed in deepest point
- bb. One (1) inlet fitting per 15,000 gallons
- cc. Where more than one (1) is required must be a minimum of 10 feet separation
- dd. Show the slide
- ee. Detail electric bonding and compliance to manufacturer's specifications
- ff. Show diving board
- gg. Detail electric bonding and compliance to manufacturer's specifications
- hh. Show location of hand holds when required
- ii. Provide electric diagram
- jj. Indicate equipment location on survey
- kk. Equipment must be on concrete base or slab

**ALL INFORMATION AND DOCUMENTS MENTIONED ABOVE
ARE INCLUDED IN THE MY PERMIT APPLICATION PACKAGE**



(SIGNATURE OF APPLICANT)

DATE SUBMITTED: _____

TOWN OF SEWALL'S POINT

ONE SOUTH SEWALL'S POINT ROAD
SEWALL'S POINT, FLORIDA 34996

TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT

(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

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

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

Name: RYAN FLANNERY Date: 7/28/06

Signature: 

Address: 23 RIO VISTA DRIVE

City & State: STUART, FLORIDA 34996

Permit No. _____

TOWN OF SEWALL'S POINT

RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT

AFFIDAVIT OF REQUIREMENT COMPLINACE

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at 23 RIO VISTA DRIVE, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statues.

- The pool is isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statue 515.29
- The pool is equipped with an approved safety pool cover that complies with ASTM F1346-91 (Stand Performance Specification for Safety Covers for Swimming Pool, Spas, and Hot Tubs)
- All doors and windows providing direct access from the home to the pool are equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet
- All doors providing direct access from the home to the pool are equipped with self-closing, self-latching devices with release mechanisms placed no lower than 54" above the floor or deck

I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree punishable by fines up to \$500 and/or up to 60 days in jail as established in Chapter 775, F.S.

[Signature] 8/4/06
CONTRACTOR'S SIGNATURE & DATE

[Signature] 8/4/06
OWNER'S SIGNATURE & DATE

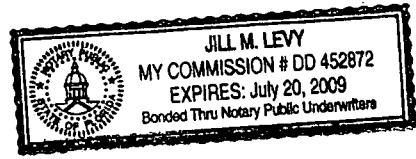
[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

[Signature]
NOTARY PUBLIC, STATE OF FLORIDA

AS TO CONTRACTOR PERSONALLY KNOWN OR PRODUCED ID yes
TYPE _____

AS TO OWNER PERSONALLY KNOWN OR PRODUCED ID yes
TYPE _____

THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO FINAL INSPECTION



TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____ TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA COUNTY OF MARTIN

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

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

LOT # 103, RIO VISTA SUBDIVISION PLAT BOOK # 6 PAGE 95 MARTIN COUNTY FLORIDA

GENERAL DESCRIPTION OF IMPROVEMENT: SWIMMING POOL

OWNER: RYAN FLANNERY

ADDRESS: 23 RIO VISTA DRIVE, STUART, FLORIDA 34996

PHONE #: 772-781-5804 FAX #: _____

CONTRACTOR: R.D. SCHILLER POOLS

ADDRESS: 3590 SE DIXIE HIGHWAY, STUART, FLORIDA 34997

PHONE #: 772-287-0768 FAX #: 772-287-9910

SURETY COMPANY (IF ANY): _____

ADDRESS: _____

PHONE #: _____

BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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

NAME: _____

ADDRESS: _____

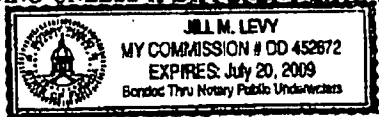
PHONE #: _____ FAX #: _____

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

PHONE #: _____ FAX #: _____

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

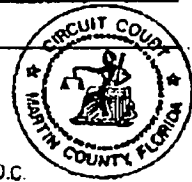
[Signature]
SIGNATURE OF OWNER



SWORN TO AND SUBSCRIBED BEFORE ME THIS 4 DAY OF August 12 20 06 BY _____

OR _____ PERSONALLY KNOWN PRODUCED ID _____ TYPE OF ID _____

[Signature]
NOTARY SIGNATURE



THIS IS TO CERTIFY THAT THE FOREGOING _____ PAGES IS A TRUE AND CORRECT COPY OF THE ORIGINAL
BY [Signature] MARSHA EWING CLERK
DATE 12/12/06 D.C.

INSTR # 1964282 DR BK 02185 PG 1542 RECD 10/04/2006 11:14:18 AM
Pg 1542 (109)
MARSHA EWING MARTIN COUNTY DEPUTY CLERK L. Wood



CAPTEC Engineering, Inc.

301 N.W. Flagler Avenue, Stuart, FL 34994

772.692.4344 * Fax:-772.692.4341 - captec1

@aol.com



Collect

Invoice

Friday, September 22, 2006

Invoice Number: 9730

To: Mr. Ryan Flannery

23 Rio Vista Drive
Stuart, FL 34996

Project: 932.61 Town of Sewall's Point Building Permit Application to construct a swimming pool/deck at a single family residence

Professional Services for the Period: 9/10/2006 to 9/25/2006

Task 2: Plan Review

Professional Services

<u>Task 2: Final Engineering Design</u>	<u>Bill Hours</u>	<u>Charge</u>
Assistant Office Manager	0.25	16.25
P.E. / Project Manager	0.25	30.00
P.E. / Project Manager	1.00	110.00
Project Coordinator	0.25	13.75
Project Coordinator	0.25	13.75
Task 2: Final Engineering Design Total:	2.00	\$183.75
Professional Services Totals:		\$183.75

***** Total Project Invoice Amount :**

\$ 183.75

Aged Receivables: Please note - All project work will stop if receivables reach 60 days.

<u>Current</u>	<u>+30 Days</u>	<u>+60 Days</u>	<u>+90 Days</u>	<u>120 Days +</u>
\$183.75	\$0.00	\$0.00	\$0.00	\$0.00



287-9970

HOLD FOR
LETTER OF CERTIFICATION
FROM SURVEYOR
A 9-2-8-06

September 22, 2006
932.61

Mr. Ryan Flannery
23 Rio Vista Drive
Stuart, FL 34996

RE: Building Permit Application to construct a swimming pool/deck at a single family residence

Dear Mr. Flannery:

Please be advised that a review has been performed of the materials received in our office on September 22, 2006, for the above referenced project and offer the following comments.

1. The applicant is requested to provide a current survey (signed and sealed) of the subject property that delineates the proposed swimming pool/spa/deck improvements to include site data, flood zone information, certification to Town, etc. Please refer to the permit application checklist for required items.
2. The applicant is requested to complete building permit application to include description of work to be done.
3. The side yard setback for a swimming pool (measured from edge of water) is 25 feet including any pool equipment.

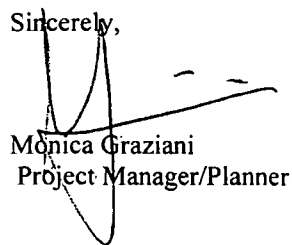
CAPTEC Engineering, Inc., a professional consultant, has been retained by the Town of Sewall's Point to assist the community with zoning issues relative to building permits. Any service provided by CAPTEC Engineering, Inc. will be a 'pass-thru' fee to the applicant.

CAPTEC Engineering, Inc. performed this review for the Town of Sewall's Point in order to confirm compliance with the applicable Codes and Regulations. Neither the Reviewer nor the Town of Sewall's Point is the Design Engineer or Architect of Record and, therefore, neither entity accepts responsibility for the accuracy or contents of the design documents and/or other data submitted by the Applicant.

Please note suggestions provided by CAPTEC Engineering, Inc. are offered in order to assist the Applicant in complying with the Town of Sewall's Point Codes and Regulations. However, the Applicant bears the burden of demonstrating that their submittal meets the applicable Town Code requirements. The applicant is responsible to obtain all regulatory agency permits.

If you should need further clarification or have any questions with regard to this matter, please feel free to contact me.

Sincerely,


Monica Graziani
Project Manager/Planner

CAPTEC Engineering, Inc.
 301 N.W. Flagler Avenue, Stuart, FL 34994
 772.692.4344 * Fax: 772.692.4341 - captec1
 @aol.com



Invoice

Friday, September 22, 2006

Invoice Number: 9730

To: Mr. Ryan Flannery

23 Rio Vista Drive
 Stuart, FL 34996

Project: 932.61 Town of Sewall's Point Building Permit Application to construct a swimming pool/deck at a single family residence

Professional Services for the Period: 9/10/2006 to 9/25/2006

Task 2: Plan Review

Professional Services

	<u>Bill Hours</u>	<u>Charge</u>
<i>Task 2: Final Engineering Design</i>		
Assistant Office Manager	0.25	16.25
P.E. / Project Manager	0.25	30.00
P.E. / Project Manager	1.00	110.00
Project Coordinator	0.25	13.75
Project Coordinator	0.25	13.75
<i>Task 2: Final Engineering Design Total:</i>	2.00	\$183.75
Professional Services Totals:		\$183.75

***** Total Project Invoice Amount : \$ 183.75**

Aged Receivables: Please note - All project work will stop if receivables reach 60 days.

<u>Current</u>	<u>+30 Days</u>	<u>+60 Days</u>	<u>+90 Days</u>	<u>120 Days +</u>
\$183.75	\$0.00	\$0.00	\$0.00	\$0.00

COASTAL TESTING LABORATORY, L.L.C.
PO BOX 2023
PALM CITY, FLORIDA 34991-2023
772.220.6688

8393

COMPACTION TEST REPORT

ASTM D 2922-05

DATE : October 19, 2006
JOB NUMBER : 06-1032
PERMIT NUMBER : 8393
CLIENT : R.D. Schiller Pools
CONTRACTOR : R.D. Schiller Pools
JOB LEGAL : N/A
JOB ADDRESS : 23 Rio Vista Drive
Sewalls Point, FL

SOIL CLASSIFICATION & REMARKS : A4 Fine tan sandy soil

TEST SAMPLE LOCATION : 10' IS LR Corner - Center of Pad - 10' IS RF Corner

	<u>IN PLACE DRY DENSITY</u>	<u>MAXIMUM DRY DENSITY</u>	<u>% COMPACTION</u>
1)	104.8	106.0	98.9
2)	105.2	106.0	99.2
3)	104.0	106.0	98.1

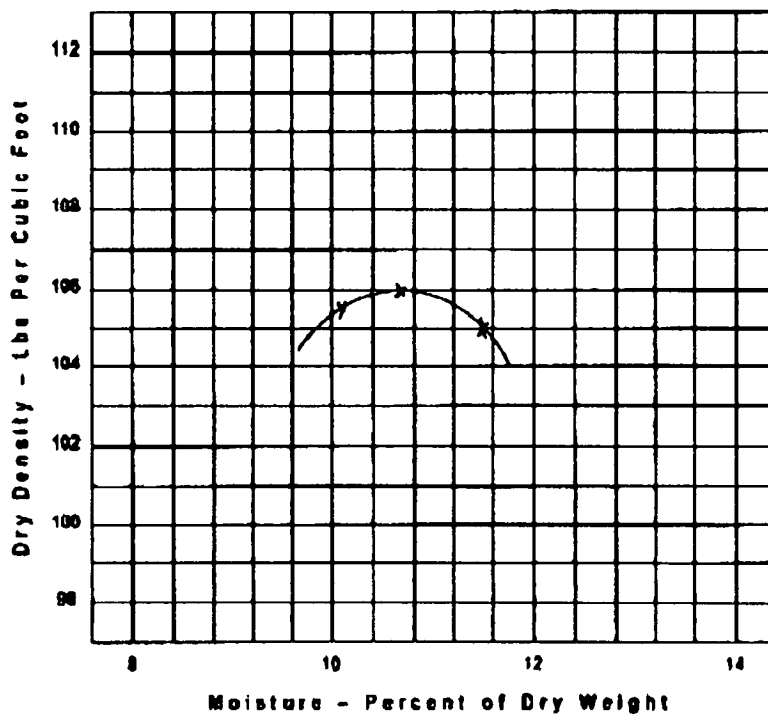
RESPECTFULLY SUBMITTED:

Ernesto Velasco
ERNESTO VELASCO, P.E.

