

**34 Rio Vista Drive**

**3097**  
**DOCK**

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 R.A. FRANZEN

Present Address 215 COCONUT RD.  
POCA RATON, FL 33432

Phone (407) 391-6399

Contractor CUSTOM BUILT MARINE CONSTRUCTION, INC.

P.O. BOX 3016  
Address STUART, FL. 34995

Phone (407)-288-4254

Where licensed MARTIN COUNTY

License number SP01118

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: COMPLETE CONSTRUCTION OF 4' x 100' DUCK

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

RIO VISTA DRIVE, SEWALLS POINT, FL.

Subdivision RIO VISTA

Slot 85 Nlot 86  
Lot number \_\_\_\_\_

Block number \_\_\_\_\_

Contract price \$ 8,400.00

Cost of permit \$ \_\_\_\_\_

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

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

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

Contractor [Signature]

**CUSTOM BUILT  
MARINE CONSTRUCTION, INC.**  
P. O. Box 3016  
Stuart, Florida 34995-3016

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

Owner [Signature]

TOWN RECORD

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

Approved: Dale Brown 11/14/91

Building Inspector

Date

Approved: \_\_\_\_\_

Commissioner

Date

Final Approval given: \_\_\_\_\_

Date

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

Date

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

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

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

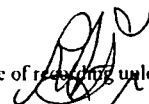
Tax Folio No. 12-38-41-002-00000951

### 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, Fla. Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: 34 RIO VISTA DR LOTS 85+86 I.D.# 12-38-41-002-00000851
2. General description of improvement: BOAT LIFT
3. Owner information:
  - a. Name and address: MR. MRS. R. A. FRANZEN  
34 RIO VISTA DR.  
SUMMIT PT., FL.
  - b. Interest in property: OWNER
  - c. Name and address of fee simple titleholder (if other than owner):
4. Contractor:
  - a. Name and address: CUSTOM BUILT MARINE CONSTRUCTION, INC.  
3170 S.E. WAALKER ST.  
STUART, FL. 34997
  - b. Phone number: 561-288-4254
  - c. Fax number (optional, if service by fax is acceptable): 561-288-2802
5. Surety:
  - a. Name and address:
  - b. Phone number:
  - c. Fax number (optional, if service by fax is acceptable):
  - d. Amount of bond \$ \_\_\_\_\_
6. Lender:
  - a. Name and address:
  - b. Phone number:
  - c. Fax number (optional, if service by fax is acceptable):
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Sect. 713.13 (1)(a)7., Florida Statutes.
  - a. Name and address: SOUTHERN PINE LUMBER CO.  
250 N. DINWIDDIE HWY.  
STUART, FL. 34994
  - b. Phone number: 692-2300
  - c. Fax number (optional, if service by fax is acceptable):
8. In addition to himself, Owner designates CUSTOM BUILT MARINE CONSTRUCTION, INC. of 3170 S.E. WAALKER ST. STUART, FL. 34997, to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes.
  - a. Phone number:
  - b. Fax number (optional, if service by fax is acceptable):
9. Expiration date of notice of commencement: \_\_\_\_\_ (The expiration date is 1 year from the date of recording unless a different date is specified).

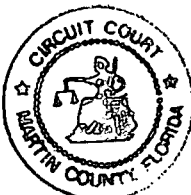
  
Signature of Owner  
Name: R. A. FRANZEN  
Please Print, Type or Stamp

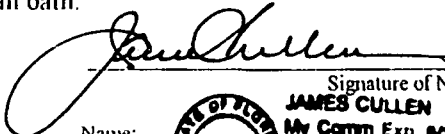
STATE OF FLORIDA  
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 15 day of August, 1997, by R. A. FRANZEN ☒ personally known to me, or ☐ has produced \_\_\_\_\_ as identification, and who ☐ did ☒ did not take an oath.

STATE OF FLORIDA  
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE  
FOREGOING 1 PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL  
MADE BY MASTILLER CLEW  
BY [Signature] D.C.  
DATE 8-15-97



  
Signature of Notary  
Name: JAMES CULLEN  
My Comm Exp. 8/18/00  
Notary Public  
No. CC252567

I am a Notary Public of the State of Florida having a  
commission number of CC252567  
and my commission expires: 08/16/00



BOAT DOCKS  
BOAT LIFTS  
DECKS • BENCHES  
FISH TABLES

# Custom Built Marine Construction, Inc.

P.O. Box 3016  
Stuart, Florida 34995  
(407) 280-4254

Dedicated to Excellence

EROSION CONTROL  
RETAINING WALLS  
SEAWALLS  
RIIP-RAP STONE

Date: 7-25-91

RE:

South 1/2 lot #85

North 1/2 lot #86

ST. LUCIE RIVER  
1800' + - wide



m.h.w. 6' m  
l.m.w. 4'5" m

8" pilings  
2.5 C.C.A.

2x6 Deck  
.40 C.C.A.

5/8" H.D.G.  
Bolts

2"x8" Cross Ties  
+ Stringers  
.40 C.C.A.

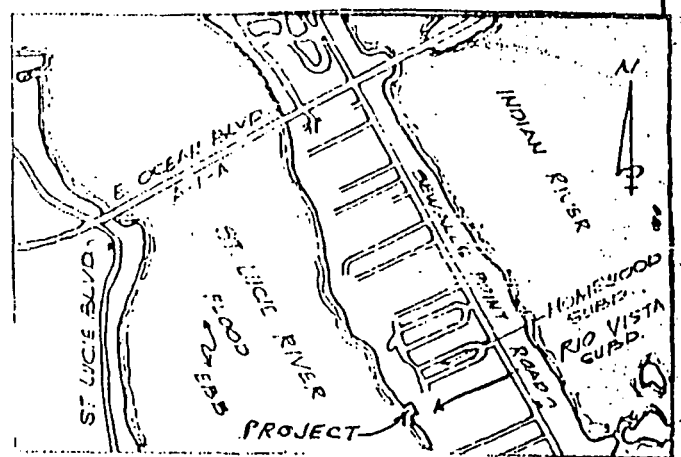
32'

5'

6'

WATER

6' min.  
PENETRATION



MR. R.A. FRANZEN

215 Coconut Palm Road

BOCA RATON, FL 33432

Disc. lot 85 + 86

SEAWALLS POINT (MARTIN COUNTY)

STUART, FL 34994

Scale: No

JOINT APPLICATION  
DEPARTMENT OF THE ARMY/FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION  
For Activities in the Waters of the State of Florida

CORPS APPLICATION NUMBER (official use only)

DER APPLICATION NUMBER (official use only)

1432009428

1. APPLICANT'S NAME AND ADDRESS

RAY FRANKLIN  
NAME

12151 CIOCIOMUTI RD.  
STREET

BLOCAI RATION  
CITY

FL 33432  
STATE ZIP

TELEPHONE NUMBER (Day) (407) 391-6399 (Night) ( )

2. Name, address, zip code and title of applicant's authorized agent for permit application coordination

CUSTOM BUILT MARINE CONSTRUCTION, INC.  
P.O. BOX 3016  
STUART, FL. 34995

Telephone Number (407) 288-4254 RAYMOND CORRIGAN SEC/TREAS.

3. NAME OF WATERWAY AT LOCATION OF THE ACTIVITY.

St. Lucie River

DER Code. \_\_\_\_\_  
W/W Code \_\_\_\_\_

4. LOCATION WHERE PROPOSED ACTIVITY EXISTS OR WILL OCCUR.

Rio Vista Dr.  
Street, road or other descriptive location

12  
Section

38S  
Township

41E  
Range

Sewalls Point  
Incorporated city or town

27° 13'  
Latitude

80° 13'  
Longitude

Martin  
County

Tax Assessors Description: (if known)

Tax# 12-38-41-002-00000851

1290  
Map No.

Subdiv. No.

Lot No.

5. NAME AND ADDRESS INCLUDING ZIP CODE OF ADJOINING PROPERTY OWNERS WHOSE PROPERTY ALSO ADJOINS THE WATERWAY.

Joseph Scheepes  
32 Rio Vista Dr  
Stuart Fl. 34996

Larry Frederick  
111 N. FLORIDA Dr  
St. Lucie  
DEPARTMENT OF ENVIRONMENTAL  
REGULATION

6. PROPOSED USE

Private Single Dwelling ☒  
Commercial ☐

Private Multi-dwelling ☐ EXEMPT ☐  
Other ☐ (Explain in Remarks)

PURSUANT TO

FACE 17-32.050(0761)

DER Form 17-1.203(1) Effective November 30, 1982

DATE

AUG 20 1989

Page 1 of 1

SIGNATURE

Tom Franklin



## FLORIDA DEPARTMENT OF NATURAL RESOURCES

Tom Gardner, Executive Director

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399

PLEASE ADDRESS REPLY TO:

September 12, 1991

Southeast Florida Field Office  
7400 N. S. Georgia Ave.  
West Palm Beach, FL 33405

Mr. R. A. Franzen  
c/o Custom Built Marine Construction, Inc.  
P.O. Box 3016  
Stuart, FL 34995

Dear Mr. Franzen:

Re: File Number: 432009478  
Applicant: Franzen, R.A.

We have received your application to construct a single family dock. It appears as though the project may be consistent with the criteria outlined in the enclosed "General Consent Criteria" summary guideline. If so, please consider that as the authority sought from the Department of Natural Resources under Section 253.77, Florida Statutes, to pursue your project. If the project does not conform with the outlined criteria, please notify me in writing of the conflicts and the mitigating reasons why compliance is not possible.

This letter in no way waives the authority and/or jurisdiction of any governmental entity nor does this letter disclaim any title interest that the State may have in this project site.

Please be advise that your facility may be inspected to ensure compliance with the attached criteria and conditions as indicated by general consent condition no. 4.

Lawton Chiles  
Governor

Jim Smith  
Secretary of State

Bob Butterworth  
Attorney General

Gerald Lewis  
State Comptroller

Tom Gallagher  
State Treasurer

Bob Crawford  
Commissioner of Agriculture

Betty Castor  
Commissioner of Education



DEPARTMENT OF THE ARMY

GULF COAST AREA OFFICE, JACKSONVILLE DISTRICT, CORPS OF ENGINEERS

P. O. BOX 19247

TAMPA, FLORIDA 33686-9247

REPLY TO  
ATTENTION OF

August 27, 1991

Tampa Regulatory  
Field Office  
91GP-41257  
SAJ-20

Mr. R.A. Franzen  
c/o Custom Built Marine Construction Inc.  
Post Office Box 3016  
Stuart, Florida 34995

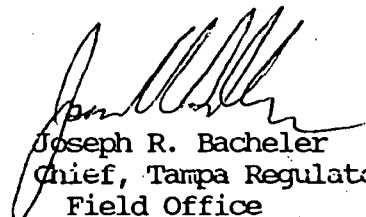
Dear Mr. Franzen:

Reference is made to your joint permit application received August 22, 1991, requesting authorization to construct a 100' x 4' pier on the St. Lucie River at Sewalls Point, Section 12, Township 38 South, Range 41 East, Martin County, Florida.

Your proposed work as described above is authorized by General Permit SAJ-20, a copy of which is attached for your information and use. You are authorized to proceed with construction subject to all conditions of the permit. This letter does not obviate the need for any other Federal, State, or local permits which may be required.

Thank you for your cooperation with the permit program.

Sincerely,

  
Joseph R. Bacheler  
Chief, Tampa Regulatory  
Field Office

Enclosures

Copy Furnished:

DER, St. Lucie (432009478)



Tom Gardner, Executive Director

PLEASE ADDRESS REPLY TO:

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Post Office Box 3016  
Stuart, Florida 34995

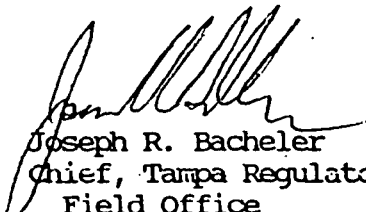
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Sincerely,

  
Joseph R. Bacheler  
Chief, Tampa Regulatory  
Field Office

Enclosures

Copy Furnished:

DER, St. Lucie (432009478)

**3104**

**SFR**

# TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER \_\_\_\_\_

PERMIT NUMBER 3104

DATE ISSUED 12/30/91

CONTRACTOR OR

OWNER Mrs. R. FRANZEN

OWNER/BLDR. Seacoast Const Inc

ADDRESS 34 RIO VISTA drive

ADDRESS 733 N Dixie Hwy

CITY/ST/ZIP SP

CITY/ST/ZIP Jensen Beach

TELEPHONE \_\_\_\_\_

TELEPHONE 334-0105

FLOOD ZONE NO

TO BE CONSTRUCTED New house

SITE ADDRESS \_\_\_\_\_

SUBDIVISION RIO VISTA

CONSTRUCTION VALUE \_\_\_\_\_

**Travis Exterminating Co., Inc.**  
Pest Control - Lawn Spraying - Vermite Control  
P. O. Box 1806 Stuart, Florida 34995  
Phone 287-7411 461-7111 24/52

REMODELING NEW CONSTRUCTION \_\_\_\_\_

IMPACT \$826.00

RADON \$49.08

SEPTIC \_\_\_\_\_

WELL \_\_\_\_\_

FENCE \_\_\_\_\_

POOL \_\_\_\_\_

DOCK \_\_\_\_\_

## FEES

PLUMBING 100.00

ELECTRICAL 100.00

MECH./A.C. 100.00

ROOF 100.00

WALL \_\_\_\_\_

POOL ENCLOSURE \_\_\_\_\_

OWNER/BUILDER \_\_\_\_\_

TOTAL \$ 3,288.08

PAID BY CHECK 7582

*Total Building cost \$254,210*

*Stream wall footer OK 12/30/91 DB*  
*TIE BRAM OK 1-6-92 RLM*

## BUILDING INSPECTION (SIGN OFF)

(FOR OFFICIAL USE ONLY)

FORM BOARD SURVEY DATE 1/10/92

NAILING DATE \_\_\_\_\_

ROUGH PLUMBING OK DATE 2/13/92 DB

ROOF DATE \_\_\_\_\_

TERMITE PROTECTION OK DATE 2/13/92 DB

INSULATION OK DATE 4/1/92 DB

FOOTING SLAB Slab OK 2/14/92 DB

FINAL ELECTRIC DATE \_\_\_\_\_

LINTEL OK DATE 3/13/92 DB

FINAL PLUMBING DATE \_\_\_\_\_

ROUGH ELECTRIC OK DATE 3/30/92 DB

SEPTIC FINAL DATE \_\_\_\_\_

FRAMING OK DATE 3/20/92 DB

DRIVEWAY DATE \_\_\_\_\_

A/C DUCTS OK DATE 3/31/92 DB

FINAL C.O. DATE \_\_\_\_\_

*TEMP ERECT OK - 1-6-92 RLM*

PERMIT AUTHORIZED BY

*Dale Brown*

- 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.



PERMIT NUMBER

DATE OF APPLICATION

12-9-91

To obtain a permit the following are required:

1. Florida certification of builder and sub-contractors.
2. Certification of insurance from contractor or owner/builder re: liability and workers compensation.
3. Two sets of building plans which must include: a) 1/4" scale building drawings, b) plot plan, c) foundation plan, d) floor plans, e) wall and roof cross-sections, e) plumbing, electrical and air conditioning layouts, f) at least two elevations showing the height of building from finished floor. Plans must be sealed by a Florida registered architect or engineer.
4. Recorded warranty deed to the property.
5. Septic tank permit and one set of plans with Martin County Health Department seal.
6. Energy code calculations.
7. Tree removal permit (for trees other than nuisance trees)
8. Certification of elevation from licensed surveyor and determination of flood zone.
9. Amount of fill anticipated - rough sketch showing location of fill
10. Manufacturer's schedule of windows.

Owner MR & MRS. R. FRANZEN Current Address 215 COCONUT PALM Rd.

Telephone 391-6399 BOCA RATON, FL

General Contractor SEACAST CONSTR., INC. Address 733 N. DIXIE HWY

Telephone 334-0105 JENSEN BCH., FL

Where Licensed STATE License Number CGC-018346

Plumbing Contractor ATLANTIC PLUMBING License Number MP-00035

Electrical Contractor AULT ELECT. License Number ER-0010842

Roofing Contractor PADDOGH ROOFING License Number CGC-A07037

A/C Contractor SEACAST A/C License Number CGC-029397

Describe the building or alterations NEW SINGLE FAMILY RES.

Name the street on which the building, its front building line and its front yard will face 34 RIO VISTA

Subdivision RIOVISTA Lot S 50' 85' N 50' 86' Block ---

Building area (inside walls) 3686 Garage, porch, carport area

Contract price (excluding carpet, land, appliances, landscaping) \$254,210

Cost of permit \$3,288.00 Plans approved as submitted as marked

In addition, the following are understood by owner and contractor:

1. Building area inside walls must be a minimum of 500 square feet.
2. Building permit fees are \$8. per \$1,000 of the cost of the building, plus \$800.00 each for plumbing, electrical and roof. For example a \$100,000. building x \$5. = \$500 plus \$800. (a.c. & roof) = \$700. cost of permit + \$365. impact fee = \$1,065. Also there is a charge of 1 cent per square foot for region gas trust fund.
3. If no contract is submitted as proof of cost, the permit will be based on \$60 per square foot (inside walls) and \$20 per square foot (other areas). Owner-builder cost is 25% higher than the regular fee.
4. The Town has adopted the South Florida Building Code.
5. Building permits are issued for one year's duration.
6. Construction must be started within 180 days or permit will be subject to revocation and forfeiture of fee.
7. ALL changes in plans must be approved by the Building Department.
8. Work hours are 8:AM to 5:PM Monday through Friday. NO SUNDAY WORK
9. Portable toilets must be on all construction sites.

10. Inspections are made Monday through Friday, 8:AM to Noon, 1:PM to 4:PM. 24 hour notice is required prior to all inspections.

11. String lines along property lines to facilitate set back inspections.

12. Before a certificate of occupancy is issued, the following are required:

- a. An owner's affidavit of building cost (form available). Any discrepancy between the original fee and final fee (based on affidavit) will be adjusted.
- b. Approval of septic tank installation by Martin Co. Health Dept.
- c. Rough grading and clean up of grounds.
- d. Affidavit from licensed surveyor showing slab elevation (if in "A" zone).
- e. An interim proprietary and general service fee will be charged to defray costs to the Town on newly improved property prior to imposition of ad valorem taxes on such property. Building Department will compute charge at time of c.o..

13. THIS SUMMARY IS NOT A SUBSTITUTE FOR TOWN ORDINANCES. APPROVAL OF THE BUILDING PLANS IN NO WAY RELIEVES THE OWNER OR CONTRACTOR FROM COMPLIANCE WITH TOWN ORDINANCES.

14. 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.

Contractor's Signature [Signature] Owner's Signature [Signature]

Approval by Building Inspector [Signature] Date 12/27/91

Approval by Building Commissioner [Signature] Date 12/27/91

Certificate of Occupancy Issued [Signature] Date 12/27/91

895789

FILED FOR RECORD  
MARTIN CO. FLA.

RECORD VERIFIED

91 JUL 24 PM 3:57

MARSHA STILLER  
CLERK OF CIRCUIT COURT

BY

D.C.

Parcel ID Number: 12-38-41-002-000-00851-7

Grantee #1 TIN:

Grantee #2 TIN:

[Space Above This Line For Recording Data]

## Warranty Deed

This Indenture, Made this 22nd day of  
R. James Foster, a married man,

July, 1991 A.D.,

Between

of the County of Martin, State of Florida, grantor, and  
R. A. Franzen and Mae Claire Franzen, his wife,

whose address is: 215 Coconut Palm Road, Boca Raton, Florida

of the County of Palm Beach, State of Florida, grantees.

Witnesseth that the GRANTOR, for and in consideration of the sum of  
-----  
----- TEN & NO/100 (\$10.00) ----- DOLLARS,  
and other good and valuable consideration to GRANTOR in hand paid by GRANTEES, the receipt whereof is hereby acknowledged, has  
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:

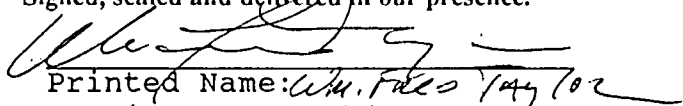
The South 50 ft. of Lot 85 and the North 50 feet of Lot 86, RIO  
VISTA SUBDIVISION, according to the Plat thereof, filed 11  
December, 1975, in Plat Book 6, Page 95, of the Public Records  
of Martin County, Florida.

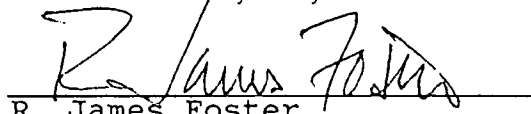
Subject to restrictions, reservations and easements of record,  
if any, and taxes subsequent to 1990.

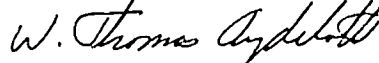
This property is vacant land. The Grantor has never resided on  
this property. Grantor resides at: 128 S. Sewells Pt. Road, Stuart,  
Florida 34996

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

In Witness Whereof, the grantor has hereunto set his hand and seal the day and year first above written.  
Signed, sealed and delivered in our presence:

  
Printed Name: W. Thomas Aydelotte

  
R. James Foster (Seal)  
P.O. Address 128 S. Sewells Pt. Road, Stuart, FL 34996

  
Printed Name: W. Thomas Aydelotte (Seal)

DOC-DEED 3,152.00 MARSHA STILLER

DOC-MTG 9 MARTIN COUNTY

DOC-ARM 9 CLERK OF CIRCUIT COURT

INT. TAX 9 BY  D.C. (Seal)

STATE OF Florida  
COUNTY OF Martin

I HEREBY CERTIFY that on this day, before me, an officer duly qualified to take acknowledgements, personally appeared  
R. James Foster, a married man,

to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed  
the same.