COASTAL TESTING LABORATORY, L.L.C.
PO BOX 2023
PALM CITY, FLORIDA 34991-2023
772.220.6688

MOISTURE DENSITY RELATIONSHIP ASTM D 1557-02E1

DATE : *October 19, 2006*
CONTRACTOR : *R.D. Schiller Pools*
JOB NUMBER : *06-1032*
PERMIT NUMBER : *8393*



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-4, 2006

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8131	_____	FRAME	_____	SCHEDULE FOR
X	B N. S. P. R.			FRIDAY 10/6/06
				INSPECTOR: OM
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8390		SCREEN FINAL	FAIL	
3	83 SSPR. GOODMAN SCREEN		PASS	CONTRACTOR VERIFIED MIN. 1 1/4 REINFORC. INTO SLABS.
				INSPECTOR: OM
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8190	BAY TREE LODGE	ROOF FINAL	PASS	
1	143 S RIVER. STUART ROOF.			INSPECTOR: OM
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8365	FENDER	IN PROGRESS ROOF		
2	3 OAKWOOD	COURTESY INSP. FOR SEE J.A. ROOF VENTS		INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8105	GATINAS	ROOF SCREENING	PASS	PARTIAL 1ST LEVEL
7	26 SSPR			& BAR.
				INSPECTOR: OM
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8391	_____	FINAL	_____	SCHEDULE FOR
X	B NSPR			FRIDAY 10/6/06
				INSPECTOR: OM
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
		RE INSPECTION		DID THIS ON
X	94 N. SEWALLS PT RD	SLAB	PASS	TUESDAY PROGRAM INDR.
				INSPECTOR: J.A.
OTHER:	POOL STEEL PATIO			
8375	23 RIO VISTA			OM



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 23 RIO VISTA

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

POOL STEEL

2-#3 ARE REQUIRED AT

TOP OF ALL WALLS -

(MISSING AT SEVERAL
AREAS)

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

DATE: 10/4

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/6, 2006 Page 1 of 3

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8131	Slater	Final	PASS	Close
6	4 Lagoon Isl. Elitt	Permit above transfer		INSPECTOR: <i>[Signature]</i>
8133	Slater	Final gen	PASS	Close
6	4 Lagoon Island O/B			INSPECTOR: <i>[Signature]</i>
106	Prusperi	Final Shutter	FAIL	
4	8 Palmetto O/B	Permit under monkey		INSPECTOR: <i>[Signature]</i>
Tree	Wallenguest	Tree	PASS	
5	3 Copaire Rd O/B			INSPECTOR: <i>[Signature]</i>
8593	Lanning	Steel	PASS	
2	23 Riv Vista Schiller Pools			INSPECTOR: <i>[Signature]</i>
8217	Elder	Fence final	FAIL	
1	4 Marquerita Dr O/B			INSPECTOR: <i>[Signature]</i>
7670	Elder	Pool final	FAIL	
1	4 Marquerita Dr Slater O/B			INSPECTOR: <i>[Signature]</i>

OTHER:

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10-27, 2006

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
MC 0080	Reno	Final ROOF REPAIR	PASS	
5	6 Island Rd Pacific Roofing			INSPECTOR: <i>[Signature]</i>
8389	Heelriegel	Foundation (Fence)	PASS	
8	12 Palm Ct Worrell			INSPECTOR: <i>[Signature]</i>
7118	SCHOPPE	Final	FAIL	
7	9 Palm Rd APP	(exp for \$1488)		INSPECTOR: <i>[Signature]</i>
7829	Marbury	Final steps ?	?	Reschedule
5A	39 W High Rd	O/B	?	INSPECTOR: <i>[Signature]</i>
8293	Chamney	Pool deck	PASS	INSPECTOR: <i>[Signature]</i>
11	23 Rio Vista Schiller			INSPECTOR: <i>[Signature]</i>
8409	Vanfossen	dry-in	PASS	
6	158 S Piner Pk Pacific Roof			INSPECTOR: <i>[Signature]</i>
6145	Reisinger	outside electric panel	PASS	CALL FPC FOR METER RELOCATION
3	8 Castle Hill O/B			INSPECTOR: <i>[Signature]</i>

OTHER: _____

~~2011~~

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-7, 2007 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8393	Hannery	Final	FAIL	
2	23 Rio Vista Dr Schiller			INSPECTOR: <i>[Signature]</i>
8064	Scherodnic	Final	CANCEL	
5	125 Sewall Pt Olympic Tools			INSPECTOR:
1200	Scherodnic	Final-dock	PASS	CLOSE
5	125 Sewall Pt O/B			INSPECTOR: <i>[Signature]</i>
8509	Hannery	Final	CANCEL	
2	23 Rio Vista Stuart Inc			INSPECTOR:
8177	Vitale	Final	PASS	CLOSE
7	13 Knowles Rd Gulick	(need inspect card)		INSPECTOR: <i>[Signature]</i>
8500	Toledo	dry-in	FAIL	
8	9 N River Rd Bickel			INSPECTOR: <i>[Signature]</i>
8427	Hepworth	Insulation	PASS	
3	8 Rio Vista Sand Castle			INSPECTOR: <i>[Signature]</i>

OTHER:



TOWN OF SEWALL'S POINT
One South Sewall's Point Road
Sewall's Point, Florida 34996
(772) 287-2455

CORRECTION NOTICE

ADDRESS: 23 RIO VISTA

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

POOL FINAL

PUMP & FILTER NEEDS TO
BE ANCHORED TO PAD.

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

DATE: 2/7

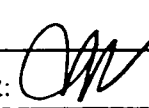


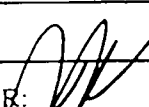
[Signature]
INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-16, 2007 Page 2 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8452	Donigan	Final-	PASS	CLOSE
8	27 N. Ever Rd TC Fence			INSPECTOR: 
8394	Foster	Deck - piping & mch	PASS	
4	7 Timor St Schiller			INSPECTOR: 
7819	Tidikis	jobsite meeting	DONE	
612	Cranes Nest	w/ Tony Lagana		
7014	118 Full Permit	Final	CANCEL	INSPECTOR: 
8393	Hammer	Final	PASS	CLOSE
	23 Riv Vista Schiller Pools			INSPECTOR: 
				INSPECTOR:
				INSPECTOR:
				INSPECTOR:

D. AS
7014

OTHER: _____

8509

FENCE

TOWN OF SEWALL'S POINT

Date 2-1-07

BUILDING PERMIT NO. 8509

Building to be erected for Hammer

Type of Permit Fence

Applied for by Stuart Fence (Contractor)

Building Fee 30-

Subdivision Rio Vista Lot 103 Block _____

Radon Fee _____

Address 23 Rio Vista DR

Impact Fee _____

Type of structure SFR

A/C Fee _____

Electrical Fee _____

Parcel Control Number:

Plumbing Fee _____

12-3841-002-000-01030-9000

Roofing Fee _____

Amount Paid \$30- Check # 7329 Cash _____

Other Fees (_____) _____

Total Construction Cost \$ 638-

TOTAL Fees 30-

Signed [Signature]

Applicant

Signed [Signature]

Town Building Official

PERMIT

- | | | |
|---|--|--|
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ROOFING | <input type="checkbox"/> POOL/SPA/DECK |
| <input type="checkbox"/> DOCK/BOAT L FT | <input type="checkbox"/> DEMOLITION | <input checked="" type="checkbox"/> FENCE/ |
| <input type="checkbox"/> SCREEN ENCLOSURE | <input type="checkbox"/> TEMPORARY STRUCTURE | <input type="checkbox"/> GAS |
| <input type="checkbox"/> FILL | <input type="checkbox"/> HURRICANE SHUTTERS | <input type="checkbox"/> RENOVATION |
| <input type="checkbox"/> TREE REMOVAL | <input type="checkbox"/> STEMWALL | <input type="checkbox"/> ADDITION |

INSPECTIONS

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

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

Date: 1/25/07 RECEIVED **Town of Sewall's Point** BUILDING PERMIT APPLICATION Permit Number: _____

OWNER/TITLEHOLDER NAME: RYAN FLANNERY Phone (Day) 781-5804 (Fax) _____

Job Site Address: 23 RIO VISTA DR City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) RIO VISTA S/D LOT 103 Parcel Number: 12-38-41-002-000-01030-9

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

Description of Work To Be Done: INSTALL 24' of wood shadow box fence & RELOCATE 12'

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 638.00
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

Method of Determining Fair Market Value: _____

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

CONTRACTOR/Company: STUART FENCE CO Phone: 288 1151 Fax: 288 3035

Street: PO BOX 2636 City: STUART State: FL Zip: 34995

State Registration Number: _____ State Certification Number: _____ Martin County License Number: LFE3584

SUBCONTRACTOR INFORMATION:

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

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

ENGINEER _____ Lic# _____ Phone Number: _____
Street: _____ City: _____ State: _____ Zip: _____

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

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

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

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

OWNER OR AGENT SIGNATURE (required) _____
State of Florida, County of: MARTIN
This the 25 day of 01, 2007
by FRED BIANCARDI who is personally known to me or produced as identification. [Signature]

CONTRACTOR SIGNATURE (required) _____
On State of Florida, County of: MARTIN
This the 25 day of JAN, 2007
by CHESTER RICHMOND who is personally known to me or produced as identification. [Signature]

My Commission Expires: _____
Notary Public State of Florida
Fred Biancardi
My Commission DD502556
Expires 12/28/2009

NOTARY PUBLIC STATE OF FLORIDA
My Commission Expires: _____
Janis L. Loudin
Commission # DD538831
Expires: MAY 21, 2010

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/09/2006

PRODUCER (772)334-3161 FAX (772)334-7742
 Rick Carroll Insurance Agency
 2160 N.E. Dixie Highway
 P.O. Box 877
 Jensen Beach, FL 34958-0877

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

INSURED Stuart Fence Company Inc.
 PO Box 2636
 Stuart, FL 34995

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

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	LHJ8398159-00	08/08/2006	08/08/2007	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

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

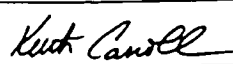
THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY

CERTIFICATE HOLDER

Town of Sewalls Point
 1 S. Sewalls Point Road
 Sewalls Point, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
 Keith Carroll/PJR 

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		Date 1/30/2007
Producer: Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone: 727-938-5662 Fax: 727-937-2138	This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.	
Insured: South East Personnel Leasing, Inc. 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone : (727)938-5562	Insurers Affording Coverage	
	Insurer A: Lion Insurance Company	NAIC # 11075
	Insurer B:	
	Insurer C:	
	Insurer D:	
Insurer E:		

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comal/Co Agg \$																
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$																
		GARAGE LIABILITY <input type="checkbox"/> Any Auto				Auto Only - Ea Accident \$ Other Than EA Acc \$ Auto Only Agg \$																
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence Aggregate																
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2007	01/01/2008	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">WC Statutory Limits</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td colspan="2">E.L. Each Accident</td> <td colspan="2" style="text-align: right;">\$1,000,000</td> </tr> <tr> <td colspan="2">E.L. Disease - Ea Employee</td> <td colspan="2" style="text-align: right;">\$1,000,000</td> </tr> <tr> <td colspan="2">E.L. Disease - Policy Limits</td> <td colspan="2" style="text-align: right;">\$1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC Statutory Limits	<input type="checkbox"/>	OTHER	E.L. Each Accident		\$1,000,000		E.L. Disease - Ea Employee		\$1,000,000		E.L. Disease - Policy Limits		\$1,000,000	
<input checked="" type="checkbox"/>	WC Statutory Limits	<input type="checkbox"/>	OTHER																			
E.L. Each Accident		\$1,000,000																				
E.L. Disease - Ea Employee		\$1,000,000																				
E.L. Disease - Policy Limits		\$1,000,000																				

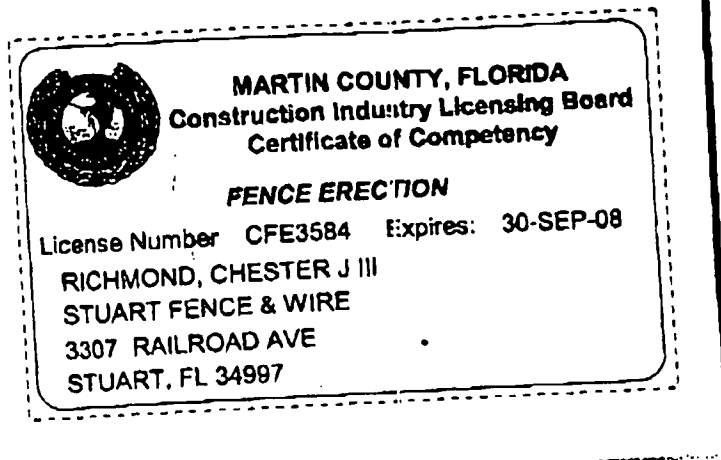
Other 3465485 Stuart Fence Company, Inc. **COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.**

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: ADD ON DATE: 5/10/2004
COVERAGE APPLIES ONLY IN THE STATE OF FLORIDA TO THOSE EMPLOYEES LEASED TO BUT NOT SUBCONTRACTORS OF Stuart Fence Company, Inc. * FAX: 772-288-3035 & 772-220-4785 / ISSUE 01-30-07 (NM)

Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616

CERTIFICATE HOLDER TOWN OF SEWALLS POINT 1 S SEWALLS POINT RD SEWALLS POINT FL 34998	CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall not release the obligation or liability of any kind upon the insurer, its agents or representatives.
--	--

John L. ...



2006-2007 MARTIN COUNTY ORIGINAL COUNTY OCCUPATIONAL LICENSE

Larry C. O'Steen, Tax Collector, P. O. Box 8013, Stuart, FL 34995 (772) 280-1604

LICENSE NO. 2004-518-0003 CERT CFE3584
PHONE (772) 288-1151 SIC NO 235990

LOCATION:
3307 SE RAILROAD AVE STU

CHARACTER COUNTS IN MARTIN COUNTY

PREV. YR. \$	.00	L. FEE \$	25.00
\$	.00	P. VALTY \$	18.00
\$	.00	C. L. FEE \$	17.00
\$	.00	T. TRANSFER \$	1.00
TOTAL			61.00

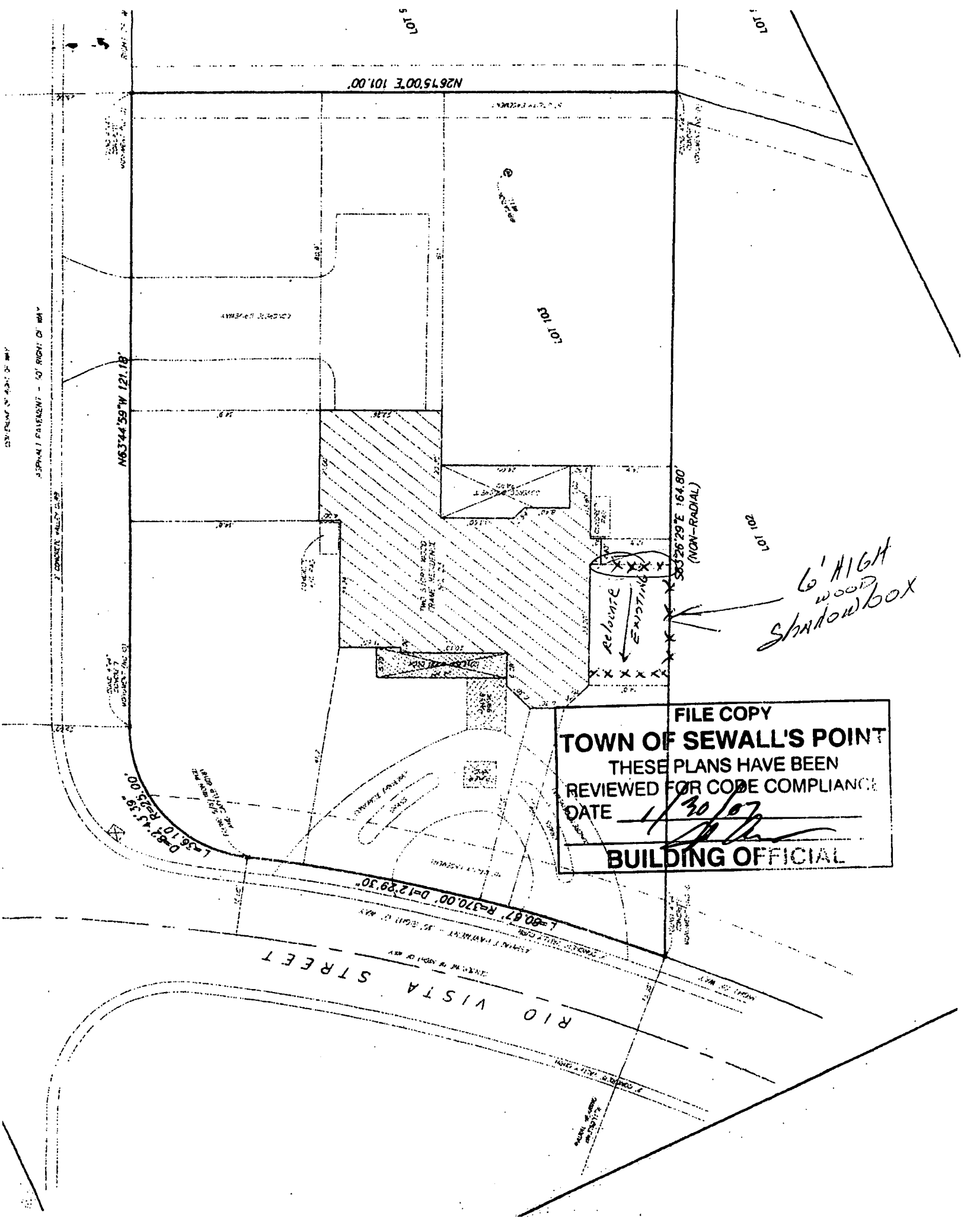
RECEIPT of PAYMENT
LARRY C. O'STEEN
99 08/15/2006 NORMA
20040005180000
002 2006 0011582
STUART FENCE COMPAN

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS OF PROFESSION OR OCCUPATION OF FENCE ERECTION CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

16 DAY OF AUGUST 06
AND ENDING SEPTEMBER 30 07

CHESTER - QUALIFIER
STUART FENCE COMPANY INC
P.O. BOX 2636
STUART FL 34995



FILE COPY

TOWN OF SEWALL'S POINT

THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE

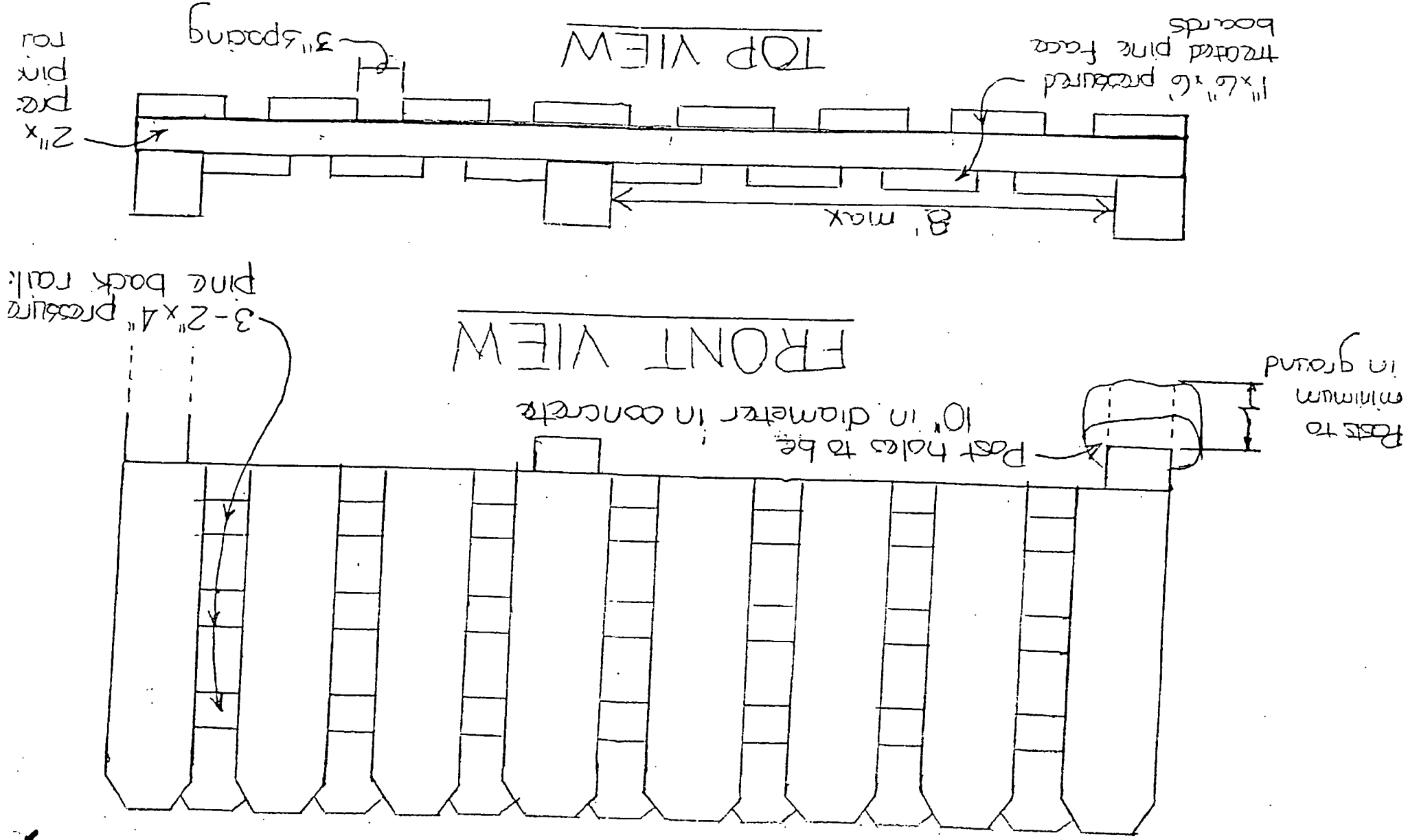
DATE 11/30/07

[Signature]

BUILDING OFFICIAL

VERTICAL SHADOW BOX

PREASURE TREATED PINE PICKETS



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-7, 2007

Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8393	Hannery 23 Rio Vista Dr Schiller	Final	FAIL	INSPECTOR: <i>[Signature]</i>
8064	Scheodnic 125 Sewall Pt Olympic Pools	Final	CANCEL	INSPECTOR:
7200	Scheodnic 125 Sewall Pt O/B	Final-dock	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
8509	Hannery 23 Rio Vista Stuart Lane	Final	CANCEL	INSPECTOR:
8177	Vitale 13 Knowles Rd Gulich	Final (^{inspect} med card)	PASS	CLOSE INSPECTOR: <i>[Signature]</i>
8500	Toledo 9 N River Rd Bickie	dry-in	FAIL	INSPECTOR: <i>[Signature]</i>
8427	Hepworth 8 Rio Vista Sand Castle	insulation	PASS	INSPECTOR: <i>[Signature]</i>

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 2-12, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0016	Rivera 3 Emarita way OB	Final		Reschedule INSPECTOR:
8506	Bauer 34 W High Pt OB	insulation	PASS	 INSPECTOR: <i>[Signature]</i>
8517	Tarmino 26 Fieldway Dr Eden Screen - done and then inspected	Final	FAIL	 INSPECTOR: <i>[Signature]</i>
8509	Pammy 23 Rio Vista Stuart Fence	Final	PASS	(Close) INSPECTOR: <i>[Signature]</i>
Tree	Ahles Lot 70471 Bumeria OB	Tree	PASS	 INSPECTOR: <i>[Signature]</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

9441

STONE PATIO



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:	9441	DATE ISSUED:	MAY 20, 2010
SCOPE OF WORK:	STONE PATIO		
CONDITIONS :			
CONTRACTOR:	CHRISTOPHER DEGREGORIO INC / ECOTEC LANDSCAPE		
PARCEL CONTROL NUMBER:	123841002-000-010309	SUBDIVISION	RIO VISTA – LOT 103
CONSTRUCTION ADDRESS:	23 RIO VISTA DR		
OWNER NAME:	FLANNERY		
QUALIFIER:	CHRIS DEGREGORIO	CONTACT PHONE NUMBER:	215-6693

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

ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	9441		
ADDRESS	23 RIO VISTA DR		
DATE:	5/20/10	SCOPE:	STONE PATIO

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: (@ \$110.25 per sq. ft.)		s.f.	<i>PAID 5/20/10</i>
Total square feet non-conditioned space: (@ \$51.60 per sq. ft.)		s.f.	
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.		\$	
Radon Fee (\$.005 per sq. ft. under roof):		\$	
DBPR Licensing Fee: (\$.005 per sq. ft. under roof)		\$	
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	

ACCESSORY PERMIT	Declared Value:	\$	
Total number of inspections @ \$75.00 each		\$	75
Road impact assessment: (.04% of construction value - \$5.00 min.)		\$	5
TOTAL ACCESSORY PERMIT FEE:		\$	80

Town of Sewall's Point

Date: 5/19/10 BUILDING PERMIT APPLICATION Permit Number: 9441

OWNER/TITLEHOLDER NAME: RYAN JILL FLANNERY Phone (Day) 781 5804 (Fax)

Job Site Address: 23 RIO VISTA DR. City: SEWALLS PT. State: FL Zip: 34996

Legal Description Parcel Control Number:

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

SCOPE OF WORK (PLEASE BE SPECIFIC): STONE Patio

WILL OWNER BE THE CONTRACTOR? (If yes, Owner Builder questionnaire must accompany application) YES [checked] 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: \$ 230000 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Christopher P. DeGregorio INC. Phone: 288-2434 Fax: Same

Qualifiers name: Cell 215-6693 Street: Ecotek Landscape City: State: Zip:

State License Number: OR: Municipality:

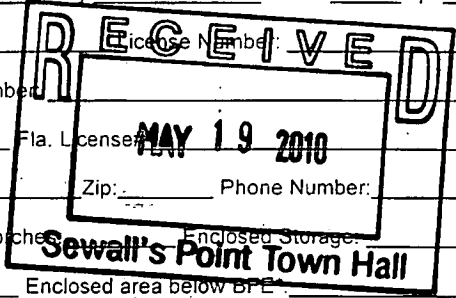
LOCAL CONTACT: Phone Number:

DESIGN PROFESSIONAL: Fla. License:

Street: City: State: Zip: Phone Number:

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

Carport: Total under-Roof Elevated Deck: Enclosed area below BPE



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:

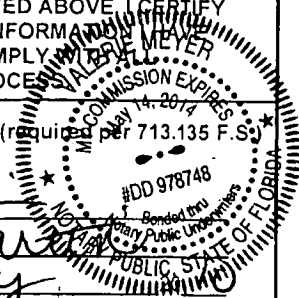
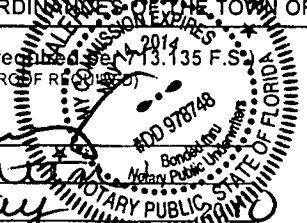
- 1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. 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 FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS, AND ORDINANCES OF THE TOWN OF SEWALL'S POINT DURING THE BUILDING PROCESS.

OWNER NOTORIZED SIGNATURE: (required per 713.135 F.S. OR OWNERS LEGAL AUTHORIZED AGENT (PROF RE REQUIRED)) Ryan Flannery State of Florida, County of: Martin On This the 19th day of May by Ryan Flannery who is personally known to me or produced PD# F456-738-76-020 as identification. Valued Meyer Notary Public Commission Expires:

CONTRACTOR NOTORIZED SIGNATURE: (required per 713.135 F.S.) Christopher DeGregorio State of Florida, County of: Martin On This the 19th day of May by Christopher DeGregorio who is personally known to me or produced PD# 262-115-69-326-0 as identification. Valued Meyer Notary Public 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

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Summary

print [navigation icons] Owner 7 of 9

Parcel Info

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-002-000-01030-9	23 RIO VISTA DR	27614	Owner	0	1

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

Summary

Property Location 23 RIO VISTA DR
Tax District 2200 Sewall's Point
Account # 27614
Land Use 101 0100 Single Family
Neighborhood 120250
Acres 0.348

Legal Description
Property Information
 RIO VISTA S/D LOT 103

Search By

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

Owner Information
Owner Information
 FLANNERY, RYAN T & JILL S

Mail Information
 23 RIO VISTA DR
 STUART FL 34996

Assessment Info
 Front Ft. 0.00

Market Land Value \$191,250
Market Impr Value \$202,580
Market Total Value \$393,830

Site Functions

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

Recent Sale
 Sale Amount \$595,000

Sale Date 6/26/2006
Book/Page 2156 0866

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Legal disclaimer / Privacy Statement

Data updated on 4/29/2010





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

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

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

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

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

Owner/Builder Applicant Name: RYAN FLANNERY

Site address of the proposed building work: 23 RIO VISTA DR.