WITNESS my hand and official seal in the County and State last aforesaid this 22nd day of July, 1991.

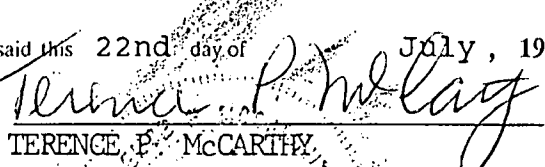
This Document Prepared By:

Terence P. McCarthy, Esq.

DeSANTIS, COOK, IERRARO & McCARTHY

2081 S.E. Ocean Blvd. Suite 2A

Stuart, FL 34996

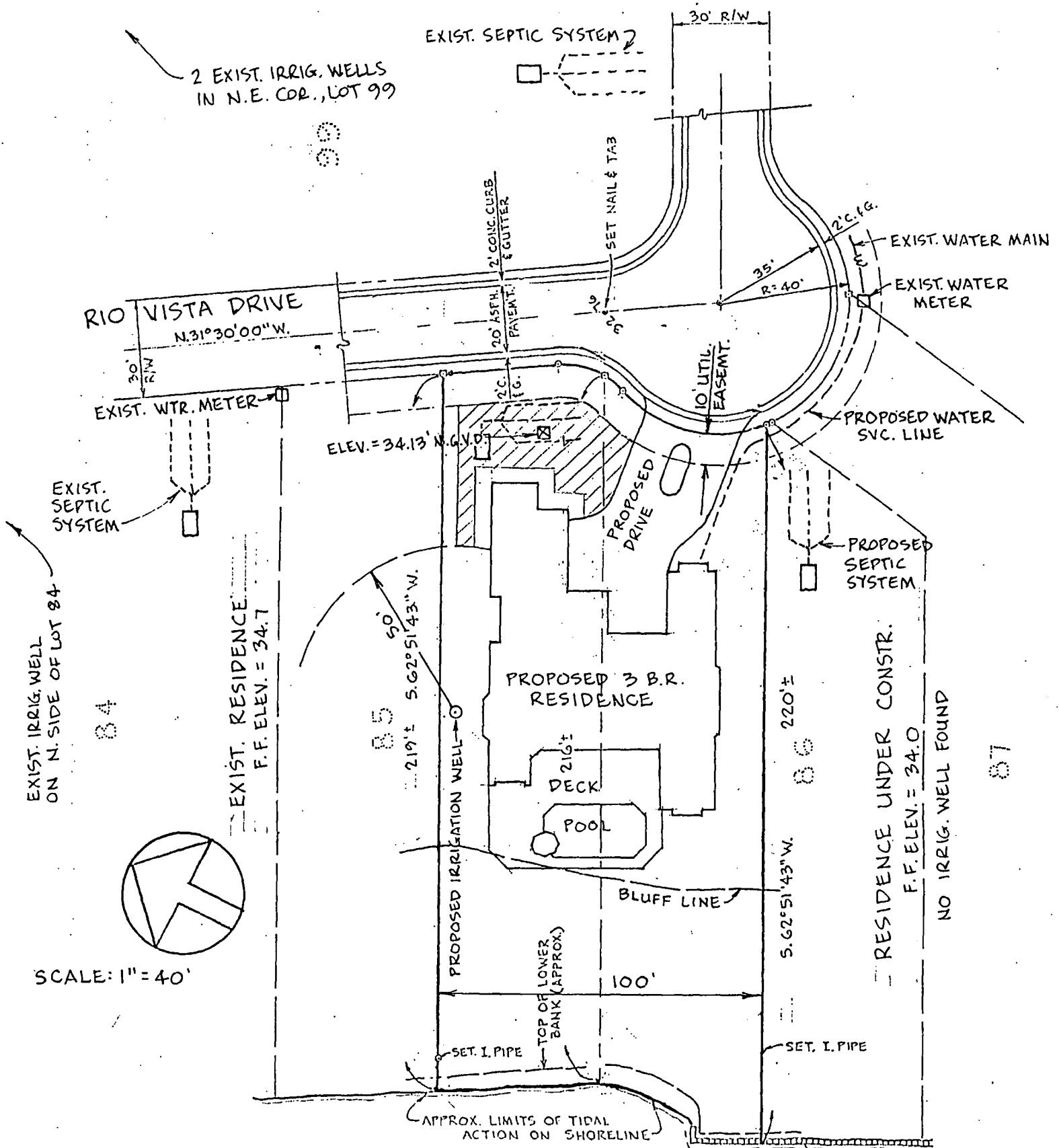
  
TERENCE P. MCCARTHY

NOTARY PUBLIC

My Commission Expires: 12-10-93



LEGAL DESCRIPTION S. 50' of Lot 85, N. 50' of Lot 86, RIO VISTA S/D



Plan Approved ☒ Not Approved ☐ Date 12/3/91  
BY [Signature]  
HRS Martin County Public Health Unit  
All changes must be approved by the County Public Health Unit  
COMMENTS: HD91-356

St. Lucie River

CERTIFIED BY:

Arthur Speedy

Date: \_\_\_\_\_ Arthur Speedy, P.L.S., Fla. Certificate No. 3343

MARTIN COUNTY PUBLIC HEALTH UNIT  
131 EAST SEVENTH STREET • STUART, FLORIDA 34994

Rob Martinez, Governor • Gregory L. Coler, Secretary

PAGE 3  
Revised 3/88



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Applicant FRANZEN

Permit Application Number 91-356

PART III - SITE EVALUATION INFORMATION

- Lot size appears to be as indicated on site plan: Yes ☒ No ☐
- Anticipated sewage flow from Part I 450 GPD Authorized sewage flow 1257 GPD
- Benchmark location CERD 32.76 NGVD  
(A) APPROX. AMOUNT OF FILL ON NEIGHBOR LOTS: 1.0' (B) IN SOIL PROFILE: 0.0
- Existing elevation (at time of site evaluation) of the proposed system site in relation to the benchmark is 16 inches above below the benchmark.
- Proposed system distance to: Surface water 75 feet N/A feet; Private potable wells N/A feet N/A feet; Community public wells N/A feet N/A feet; Other public wells N/A feet N/A feet; Non-potable wells 50 feet N/A feet;
- Unobstructed area available for system installation 1305 ft<sup>2</sup> N/A ft<sup>2</sup> N/A ft<sup>2</sup>
- Is lot subject to frequent flooding? Yes ☐ No ☒ 10 year flood? Yes ☐ No ☒  
If subject to a 10 year flood indicate: (a) the 10 year flood elevation in the area N/A feet MSL  
(b) property elevation at proposed system location N/A feet MSL.

SOIL PROFILE - SAMPLE SITE 1

COLOR	TEXTURE	DEPTH
<u>pale brown</u>	<u>fine sand</u>	<u>0" to 18"</u>
<u>yellow-brown</u>	<u>medium sand</u>	<u>18" to 24"</u>
<u>yellow brown</u>	<u>medium sand</u>	<u>24" to 67"</u>
		<u>" to "</u>
		<u>" to "</u>
		<u>" to "</u>

10YR 8/13

10YR 8/18

5YR 7/18

SOIL PROFILE - SAMPLE SITE 2

COLOR	TEXTURE	DEPTH
<u>PALE BROWN</u>	<u>FINE SAND</u>	<u>0" to 6"</u>
		<u>" to "</u>
		<u>" to "</u>
		<u>" to "</u>
		<u>" to "</u>
		<u>" to "</u>

could not penetrate below 6" for hard rock/shell layer

USDA Soil Series Name (if Known) PAOLA

USDA Soil Series Name (if Known)

USDA Soil texture classification on which drainfield size should be based

Water table at time of evaluation 72 inches below above existing grade

Estimated wet season water table 72 inches below above existing grade

Type water table: Perched ☐ Apparent ☒

Is mottling found in the soil? Yes ☐ No ☒  
At what depth?  inches  inches

Are vegetative species indicative of high water table? Yes ☐ No ☒  
VEG. TYPE:

For property with contiguous ditches: N/A  
Depth of ditches  inches  inches  
Depth of water in ditches  inches  inches

Other findings: Found FPL power box on front of property next to this property. Possible interference with septic tank?

Date of Site Evaluation 11/21/91

Evaluator's Signature Joan Colgan, EAS  
(Include seal if performed by P.E.)



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION AND INSTALLATION PERMIT

Authority: Chapter 381, FS  
Chapter 10D-6, FAC

Applicant Roland Frenzen

Permit Number HO 91-356

----- PART I - SYSTEM CONSTRUCTION SPECIFICATIONS AND CONSTRUCTION APPROVAL -----

Treatment Tank		Minimum Draintrench Size	OR	Minimum Absorption Bed Size
Septic tank or aerobic unit <u>1050</u> gallons	Grease interceptor <u>N/A</u> gallons	<u>        </u> Square Feet		<u>400</u> Square Feet
Septic tank or aerobic unit <u>N/A</u> gallons	Dosing tank <u>N/A</u> gallons	<u>N/A</u> Square Feet		<u>N/A</u> Square Feet
Graywater tank <u>N/A</u> gallons		<u>N/A</u> Square Feet		<u>N/A</u> Square Feet
Laundry waste tank <u>N/A</u> gallons		<u>N/A</u> Square Feet		<u>N/A</u> Square Feet

Other Requirements:

- (a) Installation must be in accord with requirements of chapter 10D-6, FAC.  
(b) A system construction permit is valid for a period of one calendar year from date of issue.  
(c) Final installation inspection and approval is required before the system is covered.  
(d) Invert of stub-out for House to be 10" Above (32.76 above) benchmark.  
Invert of stub-out for          to be          benchmark.  
Invert of stub-out for N/A to be N/A benchmark.  
Invert of stub-out for          to be          benchmark.

- (e) Fill quality and quantity: Any Fill used must meet 10D-6 FAC  
standards

- (f) Other: N/A

System design and specifications by: N/A Title N/A

Construction authorized by:          Date 12/3/91

MASTED County Public Health Unit

Note: Completed copies of this form will be provided to the applicant, installer and the building department.

AUDIT CONTROL NO. 134837



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Authority: Chapter 381, FS  
Chapter 10D-6, FAC

Date of Application 11-18-91

Permit Application Number 4091-356

PART I - APPLICATION

Name of Owner R. A. + MacClair Franger Telephone Number 391-6399

Mailing Address of Owner 215 Coconut Palm Rd. Boca Raton, Fla 33432

Owner's Agent / Builder /

Agent's Mailing Address / Telephone No. /

Property Street Address Rio Vista

Lot No. 550' Lot 85 + 150' Lot 86 Block No. / Subdivision Rio Vista Sub. Date Subdivided Dec. 1975

NOTE: IF NOT IN A SUBDIVISION ATTACH A METES AND BOUNDS DESCRIPTION

This Application is for: New System ☒ Repair ☐ Existing System ☐

Type of  
Establishment

Sewage Flow  
(Gallons per day)

Sewage Flow  
Based On

N/A N/A N/A

TOTAL FLOW =

Type of  
Residential

No. Bedrooms  
(each dwelling unit)

Heated or Cooled Area  
(each dwelling unit)

No. Dwelling  
Units

Sewage Flow  
(Gallons per day)

Single family 3 3686 ft<sup>2</sup> 1 600

Exact Directions to Property West end & side of Rio Vista

AUDIT CONTROL NO. / Applicant's Signature R. Franger



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER HD 91-356 HOME PHONE (407) 391-6399  
NAME OF APPLICANT Roland Franzen WORK PHONE ---  
MAILING ADDRESS OF APPLICANT 215 Coconut Palm Road  
Boca Raton, FL ZIP CODE 33432  
S. 50' OF LOT 85, N. 50' OF LOT 86 SUBDIVISION RIO VISTA  
IF NOT SUBDIVIDED, ATTACH A COMPLETE LEGAL DESCRIPTION  
PLAT BOOK 6 PAGE 95 DATE SUBDIVIDED DEC. 1975  
RESIDENTIAL: NUMBER DWELLING UNITS ONE NUMBER BEDROOMS THREE  
LOT SIZE 21,900 FT<sup>2</sup> HEATED OR COOLED AREA OF HOME 3686 FT<sup>2</sup>  
COMMERCIAL: TYPE OF BUSINESS PROPOSED ---  
BUILDING SIZE --- FT<sup>2</sup>

-----AFFIDAVIT-----

I HAVE REVIEWED THIS PERMIT AND I CERTIFY THAT ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS PERMIT AND ANY APPLICABLE STATE OR COUNTY REGULATIONS.

SEPTIC TANK IS REQUIRED TO BE AT  
FINISHED SOIL GRADE, DO NOT EXCEED  
18 INCHES OF COVER OVER DRAINFIELD ROCK.

SIGNATURE OF PROPERTY OWNER OR OWNER'S  
LEGALLY AUTHORIZED REPRESENTATIVE

-----INSTALLATION SPECIFICATIONS-----

SEPTIC TANK CAPACITY 1050 GALLONS  
DRAINFIELD SIZE 400 SQUARE FEET 12' x 33'

DRAINFIELD ROCK MUST BE 15 FEET FROM FRONT OR REAR PROPERTY LINES  
AND 5 FEET FROM SIDE PROPERTY LINES. EXCAVATION CAN NOT EXTEND MORE  
THAN FIVE FEET FROM APPROVED INSTALLATION AREA.

TOP OF BUILDING STUB OUT IS REQUIRED TO BE A MINIMUM ELEVATION OF 10" Above CRRD (el. 32.76)  
TOP OF DRAINFIELD PIPE IS REQUIRED TO BE A MINIMUM ELEVATION OF AT CR RD  
TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELEVATION OF 14" Above CRRD

ISSUED BY: [Signature] DATE 12/3/91  
MARTIN COUNTY PUBLIC HEALTH UNIT

PLEASE NOTE:

- (1) IF BUILDING CONSTRUCTION DOES NOT START WITHIN ONE YEAR FROM DATE OF ISSUANCE, THIS PERMIT EXPIRES. IF BUILDING CONSTRUCTION STARTS WITHIN 1 YEAR FROM DATE OF ISSUANCE, THE DATE OF EXPIRATION WILL BE EXTENDED AN ADDITIONAL 90 DAYS.
- (2) APPLICANT IS RESPONSIBLE FOR REPLACING EXCAVATED SOILS WITH A GOOD GRADE OF SAND.
- (3) \$70.00 REINSPECTION FEE IF WELL NOT INSTALLED AT TIME OF ONSITE SEWAGE DISPOSAL SYSTEM INSPECTION.
- (4) INSPECTION RESULTS WILL BE POSTED ON BUILDING PERMIT OR ON ELECTRICAL BOX.
- (5) IF BUILDING STUBOUT IS PLACED MORE THAN 20 FEET FROM SEPTIC TANK OR DRAINFIELD, A HIGHER STUBOUT ELEVATION THAN SHOWN ABOVE WILL BE REQUIRED.
- (6) IF FILL IS REQUIRED, CONTACT MARTIN COUNTY BUILDING DIVISION.
- (7) IF ANY INFORMATION ON THIS PERMIT CHANGES, AN UPDATED APPLICATION IS REQUIRED.
- (8) IF WELL OR MOUND DRAINFIELD IS PROPOSED, SEE ATTACHED SKETCH OF ADDITIONAL SPECIAL REQUIREMENTS.

-----FINAL INSPECTION-----

CONSTRUCTION APPROVED BY: --- DATE ---  
MARTIN COUNTY PUBLIC HEALTH UNIT

AN APPROVED SYSTEM DOES NOT GUARANTEE PERFORMANCE

NOV 18 1991

HRS-Martin County  
Public Health Unit

9355

MARTIN COUNTY PUBLIC HEALTH UNIT  
131 EAST SEVENTH STREET • STUART, FLORIDA 34994

Bob Martinez, Governor • Gregory L. Coler, Secretary



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICANT Roland Franzen

LEGAL DESCRIPTION South 50' of Lot 85, North 50' of Lot 86, RIO VISTA S/D

-----SITE INFORMATION-----

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? NO
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? NO
7. IS THERE A LAKE, STREAM, WETLAND, OR SURFACE WATER WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? NO
8. IS THERE A PROPOSED OR EXISTING PUBLIC DRINKING WATER LINE WITHIN 10 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
9. IS THERE A STORM WATER RETENTION AREA OR DRAINAGE EASEMENT WITHIN 15 FEET OF THE PROPOSED SEPTIC SYSTEM? NO
10. IS THE SEPTIC SYSTEM IN AN AREA PROPOSED FOR PAVING OR VEHICULAR TRAFFIC? NO
11. ARE ALL PRIVATE WELLS, SEPTIC SYSTEMS AND SURFACE WATER ON ADJACENT OR CONTIGUOUS LAND WITHIN 75 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
12. ARE ALL PUBLIC WELLS WITHIN 200 FEET OF THE APPLICANT'S LOT, IF PRESENT, SHOWN ON PLOT PLAN? YES
13. DOES THE PLOT PLAN INCLUDE A PLAT OF THE LOT OR TOTAL SITE OWNERSHIP DRAWN TO SCALE, BOUNDARIES WITH DIMENSIONS, LOCATIONS OF BUILDING OR RESIDENCES, SWIMMING POOLS, RECORDED EASEMENTS, THE PROPOSED SEPTIC SYSTEM, ANY PROPOSED OR EXISTING WELLS, PUBLIC WATER LINES, PAVED AREAS OR DRIVEWAYS, AND SURFACE WATERS SUCH AS LAKES, PONDS, STREAMS, CANALS, OR WETLANDS? YES
14. THERE IS 1305 SQUARE FEET OF AVAILABLE LAND TO INSTALL THE SEPTIC SYSTEM. THIS AREA EXCLUDES INTERFERENCES. SHADE THIS AVAILABLE AREA ON PLOT PLAN.

-----ELEVATIONS-----

1. CROWN OF ROAD ELEVATION 32.76 NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION \_\_\_\_\_ NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 34.13 NGVD SHOW LOCATION ON PLOT PLAN.
2. IS BUILDING LOCATED IN FLOOD HAZARD AREA "A" OR "V" AS IDENTIFIED ON FEMA MAPS? NO IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? \_\_\_\_\_ NGVD.

NOTE: MUST BE CERTIFIED BY A FLORIDA REGISTERED SURVEYOR OF ENGINEER.

CERTIFIED BY: Arthur Freedy  
FL. PROFESSIONAL NO. 3343 R.L.S.  
DATE: 9-10-91 JOB NO. 010991

PAGE 2

MARTIN COUNTY PUBLIC HEALTH UNIT  
131 EAST SEVENTH STREET • STUART, FLORIDA 34994

Bob Martinez, Governor • Gregory L. Coler, Secretary

(Revised 3/88)



# FEDERAL

## ENGINEERING & TESTING

1798 AGORA CIRCLE S.E.  
UNIT 5  
PALM BAY, FL 32909

1300 N.W. 33RD STREET  
POMPANO, FLORIDA 33064

### PROCTOR COMPACTION TEST

DATE: DECEMBER 23, 1991 ORDER NO. 91-1680 PERMIT NO. 3104  
CLIENT: SEA COAST CONSTRUCTION  
ADDRESS: P.O. BOX 2279, STUART, FLORIDA 34995  
PROJECT: PROPOSED RESIDENCE - BASE OF FOOTINGS  
ADDRESS: 34 RIO VISTA DRIVE, SEWALS POINT, FLORIDA  
CONTRACTOR: SEA COAST CONSTRUCTION  
MATERIAL DESCRIPTION: BROWN SILICA SAND  
SAMPLED BY: KL TESTED BY: JW  
REPORTED TO: CLIENT

### TEST RESULTS

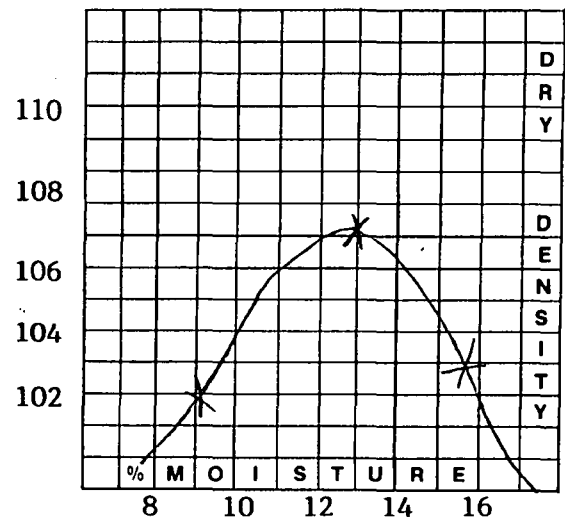
Laboratory Number P-1474

Sample Number 1

The following compaction test was conducted in accordance with the Standard Methods for Moisture Density Relations of soil using a 10 lb. hammer and an 18" drop AASHTO designation T-180-C.

<u>% MOISTURE</u>	<u>DRY DENSITY</u>
9.1	101.9
12.9	107.0
15.6	102.9

Optimum Moisture 13.0 Percent  
100% Maximum Dry Density 107.1 lbs./cu. ft.