Name of legal title owner of the address above: RYAN & JILL FLANNERY

Describe the scope of work for the proposed new construction: ~~PATIO~~ STONE PATIO - SAND BASED / NON-FIXED

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

Who will supervise the trade work to meet the applicable code? RYAN FLANNERY

What provisions have you made for Liability and Property Damage Insurance? HOME OWNERS INSURANCE
N/A

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

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

Location: NO Scope of Work Done: _____ Year: _____

Location: NO Scope of Work Done: _____ Year: _____

What code books do you have available for reference? Building: N/A

Electric: N/A Plumbing: N/A HVAC: N/A

Other: N/A

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

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

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

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



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One S. Sewall's Point Road
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OWNER/BUILDER DISCLOSURE STATEMENT

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

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



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

12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.

13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.

14. ANY PERSON WORKING ON YOUR BUILDING WHO IS NOT LICENSED MUST WORK UNDER YOUR DIRECT SUPERVISION AND MUST BE EMPLOYED BY YOU, WHICH MEANS THAT YOU MUST DEDUCT F.I.C.A. AND WITHHOLDING TAX AND PROVIDE WORKERS' COMPENSATION FOR THAT EMPLOYEE, ALL AS PRESCRIBED BY LAW.

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

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

ON THIS 19th DAY OF May, 20 10
 PROPERTY ADDRESS 23 RioVista DR
 CITY Stuart STATE FL ZIP _____

SIGNATURE OF OWNER/BUILDER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 19th DAY OF May 20 10

BY Ryan Gaus

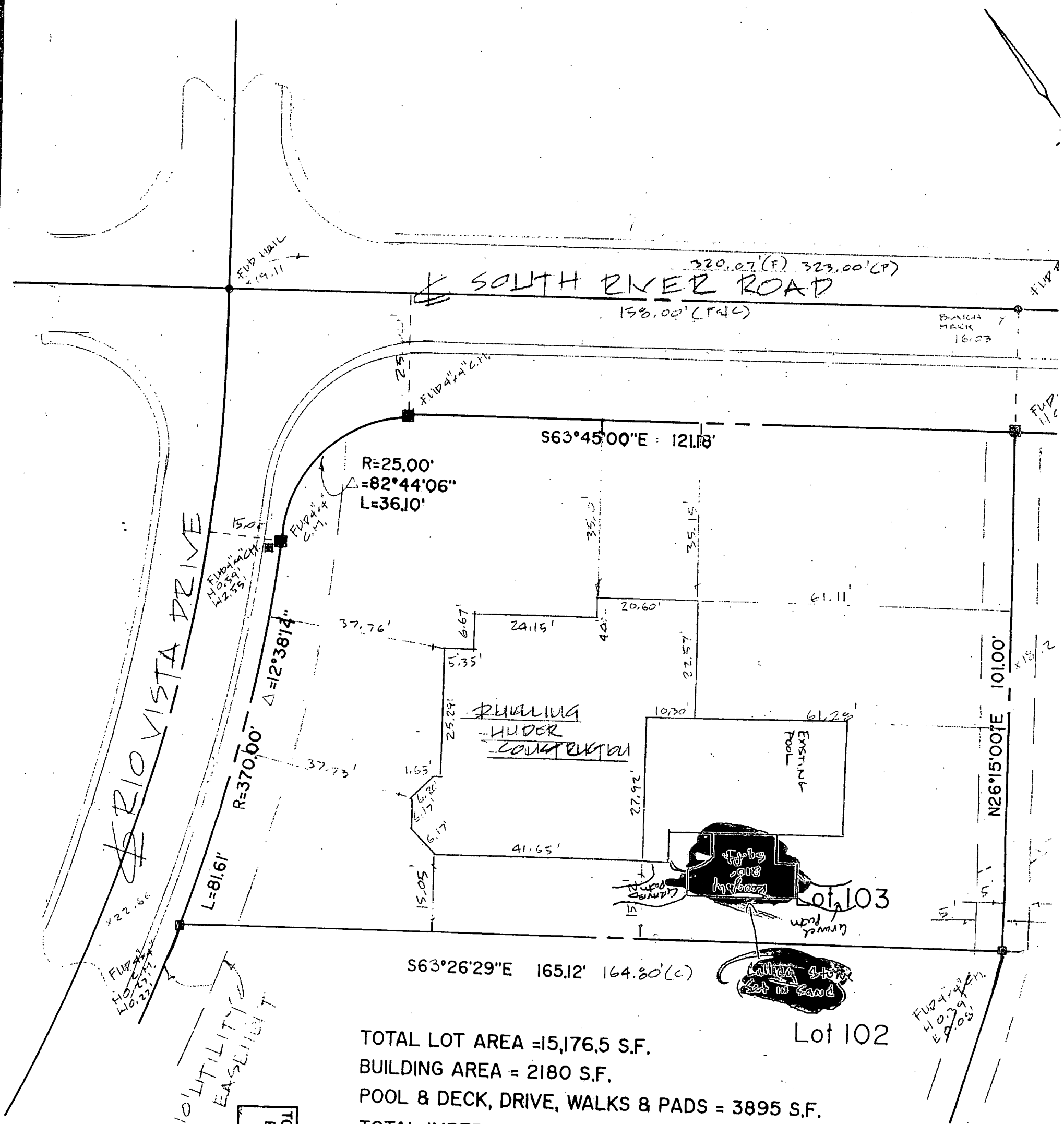
PERSONALLY KNOWN _____

OR PRODUCED ID FLDL

TYPE OF ID # F456-738-76-020-U

NOTARY SIGNATURE Valerie Meyer





TOTAL LOT AREA = 15,176.5 S.F.
 BUILDING AREA = 2180 S.F.
 POOL & DECK, DRIVE, WALKS & PADS = 3895 S.F.
 TOTAL IMPERVIOUS AREA = 6075 S.F.
 BUILDING COVERAGE = 14.36 %
 TOTAL COVERAGE = 40 %

TOWN OF SEWALLS POINT
 BUILDING DEPARTMENT
 FILE COPY

- PROPERTY LOCATED WITHIN FLOOD ZONE: "C"
- PROPERTY ADDRESS: RIO VISTA DRIVE
- CERTIFIED TO: FRANK JOHN & LEAH MARIE CACELLA SEABOARD SAVINGS BANK, F. S. B., ITS SUCCESSORS &/OR ASSIGNS ARK HOMES CONSTRUCTION, INC. THE TOWN OF SEWALL'S POINT AMERICAN PIONEER TITLE INSURANCE COMPANY COPELAND, KRAMER, SEWELL & SOPKO, P. A.

NOTES:

- Survey of description as furnished by Client
- Lands shown hereon were not abstracted for and/or rights-of-way of record.
- (P) Denotes distance or bearing by description
- (F) Denotes measured distance or bearing.
- (C) Denotes calculated distance or bearing.
- All bearings are referenced to the instrument as shown hereon, unless otherwise noted.
- Elevations shown hereon are relative to National Vertical Datum of 1929, and are based on 1
- There are no above ground encroachments, unless of

SET I.B. - SET 5/8 IRON BAR & CAP #4049
 FND. - FOUND OBJECT
 I.P. - IRON PIPE
 C.M. - CONCRETE MONUMENT
 I.B. - IRON BAR
 P.K. - P.K. NAIL
 R.R.S. - RAILROAD SPIKE

OHW - OVERH
 - DRA
 M.H. - MAN
 P.P. - POW
 C.R. - CAT.

P.O.C. - POINT OF COMMENCEMENT
 P.O.B. - POINT OF BEGINNING

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 8-3 2010 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	CHARLES CHRISTEN	INVESTIGATE		
2:00 PM	30 E HIGH RD	ISSUES w/ WORKS		
		JOB		INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9526	Freudenberg	UG wiring	PASS	
	115 N Sewalls	footers	PASS	
	Wm Janiero	steel		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	Bew	Tree		
	SeNSPR		OK	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
040	...	...	...	...
2 PM	Chris DeGregorio	(King bell - Dogs)	PASS	INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

10301

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:	10301	DATE ISSUED:	DECEMBER 12, 2012
SCOPE OF WORK:	AC CHANGEOUT		
CONTRACTOR:	KRAUSS & CRANE		
PARCEL CONTROL NUMBER:	123841002-000-010309	SUBDIVISION	RIO VISTA - LOT 103
CONSTRUCTION ADDRESS:	23 RIO VISTA DR		
OWNER NAME:	FLANNERY		
QUALIFIER:	JOHN CRANE	CONTACT PHONE NUMBER:	287-1227

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**

Date: 12/10/12 Permit Number: 10301

OWNER/LESSEE NAME: Ryan Jill Flannery Phone (Day) 781-5804 (Fax) _____

Job Site Address: 83 Rio Vista Dr. City: Stuart State: FL Zip: 34996

Legal Description: RIO VISTA SID Lot 103 Parcel Control Number: 12-38-41-008-000-01030-9

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

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Replace A/C equipment like for like change

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: \$ 5491.00
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)
Is subject property located in flood hazard area? VE10 AE9 AE8 **X**
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ _____
(Fair Market Value of the Primary Structure only, Minus the land value)
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Krauss: Crane Inc. Phone: 887 1227 Fax: 883 4055

Qualifiers name: John H Crane III Street: 904 S. Dixie Hwy City: Stuart State: FL Zip: 34994

State License Number: CAC 049286 OR: Municipality: _____ License Number: _____

LOCAL CONTACT: John H. Crane III Phone Number: 887 1227

DESIGN PROFESSIONAL: _____ Fla. License# _____

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

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

Carport: _____ Total under Roof 2383ft² Elevated Deck _____ Enclosed area below BFE*: _____
* Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
2. IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
4. THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:
x See signed proposal
State of Florida, County of: _____
On This the _____ day of _____, 20____
by _____ who is personally
known to me or produced _____
As identification: _____
Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:
x John Crane
State of Florida, County of: Martin
On This the 10 day of December, 2012
by John Crane who is personally
known to me or produced _____
As identification: MICHELLE THOMAS
My Commission Expires: March 23, 2014

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

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

generated on 12/11/2012 9:10:13 AM EST

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-002-000-01030-9	27614	23 RIO VISTA DR, STUART	\$304,080	12/8/2012

Owner Information

Owner(Current)	FLANNERY RYAN T & JILL S
Owner/Mail Address	23 RIO VISTA DR STUART FL 34996
Sale Date	6/26/2006
Document Book/Page	2156 0866
Document No.	1943466
Sale Price	595000

Location/Description

Account #	27614	Map Page No.	SP-05
Tax District	2200	Legal Description	RIO VISTA S/D LOT 103
Parcel Address	23 RIO VISTA DR, STUART		
Acres	.3480		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120250 RIO VISTA DRY

Assessment Information

Market Land Value	\$132,000
Market Improvement Value	\$172,080
Market Total Value	\$304,080



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

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

Air Conditioning Change out Affidavit

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

One form required for each A/C system installed

REPLACEMENT SYSTEM COMPONENTS

Air handler: Mfg: Trane Model# TAM1A0830
Volts ^{208/1} 240 CFM's 1225 Heat Strip 10 Kw
Min. Circuit Amps 54 Wire gauge #6
Max. Breaker size 100 Min. Breaker size 54
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R410A
Location: Existing New _____
Attic/Garage/Closet (specify) garage-vert.
Access: pull down
(Contractor must provide ladder if required)

Condenser: Mfg Trane Model# 4TTX6036G1
Volts ^{208/1} 240 SEER/EER 18 BTU's 36400
Min. Circuit Amps 28 Wire gauge #10
Max. Breaker size 35 Min. Breaker size 28
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R410A
Location: Existing New _____
Left/Right/Rear/Front/Roof left side
Condensate Location @ condenser

EXISTING SYSTEM COMPONENTS

Air handler: Mfg: Rheem Model# RHSA307
Volts ^{208/1} 240 CFM's 1225 Heat Strip 10 Kw
Min. Circuit Amps 54 Wire gauge #6
Max. Breaker size 100 Min. Breaker size 54
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R22
Location: Ext. New _____
Attic/Garage/Closet (specify) garage-vert.
Access: pull down

Condenser: Mfg Trane Model# TTR036C
Volts ^{208/1} 240 SEER/EER 10 BTU's 36000
Min. Circuit Amps 28 Wire gauge #10
Max. Breaker size 35 Min. Breaker size 28
Ref. line size: Liquid 3/8 Suction 3/4
Refrigerant type R22
Location: Ext. New _____
Left/Right/Rear/Front/Roof Left side
Condensate Location @ condenser

Certification:

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

John Flannery
Signature

12/10/18
Date



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

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

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

Owner: Ryan/Will Flannery Contractor name: Krauss Crane Inc.
 Street address: 83 Rio Vista Dr Jurisdiction: Town of Sewall's Pt.
 City: Stuart Permit No.: _____
 Zip: 34996 Final inspection date: _____

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

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

Signature: John H. Crane III Date: 12/10/18
 Printed Name: John H. Crane III
 Contractor License #: CA6049886

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

Signature: _____ Date: _____
 Printed Name: _____



General Data

Product Specifications

Model No. ①	4TTX6024E1	4TTX6036E1	4TTX6048E1	4TTX6060E1
Electrical Data V/Ph/Hz ②	230/1/60	230/1/60	230/1/60	230/1/60
Min Cir Ampacity	14	22	29	39
Max Fuse Size (Amps)	20	35	50	60
Compressor	CLIMATUFF® - SCROLL	CLIMATUFF® - SCROLL	CLIMATUFF® - SCROLL	CLIMATUFF® - SCROLL
RL AMPS - LR AMPS	10.3 - 52	16.7 - 82	21.2 - 104	28.8 - 152.9
Outdoor Fan FL Amps	0.74	0.74	2.80	2.80
Fan HP	1/8	1/8	1/3	1/3
Fan Dia (inches)	27.6	27.6	27.6	27.6
Coil	Spine Fin™	Spine Fin™	Spine Fin™	Spine Fin™
Refrigerant R-410A	9/13-LB/OZ	9/13-LB/OZ	12/9-LB/OZ	12/9-LB/OZ
Line Size - (in.) O.D. Gas ③	5/8	3/4	7/8	1-1/8
Line Size - (in.) O.D. Liquid ③	3/8	3/8	3/8	3/8
Dimensions H x W x D (Crated)	53.4 x 35.1 x 38.7	57.4 x 35.1 x 38.7	57.4 x 35.1 x 38.7	57.4 x 35.1 x 38.7
Weight - Shipping	309	316	328	332
Weight - Net	261	266	291	295
Start Components	NO	NO	NO	NO
Sound Enclosure	NO	NO	NO	NO
Compressor Sump Heat	NO	NO	NO	NO
Optional Accessories: ④				
Rubber Isolator Kit	BAYISLT101	BAYISLT101	BAYISLT101	BAYISLT101
Snow Leg - Base & Cap 4" High	BAYLEGS002	BAYLEGS002	BAYLEGS002	BAYLEGS002
Snow Leg - 4" Extension	BAYLEGS003	BAYLEGS003	BAYLEGS003	BAYLEGS003
Hard Start Kit Scroll	BAYKSKT260	BAYKSKT260	BAYKSKT260	BAYKSKT260
Crankcase Heater Kit	BAYCCHT301	BAYCCHT301	BAYCCHT301	BAYCCHT301
Extreme Condition Mounting Kit	BAYECMT023	BAYECMT004	BAYECMT004	BAYECMT004
Vertical Discharge Air Kit Base 4	BAYVDTA003	BAYVDTA004	BAYVDTA004	BAYVDTA004
Auto Charge Solenoid Kit	BAYCAKT001	BAYCAKT001	BAYCAKT001	BAYCAKT001
Refrigerant Lineset ⑤	TAYREFLN9*	TAYREFLN7*	TAYREFLN3*	TAYREFLN4*

- ① Certified in accordance with the Air-Source Unitary Heat Pump Equipment certification program which is based on AHRI Standard 210/240.
- ② Calculated in accordance with N.E.C. Only use HACR circuit breakers or fuses.
- ③ Standard line lengths - 60'. Standard lift - 25' Suction and Liquid line.
For Greater lengths and lifts refer to refrigerant piping software Pub# 32-3312-01. (*denotes latest revision)
- ④ For accessory description and usage, see page 5.
- ⑤ * = 15, 20, 25, 30, 40 and 50 foot lineset available.

A-weighted Sound Power Level [dB(A)]

MODEL	SOUND POWER LEVEL [dB(A)]	A-WEIGHTED FULL OCTAVE SOUND POWER LEVEL dB - [dB(A)]							
		63	125	250	500	1000	2000	4000	8000
4TTX6024E	72	43.7	52.6	54.3	62.4	60.4	57	54.1	46.6
4TTX6036E	72	38	50.4	56.8	60.4	59.8	57.2	55.2	49.2
4TTX6048E	73	44.2	50.4	58.9	63.1	63	57.4	53.6	47.4
4TTX6060E	74	42.2	53.8	57.8	66	65.7	57.7	58.4	51.7

Note: Rated in accordance with AHRI Standard 270-2008.



Electrical Data

Heater Attribute Data											
TAM7A0A24H21SB											
Heater Model No.	No. of Circuits	240 Volt					208 Volt				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	0	-	-	3.0**	4	15	-	-	3.0**	4	15
BAYEVAC05++1	1	4.80	16400	20.0	29	30	3.60	12300	17.3	25	25
BAYEVAC08++1	1	7.68	26200	32.0	44	45	5.76	19700	27.7	38	40
BAYEVAC10++1 ①	1	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEVAC10LG3	1-3 PH	9.60	32800	23.1	32	35	7.20	24600	20.0	28	30

Note: ** Motor Amps
 ① Heater not qualified for 208V when installed in horizontal left position without Heat Pump.

Heater Attribute Data											
TAM7A0B30H21SB											
Heater Model No.	No. of Circuits	240 Volt					208 Volt				
		Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection	Capacity		Heater Amps per Circuit	Minimum Circuit Ampacity	Maximum Overload Protection
		kW	BTUH				kW	BTUH			
No Heater	0	-	-	3.0**	4	15	-	-	3.0**	4	15
BAYEVAC05++1	1	4.80	16400	20.0	29	30	3.60	12300	17.3	25	25
BAYEVAC08++1	1	7.68	26200	32.0	44	45	5.76	19700	27.7	38	40
BAYEVAC10++1	1	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEVAC10LG3	1-3 PH	9.60	32800	23.1	32	35	7.20	24600	20.0	28	30
BAYEVBC15LG3	1-3 PH	14.40	42000	34.6	47	50	10.80	36900	30.0	41	45
BAYEVBC15BK1 - Circuit 1 ①	2	9.60	32800	40.0	54	60	7.20	24600	34.6	47	50
BAYEVBC15BK1 - Circuit 2		4.80	16400	20.0	25	25	3.60	12300	17.3	22	25

Note: ** Motor Amps
 ① MCA and MOP for circuit 1 contains the motor amps

Notes:

1. See Air Handler nameplate for approved combinations of Air Handlers and Heaters
2. Heater model numbers may have additional suffix digits.



TRANE®

General Data

PRODUCT SPECIFICATIONS

MODEL	TAM7A0A24H21SB	TAM7A0B30H21SB	TAM7A0C36H31SB
RATED VOLTS/PH/HZ.	200-230/1/60	200-230/1/60	200-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — F.P.I.	3 - 14	3 - 14	3 - 14
Face Area (sq. ft.)	3.67	5.04	5.50
Tube Size (in.)	3/8	3/8	3/8
Refrigerant Control	EEV	EEV	EEV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 8	11 X 10	11 X 10
No. Used	1	1	1
Drive - No. Speeds	Direct - Variable	Direct - Variable	Direct - Variable
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/2	1 - 1/2	1 - 1/2
Motor Speed R.P.M.	Variable ECM	Variable ECM	Variable ECM
Volts/Ph/Hz	208-230/1/60	208-230/1/60	208-230/1/60
F.L. Amps	3.0	3.0	3.0
FILTER			
Filter Furnished?	No	No	No
Type Recommended	Throwaway	Throwaway	Throwaway
No. -Size-Thickness	1 - 16 X 20 - 1 in.	1 - 22 X 20 - 1 in.	1 - 22 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed	Brazed
Coupling or Conn. Size — in. Gas	3/4	3/4	7/8
Coupling or Conn. Size — in. Liq.	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	51-1/2 x 19 x 23-1/2	56-1/2 x 23 x 23-1/2	57-1/4 x 25-1/4 x 23-1/2
Uncrated	49-7/8 x 17-1/2 x 21-3/4	55-11/16 x 21-5/16 x 21-3/4	56-15/16 x 23-1/2 x 21-3/4
WEIGHT			
Shipping (Lbs.)/Net (Lbs.)	127/116	150/138	157/146

PRODUCT SPECIFICATIONS

MODEL	TAM7A0C42H31SB	TAM7A0C48H41SB	TAM7A0C60H51SB, TAM7B0C60H51SA
RATED VOLTS/PH/HZ.	200-230/1/60	200-230/1/60	200-230/1/60
RATINGS ①	See O.D. Specifications	See O.D. Specifications	See O.D. Specifications
INDOOR COIL — Type	Plate Fin	Plate Fin	Plate Fin
Rows — F.P.I.	4 - 14	4 - 14	4 - 14
Face Area (sq. ft.)	5.04	5.96	5.96
Tube (in.)	3/8	3/8	3/8
Refrigerant Control	EEV	EEV	EEV
Drain Conn. Size (in.) ②	3/4 NPT	3/4 NPT	3/4 NPT
DUCT CONNECTIONS	See Outline Drawing	See Outline Drawing	See Outline Drawing
INDOOR FAN — Type	Centrifugal	Centrifugal	Centrifugal
Diameter-Width (In.)	11 X 10	11 X 10	11 X 10
No. Used	1	1	1
Drive - No. Speeds	Direct - Variable	Direct - Variable	Direct - Variable
CFM vs. in. w.g.	See Fan Performance Table	See Fan Performance Table	See Fan Performance Table
No. Motors — H.P.	1 - 1/2	1 - 3/4	1 - 1
Motor Speed R.P.M.	Variable ECM	Variable ECM	Variable ECM
Volts/Ph/Hz	208-230/1/60	208-230/1/60	208-230/1/60
F.L. Amps	3.0	4.2	5.5
FILTER			
Filter Furnished?	No	No	No
Type Recommended	Throwaway	Throwaway	Throwaway
No. -Size-Thickness	1 - 22 X 20 - 1 in.	1 - 22 X 20 - 1 in.	1 - 22 X 20 - 1 in.
REFRIGERANT	R-410A	R-410A	R-410A
Ref. Line Connections	Brazed	Brazed	Brazed
Coupling or Conn. Size — in. Gas	7/8	7/8	7/8
Coupling or Conn. Size — in. Liq.	3/8	3/8	3/8
DIMENSIONS	H x W x D	H x W x D	H x W x D
Crated (In.)	57-1/4 x 25-1/4 x 23-1/2	62-3/4 x 25-1/4 x 23-1/2	62-3/4 x 25-1/4 x 23-1/2
Uncrated	56-15/16 x 23-1/2 x 21-3/4	61-3/4 x 23-1/2 x 21-3/4	61-11/16 x 23-1/2 x 21-3/4
WEIGHT			
Shipping (Lbs.)/Net (Lbs.)	162/151	175/163	175/163

① These Air Handlers are AHRI certified with various Split System Air Conditioners and Heat Pumps (AHRI STANDARD 210/240). Refer to the Split System Outdoor Unit Product Data Guides for performance data.

② 3/4" Male Plastic Pipe (Ref.: ASTM 1785-76)



Flannery
This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2011.

Certificate of Product Ratings

AHRI Certified Reference Number: 5288978

Date: 12/10/2012

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

Outdoor Unit Model Number: 4TTX6036G1

Indoor Unit Model Number: *AM7A0B30H21

Manufacturer: TRANE

Trade/Brand name: XL16I

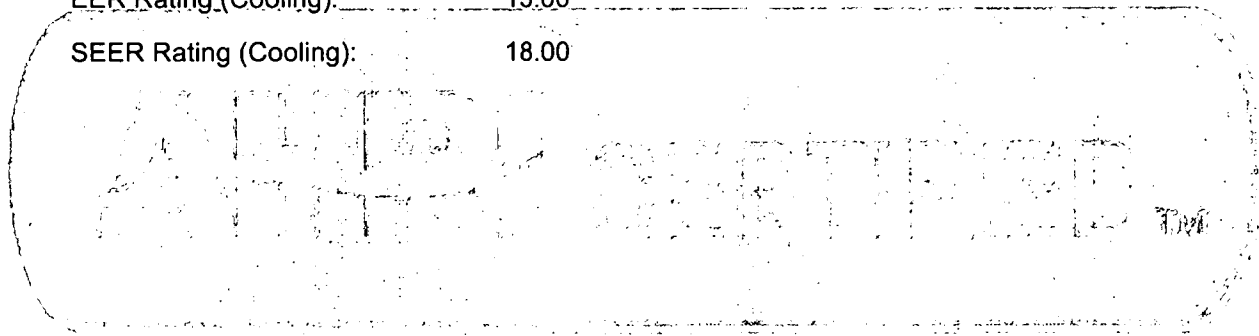
Manufacturer responsible for the rating of this system combination is TRANE

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

Cooling Capacity (Btuh): 36400

EER Rating (Cooling): 13.00

SEER Rating (Cooling): 18.00



* 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.

TERMS AND CONDITIONS

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

CERTIFICATE VERIFICATION

The information for the model cited on this certificate can be verified at www.ahridirectory.org, 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.





Project Summary
Entire House
Krauss & Crane, Inc.

Job:
 Date:
 By:

904 S. Dixie Hwy, Stuart, FL 34994 Phone: 772-287-1227 Fax: 772-283-4055 Email: kandc@kciac.com Web: www.kciac.com

Project Information

For: Jill & Ryan Flannery
 23 Rio Vista Dr., Stuart, FL 34996
 Phone: 772-781-5804

Notes:

Design Information

Weather: West Palm Beach Intl AP, FL, US

Winter Design Conditions

Outside db 47 °F
 Inside db 70 °F
 Design TD 23 °F

Summer Design Conditions

Outside db 91 °F
 Inside db 75 °F
 Design TD 16 °F
 Daily range L
 Relative humidity 50 %
 Moisture difference 57 gr/lb

Heating Summary

Structure 19324 Btuh
 Ducts 2773 Btuh
 Central vent (0 cfm) 0 Btuh
 Humidification 0 Btuh
 Piping 0 Btuh
 Equipment load 22098 Btuh

Sensible Cooling Equipment Load Sizing

Structure 23118 Btuh
 Ducts 3730 Btuh
 Central vent (0 cfm) 0 Btuh
 Blower 0 Btuh
 Use manufacturer's data n
 Rate/swing multiplier 0.96
 Equipment sensible load 25882 Btuh

Infiltration

Method Simplified
 Construction quality Average
 Fireplaces 0

	Heating	Cooling
Area (ft ²)	1716	1716
Volume (ft ³)	17160	17160
Air changes/hour	0.38	0.20
Equiv. AVF (cfm)	109	57

Latent Cooling Equipment Load Sizing

Structure 6597 Btuh
 Ducts 1408 Btuh
 Central vent (0 cfm) 0 Btuh
 Equipment latent load 8005 Btuh
 Equipment total load 33887 Btuh
 Req. total capacity at 0.70 SHR 3.1 ton

Heating Equipment Summary

Make
 Trade
 Model
 AHRI ref non/a

Efficiency	100 EFF
Heating input	0 Btuh
Heating output	22098 Btuh
Temperature rise	17 °F
Actual air flow	1158 cfm
Air flow factor	0.052 cfm/Btuh
Static pressure	0 in H2O
Space thermostat	

Cooling Equipment Summary

Make
 Trade
 Cond
 Coil
 AHRI ref no.
 Efficiency 0 SEER

Sensible cooling	0 Btuh
Latent cooling	0 Btuh
Total cooling	0 Btuh
Actual air flow	1158 cfm
Air flow factor	0.043 cfm/Btuh
Static pressure	0 in H2O
Load sensible heat ratio	0.77

Bold/italic values have been manually overridden

Calculations approved by ACCA to meet all requirements of Manual J 8th Ed.