### GRADATION TEST

% Passing 3/4" Sieve 100 %

Respectfully submitted,

*Wissam*  
WISSAM S. NAAMANI, P.E.  
FEDERAL ENGINEERING & TESTING

# FEDERAL

ENGINEERING & TESTING

1798 AGORA CIRCLE S.E.  
UNIT 5  
PALM BAY, FL 32909

1300 N.W. 33RD STREET  
POMPAHO, FLORIDA 33064

## FIELD DENSITY TESTS OF COMPACTED SOILS

DATE: DECEMBER 23, 1991 ORDER NO. 91-1680 PERMIT NO. \_\_\_\_\_  
CLIENT: SEA COAST CONSTRUCTION  
ADDRESS: P.O. BOX 2279, STUART, FLORIDA 34995  
PROJECT: PROPOSED RESIDENCE - BASE OF FOOTINGS  
ADDRESS: 34 RIO VISTA DRIVE, SEWALS POINT, FLORIDA  
CONTRACTOR: SEA COAST CONSTRUCTION  
MATERIAL DESCRIPTION: BROWN SILICA SAND  
SAMPLED BY: KL TESTED BY: JW

REPORTED TO: CLIENT  
LAB NO. D- 6065 LOCATION: 5' FROM NORTH CORNER  
LAB NO. D- 6066 LOCATION: 15' FROM NORTH CORNER  
LAB NO. D- 6067 LOCATION: 20' FROM NORTH CORNER  
LAB NO. D- 6068 LOCATION: 30' FROM NORTH CORNER  
LAB NO. D- \_\_\_\_\_ LOCATION: \_\_\_\_\_  
LAB NO. D- \_\_\_\_\_ LOCATION: \_\_\_\_\_

### FIELD DENSITY METHOD A.S.T.M. D-2922

LABORATORY NO.	D- 6065	D- 6066	D- 6067	D- 6068	D-	D-
TEST NUMBER	1	2	3	4		
DEPTH	12"	12"	12"	12"		
DRY DENSITY P.C.F. IN THE FIELD	101.7	101.7	101.8	102.0		
% MOISTURE	12.7	12.9	12.3	12.6		
% COMPACTION IN THE FIELD	95.0	95.0	95.1	95.3		
% COMPACTION REQUIREMENT BY SPECS	95%	95%	95%	95%		
PROCTOR VALUE, P.C.F.	107.1	107.1	107.1	107.1		
LABORATORY NO.	P- 1474	P- 1474	P- 1474	P- 1474	P-	P-

OPTIMUM MOISTURE 13.0 %

PROCTOR T-180 A.A.S.H.T.O. METHOD C

ALL TESTS RESULTS COMPLY WITH SPECIFICATIONS UNLESS OTHERWISE NOTED WITH AN ASTERISK(\*).

REMARKS: \_\_\_\_\_

REPORTED BY: JW  
CHECKED BY: WN

As a mutual protection to clients, the public and ourselves, all reports are submitted as the confidential property of clients, and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved pending our written approval.

Respectfully submitted,

Wissam

WISSAM S. NAAMANI, P.E.  
FEDERAL ENGINEERING & TESTING

3104

P. 02

FEDERAL

1798 AGORA CIRCLE S.E.  
PALM BAY, FL 32909

ENGINEERING &amp; TESTING

1300 N.W. 33RD STREET  
POMPANO BCH, FL 33064

## FIELD DENSITY TESTS OF COMPACTED SOILS

DATE: JANUARY 28, 1992 ORDER NO. 92-0140 PERMIT NO.

CLIENT: SEA COAST CONSTRUCTION

ADDRESS: P.O. BOX 2279 STUART, FL 34995

PROJECT: PROPOSED RESIDENCE

ADDRESS: 34 RIO VISTA DRIVE SEWALLS POINT, FL

CONTRACTOR: SEA COAST CONSTRUCTION

MATERIAL DESCRIPTION: DARK BROWN SILICA SAND

SAMPLED BY: JW TESTED BY: JW

REPORTED TO: CLIENT

LAB NO. D- 0529 LOCATION: 2' N. FROM SW CORNER OF STEM WALL 3'S OF THICKENED FOOTING  
 LAB NO. D- 0530 LOCATION: 2ND STORY PORCH FOOTING SW CORNER  
 LAB NO. D- 0531 LOCATION: APPROX. CENTER OF PORCH FOOTING  
 LAB NO. D- 0532 LOCATION: 2ND STORY PORCH FOOTING NW CORNER  
 LAB NO. D- 0533 LOCATION: NE CORNER OF BLDG. 2' N OF NW FOOTING  
 LAB NO. D- LOCATION:

## FIELD DENSITY METHOD A.S.T.M. D-2922

LABORATORY NO.	D- 0529	D- 0530	D- 0531	D- 0532	D- 0533	
TEST NUMBER	1	2	3	4	5	
DEPTH	12"	12"	12"	12"	12"	
DRY DENSITY P.C.F. IN THE FIELD	102.0	102.2	102.5	102.7	102.2	
% MOISTURE	10.1	10.4	10.6	10.4	10.3	
% COMPACTION IN THE FIELD	95.1	95.3	95.6	95.8	95.3	
% COMPACTION REQUIREMENT BY SPECS	95%	95%	95%	95%	95%	
PROCTOR VALUE, P.C.F.	107.3	107.3	107.3	107.3	107.3	
LABORATORY NO.	P- 101	P- 101	P- 101	P- 101	P- 101	P-

OPTIMUM MOISTURE 12.9 %

PROCTOR T-180 A.A.S.H.T.O. METHOD C

ALL TESTS RESULTS COMPLY WITH SPECIFICATIONS UNLESS OTHERWISE NOTED WITH AN ASTERISK(\*).

REMARKS:

REPORTED BY: JW  
CHECKED BY: JW

As a mutual protection to clients, the public and ourselves, all reports are submitted as the confidential property of clients, and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved pending our written approval.

Respectfully submitted,

Wissam

WISSAM S. NAAMANI, P.E.  
FEDERAL ENGINEERING & TESTING

# FEDERAL

1798 AGORA CIRCLE S.E.  
PALM BAY, FL 32909

## ENGINEERING & TESTING

1300 N.W. 33RD STREET  
POMPANO BCH, FL 33064

### PROCTOR COMPACTION TEST

DATE: JANUARY 28, 1992 ORDER NO. 92-0140 PERMIT NO. \_\_\_\_\_  
CLIENT: SEA COAST CONSTRUCTION  
ADDRESS: P.O. BOX 2279 STUART, FL 34995  
PROJECT: PROPOSED RESIDENCE  
ADDRESS: 34 RIO VISTA DRIVE SEWALLS POINT, FL  
CONTRACTOR: SEA COAST CONSTRUCTION  
MATERIAL DESCRIPTION: DARK BROWN SILICA SAND  
SAMPLED BY: JW TESTED BY: JH  
REPORTED TO: CLIENT

### TEST RESULTS

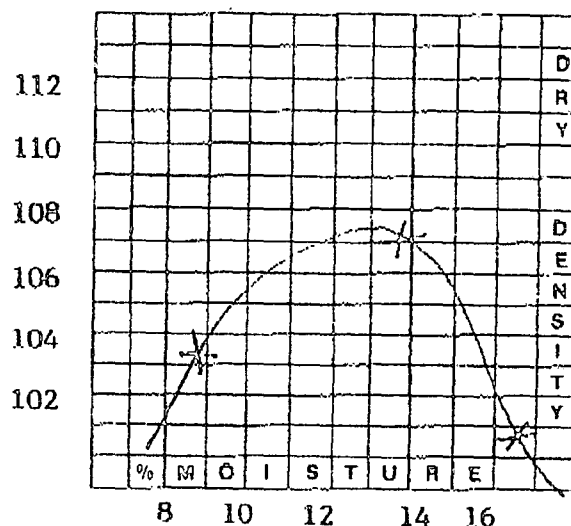
Laboratory Number P-101

Sample Number 1

The following compaction test was conducted in accordance with the Standard Methods for Moisture Density Relations of soil using a 10 lb. hammer and an 18" drop AASHTO designation T-180-C.

% MOISTURE	DRY DENSITY
8.8	103.2
13.6	107.1
16.4	100.7

Optimum Moisture 12.9 Percent  
100% Maximum Dry Density 107.3 lbs./cu. ft.



### GRADATION TEST

% Passing 3/4" Sieve 100 %

Respectfully submitted,

Wissam  
WISSAM S. NAAMANI, P.E.  
FEDERAL ENGINEERING & TESTING

FAX COVER LETTER

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

TO: Bldg Official- Dale BrownAT: Bldg Department

CITY: \_\_\_\_\_

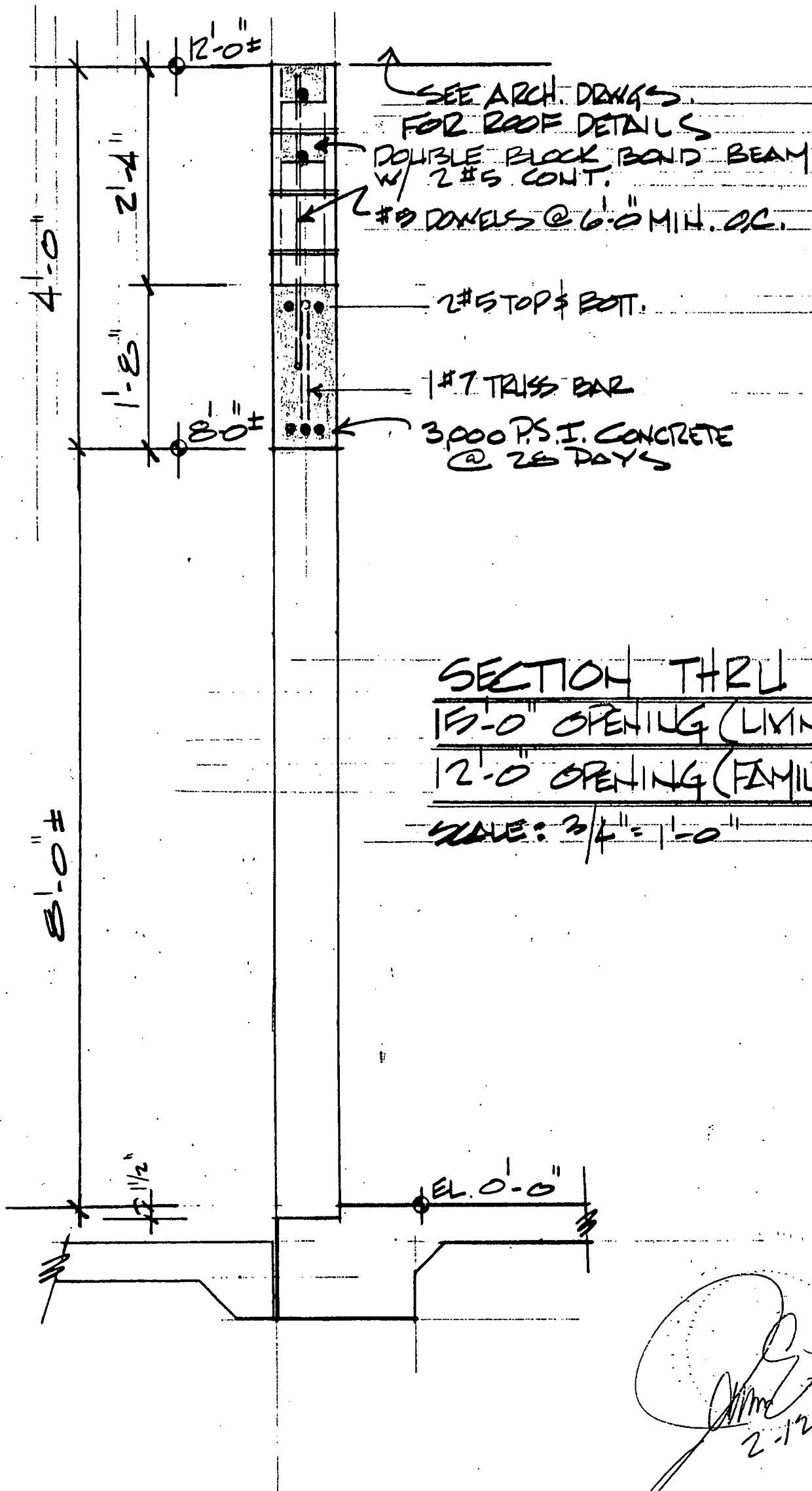
FAX #: (407) 220 4765FROM: Keith LeBlancAT: Federal Engr.PHONE #: (305) 975 2944 FAX #: (305) 975 3934

COMMENTS: \_\_\_\_\_

TOTAL NUMBER OF PAGES INCLUDING COVER LETTER: 3IF YOU DID NOT RECIEVE ALL PAGES, PLEASE CALL THE PHONE NUMBER ABOVE!  
THANK YOU,Keith LeBlanc

# FRANZEN RESIDENCE

BUILDING PERMIT # 3104



*[Signature]*  
2.12.92

JAMES E. PAT, P.E.



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Rolfand Franzen SEPTIC TANK PERMIT NO. H091-356  
LEGAL DESCRIPTION: 550' of lot 25, N 50' of lot 66 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.

- ☒ 1. Building Permit Number: \_\_\_\_\_ (Certification not required for this item).
- ☐ 2. I certify that the elevation of the top of the lowest plumbing stubout is \_\_\_\_\_ inches above benchmark elevation as indicated on septic tank permit.
- ☒ 3. I certify that the top of the lowest building plumbing stubout is \_\_\_\_\_ inches above crown of road elevation shown on septic tank permit.
- ☐ 4. I certify that all severe limited soil has been removed from an area of \_\_\_\_\_ feet by \_\_\_\_\_ feet to a minimum depth of six(6) feet below top of required stubout elevation. Submit plot plan to scale of excavated area.

Date Observed: \_\_\_\_\_

- ☐ 5. I certify that the top of the drainfield pipe elevation is \_\_\_\_\_.

NOTE: a. Severe 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.

CERTIFIED BY: \_\_\_\_\_

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

Date: \_\_\_\_\_ Job Number: \_\_\_\_\_

[Signature]  
(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  
Bob Martinez, Governor • Gregory L. Coler, Secretary

Revised 12-7-88

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA  
COUNTY OF MARTIN

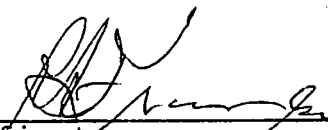
BEFORE ME, the undersigned notary public, personally appeared the undersigned Affiant, who, being first duly sworn, under penalties of perjury, deposes and says:

1. That Affiant is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affiant's signature.

2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 254,000.-.

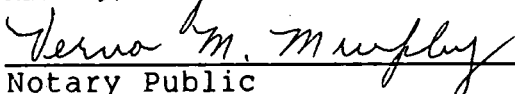
4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.

  
\_\_\_\_\_  
Affiant

Property street address:

34 Rio Vista  
Sewalls Point, Fla.

Sworn to and subscribed  
before me this 20th day of  
August, 19 92.

  
\_\_\_\_\_  
Notary Public

STATE OF FLORIDA AT LARGE

NOTARY PUBLIC, STATE OF FLORIDA.  
MY COMMISSION EXPIRES NOVEMBER 1, 1996:  
BONDED THRU NOTARY PUBLIC UNDERWRITERS.

(NOTARY SEAL)



# RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

## CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 7/30/92

This is to request that a Certificate of Approval for Occupancy be issued to MR FRANZEN  
For property built under Permit No. 3104 Dated 12/30/91 when completed in  
conformance with the Approved Plans.

Item		
1. LOT STAKES/SET BACKS	<u>2/1/92</u>	Signed
2. TERMITE PROTECTION	<u>2/4/92</u>	Approved by
3. FOOTING - SLAB	<u>1/22/92 2/6/92</u>	
4. ROUGH PLUMBING	<u>2/13/92 3/20/92</u>	
5. ROUGH ELECTRIC	<u>3/30/92</u>	
6. LINTEL	<u>2/13/92 2/18/92</u>	
7. ROOF	<u>5/28/92</u>	
8. FRAMING	<u>3/20/92</u>	
9. INSULATION	<u>4/1/92</u>	
10. A/C DUCTS	<u>3/31/92</u>	
11. FINAL ELECTRIC	<u>7/30/92</u>	
12. FINAL PLUMBING	<u>7/30/92</u>	
13. FINAL CONSTRUCTION	<u>7/30/92</u>	

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector

Dale Bauer 7/30/92 date

Approved by Building Commissioner

date

Utilities notified

F.P.L. 7/30/92 date

Original Copy sent to

OWNER

(Keep carbon copy for Town files)

**3121**

**POOL & DECK**

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

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

Owner Mr. R.A. FRANZEN Present Address 215 Coconut Palm Rd

Phone 283-6642 Boca Raton

Contractor Kline Custom Pools Inc Address 2920 S.E. Kensington Ave

Phone 283-6857

Where licensed FL License number SP-00857

Electrical contractor \_\_\_\_\_ License number \_\_\_\_\_

Plumbing contractor \_\_\_\_\_ License number \_\_\_\_\_

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

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

Subdivision Rio Vista 85/86 Lot number \_\_\_\_\_ Block number \_\_\_\_\_

Contract price \$ 17,500 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 \_\_\_\_\_

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 X \_\_\_\_\_

TOWN RECORD

Date submitted 1/4/92 Approved: Dale Brown 4/9/92  
Building Inspector Date

Approved: [Signature] 2/2/92 Final Approval given: \_\_\_\_\_  
Commissioner Date Date

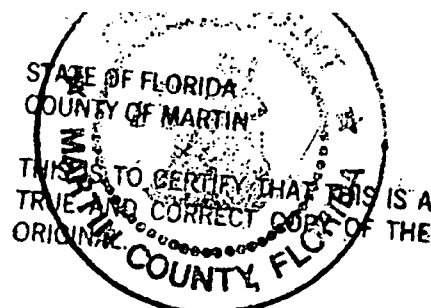
Certificate of Occupancy issued (if applicable) \_\_\_\_\_  
Date

SP1282

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

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

920533



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

Tax Folio No. \_\_\_\_\_

NOTICE OF COMMENCEMENT

State of Florida  
County of Martin

BY MARSHA STILLER, CLERK  
DATE 1/8/92 D.C.

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 86 Rio Vista

34 Rio Vista Dr Sewalls Pt

General Description of Improvements: Pool + Deck

Owner: Mr R.A. FRANZEN

Address: 215 Coconut Palm Rd Boca Raton, FL

Owner's interest in property: Fee Simple

Fee Simple Title Holder (if other than owner): \_\_\_\_\_

Address: \_\_\_\_\_

Contractor: Kline Custom Pools Inc

Address: 2920 S.E. Kensington Ave

Surety Co. (if any) \_\_\_\_\_

Address: \_\_\_\_\_

Lender's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Persons within the State of Florida designated by Owner upon whom notices of other documents may be served as provided by Section 713.13(1)(a) 7., Florida Statutes:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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.

Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) \_\_\_\_\_.