12-11-12

Sewalls point



Krauss & Crane, Inc.
AIR CONDITIONING SALES AND SERVICE

904 South Dixie Highway • P.O. Box 1259 • Stuart, Florida 34994-1259
772-287-1227 • Fax 772-283-4055 • Email: kanc@kciac.com

License
CAC049286

FLORIDA'S OLDEST TRANE DEALER - THE LEADER IN RELIABILITY SINCE 1957

Name: Jill Flannery
Site Address: 23 Rio Vista Dr.
City: Stuart
State: FL
Phone: 781-5804 485-3176 Zip: 34998

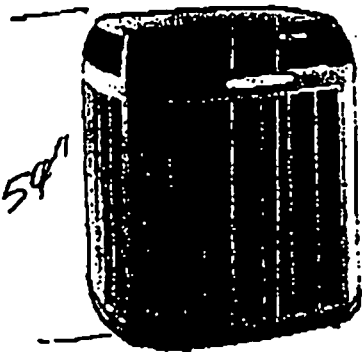
Date: 12/4/2012
Proposal #: R1120420121449-1

Consultant: Mike Foster
Billing Address:
City:
State:
Phone:
Postal Code:

Trane XL16i Dual Speed Cooling Unit

Variable Speed

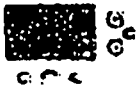
System Investment



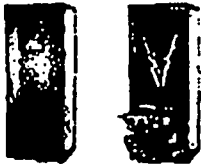
Base System:	\$8,659.86
Optional Items Total:	\$0.00
FPL Rebate	<\$880.00>
Cash-Check Discount	<\$288.86>
Sales Tax:	\$0.00
System Total:	\$5,491.00
Initial Investment:	\$0.00
Balance:	\$5,491.00
Term:	Rate: % Est. Payment: \$0.00
Investment Type:	Check
Net Investment After Credit & Rebates	\$5,491.00

Purchased Accessories

Model No:- TCONT602AF22MA

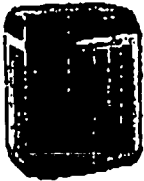


Description:- Trane 2 Stage Prog. Comfort Control 5/1/1



Model No:- TAM7A0B30H21SA

Description:- Trane Hyperion Variable Speed Air Handler



Model No:- 4TTX6036E1000A

Description:- Trane 3 ton XL16i Dual Speed Cooling Unit



By signing this agreement I acknowledge that I have read and understand each page, including the terms and conditions.

Customer
Jill Flannery

Date
12/6/12

Representative
Mike Foster
Approved by

Date
12-4-12

Date
12-7-12

K&C

1957

Krauss & Crane, Inc.

AIR CONDITIONING SALES AND SERVICE

904 South Dixie Highway • P.O. Box 1259 • Stuart, Florida 34994-1259
772-287-1227 • Fax 772-283-4055 • Email: kancd@kciuc.com

Licence
CAC049286

FLORIDA'S OLDEST TRANE DEALER - THE LEADER IN RELIABILITY SINCE 1957

Name **Jill Flannery** Proposal Number **R1120420121449-1** Date **12/4/2012**

Components in Base System Investment

Tax Credits and Rebates

Qty.	Model#	Description
1	TAM7A0B30H21SA	Trane Hyperion Variable Speed Air Handler
1	4TTX6038E1000A	Trane 3 ton XL161 Dual Speed Cooling Unit
1	TCONT602AF22MA	Trane 2 Stage Prog. Comfort Control 5/1/1
1	LNFLSH1-3	Clean existing ref. piping for reuse with R-410A up to 3 tons
1	BAYEVAC10BK1AA	10kw Trane strip heater for Series 7 and 8 air handlers with circuit breaker.
1	ESA-2	*Two Year Energy Savings Agreement.
1	EZTRAP	Float Switch For Vertical Air Handlers
2	ELECTRECON	Reconnect Electrical to Equipment
1	BSSTND	New Base Stand installed
1	SUP PLENUM	New Supply Plenum
1	SEAL-RFP	Manually Sealed Raised Floor Return Plenum
1	PER-SP	Permit Fee for Sewalls Point
1	EVAC-RECLAIM	Evacuate / Reclaim Existing Refrigerant
1	VERT-AH1	Indoor Unit
1	AC-AH1	Outdoor Unit With Air Handler

Inclusions

All work to be performed in a neat manner. Charge system to manufactures specifications. Clean up work area before leaving worksite. Complete system start up. Ensure proper condensate drainage. Evacuate refrigerant system to remove all moisture. Installation to meet or exceed all codes. Our own professional journeyman class technicians. Quality Assurance Review. Property dispose of old equipment off premises. Outside unit secured to hurricane code. *Warranty is 10 years parts, 12 years compressor and 2 years labor.

Exclusions

Homeowners are required to register equipment warranties within 60 days of installation.

18 SEER

**INCLUDE 2 YEAR ENERGY SAVINGS AGREEMENT FOR 2ND EXISTING UNIT IN ADDITION TO NEW UNIT*

Installation Instructions *AS DISCUSSED JK*

Rebuild air handler stand.
5888978
36400
87000

1885cfm

By signing this agreement I acknowledge that I have read and understand each page including the terms and conditions.

Customer
Jill Flannery

Date
12/6/12

Representative
Mary Jane
Approved by

Date
12-4-12
Date
12-4-12
Page 2



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

10301

on B
 SWP
 1-7-13

FLORIDA ENERGY CONSERVATION CODE

Mandatory Duct Inspection Certification for HVAC change-out

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

Owner: Jill Ryan Flannery Contractor name: Krauss & Crane Inc.
 Street address: 83 Rio Vista Dr. Jurisdiction: Town of Sewalls Pt.
 City: Stuart Permit No.: _____
 Zip: 34996 Final inspection date: _____

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

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

Signature: John Crane Date: 12/10/12
 Printed Name: John H. Crane, III
 Contractor License #: CAC049886

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

Signature: Virgil Moore Date: 12-11-12
 Printed Name: Virgil Moore

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection Mon Tue Wed Thur Fri 1-7-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10233	Clifford	Final		
1ST	20 N River Rd Cresco Coast	windows/door & opening	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10308	Foster	Final		
	128 S Sewalls Stuart Fence	Fence	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10301	Flannery	Final		
2nd	2300 Vista Dr Knauss Crane	Final	PASS	CLOSE INSPECTOR <i>[Signature]</i>
10248	^{304 NEAR} PREMIER REALTY			
	2 N. 5th Rd RENTAL	Dry-ins/MECHANICAL	PASS	INSPECTOR <i>[Signature]</i>
		CRANE		
	124 N. 5th Rd		CRANE	LIFT INSPECTOR
Tree	91 S River Rd	Tree		
			<i>[Signature]</i>	INSPECTOR
				INSPECTOR

11049

PAVER DECK

&

WALKWAY



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:	11049	DATE ISSUED:	October 8, 2014
SCOPE OF WORK:	Paver Deck and Walkway		
CONTRACTOR:	O/B		
PARCEL CONTROL NUMBER:	12-38-41-002-000-01030-9	SUBDIVISION:	Rio Vista S/D Lot 103
CONSTRUCTION ADDRESS:	23 Rio Vista Drive		
OWNER NAME:	Flannery		
QUALIFIER:	O/B	CONTACT PHONE NUMBER:	312-399-3104

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

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

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

INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY

INSPECTIONS

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

ALL RE-INSPECTION FEES AND ADDITIONAL INSPECTION REQUESTS WILL BE CHARGED TO THE PERMIT HOLDER. THE CONTRACTOR OR OWNER /BUILDER MUST SCHEDULE A FINAL INSPECTION. FAILURE TO RECEIVE A SUCCESSFUL FINAL INSPECTION WILL RESULT IN PERMIT RENEWAL FEES, FINES, AND OR DENIAL OF FUTURE BUILDING PERMITS TO THE CONTRACTOR OR OWNER /BUILDER.



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

BUILDING PERMIT RECEIPT

PERMIT NUMBER:	11049		
ADDRESS:	23 Rio Vista Drive		
DATE ISSUED:	10/8/2014	SCOPE OF WORK:	Paver Deck and Walkway

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 spa @ \$ 121.75 per sq. ft. s.f.		\$	-
Total square feet non-conditioned space, or interior remodel: @ \$ 59.81 per sq. ft. s.f.		\$	-
Total square feet remodel with new trusses: \$ 90.78 per sq. ft. s.f.		\$	-
Total Construction Value:		\$	\$ -
Building fee: (2% of construction value SFR or >\$200K)		\$	n/a
Building fee: (1% of construction value < \$200K + \$100 per insp.)		\$	-
Total number of inspections (Value < \$200K) \$ 100.00 per insp. # insp			n/a
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	n/a
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	n/a
Road impact assessment: (.04% of construction value - \$5 min.)			n/a
Martin County Impact Fee:		\$	
TOTAL BUILDING PERMIT FEE:		\$	\$ -

ACCESSORY PERMIT	Declared Value:	\$	\$ 5,000.00
Total number of inspections: @ \$ 100.00 per insp. # insp		\$ 1	\$ 100.00
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		\$	\$ 2.00
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		\$	\$ 2.00
Road impact assessment: (.04% of construction value - \$5 min.)		\$	\$ 5.00
TOTAL ACCESSORY PERMIT FEE:		\$	\$ 109.00

Town of Sewall's Point

BUILDING PERMIT APPLICATION

Date: 10/3/14 Permit Number: 11049
 OWNER/LESSEE NAME: RYAN FLANNERY Phone (Day) 312 399 3104 (Fax) _____
 Job Site Address: 23 RIO VISTA DR. City: SEWALLS PT State: FL Zip: 34996
 Legal Description: RIO VISTA SID LOT 103 Parcel Control Number: 12-38-41-002-000-01030-9
 Fee Simple Holder Name: RYAN'S JILL FLANNERY Address: 23 RIO VISTA DR.
 City: SEWALLS PT. State: FL Zip: 34996 Telephone: 312.399.3104

***SCOPE OF WORK (PLEASE BE SPECIFIC):** Pavers + Walkway

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: \$ 500
 (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: _____ Phone: _____ Fax: _____
 Qualifiers name: _____ Street: _____ City: _____ State: _____ Zip: _____
 State License Number: _____ OR: Municipality: _____ License Number: _____

LOCAL CONTACT: _____ Phone Number: _____

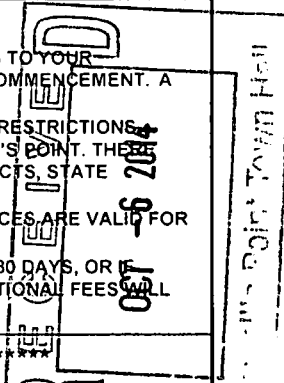
DESIGN PROFESSIONAL: _____ Fla. License# _____
 Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____

AREAS SQUARE FOOTAGE: Living: 2383 Garage: 464 Covered Patios/ Porches: _____ Enclosed Storage: _____
 Carport: _____ Total under Roof _____ Elevated Deck: _____ Enclosed area below BFE*: _____
 * Enclosed non-habitable areas below the Base Flood Elevation greater than 300 sq. ft. require a Non-Conversion Covenant Agreement.

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

WARNINGS TO OWNERS AND CONTRACTORS:

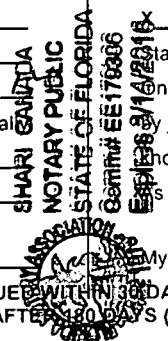
- YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.
- IT IS YOUR RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY DEED RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT. THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
- BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 50-95.
- THIS PERMIT WILL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER THE WORK IS COMMENCED. ADDITIONAL FEES WILL BE ASSESSED ON ANY PERMIT THAT BECOMES NULL AND VOID. REF. FBC 2007 SECT. 105.4.1, 105.4.1.1 - .5.



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

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

<p>OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE: X <u>[Signature]</u> State of Florida, County of: <u>MARTIN</u> On This the <u>10</u> day of <u>OCTOBER</u>, 20<u>14</u> by <u>Ryann Flannery</u> who is personal<u>ly</u> known to me or produced <u>BY DL</u> As identification: <u>[Signature]</u> My Commission Expires: <u>03/14/2016</u></p>	<p>CONTRACTOR/LICENSEE NOTARIZED SIGNATURE: _____ State of Florida, County of: _____ On This the _____ day of _____, 20____ by _____ who is personally known to me or produced _____ As identification: _____ My Commission Expires: _____</p>
--	---



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 90 DAYS (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!

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

generated on 10/8/2014 11:18:57 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-002-000-01030-9	27614	23 RIO VISTA DR, STUART	\$372,890	10/4/2014

Owner Information

Owner(Current)	FLANNERY RYAN T & JILL S
Owner/Mail Address	23 RIO VISTA DR STUART FL 34996
Sale Date	6/26/2006
Document Book/Page	<u>2156 0866</u>
Document No.	1943466
Sale Price	595000

Location/Description

Account #	27614	Map Page No.	SP-05
Tax District	2200	Legal Description	RIO VISTA S/D LOT 103
Parcel Address	23 RIO VISTA DR, STUART		
Acres	.3480		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120250 Rio Vista DRY

Assessment Information

Market Land Value	\$198,000
Market Improvement Value	\$174,890
Market Total Value	\$372,890



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

OWNER/BUILDER DISCLOSURE STATEMENT

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

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



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

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

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

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

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

Owner/Builder Applicant Name: RYAN FLANNERY

Site address of the proposed building work: 23 RIO VISTA DR. SEWALLS PT. FL 34996

Name of legal title owner of the address above: RYAN & JILL FLANNERY

Describe the scope of work for the proposed new construction: PAVER PATIO

Name of Architect of Record: _____ Structural Engineer of Record: _____

Who will supervise the trade work to meet the applicable code? OWNER / RYAN FLANNERY

What provisions have you made for Liability and Property Damage Insurance? HOME OWNERS INSURANCE

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

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

Location: 23 RIO VISTA DR. Scope of Work Done: POOL Year: 2006

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

What code books do you have available for reference? Building: _____

Electric: _____ Plumbing: _____ HVAC: _____

Other: _____

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

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

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

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



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

12. YOU MUST BE FAMILIAR WITH AND CALL FOR THE REQUIRED INSPECTIONS OF ALL CONSTRUCTION/IMPROVEMENTS PERFORMED UNDER YOUR OWNER/BUILDER PERMIT.

13. AS AN OWNER/BUILDER YOU MUST VERIFY THAT ALL INDIVIDUALS OR FIRMS ENGAGED IN CONSTRUCTION/IMPROVEMENTS ACTIVITIES UNDER YOUR OWNER/BUILDER PERMIT ARE PROPERLY LICENSED AS REQUIRED BY STATE LAW OR LOCAL ORDINANCE.

14. AS AN OWNER/BUILDER, YOU ARE LIABLE TO AND RESPONSIBLE FOR THOSE PEOPLE HIRED TO ASSIST YOU. SUCH LIABILITY AND RESPONSIBILITY MAY INCLUDE, BUT IS NOT LIMITED TO, COMPLIANCE WITH APPLICABLE LAWS RELATING TO LIENS, WORKERS' COMPENSATION, SOCIAL SECURITY, UNEMPLOYMENT, FEDERAL WITHHOLDING TAX, AND PUBLIC LIABILITY.

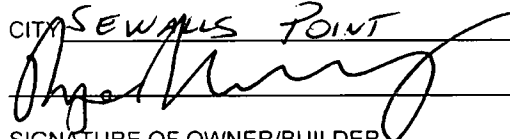
15. I, AS AN OWNER/BUILDER, IN CONSIDERATION OF A BUILDING PERMIT ISSUED BY SEWALL'S POINT, FLORIDA, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID SEWALL'S POINT, FLORIDA, ITS OFFICERS AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR EXPENSES THAT SEWALL'S POINT MAY BE LIABLE FOR WHICH ARISE FROM THE CONSTRUCTION/IMPROVEMENTS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

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

ON THIS 3 DAY OF OCTOBER, 2014.

PROPERTY ADDRESS 23 Rio Vista Dr.

CITY SEWALLS POINT STATE FL ZIP 34916


 SIGNATURE OF OWNER/BUILDER

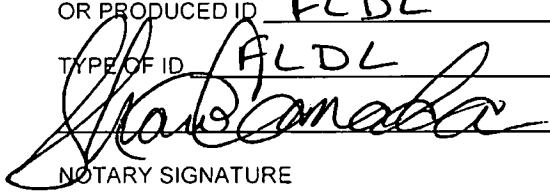
SWORN TO AND SUBSCRIBED BEFORE ME THIS 6 DAY OF OCTOBER 2014

BY Ryan Flannery

PERSONALLY KNOWN _____

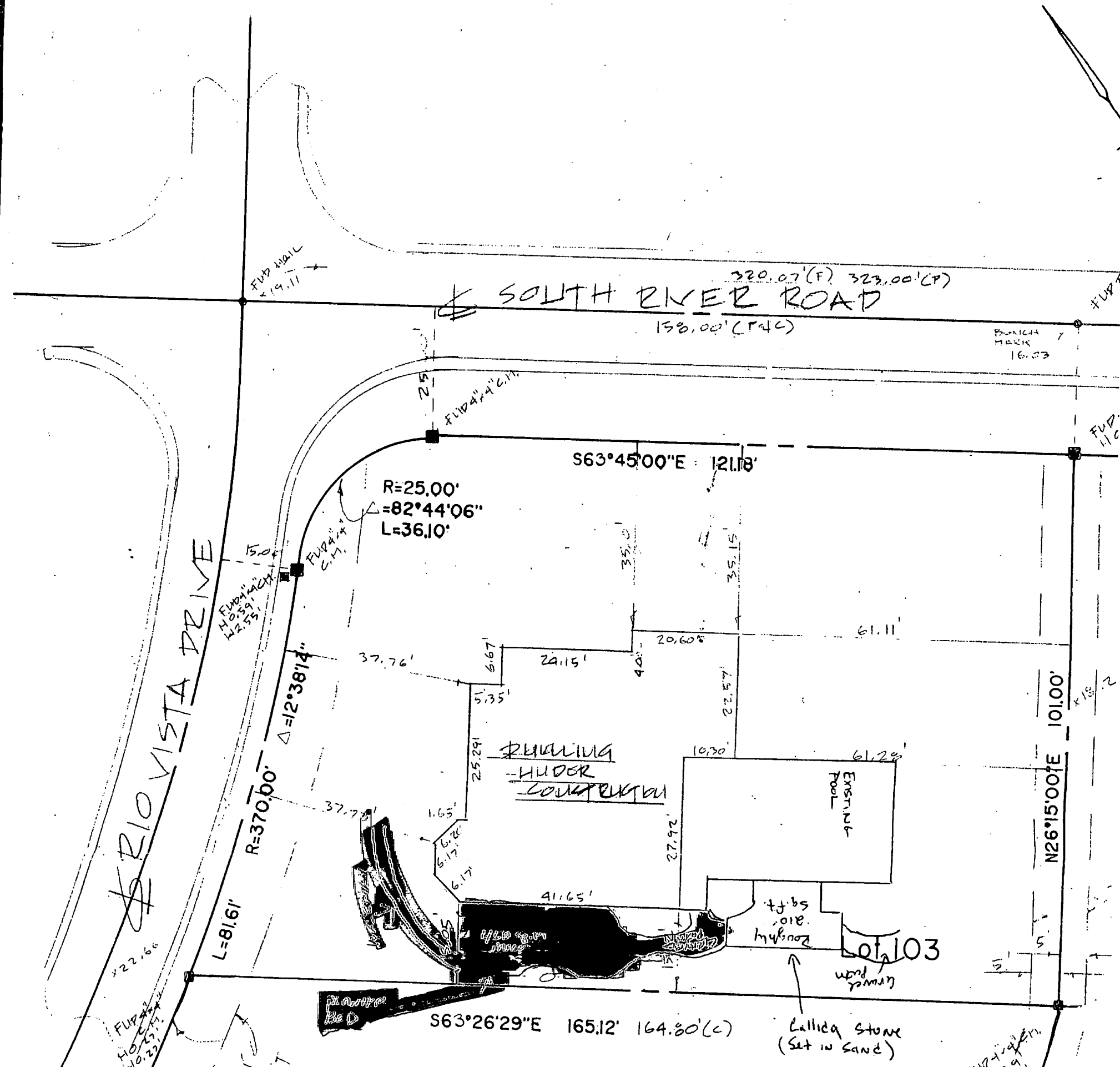
OR PRODUCED ID FLDL

TYPE OF ID FLDL


 NOTARY SIGNATURE



SHARI CANADA
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# EE179386
 Expires 3/14/2016



TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

TOWN OF SEWALL'S POINT
BUILDING DEPARTMENT
FILE COPY

- PROPERTY LOCATED WITHIN FLOOD ZONE: "C"
- PROPERTY ADDRESS: RIO VISTA DRIVE
- CERTIFIED TO: FRANK JOHN & LEAH MARIE CACELLA SEABOARD SAVINGS BANK, F. S. B., ITS SUCCESSORS &/OR ASSIGNS ARK HOMES CONSTRUCTION, INC. THE TOWN OF SEWALL'S POINT AMERICAN PIONEER TITLE INSURANCE COMPANY COPELAND, KRAMER, SEWELL & SOPKO, P. A.

- NOTES:**
- Survey of description as furnished by Client
 - Lands shown hereon were not abstracted for and/or rights-of-way of record.
 - (P) Denotes distance or bearing by description
 - (F) Denotes measured distance or bearing.
 - (C) Denotes calculated distance or bearing.
 - All bearings are referenced to the instrument as shown hereon, unless otherwise noted.
 - Elevations shown hereon are relative to National Vertical Datum of 1929, and are based on 1
 - There are no above ground encroachments, unless otherwise noted.
- SET I.B. - SET 5/8 IRON BAR & CAP #4049
 FND. - FOUND OBJECT
 I.P. - IRON PIPE
 C.M. - CONCRETE MONUMENT
 I.B. - IRON BAR
 P.K. - P.K. NAIL
 R.R.S. - RAILROAD SPIKE
- OHW - OVERH
 DRA - DRA
 M.H. - MAN
 P.P. - POW
 C.P. - CAT.

P.O.C. - POINT OF COMMENCEMENT
 P.O.B. - POINT OF BEGINNING



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

VERIFICATION OF CONTRACTOR

BUILDING PERMIT NUMBER: _____

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

OWNERS NAME: Ryan Flannery & Jill Flannery

CONSTRUCTION ADDRESS: 23 Rio Vista Dr Stuart 34996

PERMIT TYPE: RESIDENTIAL COMMERCIAL

- ELECTRIC
- PLUMBING
- HVAC
- IRRIGATION
- FUEL GAS

TYPE OF SERVICE: NEW SERVICE EXISTING SERVICE OTHER

SCOPE OF WORK: Paver Installation

VALUE OF CONSTRUCTION \$ \$5000.00

<input type="checkbox"/> LOW VOLTAGE
TYPE OF EQUIPMENT: <input type="checkbox"/> SECURITY <input type="checkbox"/> VACUUM <input type="checkbox"/> SOUND SYSTEM <input type="checkbox"/> LANDSCAPE <input checked="" type="checkbox"/> OTHER
SCOPE OF WORK: <u>Paver Installation</u> VALUE <u>\$5000.00</u>

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

SIGNATURE OF LICENSED CONTRACTOR _____ ADDRESS OF CONTRACTOR 383 SW N. Shore Blvd, Port St Lucie FL 34986

COMPANY OR QUALIFIER'S NAME: Jose Vides

TELEPHONE NO: 772-812-5066 cell PLEASE PRINT FAX NO: 772-343-0764

MUNICIPALITY OR STATE OF FLORIDA CONTRACTOR'S LICENSE NUMBER: PSL 10082

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

VERIFICATION OF PARCEL CONTROL NUMBER
 OWNER'S FULL NAME AS STATED ON DEED: Ryan and Jill Flannery

PARCEL CONTROL #: 12-38-41-002-000-01050-9

SUBDIVISION: Rio Vista LOT: 103 BLK: _____ PHASE: _____

SITE ADDRESS: 23 Rio Vista Dr, Stuart 34996

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

From: **JosB Concrete Perfection** josbconcreteperfection@hotmail.com
 Subject: License/Insurance/WC
 Date: October 6, 2014 at 9:06 PM
 To: rflannery@cinetic-consulting.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/27/14

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

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

PRODUCER A Advantage Insurance Agency 1514 SE Port St Lucie Blvd Port Saint Lucie, FL 34952 Phone (772) 879-1689 Fax (888) 390-7066	CONTACT NAME: David J Pellicano PHONE (A/C, Ext): (772) 879-1689 FAX (A/C, Ext): (888) 390-7066 EMAIL ADDRESS: dave@advantageinsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Cypress Property & Casualty Ins Co	
INSURER B: Infinity Commercial Auto Insurance	
INSURER C: Associated Industries Insurance Co.	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
 JosB Concrete Perfection LLC
 383 SW North Shore Blvd
 Ft St Lucie, FL 34986- (772) 812-5066

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

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

INSR LTA	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	N	20P005173-5	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADJ INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> RENT-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		509-60001-1168-001	04/28/2014	04/28/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	AWC1034852	08/27/2014	08/24/2015	<input type="checkbox"/> WC STATL TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000.00 E.L. DISEASE - EA EMPLOYE \$ 500,000.00 E.L. DISEASE - POLICY LIMIT \$ 500,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Concrete Work

CERTIFICATE HOLDER 	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection Mon Tue Wed Thur Fri 12/30/14 Page 1 of

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11096	HB Assoc. of TC	Final		
AM Requested	3730 SE Ocean	A/C	PASS	Review
	Metro tek			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11094	Flannery	Final Paver		
	2321 W. 10th St	Deck + Walkway	FAIL	NO
	O/B			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11103	Warren / Braken	Final		NO LADDER
	4 Delano Lane	A/C	Fail	
	Krauss + Crane			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11120	Wylor	Fence		
	135 S River Rd	Final	PASS	Close
	Mel-Ry			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
11072	Horkins	Underground		
	10 Crane's Nest	Piping + Tank	PASS	
	Markin County Propane	(re-inspection)		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSEPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT**

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than two inches.