[Signature]  
Signature of Owner

Sworn to and subscribed before me this 7 day of January 1992

[Signature]  
Notary Public

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

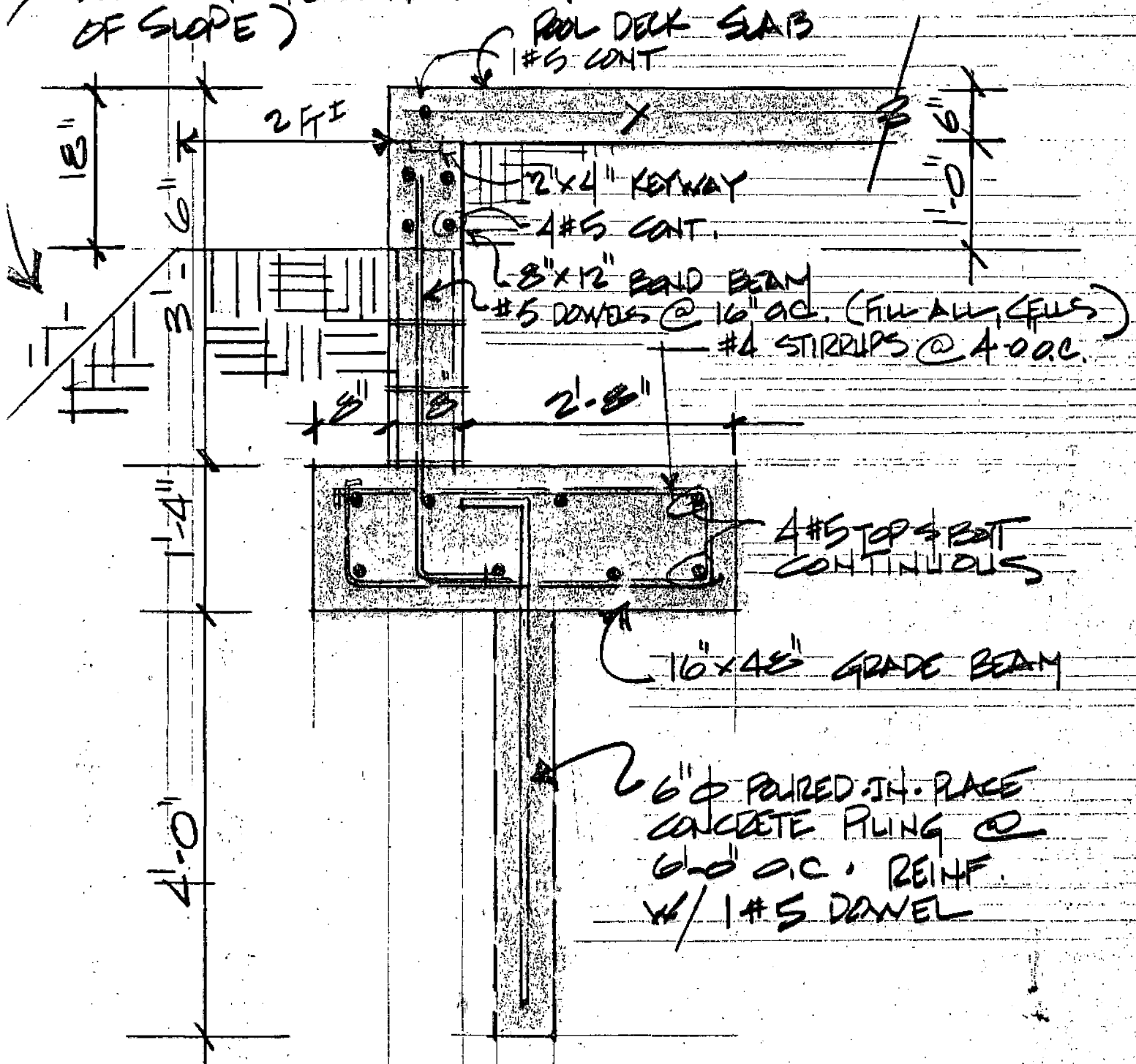
Notary Public  
State of Florida at Large  
My Commission Expires:  
June 19, 1995

# FRANZEN RESIDENCE

SEWALL POINT

NOTE:

MAXIMUM SLOPE SHALL NOT EXCEED 1:1 (LANDSCAPE ARCH. SHALL PROVIDE STABILIZATION DETAILS TO PREVENT EROSION OF SLOPE)



TYPICAL POOL DECK  
RETAINING WALL  
(WEST SIDE)

SCALE: 3/4" = 1'-0"

NOTE:

VERIFY ALL CONDITIONS WITH ARCHITECTURAL DRAWINGS

*[Signature]*  
12-26-91

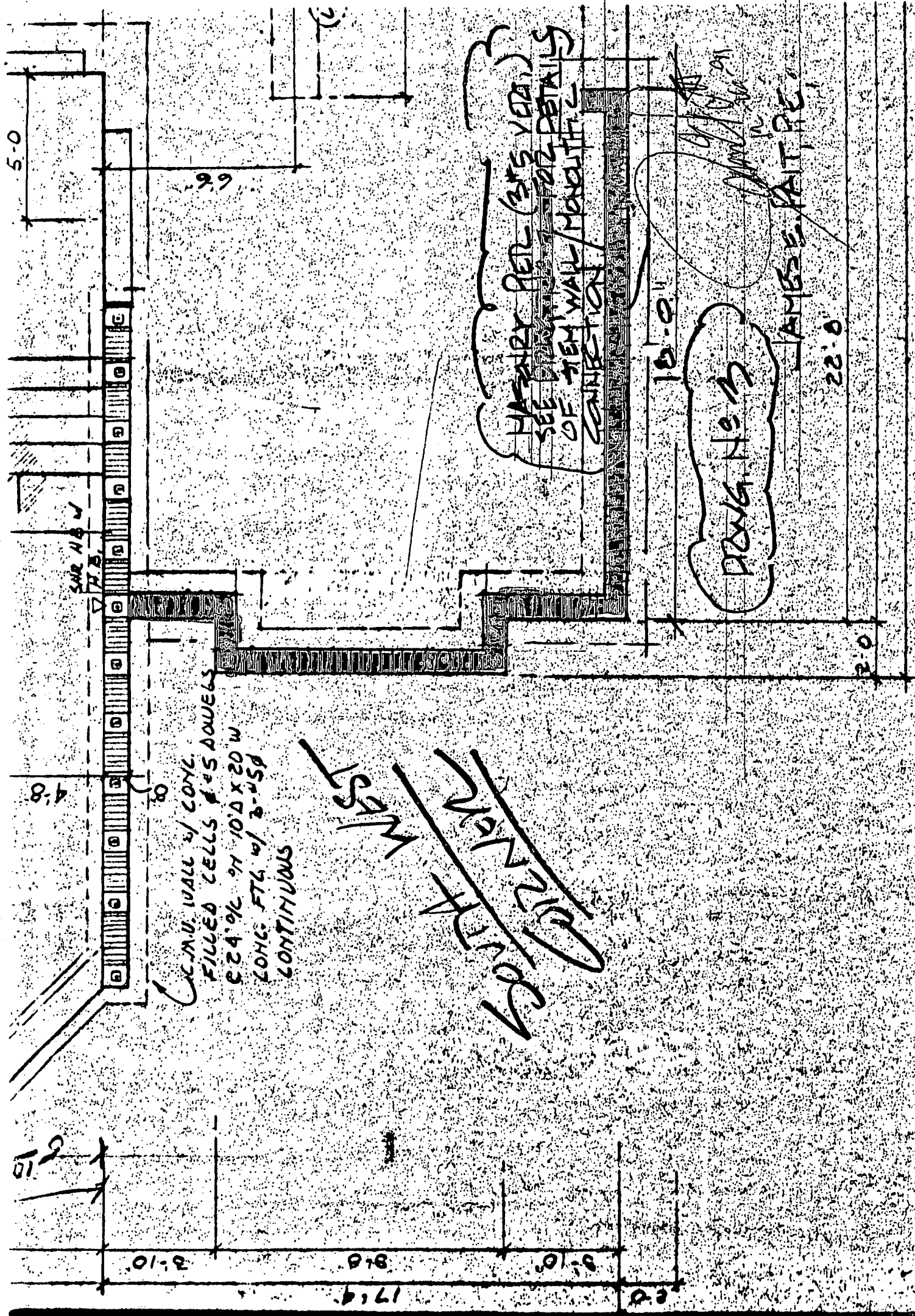
DRAWG. H° 1

JAMES E. PAT, P.E.

11

PLANTERS & FRONT PORCHES & ISLANDS DEIVE





HAZARD PER- (3'S VER.)  
SEE DRAWING FOR DETAILS  
OF TRENCH/MANHOLE  
CONNECTION

David H. M.

JAMES W. PATTERSON

22.8

**4236**

**BOAT LIFT**



# TOWN OF SEWALL'S POINT BUILDING PERMIT

DO NOT REMOVE UNTIL JOB IS COMPLETED

NO. 4236 DATE ISSUED 8/18/97

FOR INSPECTIONS CALL 287-2455 FROM  
8:00 A.M. - 12:00 NOON AND 1:00 P.M. - 4:00 P.M.

THIS PERMIT MUST BE DISPLAYED IN FRONT OF JOB

OWNER FRANZEN  
CONTRACTOR CUSTOM BUILT MARINE  
LOT 85/86 BLOCK        SUB RIOVISTA  
NO. 39 RIV VISTA

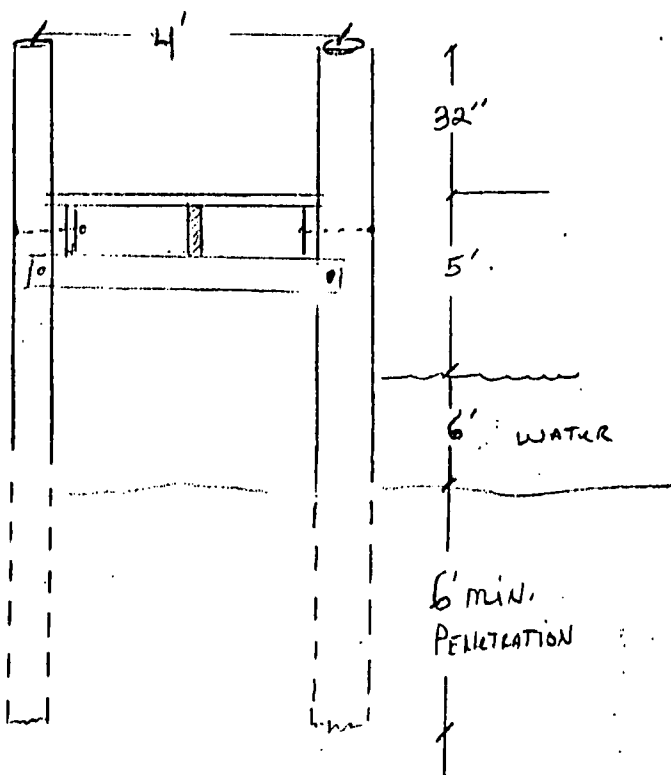
- REQUESTS FOR INSPECTIONS REQUIRE AT LEAST 24 HOURS NOTICE.
- ALL WORK MUST BE IN COMPLIANCE WITH THE TOWN OF SEWALL'S POINT ORDINANCES, THE SOUTH FLORIDA BUILDING CODE, THE STATE OF FLORIDA ENERGY EFFICIENCY BUILDING CODE AND ELEVATIONS BASED ON THE LATEST FLOOD INSURANCE RATE MAP.
- WORKING HOURS ARE FROM 8:00 A.M. TO 5:00 P.M. MONDAY THRU SATURDAY.

TO CONSTRUCT BOAT LIFT

REMARKS:  
\_\_\_\_\_  
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\_\_\_\_\_

REQUIRED INSPECTIONS	INSPECTOR'S FINDING	INSPECTOR'S SIGNATURE
ROOF:		
A. TIN TAG		
B. FINAL		
POOL:		
A. STEEL & GROUND		
B. DECK		
C. FINAL		
DOCK:		
A. PILINGS		
B. FINAL		
FENCE:		
STORM SHUTTERS:		
OTHER:		

SCALE: No



**4757**

**RETAINING WALL**

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

## TOWN OF SEWALL'S POINT

Date 12/3/99 BUILDING PERMIT NO. 4757  
Building to be erected for RALEIGH FRANZEN Type of Permit RET. WALL W/TIE-BACK  
Applied for by CUSTOM BUILT MARINE CONST. (Contractor) Building Fee \$158.40  
Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Radon Fee \_\_\_\_\_  
Address 34 RIO VISTA Impact Fee \_\_\_\_\_  
Type of structure S.F.P. A/C Fee \_\_\_\_\_  
Parcel Control Number: \_\_\_\_\_ Electrical Fee \_\_\_\_\_  
Plumbing Fee \_\_\_\_\_  
Roofing Fee \_\_\_\_\_  
Amount Paid \$174.24 Check # 13611 Cash \_\_\_\_\_ Other Fees ( REVIEW ) 15.84  
Total Construction Cost \$ 16,500.00 TOTAL Fees \$174.24  
Signed [Signature] Signed [Signature]  
Applicant Town Building Inspector OFFICIAL

# RETAINING WALL PERMIT

INSP. RECORDS ATTACHED

INSPECTIONS			
SETBACKS	DATE	BACKFILL	DATE
TIE-BACKS	DATE <u>3/13/00</u>	FINAL	DATE <u>4/12/00</u>
<b>24 HOURS NOTICE REQUIRED FOR INSPECTIONS.</b>			
<b>CALL 287-2455</b>			
<b>WORK HOURS – 8:00 AM UNTIL 5:00 PM</b>			
<b>MONDAY THROUGH SATURDAY</b>			

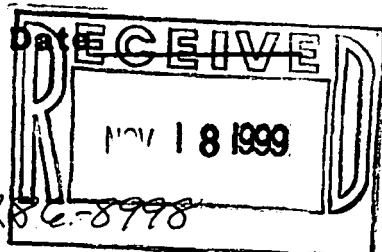
☐ New Construction ☐ Remodel ☐ Addition ☐ Demolition

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

Bldg. Pmt# \_\_\_\_\_

## Town of Sewall's Point

### BUILDING PERMIT APPLICATION



Owner's Name: Raleigh Franzen Phone No. 286-8998  
Owner's Present Address: 34 Rio Vista  
Fee Simple Titleholder's Name & Address if other than owner \_\_\_\_\_

Location of Job Site: 34 Rio Vista  
TYPE OF WORK TO BE DONE: Retaining wall

#### CONTRACTOR INFORMATION

Contractor/Company Name: Custom Built Marine Const. Phone No. 288-4254  
COMPLETE MAILING ADDRESS: 3170 SE Waaler St. Stuart, FL 34997  
State Registration SP 01118 State License \_\_\_\_\_  
Legal Description of Property 40 + 86  
Parcel Number \_\_\_\_\_

#### ARCHITECT/ENGINEER INFORMATION

Architect \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Engineer Roger Baßer Phone No. 692-4910  
Address 640 Buck Henry Way Stuart, FL 34994  
Area Square Footage: Living Area \_\_\_\_\_ Garage Area \_\_\_\_\_ Carport \_\_\_\_\_  
Accessory Bldg. \_\_\_\_\_ Covered Patio \_\_\_\_\_ Scr. Porch \_\_\_\_\_ Wood Deck \_\_\_\_\_  
Type Sewage: \_\_\_\_\_ Septic Tank Permit # from Health Dept. \_\_\_\_\_  
NEW electrical SERVICE SIZE \_\_\_\_\_ AMPS

#### FLOOD HAZARD INFORMATION

flood zone \_\_\_\_\_ minimum Base Flood Elevation (BFE) \_\_\_\_\_ NGVD  
proposed finish floor elevation \_\_\_\_\_ NGVD (minimum 1 foot above BFE)  
Cost of construction or Improvement \_\_\_\_\_  
Fair Market Value (FMV) prior to improvement \_\_\_\_\_  
Substantial Improvement 50% of FMV yes \_\_\_\_\_ No \_\_\_\_\_  
Method of determining FMV \_\_\_\_\_

#### SUBCONTRACTOR INFORMATION: (Notify this office if subcontractor's change.)

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

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

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

#### OWNER/CONTRACTOR MUST SIGN APPLICATION

OWNER or AGENT SIGNATURE \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 1998 by \_\_\_\_\_ who is personally known to me or has produced or has produced \_\_\_\_\_ and who did (did not) take an oath.  
CONTRACTOR SIGNATURE \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 1998 by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ and who did (did not) take an oath.

**TREE REMOVAL (Attach sealed survey)**

No. of trees to be removed \_\_\_\_\_ No. to be retained \_\_\_\_\_ No. to be planted \_\_\_\_\_  
Specimen tree removed \_\_\_\_\_ Fee \_\_\_\_\_ Authorized/Date \_\_\_\_\_  
DEVELOPMENT ORDER # \_\_\_\_\_

**1. ALL APPLICATIONS REQUIRE:**

- A. Property Appraiser's Parcel Number.
- B. A Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- C. Contractor's name, address, phone number & license numbers.
- D. Name all sub-contractors (properly licensed).
- E. Current Survey
- F. Take completed application to the Permits and Inspections Office for approval. Provide construction details and a plot plan(s) showing setbacks, yard coverage, parking and position of all buildings on the property, stormwater retention plan, etc. Compliance with subdivision regulations can also be determined at this time.
3. Take the application showing Zoning approval (complete with plans & plot plan) to the Health Department for septic tank. Attach the pink copy to the building application.
4. Return all forms to the Permits and Inspection Office. All planned construction requires: two (2) sets of plans, drawn to scale with engineer's or architect's seal and the following items:

1. Floor Plan
2. Foundation Details
3. Elevation Views - Elevation Certificate due after slab inspection.
4. A Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
5. Truss layout
6. Vertical Wall Sections (one detail for each wall that is different)
7. Fireplace drawing: If prefabricated submit manufacturers data.

**ADDITIONAL Required Documents are:**

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

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

Approved by Building Official \_\_\_\_\_

Approved by Town Engineer \_\_\_\_\_

**ACORD CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)  
12/03/1999

## PRODUCER

300 Colorado Avenue, Suite 203  
Stuart, FL 34994  
(561) 288-0819THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

## INSURED

Custom Built Marine Construction  
Custom Built Marine Construction,  
3170 SE Waaler Street  
Stuart, FL 34996  
(561) 288-4254INSURER A: New York Marine & General  
INSURER B: North American Specialty Insurance  
INSURER C: Water Quality Insurance Syndicate  
INSURER D:  
INSURER E:

## COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	MMO-21000ML299	10/18/99	10/18/00	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$1,000
	P&I (ex-crew & cargo)				PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC				GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY	MMO-21000ML299	10/18/99	10/18/00	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$1,000,000
	<input type="checkbox"/> RENTED AUTOS				PROPERTY DAMAGE (Per accident) \$1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY ACC \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	DEDUCTIBLE				\$
	RETENTION \$				\$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
					F1 EACH ACCIDENT \$
					F1 DISEASE - EA EMPLOYEE \$
					E1 DISEASE - POLICY LIMIT \$
B	OTHER Equipment	LAN0000149-01	02/06/99	02/06/00	
C	Pollution	12361-01	02/04/99	02/04/00	
A	Hull & Machinery	MMO-20737HM299	07/19/99	07/19/00	

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

Reference Project: Raleigh Francen

## CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

Town of Sewells Pt.  
1 S. Sewells Pt. Rd.  
Sewells 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 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE

# Certificate of Insurance

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

## This is to Certify that

STAFF LEASING, L.P., BY STAFF ACQUISITION, INC., THE GENERAL PARTNER, AND THE AFFILIATED LIMITED PARTNERSHIPS OF WHICH STAFF ACQUISITION, INC. IS THE GENERAL PARTNER AND THEIR SUCCESSOR CORPORATIONS  
600 301 BOULEVARD WEST, SUITE 202  
BRADENTON, FLORIDA 34205

Name and  
address of  
Insured



is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	CERTIFICATE EXP. DATE <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> EXTENDED <input checked="" type="checkbox"/> POLICY TERM	POLICY NUMBER	LIMIT OF LIABILITY
<b>WORKERS COMPENSATION</b>	1-1-2000	WA1-65D-004110-299 WC1-651-004110-019	Coverage Afforded Under WC Law of the Following States:
			<b>EMPLOYERS LIABILITY</b>
			Bodily Injury By Accident Each Accident \$1,000,000.
			Bodily Injury By Disease Policy Limit \$1,000,000.
<b>GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE RETRO DATE  <input type="checkbox"/> OCCURRENCE			All States Endorsement
			General Aggregate-Other than Prod/Completed Operations
			Products/Completed Operations Aggregate
			Bodily Injury and Property Damage Liability Per Occurrence
			Personal and Advertising Injury Per Person/Organization
			Other:
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED			Each Accident - Single Limit - B.I. and P.D. Combined
			Each Person
			Each Accident or Occurrence
			Each Accident or Occurrence
<b>OTHER</b>			

### EMPLOYEES LEASED TO:

07000 : CUSTOM BUILT MARINE CONSTRUCTION AND/OR  
CUSTOM BUILT MARINE CONSTRUCTION, INC.

### EFFECTIVE DATE:

01/01/99

The above referenced Workers' Compensation policy provides statutory benefits only to employees of the Named Insured(s) on the policy, not to employees of any other employer.

\*IF THE CERTIFICATE EXPIRATION DATE IS CONTINUOUS OR EXTENDED TERM, YOU WILL BE NOTIFIED IF COVERAGE IS TERMINATED OR REDUCED BEFORE THE CERTIFICATE EXPIRATION DATE.

SPECIAL NOTICE - OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

IMPORTANT NOTICE TO FLORIDA POLICY HOLDERS AND CERTIFICATE HOLDERS: IN THE EVENT YOU HAVE ANY QUESTIONS OR NEED INFORMATION ABOUT THIS CERTIFICATE FOR ANY REASON, PLEASE CONTACT YOUR LOCAL SALES PRODUCER, WHOSE NAME AND TELEPHONE NUMBER APPEARS IN THE LOWER RIGHT HAND CORNER OF THIS CERTIFICATE. THE APPROPRIATE LOCAL SALES OFFICE MAILING ADDRESS MAY ALSO BE OBTAINED BY CALLING THIS NUMBER.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST 30 DAYS NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

Liberty Mutual Group

CERTIFICATE  
HOLDER

TOWN OF SEWELL'S POINT  
#1 SOUTH SEWELL'S POINT ROAD  
STUART, FL 34996

*Teresa M. Schell*

TERESA M. SCHELL  
AUTHORIZED REPRESENTATIVE

Bradenton, FL 800-475-4430  
OFFICE PHONE

12/03/99  
DATE ISSUED



MARTIN COUNTY CONTRACTORS  
CERTIFICATE OF COMPETENCY  
CORRIGAN, DAVID H  
CUSTOM BUILT MARINE CONST INC.  
BOX 3016  
STUART , FL 34995

EXPIRES SEPTEMBER 30, 20 00

AUDIT  
CONTROL  
NUMBER

35970

CERTIFICATE NUMBER  
SP01118

MARTIN COUNTY ORIGINAL  
1999 COUNTY OCCUPATIONAL LICENSE 2000

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

LICENSE 1988 520 255 CERT SP01118

PHONE 561 288 4254 SIC NO 1629

LOCATION:

950 COLORADO AVE

00000

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR. \$	0.00	LIC. FEE \$	25.00
\$	0.00	PENALTY \$	0.00
\$	0.00	COL. FEE \$	0.00
\$		TRANSFER \$	0.00
TOTAL			25.00

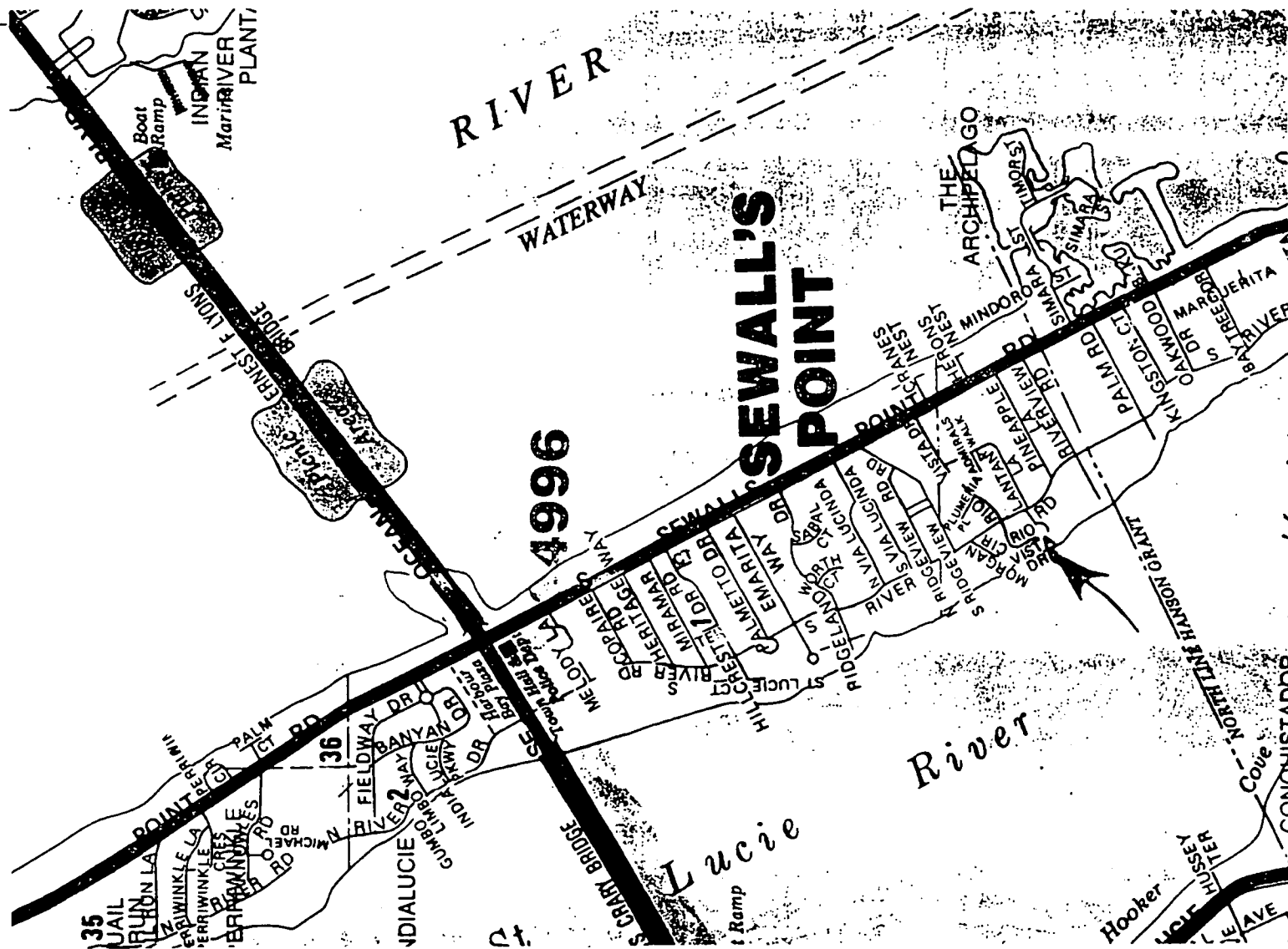
IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF MARINE CONSTR CONTRACTOR

AT ABOVE ADDRESS FOR THE PERIOD BEGINNING ON THE

1 DAY OF OCTOBER 99 SEC.  
AND ENDING SEPTEMBER 30, 2000 999090203 2944 PAID

CORRIGAN AND COMPANY  
DBA CUSTOM BUILT MARINE CONST  
P O BOX 3016  
STUART FL 034995

43-0125507-



12/29/99 TOWN OF SEWALL'S POINT  
 REVENUE  
 TOWN COPY  
 34 RIV VISTA  
 12/29/99

# **BABER & ASSOCIATES**

ENGINEERING AND TECHNICAL SERVICES

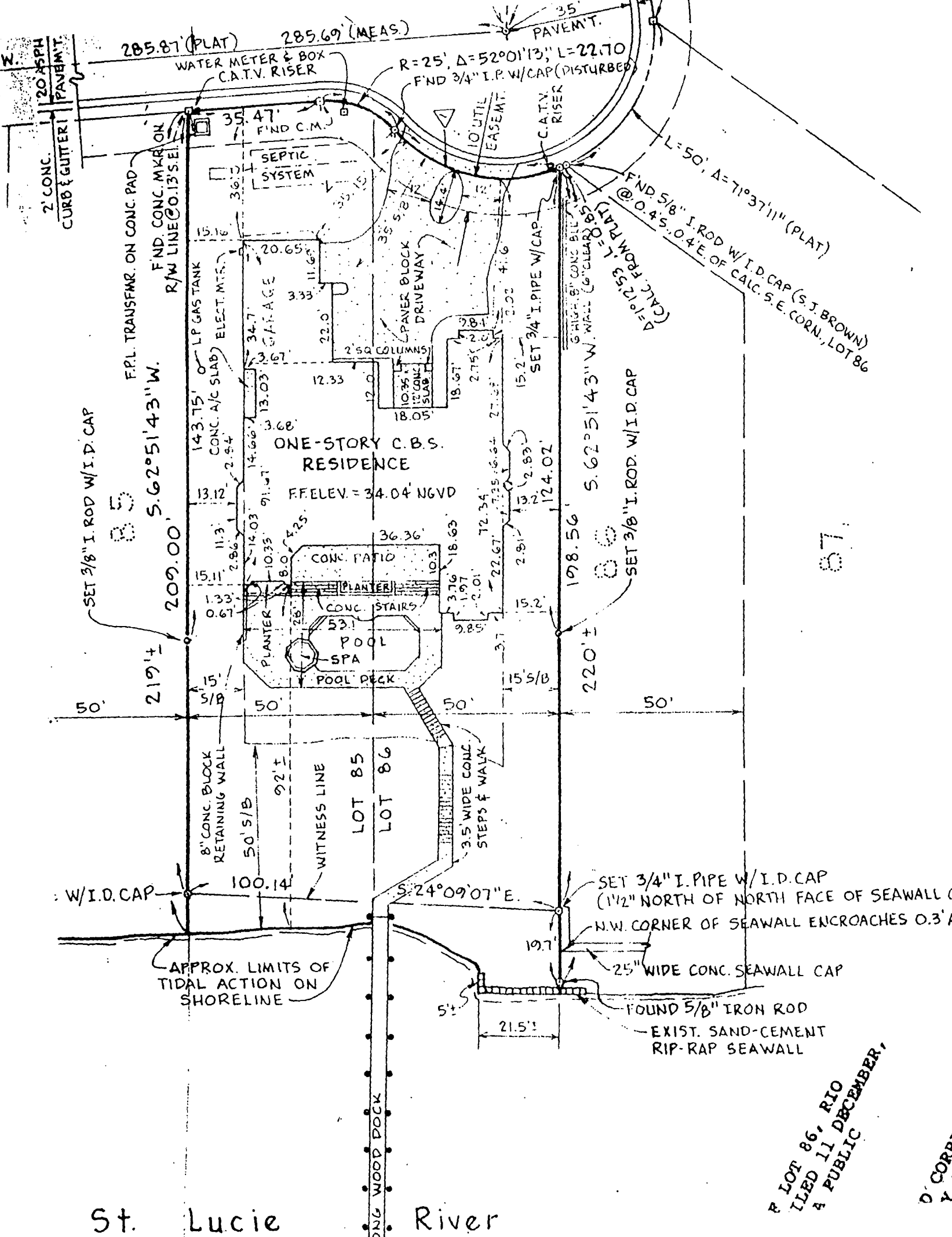
640 BUCK HENDRY WAY  
 STUART, FL 34994  
 (561) 692-4910

**SHORELINE STABILIZATION**  
**ROLAND FRANZEN**

34 Rio Vista Drive  
 Sewall's Point, Florida 34996

## **REVISIONS**

1	7/24/99 Resubmittal	1 of 4





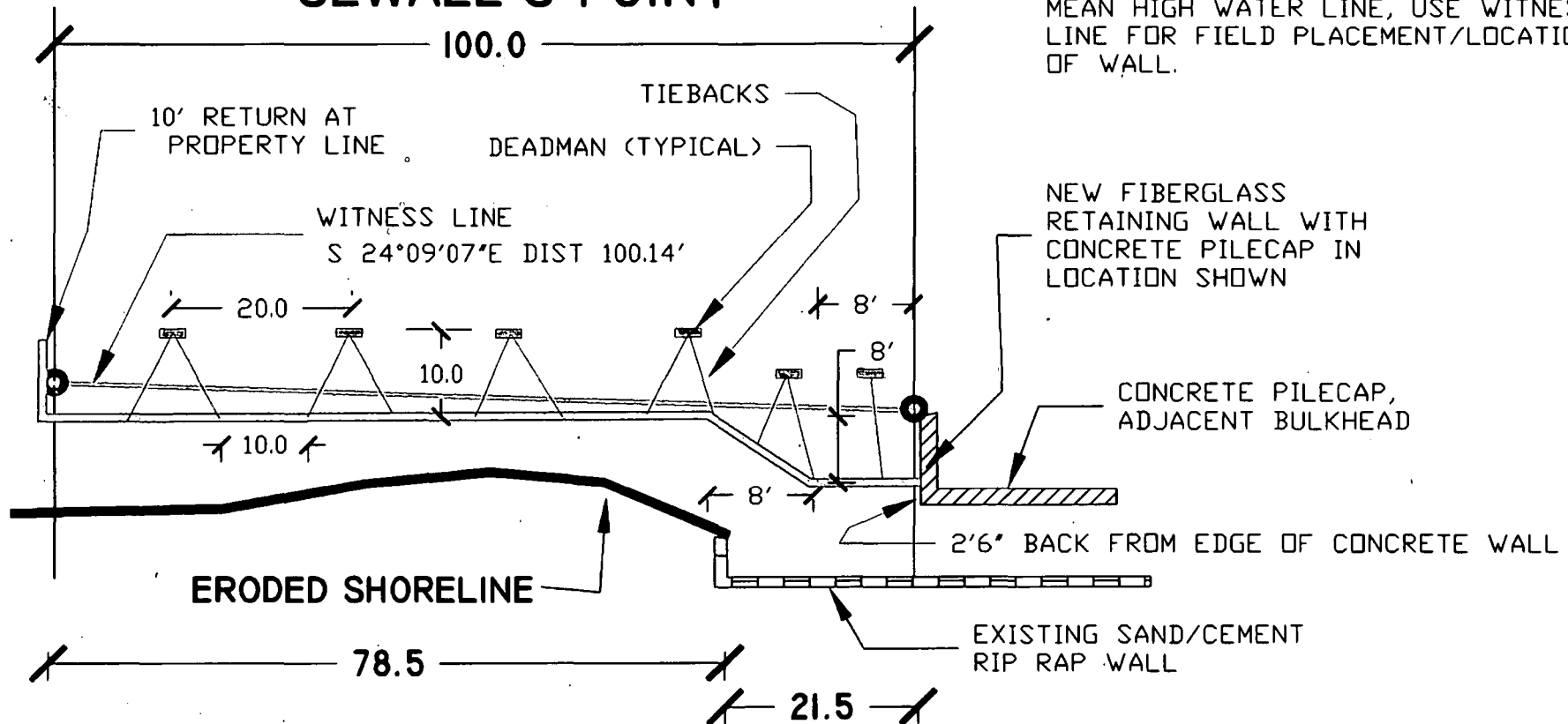
43-0125507-002

# RETAINING WALL LOCATION PLAN

1" = 20'

## 34 RIO VISTA DR SEWALL'S POINT

SCALED LOCATION PLAN, LOCATE  
NEW RETAINING WALL UPLAND OF  
MEAN HIGH WATER LINE, USE WITNESS  
LINE FOR FIELD PLACEMENT/LOCATION  
OF WALL.



*J. Roger M. Boles 11-1-99*

**BABER & ASSOCIATES**  
ENGINEERING AND TECHNICAL SERVICES

640 BUCK HENDRY WAY  
STUART, FL 34994  
(561) 692-4910

**SHORELINE STABILIZATION**  
**ROLAND FRANZEN**

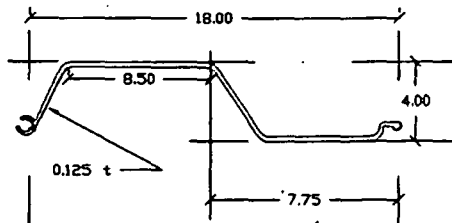
34 Rio Vista Drive  
Sewall's Point, Florida 34996

### REVISIONS

SHEET 3 OF 4

1	7/24/99 RESUBMITTAL
2	10/11/99 DESIGN REVISED
3	11/1/99 REVISED DESIGN/RESUBMITTAL

43-0125507-002

CROSS SECTION & DETAILS  
NTS

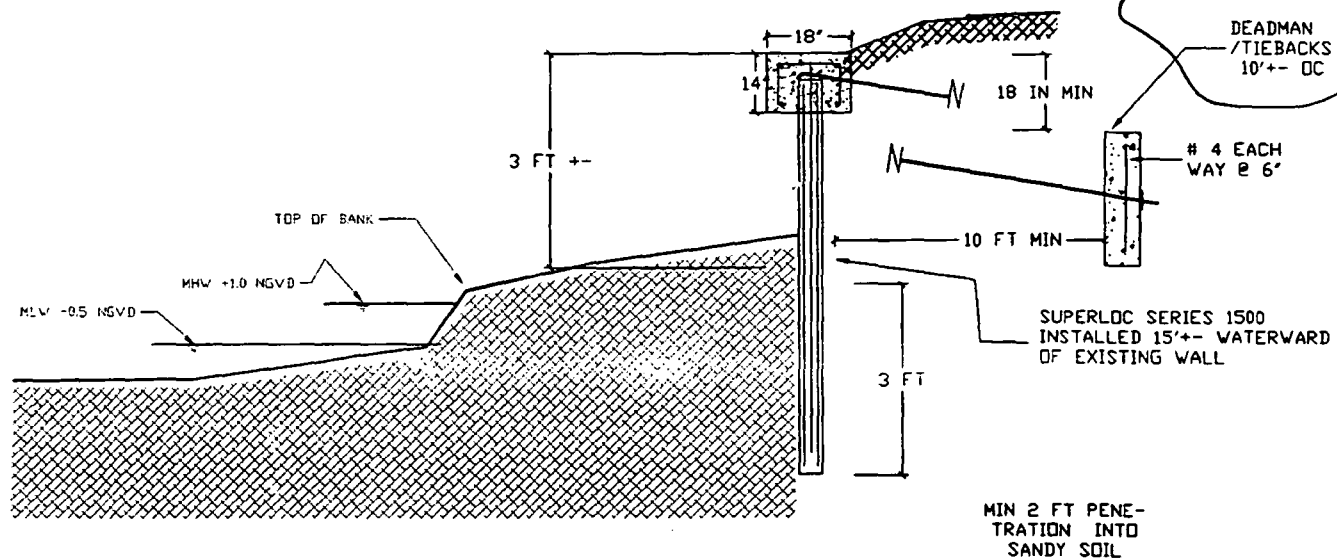
CROSS SECTION PROPERTIES		
AREA	3.346	In <sup>2</sup>
IX	8.985	In <sup>4</sup>
IY	113.994	In <sup>4</sup>
IXY	0	In <sup>4</sup>
SX	4.88	In <sup>3</sup>
SY	11.252	In <sup>3</sup>
rX	1.639	In
rY	5.837	In

## COMPOSITE CONCRETE RETAINING WALL CROSS SECTION

6 FT HIGH FIBERGLASS Z PILE WITH EXPOSED HEIGHT 3 FEET  
MINIMUM PILE PENETRATION 3 FEET AS SHOWN IN DETAILS.

PILECAP 18 IN WIDE X 14 IN DEEP W 5 EA # 4 HORIZONTAL, # 3 STIRRUPS @ 24" OC. ALL STEEL MINIMUM 3 IN FROM ANY FORMBOARD, INCLUDES TIEWIRE. 3500 PSI CONCRETE. BEND TIE ROD 90 DEG INTO PILECAP MINIMUM 18 IN.

TIEROD # 7 PVC ENCASED TO 3'X3'X1.0' DEADMAN W # 4 BARS 6 IN OC (EACH DIRECTION) DEADMAN MINIMUM 10 FEET FROM WALL, 1.5' BELOW PILECAP. BEND # 7 @ 90 DEG FOR 12" INTO DEADMEN IF CAST IN PLACE.



*Plays m Bales*  
10-12-99

**BABER & ASSOCIATES**  
ENGINEERING AND TECHNICAL SERVICES

640 BUCK HENDRY WAY  
STUART, FL 34994  
(561) 692-4910

SHORELINE STABILIZATION  
ROLAND FRANZEN

34 Rio Vista Drive  
Sewall's Point, Florida 34996

## REVISIONS

SHEET 4 OF 4

1	7/24/99 Resubmittal
Z	10-11-99 NEW DESIGN

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☒ Mon ☐ Wed ☐ Fri ~~2000~~, 2000;

Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
5/4957	Franzen	steel	Passed	
③	<del>34 RIVIERA DR.</del>	ret. wall w/ tie back	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4523	Seely	garage	Partial	1st Floor
①	37 Lofting Way	beam	BG	
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4702	Perry	sheathing	Passed	
②	18 N. Fiddaewick		BG	
	PACIFIC 263-0116			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4516	Lino	panel	Passed	cc: AGMT. (TO COME)
④	6 Island Rd.	lock (VERKEY)	BG	Locks Installed
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4864	NEHME	SHEATHING	Partial	LATE AM.
	19 S. SEWALL'S POINT RD.		BG	
	STEIN & CO.			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS

OTHER: Ecilia - Dropped off Survey w/et. Todd.

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

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri 4-12, 2000;

Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
X 4691	WATTLES	tintag	Passed	
5	20 N. Ridgeview	metal	BG.	
	Driftwood			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
4901	Hogan	sheathing	Cancelled	- Rain
8	1 W. High Point			
	Cardinal			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4240	Schuchmann	final roof	Passed	early as
X 4	4 Fieldway		BG.	possible
	owner			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
S 4757	Fronzen	final	Passed	<del>VERIFY THE BACK INSP.</del>
X 7	34 Pion Vista	Wall	BG.	- IF DO; FAIL FINAL & REG.
	CUSTOM BUILT MARBLE			CONTR TO SET-UP INSP. (REQUIRE OPC-SELECTED T.B.)
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
X 4843	Toulakis	Sub siding	Passed	10:00-10:30 STOP WORK THESE TRADES
6	6 Kungu Ave Ct.	+ Roof Sheathing	BG.	A/C, ELECT, PFG SUBS
	D.S. GENT CONTR			- PICK UP PERMITS.
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
X 4270	STEPHENS	foot final	Passed	
N 3	62 N. River Rd.	ROOF	BG.	
	PACIFIC			
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	REMARKS
N 4213	Folweiler	2nd port	Passed	A/C, PUMB, PFG SUBS.
X 2	11 Lofting Way	tie beam	BG.	MUST HAVE PERMITS
	ARK HOMES			- met w/ Contractor

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

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



**6990**

**REPAIR DOCK**

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

## TOWN OF SEWALL'S POINT

Date 10/27/04 BUILDING PERMIT NO. 6990  
 Building to be erected for FRANZEN Type of Permit REPAIR DOCK  
 Applied for by CUSTOM BUILT MARINE (Contractor) Building Fee /  
 Subdivision RIO VISTA Lot 85+86 Block \_\_\_\_\_ Radon Fee \_\_\_\_\_  
 Address 34 RIO VISTA DRIVE Impact Fee N/C  
 Type of structure SFR A/C Fee HURRICANE DAMAGE  
 Electrical Fee /  
 Plumbing Fee \_\_\_\_\_  
 Roofing Fee \_\_\_\_\_  
 Parcel Control Number: 1238410020000085170000  
 Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Other Fees ( \_\_\_\_\_ )  
 Total Construction Cost \$ 20,000. TOTAL Fees /

Signed [Signature] Applicant Signed [Signature] Town Building Official

## PERMIT

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

RECEIVED

OCT 26 2004

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

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

OWNER/TITLEHOLDER NAME: ROLAND FRANZEN Phone (Day) 286-8998 (Fax) \_\_\_\_\_

Job Site Address: 34 Rio Vista Drive City: Sewalls Point State: FL Zip: 34996

Legal Description of Property: 12-38-41-002-000-00851-7000 Parcel Number: \_\_\_\_\_

Owner Address (if different): LOT #85 + 86 Rio Vista Dr. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Work To Be Done: STORM DAMAGE REPAIRS TO EXISTING BOAT DOCK

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

CONTRACTOR/Company: CUSTOM BUILT MARINO CONSTRUCTION, INC. Phone: 288-4254 Fax: 288-2802

Street: 3170 S.E. WAALER STREET City: STUART State: FL Zip: 34997

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: SP01118

COST AND VALUES: Estimated Cost of Construction or Improvements: \$ 20,000.00 (Notice of Commencement needed over \$2500)

**SUBCONTRACTOR INFORMATION:**

Electrical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Mechanical: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumbing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

Roofing: \_\_\_\_\_ State: \_\_\_\_\_ License Number: \_\_\_\_\_

ARCHITECT \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

ENGINEER STUART MCGANEE, P.E. Phone Number: 288-4254

Street: 3170 S.E. WAALER STREET City: STUART State: FL Zip: 34997

AREA SQUARE FOOTAGE - SEWER - ELECTRIC Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios: \_\_\_\_\_ Screened Porch: \_\_\_\_\_

Carport: \_\_\_\_\_ Total Under Roof \_\_\_\_\_ Wood Deck: 600 S.F.T. Accessory Building: \_\_\_\_\_

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

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

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

OWNER OR AGENT SIGNATURE (required)

State of Florida, County of: Martin

This the 26 day of Oct

by Roland Franzen personally

known to me or produced

as identification.