Tree permits will be issued as outlined under the Town of Sewall's Point Habitat Management Ordinance. The removal of trees shall not exceed the required amount of trees per property as outlined below:

Sec. 70-21. Minimum tree requirements for residential properties.

Any applicant requesting a tree removal permit on an existing residential property with an existing residence must meet the following minimum requirements:

- (1) Lots not exceeding one-half acre: At least eight trees (excluding citrus) with a minimum caliper of three inches and a trunk at least eight feet tall. Palm trees of all types shall be counted at one-fourth of their caliper.
- (2) Lots greater than one-half acre, but not exceeding one acre: At least 12 trees (excluding citrus) with a minimum caliper of three inches and a trunk at least eight feet tall. Palm trees of all types shall be counted at one-fourth of their caliper.
- (3) Lots greater than one-acre: for the first acre at least 12 trees (excluding citrus) with a minimum caliper of three inches and a trunk at least eight feet tall. Palm trees of all types shall be counted at one-fourth of their caliper. For each additional one-half acre or portion thereof: Eight trees with a minimum caliper of three inches and a trunk at least eight feet tall. Palm trees of all types shall be counted at one-fourth of their caliper.

(Ord. No. 303, 7-20-04)

Sec. 70-22. Permit required for tree removal.

A permit as provided for in this chapter shall be required for the removal (or transplant) of any tree with a two-inch caliper or more upon any parcel upon which there is a residence under a validly issued permit. Permit requirements are outlined under article V. If the town has to procure the services of a suitable professional licensed in the State of Florida to ascertain the state or type of a tree(s) prior to or after removal of the tree(s) then the cost of such will be borne by the property owner.

(Ord. No. 303, 7-20-04)

Sec. 70-23. Permit not required for tree removal.

A permit is not required for removal of the following trees:

- (1) Citrus trees. If the town has to procure the services of a suitable professional licensed in the State of Florida to ascertain the type of a tree(s) prior to or after removal of the tree(s) then the cost of such will be borne by the property owner.

(Ord. No. 303, 7-20-04)

Tree removal, replacement or relocation permits for new single family residents must contain the following:

Sec. 70-85. Permit application procedures for single family lots.

(a) Procedure. Application shall be made by filing a written application with the department and paying a \$15.00 application fee. No fee shall be required to remove prohibited species, dead, dying, or damaged trees; however permits are required. The department may require the written opinion of a suitable professional registered in the State of Florida selected by the town to support the application, the cost of the arborist to be reimbursed by the applicant. The application shall be field verified by the building official who shall indicate the verification by signing and dating the sketch(s) on file before issuing or denying the permit. The applicant shall submit the following to the department:

(1) A scaled sketch, site plan or survey showing:

- a. where the trees to be removed are located;
- b. the tree species;
- c. the tree diameter, and approximate height of the trees to be removed;
- d. the shape and dimensions of the lot or parcel, together with the existing and proposed locations of structures and improvements, if any; and
- e. all proposed new or moved trees or other vegetation, by species and size, along with the type of ground cover to be installed, including the proposed new location for the trees or vegetation. In the case of a permit application in connection with the construction of a structure, the applicant shall provide a site plan in lieu of a sketch. The sketch, site plan or survey shall be prepared in accordance with chapter 11.5 of this Code titled surveys and drawings.

(2) If the applicant is not the owner of the property, the applicant must submit a written authorization from the owner of the property authorizing the applicant to submit and/or represent the application.

(3) The applicant shall mark the tree(s) subject to the permit on the site by tagging the tree(s) with red, yellow, or orange marking tape. The department may photograph the tree(s) marked for removal and place the photograph(s) in the permit file no later than 30 days after issuing or denying the permit.

(4) If land clearing is intended, an erosion control plan, showing topography of the site where trees are located and effect removal of the same would have on: erosion, soil, moisture, retention, increase or decreased flow or diversion in the flow of surface waters, and impact on overall surface water management, together with the reasons for clearing or grubbing of the site.

(5) Any other information requested by the department.

(6) The permit fee.

(Ord. No. 303, 7-20-04)

Sec. 70-86. Evaluation criteria.

The department shall consider the following requirements and potential adverse impacts on urban and natural environment in evaluating the application:

(1) Minimum number of trees: Must meet requirements as outlined under section 70-21(a).

(2) Soil stabilization: Whether the removal of tree(s) or other vegetation will result in uncontrollable erosion of soils into surface waters, or adjacent properties.

(3) Water quality and/or aquifer recharge: Whether the removal of tree(s) or other vegetation will lessen the ability for the natural assimilation of nutrients, chemical pollutants, heavy metals, silt and other noxious substance from ground and surface waters.

(4) Ecological impacts: Whether the removal of tree(s) or other vegetation will have an adverse impact upon existing biological and ecological systems.

(5) Noise pollution: Whether the removal of tree(s) or other vegetation will significantly increase ambient noise levels.

(6) Wildlife habitat: Whether the removal of tree(s) or other vegetation will significantly reduce available habitat for wildlife existence and reproduction, or are likely to result in the emigration of wildlife from adjacent or associated ecosystems.

(7) Aesthetic degradation: Whether the removal of tree(s) or other vegetation will have an adverse effect on property values in the neighborhood where the applicant's property is located or on other existing vegetation in the vicinity.

(8) Endangered, threatened and species of special concern: Whether the removal of tree(s) or other protected species will significantly affect endangered, threatened, or other protected plants.

(9) Wetland vegetation: Whether any alterations are planned for mangroves or other wetlands which are recognized to be of special ecological value. No mangroves or other wetland vegetation shall be removed, trimmed, pruned, chemically treated, filled upon or altered unless completed in accordance with state law and unless a state permit or written exemption is provided to the department.

(10) Specimen tree or specimen tree stands: Whether the application calls for removal, trimming, pruning, or alteration to a specimen tree or specimen tree stand which has been designated as such under the provisions of this chapter.

(Ord. No. 303, 7-20-04)

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new single family resident see above.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner RYAN FLANNERY Address 23 RIO VISTA Phone 781-5804
Contractor DEAN SCHILLER Address _____ Phone _____

No. of Trees: REMOVE 1 Type: OAK
No. of Trees: RELOCATE _____ WITHIN 30 DAYS Type: _____
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

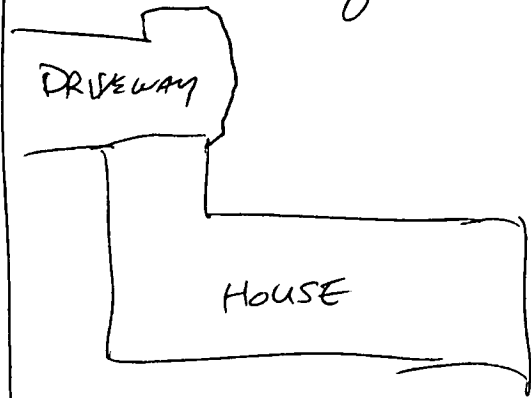
Written statement giving reasons: Pool

Signature of Property Owner Ryan Flannery Date 9/5/06

Approved by Building Inspector: [Signature] Date 9/6 Fee: \$15.00

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

RIVER DR.



TREE

TREE

TO BE
REMOVED

TREE

ADDC removal
10-19-06

RIO VISTA

TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

598

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 MRS. CACELLA Address _____ Phone _____

Contractor ARK HOMES CONST. INC Address 1046 NE JENSEN BEACH Phone 334-8379

Number of trees to be removed (list kinds of trees) 15 OAK (7) HICKORY (5)

GUMBO (1) COCONUT PALM (2)

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

7 HARDWOOD WATER OAK, HICKORY, MAPLE

Number of trees to be replaced (list kinds of trees):

Permit Fee \$ 100.00 (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.)

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

Plans approved as submitted Plans approved as marked _____

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

Signature of applicant [Signature] Date submitted OCT. 6, 1994

Approved by Building Inspector [Signature] Date 10/6/94

Approved by Building Commissioner _____ Date _____

Completed 10/8/94 Date _____ Checked by _____

THE FOLLOWING TREES MAY BE REMOVED OR DESTROYED WITHOUT OBTAINING A PERMIT. 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?

TOWN OF SEWALL'S POINT, FLORIDA

Date 9-6-06 ~~12~~ TREE REMOVAL PERMIT No 373

APPLIED FOR BY Flannery (Contractor or Owner)

Owner [Redacted]

Sub-division Schiller Pines, Lot _____, Block _____

Kind of Trees Oak

No. Of Trees: REMOVE X 2 10-19-06

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS remove good tree to install pool -

FEE \$ 1500

Signed, _____ Applicant Signed, Phil Wintercom Bldg Inspector ~~Town Clerk~~

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M. - NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Large empty rectangular box with horizontal lines for drawing or notes]

PROJECT DESCRIPTION _____

REMARKS _____



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner RYAN FLANNERY Address [REDACTED] Phone 772 781-5804

Contractor SELF Address _____ Phone _____

No. of Trees: REMOVE 1 Type: QUEEN PALM

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

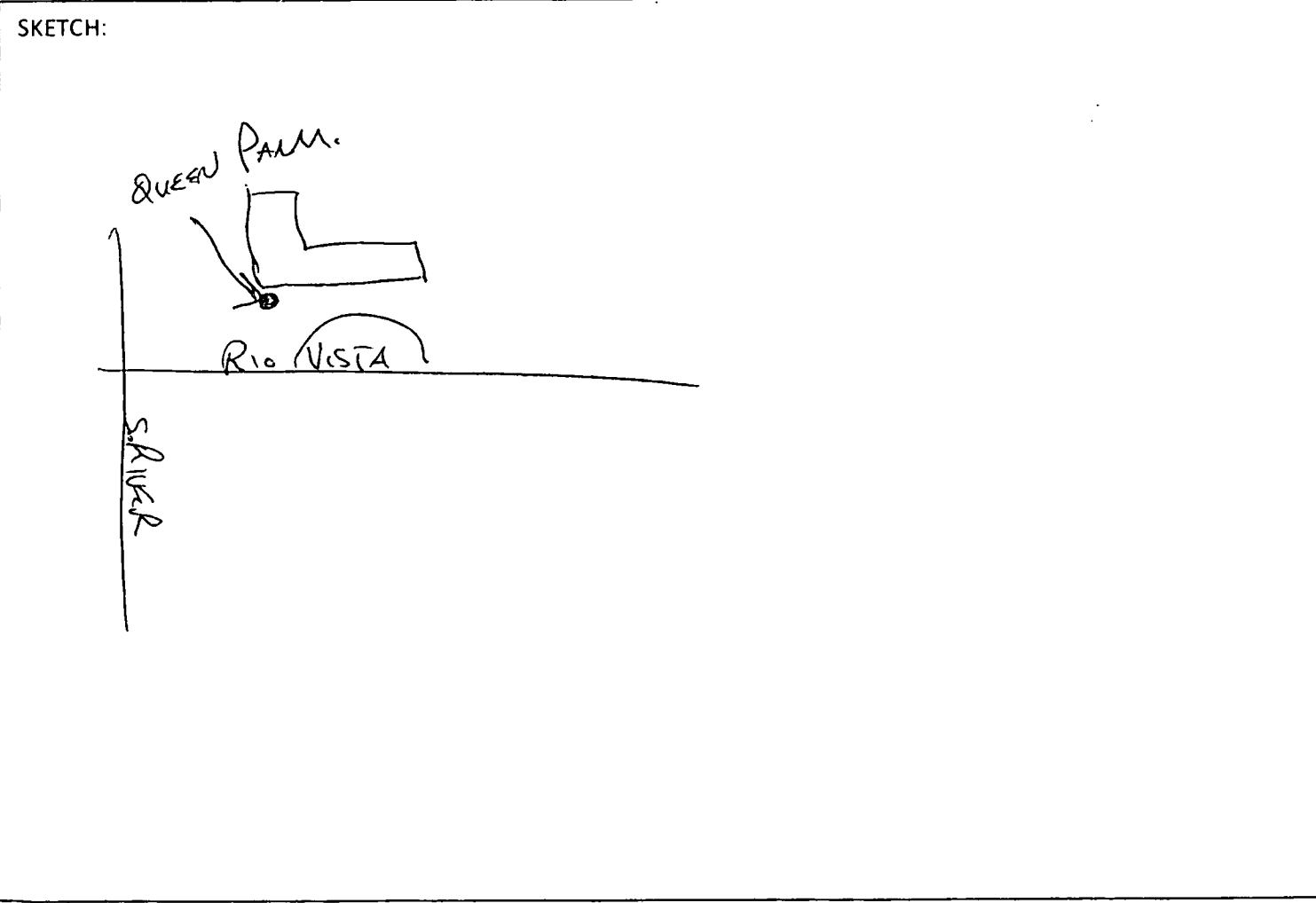
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Reason for tree removal /relocation AFFECTING GROWTH OF OAK. IT IS GROWING INTO THE OAK

Signature of Property Owner [Signature] Date 6/15/07

Approved by Building Inspector: [Signature] Date 6/15 Fee: 0

NOTES: _____





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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner RYAN FLANNERY Address 23 RIO VISTA DR Phone 312.399.3104

Contractor SAMPSON Address _____ Phone _____

No. of Trees: REMOVE 1 Species: CAMPOR(?)

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) HANGING OVER NEIGHBORS PROPERTY
AND TREE IS IN POOR CONDITION

Signature of Property Owner [Signature] Date 4/1/2013

Approved by Building Inspector: [Signature] Date 4-1-13 Fee: \$1500

NOTES: _____

[Signature]
Cash