My Commission Expires: 5-15-2005

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: Martin

This the 26 day of Oct 2004

by DAVID H. CORREIA personally

known to me or produced

As identification.

My Commission Expires: 5-15-2005

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT FROM THE TOWN OF SEWALL'S POINT

WARRANTY DEED TO TRUSTEE  
(STATUTORY REFERENCE - §689.071 F.S.)

Ad Valorem Tax Identification #12-38-41-002-000-00851-7

THIS INDENTURE WITNESSETH, that the Grantor, R. A. Franzen and Mae Claire Franzen, husband and wife, of the County of Martin and State of Florida, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration in hand paid, receipt of which is acknowledged, grants, conveys and warrants unto MAE CLAIRE FRANZEN, as Trustee under the provisions of a certain Trust Agreement, dated May 6, 1997 (the "Trust"), of 34 Rio Vista Drive, Sewall's Point, Florida, 34996, and who is herein referred to as "Grantee" or the "Trustee", the following-described property (the "Property") situate in Martin, County, Florida:

The South 50 ft. of Lot 85 and the North 50 feet of Lot 86, RIO VISTA SUBDIVISION, according to the Plat thereof, filed 11 December, 1975, in Plat Book 6, Page 95, of the Public Records of Martin County, Florida.

Together with all appurtenances, privileges, rights, interests, dower, reversions, remainders and easements thereunto appertaining.

TO HAVE AND TO HOLD the Property in fee simple upon the Trust and for the uses and purposes herein and those set forth in the Trust.

This conveyance is granted pursuant to and shall be governed by the provisions of Section 689.071, Florida Statutes.

Full power and authority is hereby granted to the Trustee to improve, subdivide, protect, conserve, sell, lease, encumber and otherwise manage and dispose of the Property or any part thereof, to dedicate parks, streets, highways or alleys and to vacate any subdivision or part thereof, to resubdivide the Property as often as desired, to contract to sell, to grant options to purchase, to sell on any terms, to convey either with or without consideration, to convey the Property or any part thereof to a successor or successors in trust and to grant the successor or successors in trust of all the title, estate, powers and authorities vested in the Trustee, to donate, to dedicate, to mortgage, pledge or otherwise encumber the Property, or any part thereof, to lease the Property or any part thereof, from time to time, in possession or reversion, by leases to commence in present or in future, and upon any terms and for any period or periods of time, not exceeding in the case of any single demise the term of 99 years, and to renew or extend leases upon any terms and for any period or periods of time and to amend, change or modify leases and the terms and provisions thereof at any time or times hereafter, to contract to make leases and to grant options to lease and options to renew leases and options to purchase the whole or in any part of the reversion and to contract respecting the manner of fixing the amount of present or future rentals, to partition or to exchange the Property, or any part thereof, for other real or personal property, to submit the Property to condominium or to a declaration of covenants and restriction for a homeowner's association, to grant easements or charges of any kind, to release, convey or assign any right, title or interest in or about or easement appurtenant to the Property or any part thereof, and to deal with the Property and every part thereof in all other ways and for any other considerations as it would be lawful for any person owning the same to deal with the same, whether similar to or different from the

ways above specified, at any time or times hereafter.

Upon the death, disability, or resignation of the Trustee, the successor trustee under the Trust referred to above shall be ROLLAND A. FRANZEN, hereinafter referred to as the "Successor Trustee". The written acceptance by the Successor Trustee, recorded among the public records in the county where the Property is located, together with evidence of the Trustee's death, disability, or resignation, shall be deemed conclusive proof that the Successor Trustee provisions of the Trust have been complied with. Evidence of the Trustee's death shall consist of a certified copy of the Trustee's death certificate. Evidence of the Trustee's disability shall consist of a licensed physician's affidavit establishing that the Trustee is incapable of performing the Trustee's duties as Trustee of the Trust. Evidence of the Trustee's resignation shall consist of a resignation, duly executed and acknowledged by the Trustee. The Successor Trustee shall have the same powers granted to the original Trustee as set forth herein.

Any contract, obligation or indebtedness incurred or entered into by the Trustee in connection with the Property shall be as Trustee of an express trust and not individually, and the Trustee shall have no obligation whatsoever with respect to any contract, obligation or indebtedness except only so far as the Property in the actual possession of the Trustee shall be applicable for the payment and discharge thereof; it is expressly understood that any representations, warranties, covenants, undertakings and agreements hereinafter made on part of the Trustee, whole in form purporting to be the representations, warranties, covenants, undertakings and agreements of the Trustee, are nevertheless made and intended not as personal representations, warranties, covenants, undertakings and agreements by the Trustee or for the purpose or with the intention of binding the Trustee personally, but are made and intended for the purpose of binding only the Property specifically described herein; and that no personal liability or personal responsibility is assumed by nor shall at any time be asserted or enforceable against the Trustee individually on account of any instrument executed by or on account of any representation, warranty, covenant, undertaking or agreement of the Trustee, either expressed or implied, all personal liability, if any, being expressly waived and released and all persons and corporations whomsoever and whatsoever shall be charged with notice of this condition from the date of the filing for record of this deed.

In no case shall any party dealing with the Trustee in relation to the Property, or to whom the Property or any part thereof shall be conveyed, contracted to be sold, leased or mortgaged by the Trustee, be obliged to see to the application of any purchase money, rent, or money borrowed or advanced on the Property, or be obliged to see that the terms of the Trust have been complied with, or be obliged to inquire into the necessity or expediency of any act of the Trustee, or be obliged to inquire into the necessity or expediency of any act of the Trustee, or be obliged or privileged to inquire into any of the terms of the Trust; and every deed, trust deed, mortgage, lease or other instrument executed by the Trustee in relation to the Property shall be conclusive evidence in favor of every person relying upon or claiming under any conveyance, lease or other instrument, (a) that at the time of delivery thereof the trust created by this Indenture and by the Trust was in full force and effect, (b) that the conveyance or other instrument was executed in accordance with the trusts, conditions and limitations contained in this Indenture and in the Trust or in some amendment thereof and binding upon all beneficiaries thereunder, (c) that the Trustee was duly authorized and empowered to execute and deliver every such deed, trust deed, lease, mortgage or other instrument, and (d) if the conveyance is made to a successor or successors in trust, that such successor or successors in trust have been properly appointed and are fully vested with all the title, estate, rights, powers, authorities, duties and obligations of the Trustee's predecessor in trust.

AND the Grantor hereby covenants with the Grantee that Grantor is lawfully seized of the Property in fee simple; that the Grantor has good right and lawful authority to sell and convey the Property; that the Grantor hereby fully warrants the title to the Property and will defend the same against the lawful claims of all persons whomsoever; and that the Property is free of all encumbrances; except taxes which are not yet due and payable.

IN WITNESS WHEREOF, the Grantor aforesaid has hereunto set their hands and seals this 10th day of June, 1997.

Signed, sealed and delivered in our presence:

Deborah Bestor  
DEBORAH BESTOR

As to Grantor

Kim N. Kyle  
KIM N. KYLE

As to Grantor

Mae Claire Franzen (SEAL)  
MAE CLAIRE FRANZEN

Rolland A. Franzen (SEAL)  
ROLLAND A. FRANZEN

STATE OF FLORIDA  
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 10th day of June, 1997, by ROLLAND A. FRANZEN and MAE CLAIRE FRANZEN, who:  
☒ are personally known to me, or ☐ have produced \_\_\_\_\_  
\_\_\_\_\_ as identification, and who did not take an oath.

Kim N. Kyle  
KIM N. KYLE

(NOTARY SEAL) BY STATE  
NOTARY PUBLIC  
STATE OF FLORIDA  
My Comm Exp: 5/16/98  
Bonded By Service Ins  
No. CC365546  
☐ Personally Known ☐ Other I.D.

I am a Notary Public of the State of Florida having a commission number of CC365546 and my commission expires: 5/16/98.

THIS DEED IS A CONVEYANCE TO A TRUSTEE WHICH IS NOT PURSUANT TO A SALE AND IS NOT SUBJECT TO FLORIDA DOCUMENTARY STAMP TAX, AS PROVIDED IN SECTION 12B-4.014(2)(b), FLORIDA ADMINISTRATIVE CODE.

This instrument prepared by:

M. Lanning Fox  
Warner, Fox, Seeley, Dungey & Sweet, Attorneys, L.L.P.  
1100 S. Federal Highway  
Post Office Drawer 6  
Stuart, Florida 34995-0006

db:est:franzen:wntcydeed

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

TAX FOLIO # 12-38-41-002-000-00851.7000

STATE OF Florida

COUNTY OF MARTIN

34 Rio Vista Dr. S.W. 34996

GENERAL DESCRIPTION OF IMPROVEMENT: STERN REPAIR TO EXISTING BOAT DOCK

OWNER: ROLAND A. FRANZEN

ADDRESS: 34 Rio Vista Dr. Seewalks Point, FL 34997

PHONE #: 286-8598

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

CONTRACTOR: Custom Built Marine Construction, Inc.

ADDRESS: 3170 S.E. WALKER ST. STUART, FL. 34997

PHONE #: 288-4254

FAX #: 288-2802

**SURETY COMPANY(IF ANY)**

STATE OF FLORIDA  
MARTIN COUNTY

ADDRESS:

PHONE #

FAX # THIS IS TO CERTIFY THAT THE  
FOREGOING 1 PAGE(S) IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL

**BOND AMOUNT:**

**LENDER:**

VARSHA EWING, CLERK

ADDRESS:

BY [Signature] D.C.

PHONE #:

FAX #:

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, 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 OF OWNER~~

SWORN TO AND SUBSCRIBED BEFORE ME THIS

BY 

2004

NOTARY SIGNATURE

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

/data/gmd/bzd/bldg\_forms/Noc.aw

12/01/99

The following documents must be signed and sealed by a registered Architect or Engineer. (2 copies)

1. **Dock Construction Plans**
  - a. Construction drawings showing dock details with handrails being used along with connectors
2. **Boatlift Construction Plans**
  - a. Construction drawing showing boatlift details and electrical requirements

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



(SIGNATURE OF APPLICANT)

DATE SUBMITTED: 10-25-04



6990

## OWNER'S AFFIDAVIT OF BUILDING COSTS

(To be submitted at time of final inspection for Certificate of Occupancy)

STATE OF FLORIDA  
MARTIN COUNTY

**BEFORE ME**, the undersigned authority, personally appeared the undersigned Affidavit, who, being first duly sworn, under penalty of perjury, deposes and says:

1. That Affidavit is the owner or the authorized agent of the owner of certain real estate (the Property) located within the municipal limits of the Town of Sewall's Point, Florida (the Town), having the street address set forth below Affidavit's signature.
2. That all of the improvements on the Property under current building permit(s) issued by the Town have been completed in substantial conformity with the plans and specifications on file with the Town and in accordance with all applicable state and local building codes.
3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 12,044.40.
4. That this Affidavit is made for the purpose of inducing the Building Official of the Town to issue a Certificate of Occupancy for the improvements, with the intention that it be relied upon for that purpose.

Affidavit's Signature:

Property Address:

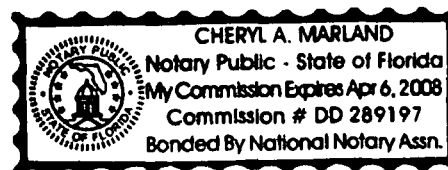
34 RIO VISTA DRIVE

SWORN TO and subscribed before me this 8 day  
of Dec., 2007, by Roland Franzer, who is personally known to me or  
produced \_\_\_\_\_ as identification.

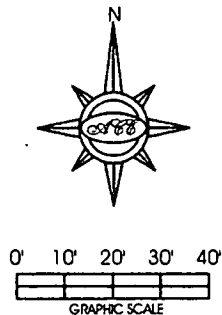
Cheryl A. Marland

Notary Public

My commission expires: 4-6-2008



(Notary Seal)



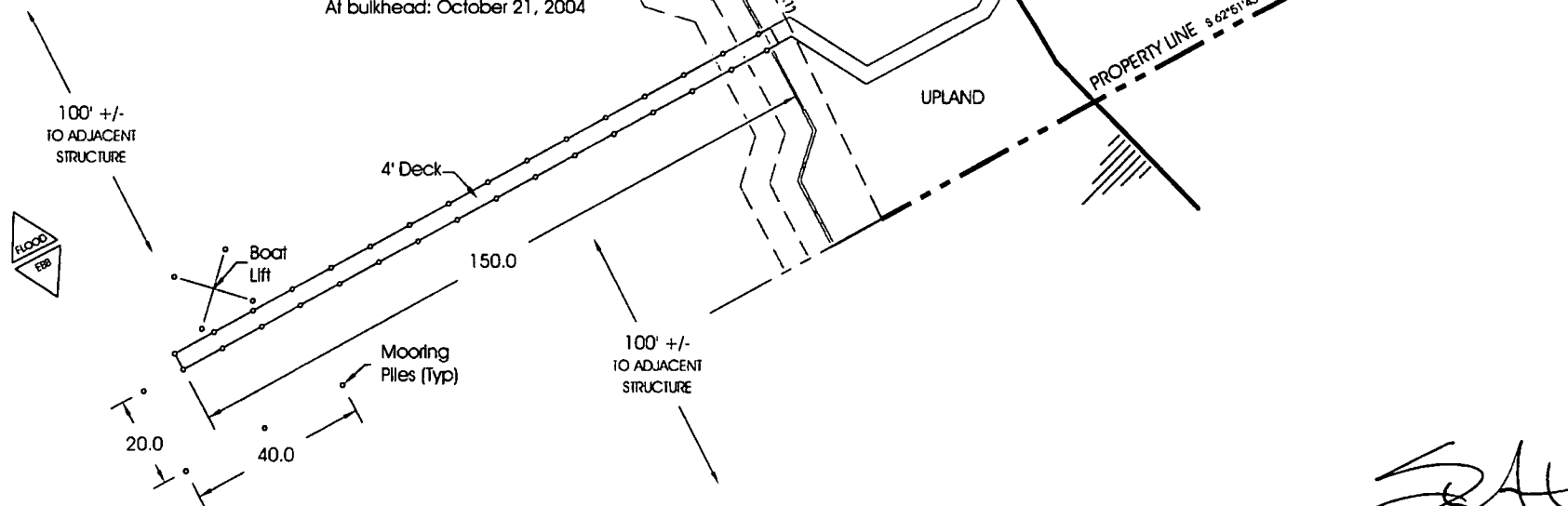
# REPAIR WORK FOR HURRICANE DAMAGE

**FRANZEN PIER REPAIR NOTES:**  
The Franzen pier will be repaired in kind. The existing footprint will be maintained. No additional area will be added.

**BUILDING OFFICIAL**  
Gene Simmons

**FILE COPY**  
**TOWN OF SEWALL'S POINT**  
THESE PLANS HAVE BEEN  
REVIEWED FOR CODE COMPLIANCE  
DATE: 10/27/04

MEAN HIGH WATER LINE  
At bulkhead: October 21, 2004



*Stuart E. McGahee*  
10.21.04

Stuart E. McGahee, PE  
Florida PE # 57536

*Atlantic Coastal Engineering Inc.*

PO Box 3016, Stuart, Florida 34997 PH (772) 288-4254 FX (772) 288-2802

Scale: 1" = 40'

Date: 10.21.04

Drawn By: SEM

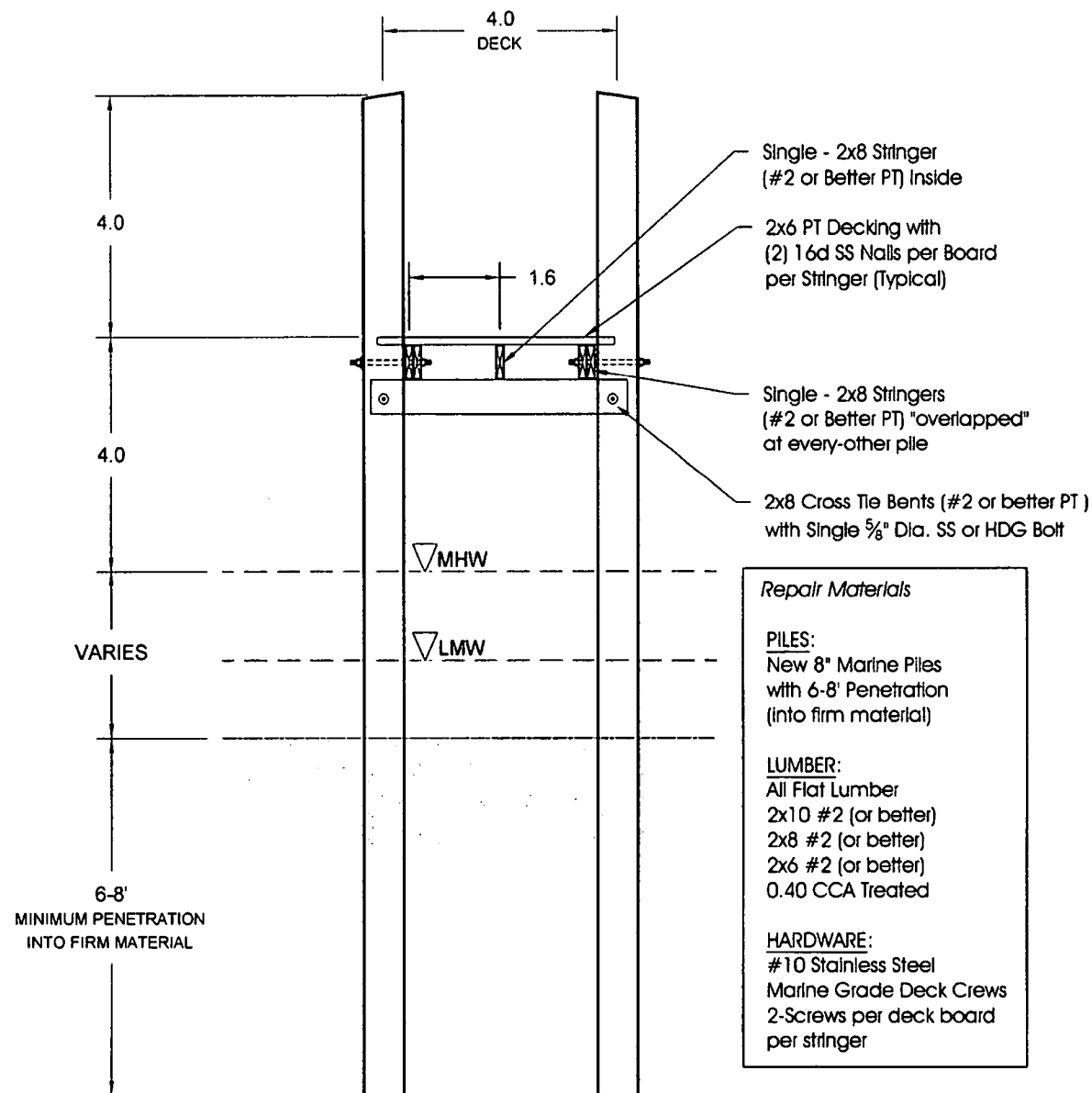
FDEP Permit Number:

Sheet: 1 of 2

AS-BUILT LOCATION AND MEAN HIGH WATER

**Mr. & Mrs. R. Franzen**

34 Rio Vista Drive  
Sewalls Point, Florida 34996



#### *Repair Materials*

##### PILES:

New 8" Marine Piles  
with 6-8' Penetration  
(into firm material)

##### LUMBER:

All Flat Lumber  
2x10 #2 (or better)  
2x8 #2 (or better)  
2x6 #2 (or better)  
0.40 CCA Treated

##### HARDWARE:

#10 Stainless Steel  
Marine Grade Deck Crews  
2-Screws per deck board  
per stringer

*Stuart E. McGahee*  
10.21.04

Stuart E. McGahee, PE  
Florida PE # 57536

*Atlantic Coastal Engineering Inc.*

PO Box 3016, Stuart, Florida 34997 PH (772) 288-4254 FX (772) 288-2802

Scale: 1" = 3'

Date: 10.21.04

Drawn By: SEM

FDEP Permit Number:

Sheet: 2 of 2

REPAIR DOCK STRUCTURE

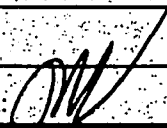


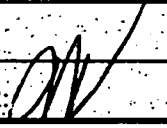


**Mr. & Mrs. R. Franzen**

34 Rio Vista Drive  
Sewalls Point, Florida 34996

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☐ Mon ☒ Wed ☐ Fri 11/10, 2008 Page 3 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7031	LASKY	ROUGH GAS	PASS	
1	27 W. High Point			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
<del>6990</del>	<del>FRANZEN</del>	<del>DOOR REPAIR</del>	<del>PASS</del>	<del>NO CHARGE</del>
3	34 RIO VISTA CUSTOM BUILT MACHINE			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6933	CIVIELLO	DEATH	PASS	
10	31 FIELDWAY OLB	SHEATHING		INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6839	WADE	ELEC	PASS	
2	9.E. High Point PINE OAKWOOD	PUMPING	PASS	INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6396	MUFSON	ROUGH ELEC	FAIL	
6	17 S. RIVER RD BUFORD	HVAC	FAIL	INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6876	PEARSON	TIE BEAM	PASS	
4A	49 RIO VISTA DRIFWOOD			INSPECTOR: 
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
TREE	AMOS	TREE		RESCHEDULE FOR
	114 S. Sewall's Pt			FRI -
				INSPECTOR:

OTHER:

**8253**  
**FENCE**

Martin County

STOL-20060018

MASTER PERMIT NO.

TOWN OF SEWALL'S POINT

Receipt #

Date 6-5-06

BUILDING PERMIT NO. 8253

Building to be erected for Franzen

Type of Permit Fence

Applied for by Stuart Fence Co

(Contractor) Building Fee

Subdivision Rio Vista Lot 85/86 Block

Radon Fee

Address 34 Rio Vista Dr

Impact Fee

Type of structure SFR

A/C Fee

Electrical Fee

Parcel Control Number:

Plumbing Fee

123841-002-000-00851-70000

Roofing Fee

Amount Paid \$30 Check # 6499 Cash

Other Fees (Fence) 30

Total Construction Cost \$ 4282

TOTAL Fees 30

Signed [Signature] Applicant

Signed [Signature] Town Building Official  
[Signature] Clerk

590  
RECEIVED  
5-19-06

Town of Sewall's Point  
BUILDING PERMIT APPLICATION

Date: 5-19-06 Permit Number: \_\_\_\_\_  
OWNER/TITLEHOLDER NAME: MAE CLAIRE FRANZEN Phone (Day) 286-8998 (Fax) \_\_\_\_\_  
Job Site Address: 34 Rio Vista DR City: STUART State: FL Zip: 34996  
Legal Desc. Property (Subd/Lot/Block): RIO VISTA - Lots 85, 86 Parcel Number: 12-38-41-002-000-00851-7  
Owner Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Description of Work To Be Done: INSTALL pool PERIMETER FENCE & gates

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 4282.00  
(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: P.O. Box 2636 City: Stuart State: FL Zip: 34995

State Registration Number: \_\_\_\_\_ State Certification Number: \_\_\_\_\_ Martin County License Number: CFE3584

SUBCONTRACTOR INFORMATION:

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

ARCHITECT \_\_\_\_\_ Lic. #: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ENGINEER \_\_\_\_\_ Lic. #: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

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

OWNER OR AGENT SIGNATURE (required)  
Mae Claire Franzen  
State of Florida, County of: MARTIN  
This the 18 day of MAY, 2006  
by MAE CLAIRE FRANZEN who is personally  
known to me or produced DL  
as identification Janis L. Loudin

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

CONTRACTOR SIGNATURE (required)  
Chester Richmond  
On State of Florida, County of: MARTIN  
This the 19 day of MAY, 2006  
by CHESTER RICHMOND who is personally  
known to me or produced \_\_\_\_\_  
as identification Janis L. Loudin

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

58

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

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

TAX FOLIO # 12-38-41-002-000-00851-7

**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): 34 Rio Vista DR  
Rio Vista S 50' of Lot 85 & a 50' of Lot 86

GENERAL DESCRIPTION OF IMPROVEMENT: INSTALL FENCE & GATES

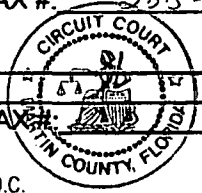
OWNER: MAR CLAIRE FRANZEN  
ADDRESS: 34 RIO VISTA DR, STUART, FL 34996  
PHONE #: 288 1131 FAX #: 288 3035

INTEREST IN PROPERTY: \_\_\_\_\_

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

CONTRACTOR: STUART FENCE  
ADDRESS: P.O. Box 21036 STATE OF STUART FL 34995  
PHONE #: 772-285-1151 MARTIN COUNTY FAX #: 285-3035

SURETY COMPANY (IF ANY) \_\_\_\_\_ THIS IS TO CERTIFY THAT THE  
ADDRESS: \_\_\_\_\_ FOREGOING \_\_\_\_\_ PAGES IS A TRUE  
PHONE #: \_\_\_\_\_ AND CORRECT COPY OF THE ORIGINAL  
BOND AMOUNT: \_\_\_\_\_ MARSHA EWING, CLERK  
BY: [Signature] D.C.



LENDER/MORTGAGE COMPANY \_\_\_\_\_ DATE 5-19-06  
ADDRESS: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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 18 DAY OF MAY 2006  
BY MAR CLAIRE FRANZEN

PERSONALLY KNOWN

[Signature]  
NOTARY SIGNATURE

NOTARY PUBLIC STATE OF FLORIDA ID 652-551-24-723-0  
JANIS L. COUDIN  
Commission # DD538831  
Expires: MAY 21, 2010  
Bonded Thru Atlantic Bonding Co., Inc.

INSTR # 1934490 DR BK 02144 PG 2856 RECD 05/19/2006 11:03:25 AM  
MARSHA EWING MARTIN COUNTY DEPUTY CLERK S Phoebeix





# 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 - 20060018  
Permit Type: SEWALLS POINT  
Date Issued: 02-JUN-06  
Project:  
Scope of Work: Install pool perimeter fence & gates

Applicant/Contact: RICHMOND, CHESTER J III /  
Parcel Control Number: 12-38-41-002-000-0085.1-70000  
Subdivision: RIO VISTA  
Construction Address: 34 RIO VISTA DR  
Location Description:  
Owner Name: FRANZEN, MAE CLAIRE (TR)  
Prime Contractor: RICHMOND, CHESTER J III STUART FENCE & WIRE  
3307 RAILROAD AVE  
STUART, FL 34997 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 \_\_\_\_\_

**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.

INS ADOL LTS PERIOD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <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	<b>NPP0835360</b>	<b>8/18/2005</b>	<b>8/18/2006</b>	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>50,000</b> PERSONAL & ADV INJURY \$ <b>5,000</b> GENERAL AGGREGATE \$ <b>1,000,000</b> PRODUCTS - COMP/PROP AGG \$ <b>2,000,000</b> PRODUCTS - COMP/PROP AGG \$ <b>1,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC. AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND            EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/> 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

**FENCE ERECTION****CERTIFICATE HOLDER**

**THE TOWN OF SEWELLS POINT**  
**1 SOUTH SEWELLS POINT RD**  
**SEWELLS POINT, FL 34996**

**ATTN: LAURA**  
**FAX# 772-220-4765**

**CANCELLATION**

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

*M. Howell*

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>						Date 2/24/2006	
<b>Producer:</b> Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 Phone: 727-938-5562 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.			
<b>Insured:</b> 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:							
<b>Coverages</b> <small>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.</small>							
INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur  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	\$ \$ \$ \$ \$ \$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) Bodily Injury (Per Person) Bodily Injury (Per Accident) Property Damage (Per Accident)	\$ \$ \$ \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> Any Auto				Auto Only - Ea Accident Other Than EA Acc. Autos Only. AGG.	\$ \$ \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention				Each Occurrence Aggregate	\$ \$
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below.	WC 71949	01/01/2006	01/01/2007	<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> E.L. Each Accident <input type="checkbox"/> E.L. Disease - Ea Employee <input type="checkbox"/> E.L. Disease - Policy Limits	\$1000000 \$1000000 \$1000000
	Othe 3485485	Stuart Fence Company, Inc.	COVERAGE APPLIES ONLY TO THOSE EMPLOYEES LEASED, NOT TO SUBCONTRACTORS.				
<small>Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:</small>							
<small>ADD ON DATE: 5/10/2004</small> <b>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 &amp; 772-220-4765 / ISSUE: 10-21-04 (PDC) / REISSUE 8-23-05 (JLH) / REISSUE 1-18-06 (JLH) REISSUE 2-24-06 (SH)</b>							
<b>Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616</b>							
<b>CERTIFICATE HOLDER</b> TOWN OF SEWALLS POINT ATTN: LAURA 1 S. SEWALLS POINT RD. SEWALLS POINT FL 34998				<b>CANCELLATION</b> Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.			

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 235901  
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>

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

23 DAY OF AUGUST 05  
AND ENDING SEPTEMBER 30, 2005

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

**RECEIPT OF PAYMENT**

**LARRY C. O'STEEN 6018  
99 08/23/2005 OCCI NORMAL  
2004518003300  
0220050823086038CK \$25.00**



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

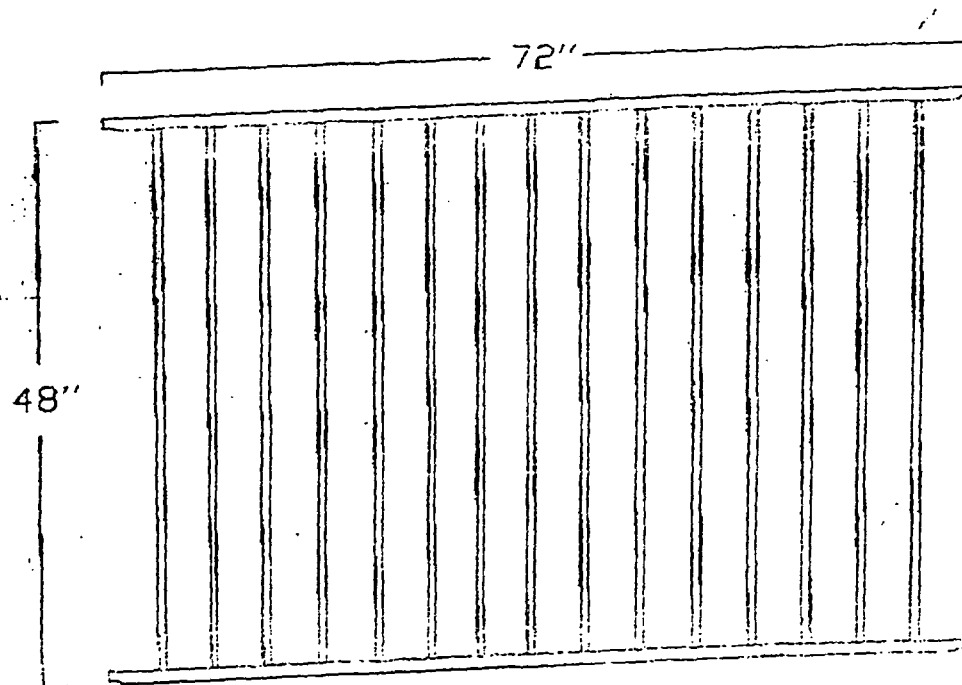
**FENCE ERECTION**

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

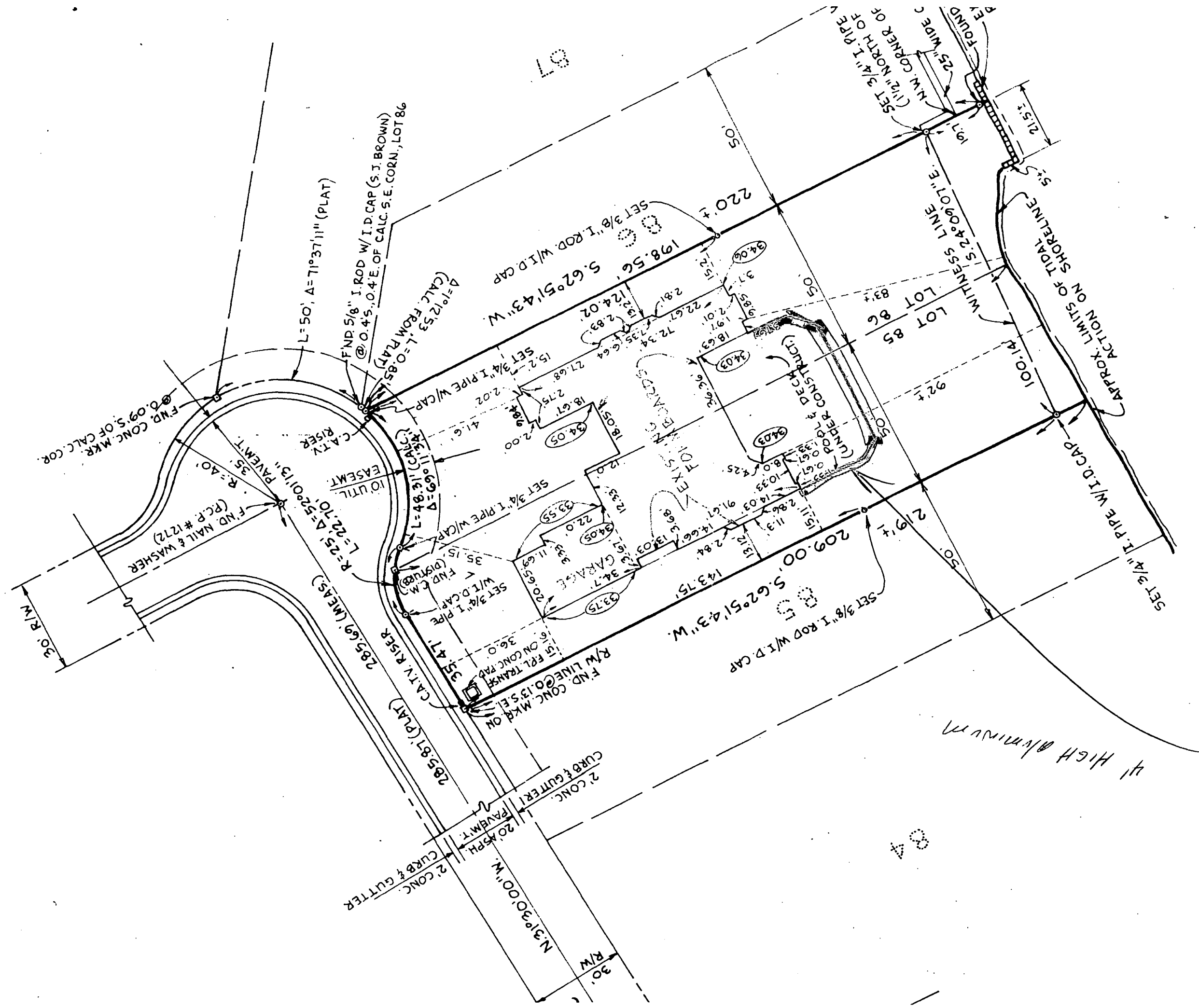
**RICHMOND, CHESTER J III  
STUART FENCE & WIRE  
3307 RAILROAD AVE  
STUART, FL 34997**

PICKETS: 5/8" SQ. X .050

RAILS: TOP WALL 1 1/16" X .062  
SIDE 1" X .072



# St. Lucie River



4' HIGH ALUMINUM

87

84

# TOWN OF SEWALL'S POINT

## Building Department - Inspection Log

Date of Inspection: ☒ Mon ☐ Wed ☐ Fri 7/13, 2006

Page 4 of 4

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
0059	TRANTER	CONC. PAD	PASS	
2	9 MIDDLE ROAD LAWSON			INSPECTOR: <i>AM</i>
0031		RET. WALL	PASS	
15	4 PERRIWINKLE			INSPECTOR: <i>AM</i>
0018		POOL FENCE	PASS	
10	34 RIO VISTA			INSPECTOR: <i>AM</i>
0061		UG TANK	PASS	
9	85 S. RIVER CC DIVERIFIED			INSPECTOR: <i>AM</i>
0049		ROOF FINAL	PASS	
14	12 WENDY LN			INSPECTOR: <i>AM</i>
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

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

# Permit master

TypeNumber	Ent Dt	Status Project	Name	Decision Compl Dt	Issue Dt	Expire Dt	Pid
SP0120060030	02-JUN-06	OPEN			12-JUN-06		245718
SP0120060035	31-MAY-06	DONE		COMPLETE 24-JUL-06	12 JUN 06		245918
SP0120060027	30-MAY-06	OPEN			12-JUN-06		245386
SP0120060033	30-MAY-06	OPEN			12-JUN-06		245374
SP0120060022	30-MAY-06	DONE		COMPLETE 18-JUL-06	09-JUN-06		245373
SP0120060023	30-MAY-06	OPEN			09-JUN-06		245372
SP0120060026	30-MAY-06	DONE		COMPLETE 24-JUL-06	09-JUN-06		245368
SP0120060025	30-MAY-06	OPEN			09-JUN-06		245367
SP0120060059	30-MAY-06	DONE		COMPLETE 24-JUL-06	23-JUN-06		245366
SP0120060024	30-MAY-06	OPEN			09-JUN-06		245365
SP0120060017	25-MAY-06	OPEN			31-MAY-06		245206
SP0120060018	24-MAY-06	DONE		COMPLETE 24-JUL-06	02-JUN-06		245111
SP0120060020	24-MAY-06	OPEN			02-JUN-06		245110
SP0120060019	24-MAY-06	OPEN			02-JUN-06		245108
SP0120060042	24-MAY-06	DONE		COMPLETE 24-JUL-06	14-JUN-06		245107
SP0120060016	22-MAY-06	OPEN			25-MAY-06		244972
SP0120060015	22-MAY-06	OPEN			25-MAY-06		244969
SP0120060014	19-MAY-06	DONE		COMPLETE 19-JUN-06	25-MAY-06		244888
SP0120060007	16-MAY-06	OPEN			17-MAY-06		244660
SP0120060013	16-MAY-06	OPEN			22-MAY-06		244658
SP0120060012	15-MAY-06	DONE		COMPLETE 24-JUL-06	22-MAY-06		244532
SP0120060011	15-MAY-06	OPEN			22-MAY-06		244531
SP0120060010	15-MAY-06	DONE		COMPLETE 20-JUN-06	22-MAY-06		244530
SP0120060009	12-MAY-06	OPEN			17-MAY-06		244459
SP0120060008	12-MAY-06	DONE		COMPLETE 24-JUL-06	17-MAY-06		244457
SP0120060005	10-MAY-06	DONE		COMPLETE 24-JUL-06	12-MAY-06		244341
SP0120060003	10-MAY-06	OPEN			12-MAY-06		244339
SP0120060001	10-MAY-06	OPEN			12-MAY-06		244337
* SP0120060002	10-MAY-06	DONE		COMPLETE 06-JUN-06	12-MAY-06		244336
SP0120060021	10-MAY-06	OPEN			05-JUN-06		244332
SP0120060006	10-MAY-06	DONE		COMPLETE 24-JUL-06	16-MAY-06		244327
SP0120060004	10-MAY-06	OPEN			12-MAY-06		244325



**9888**  
**FENCE**



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

## BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK**

**A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	9888	DATE ISSUED:	SEPTEMBER 30, 2011
SCOPE OF WORK:	FENCE		
CONTRACTOR:	STUART FENCE		
PARCEL CONTROL NUMBER:	123841002-000-008517	SUBDIVISION	RIO VISTA-1/2 L85&86
CONSTRUCTION ADDRESS:	34 RIO VISTA DR		
OWNER NAME:	GILL		
QUALIFIER:	CHESTER RICHMOND	CONTACT PHONE NUMBER:	288-1151

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS – ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE**  
**CALL 287-2455 - 8:00AM TO 4:00PM      INSPECTIONS: 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: 9-29-11

Permit Number: 9888

OWNER/TITLEHOLDER NAME: George + Vivian Gill Phone (Day) 305-588-2385 (Fax) —

Job Site Address: 34 Rio Vista Dr. City: Stuart State: FL Zip: 34996

Legal Description: Rio Vista S 50' of Lot 85 + N 50' of Lot 86 Parcel Control Number: 12-38-41-002-00-00851-7

Owner Address (if different): 12385 Keyston Isl. Dr. City: N. Miami State: FL Zip: 33181

Scope of work (please be specific): 97' of 4' tall 3-rail black alum. w/ 1-5' and 1-10' gate.

**WILL OWNER BE THE CONTRACTOR?**

(If yes, Owner Builder questionnaire must accompany application)  
YES ☐ NO ☒

Has a Zoning Variance ever been granted on this property?

YES ☐ (YEAR) ☐ NO ☒  
(Must include a copy of all variance approvals with application)

**COST AND VALUES: (Required on ALL permit applications)**

Estimated Value of Improvements: \$ 2360.00

(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)

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

**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**

Estimated Fair Market Value prior to improvement: \$

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

PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

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

Street: 3264 SE Dixie Hwy. City: Stuart State: FL Zip: 34997

State License Number: — OR: Municipality: Martin Co. License Number: MCFE 3584

LOCAL CONTACT: Chester Richmond Phone Number: —

DESIGN PROFESSIONAL: N/A Lic# — Phone Number: —

Street: — City: — State: — Zip: —

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

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

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

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

**NOTICES TO OWNERS AND CONTRACTORS:**

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

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

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

OWNER SIGNATURE: (required)  
OR OWNERS LEGAL AUTHORIZED AGENT (PROOF REQUIRED)

SEE ATTACHED CONTRACT

State of Florida, County of: —

This the — day of —, 20—

by — who is personally

known to me or produced —

as identification. —

Notary Public

My Commission Expires: —

CONTRACTOR SIGNATURE: (required)

X Chris

On State of Florida, County of: Martin

This the 29th day of Sept., 2011

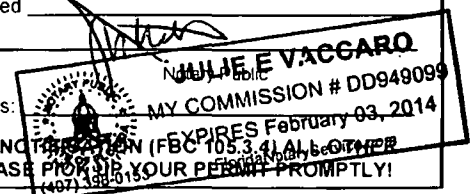
by Chester Richmond who is personally

known to me or produced —

As identification. —

My Commission Expires: —

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOT TO EXCEED (FBC 105.3.2) - PLEASE PICK UP YOUR PERMIT PROMPTLY!  
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 9/30/2011 11:36:05 AM EDT***Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Data as of
12-38-41-002-000-00851-7	27598	34 RIO VISTA DR, SEWALL'S POINT	\$1,388,060	9/24/2011

**Owner Information**

Owner(Current)	GILL GEORGE H & VIVIAN C
Owner/Mail Address	34 RIO VISTA DR STUART FL 34996
Sale Date	11/22/2006
Document Book/Page	2199 2541
Document No.	1975455
Sale Price	2100000

**Location/Description**

Account #	27598	Map Page No.	SP-05
Tax District	2200	Legal Description	RIO VISTA S 50' OF LOT 85 & N 50' OF LOT 86
Parcel Address	34 RIO VISTA DR, SEWALL'S POINT		
Acres	.4510		

**Parcel Type**

Use Code	0100 Single Family
Neighborhood	193170 LUCINDIA,RIVERVIEW(ST LUC.RVR)

**Assessment Information**

Market Land Value	\$950,000
Market Improvement Value	\$438,060
Market Total Value	\$1,388,060

Picket drop. w/ #3003 SG+PP

CM 9/20

# STUART FENCE COMPANY, INC.

(772) 288-1151

Fax (772) 288-3035

# FE3584

LICENSED & INSURED  
BONDED

## PROPOSAL - CONTRACT

P.O. Box 2636  
Stuart, FL 34995

CUSTOMER'S NAME <u>George &amp; Vivian Gill</u>		DATE <u>9-19-11</u>	
STREET <u>34 Rio Vista drive</u>		CITY <u>STUART</u>	STATE <u>FL</u>
HOME PHONE <u>305-500-2385</u>		BUSINESS PHONE	FAX #
FENCE LINE CLEARED: <u>Y</u> <u>N</u>		SURVEY: <u>GH Gill &amp; Bellsouth.net</u>	
		TOTAL FOOTAGE: <u>97'</u>	

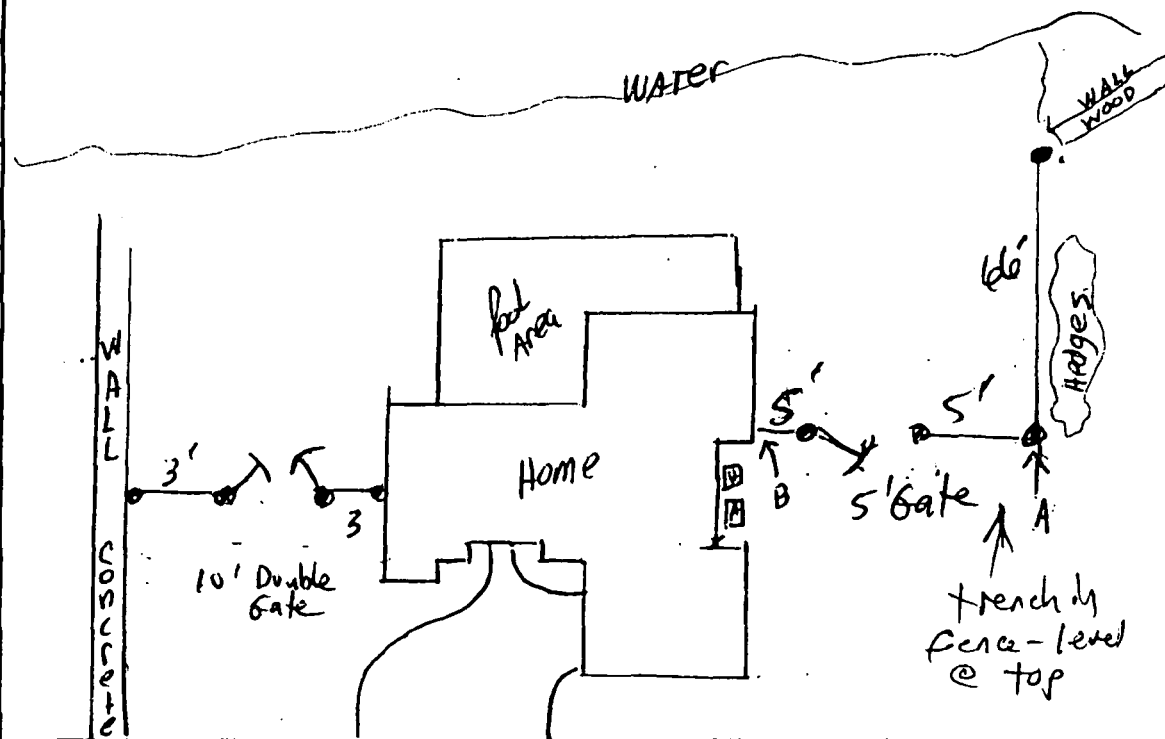
### CHAIN LINK

FENCE TYPE	
TOP RAIL	
LINE POST	
CORNER POST	
GATE POST	
WALK GATE	
D.D. GATE	
WIRE GAUGE	
TENSION WIRE	

### WOOD

FENCE STYLE	
HEIGHT	
GOOD SIDE	
WALK GATES	
D.D. GATES	
LINE POSTS	
GATE POSTS	

\* Job is 97' of 4' TALL 3rail BLACK powdercoated aluminum Longislander modified, with 1-5 WALK gate, and one 10' Double drive gate.  
\* Job includes permit, Labor, materials, all post in ground concreted.



### SPECIAL INSTRUCTIONS

BLACK ALUMINUM \* Panels and Gates, BLACK Longislander #300 modified  
A= Longer Post, Needs wall Brackets  
B= Brackets to ATTACH TO WALL

OPTION "B"	PROPOSAL/CONTRACT SALE PRICE	OPTION "A"
	CONTRACT PRICE	2360-
	PERMIT	Included
	TOTAL	2360-
	LESS DEPOSIT	
	BALANCE DUE UPON COMPLETION	

ACCEPTANCE OF PROPOSAL - CONTRACT: The above prices, specifications and Terms/Conditions on reverse side are satisfactory and are hereby accepted. Stuart Fence Corp. is authorized to do the work specified. Payment will be made as outlined above. Upon signing by Purchaser this becomes a binding contract.

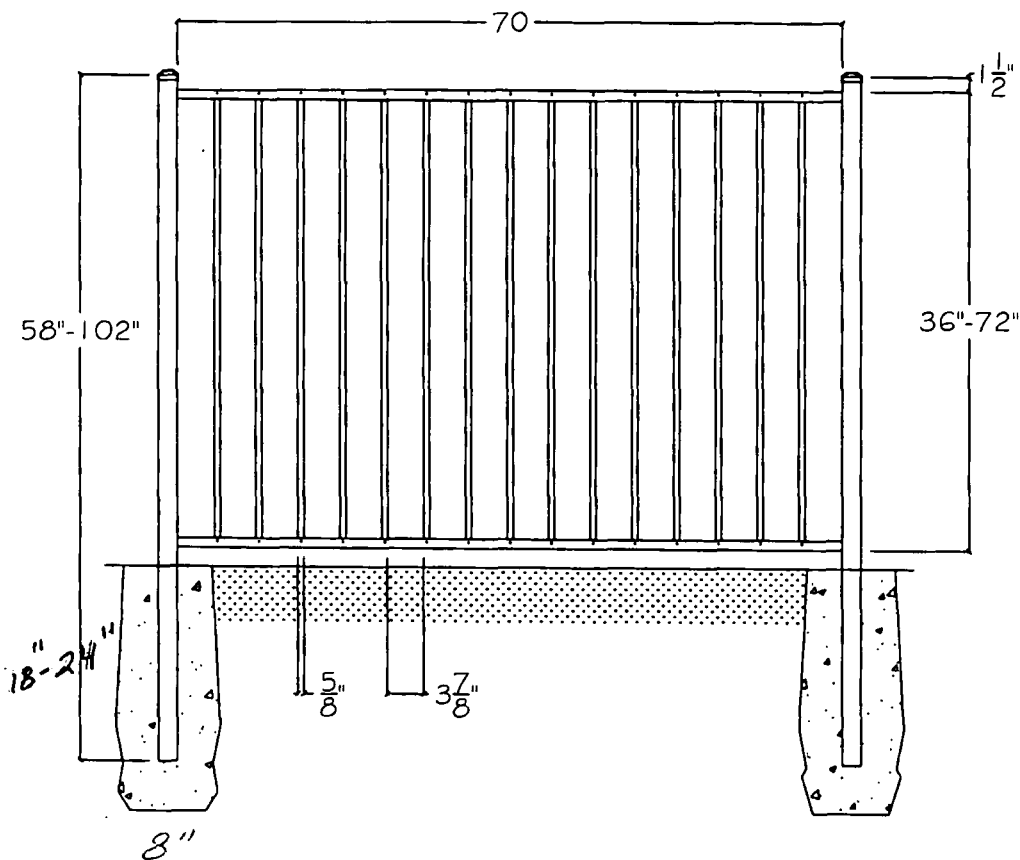
CUSTOMER'S SIGNATURE

SEE REVERSE SIDE FOR WARRANTY INFORMATION

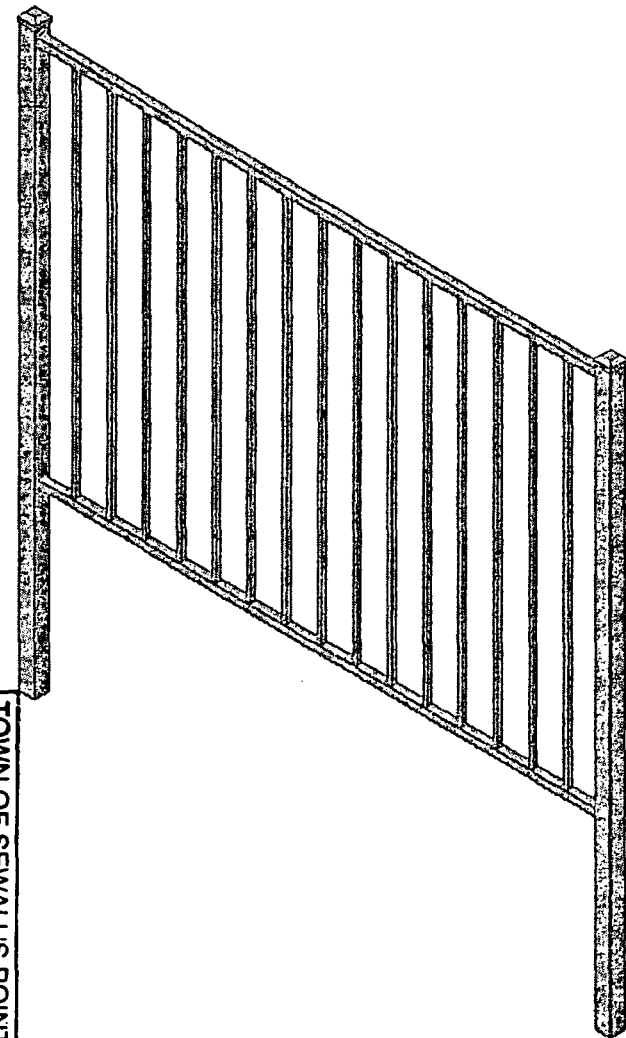
SALES REP.

STUART FENCE COMPANY, INC. IS NOT RESPONSIBLE FOR DAMAGE TO UNMARKED IRRIGATION LINES

FENCE PARTS		
ITEM	QTY	DESCRIPTION
1	15	5/8" PRESS POINT PICKET W/ .050" THICKNESS
2	3	1" X 1" HORIZONTAL RAIL W/ .062" X .072" THICKNESS
3	2	2" POST CAP
4	2	2" SQ. POST W/ .062" THICKNESS
5	45	SCREWS
6		
7		
8		

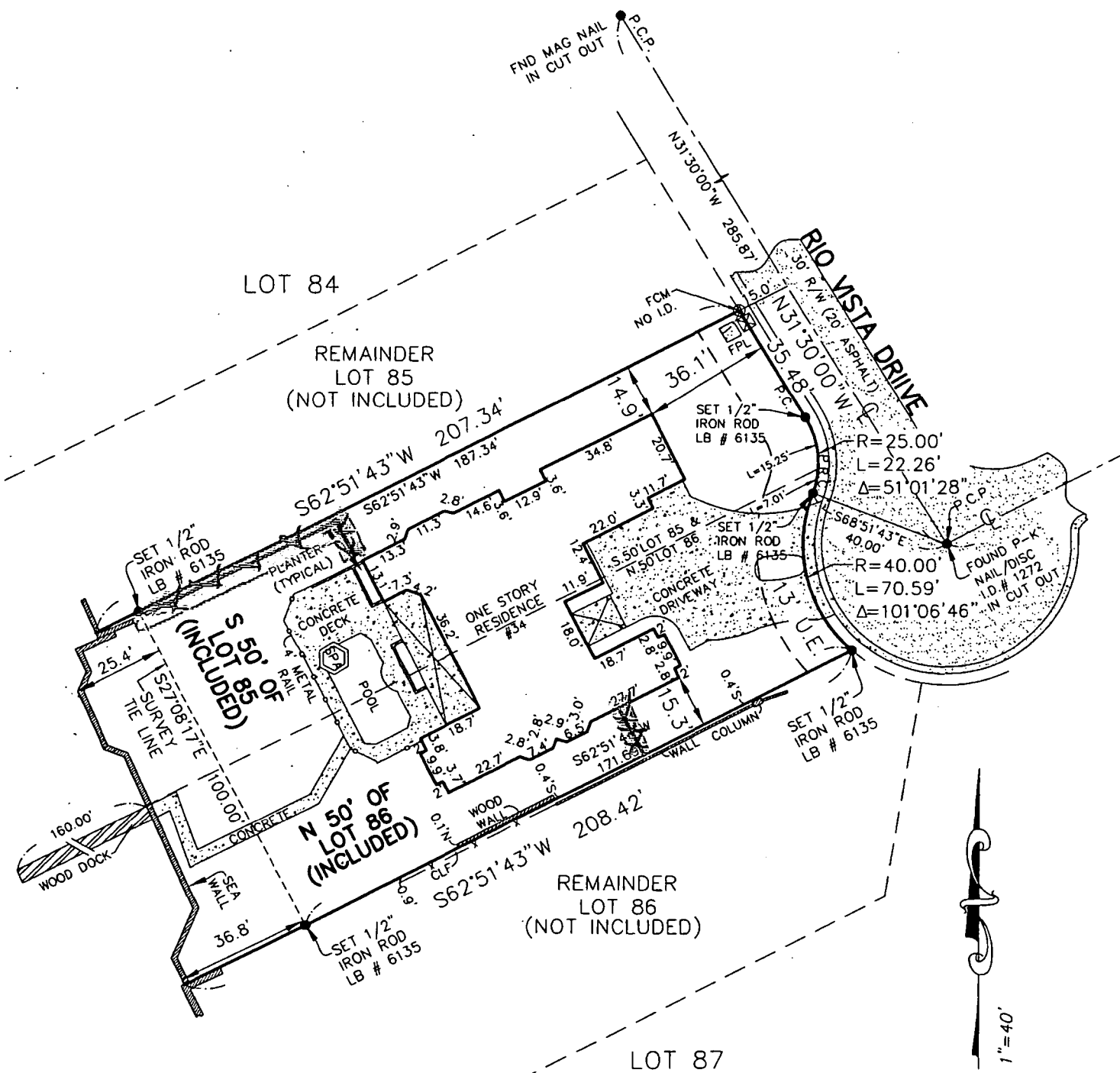


TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY



<b>iDEAL</b> <i>Aluminum Products</i>	2000 BRUNSWICK LANE DELAND, FL. 32724 PHONE: 386-736-1700 FAX: 386-822-4950	
	DRAWING: #400 RESIDENTIAL	
DWG. NO: 300-72-48	REV	
SCALE: NTS	12/4/2007 8:44:02 AM	

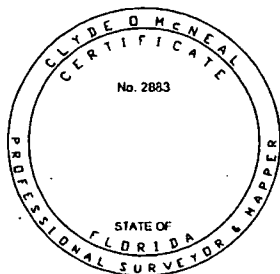
Drawn by: M. K. K. K. K.  
This drawing is the property of Ideal Aluminum Products.  
It is not to be reproduced, copied, or traced in  
whole or in part without written permission.



PAGE 2 OF 2 PAGES

# BOUNDARY SURVEY

LB #6135

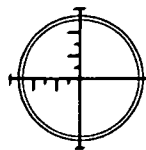


## SURVEYORS CERTIFICATE

I HEREBY CERTIFY THAT THIS BOUNDARY SURVEY IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY PREPARED UNDER MY DIRECTION. NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL, OR A RAISED EMBOSSED SEAL AND SIGNATURE.

Clyde  
McNeal

Digitally signed by Clyde  
McNeal  
DN: cn=Clyde McNeal, c=US,  
o=Target Surveying, Inc.,  
Date: 2007.08.21 16:18:11  
+0400



# TARGET SURVEYING, INC.

SERVING MOST FLORIDA COUNTIES

5601 CORPORATE WAY SUITE 210  
WEST PALM BEACH, FL 33407  
PHONE (561) 640-4800  
FACSIMILE (561) 640-0576  
STATEWIDE PHONE (800) 226-4807  
STATEWIDE FACSIMILE (800) 741-0576

(SIGNED)

CLYDE O. McNEAL, PROFESSIONAL SURVEYOR AND MAPPER #2883

The South 50 feet of Lot 85 and the North 50 feet of Lot 86, RIO VISTA SUBDIVISION according to the Plat thereof, as recorded in Plat Book 6, Page 95, of the Public Records of MARTIN County, Florida.

Community Number: 120164 Panel: 0154 Suffix: F Flood Zone: X/AE Field Work: 8/20/2007

**Certified To:**

GEORGE H. GILL AND VIVIAN C. GILL; ATKINSON, DINER STONE MANKUTA AND PLOUCHA P.A.; ATTORNEYS' TITLE INSURANCE FUND, INC.; VALLEY BANK, its successors and/or assigns.

**Property Address:**

34 RIO VISTA DRIVE  
STUART, FL 34996

Survey Number: 115028

**LEGEND:**

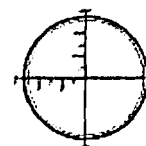
AC	AIR CONDITIONER	XXX	EXISTING ELEVATION	LME	LAKE MAINTENANCE EASEMENT	RW	RIGHT OF WAY
B.R.	BEARING REFERENCE	F.F.	FINISHED FLOOR	O.R.	OFFICIAL RECORDS	S.I.R.	SET IRON ROD & CAP
B.M.	BENCH MARK	F.I.P.	FOUND IRON PIPE	O.R.B.	OFFICIAL RECORDS BOOK	P.P.	POWER POLE
C	CENTERLINE	FD.	FOUND	U.E.	UTILITY EASEMENT	T.O.B.	TOP OF BANK
(C)	CALCULATED	W.	WELL	P.C.P.	PERMANENT CONTROL POINT	W.M.	WATER METER
CATV	CABLE RISER	WC	WITNESS CORNER	P.R.M.	PERMANENT REFERENCE MONUMENT	PG	PAGE
C.B.	CATCH BASIN	F.P.K.	FOUND PARKER-KALON NAIL	T.B.M.	TEMPORARY BENCH MARK	(P)	PLAT
D.H.	DRILL HOLE	F.C.M.	FOUND CONCRETE MONUMENT	TEL	TELEPHONE FACILITIES	P.B.	PLAT BOOK
D.E.	DRAINAGE EASEMENT	F.I.R.	FOUND IRON ROD	P.O.B.	POINT OF BEGINNING	U.P.	UTILITY POLE
DW	DRIVEWAY	L	LENGTH	P.O.C.	POINT OF COMMENCEMENT	(M)	FIELD MEASURED
Δ	CENTRAL ANGLE/DELTA	L.A.E.	LIMITED ACCESS EASEMENT	P.C.C.	POINT OF COMPOUND CURVATURE	A.E.	ANCHOR EASEMENT
C.M.	CONCRETE MONUMENT	M.E.	MAINTENANCE EASEMENT	P.C.	POINT OF CURVATURE	Q.H.L.	OVERHEAD UTILITY LINES
D.B.	DEED BOOK	M.H.	MANHOLE	P.R.C.	POINT OF REVERSE CURVATURE	R	PROPERTY LINE
D.	DESCRIPTION OR DEED	F.N.	FOUND NAIL	P.T.	POINT OF TANGENCY	CH	CHORD
ESMT	EASEMENT	N&D	NAIL & DISC	●	PROPERTY CORNER	COVERED AREA	
E.Q.W.	EDGE OF WATER	N.R.	NON RADIAL	R.O.E.	ROOF OVERHANG EASEMENT	CONCRETE	
		N.T.S.	NOT TO SCALE	R.	RADIUS (RADIAL)	WOOD FENCE	
						-X-X	METAL FENCE

PAGE 1 OF 2 PAGES

**GENERAL NOTES:**

- 1) LEGAL DESCRIPTION PROVIDED BY OTHERS
- 2) THE LANDS SHOWN HEREON WERE NOT ABSTRACTED FOR EASEMENTS OR OTHER RECORDED ENCUMBRANCES NOT SHOWN ON THE PLAT.
- 3) UNDERGROUND PORTIONS OF FOOTINGS, FOUNDATIONS OR OTHER IMPROVEMENTS WERE NOT LOCATED.
- 4) WALL TIES ARE TO THE FACE OF THE WALL AND ARE NOT TO BE USED TO RECONSTRUCT BOUNDARY LINES.
- 5) ONLY VISIBLE ENCROACHMENTS LOCATED.
- 6) DIMENSIONS SHOWN ARE PLAT AND MEASURED UNLESS OTHERWISE SHOWN.
- 7) FENCE OWNERSHIP NOT DETERMINED.
- 8) ELEVATIONS INDICATED HEREON ARE IN FEET AND DECIMALS REFERENCED TO N.G.V.D. 1929
- 9) IN SOME INSTANCES, GRAPHIC REPRESENTATIONS HAVE BEEN EXAGGERATED TO MORE CLEARLY ILLUSTRATE RELATIONSHIPS BETWEEN PHYSICAL IMPROVEMENTS AND/OR LOT LINES. IN ALL CASES, DIMENSIONS SHALL CONTROL. THE LOCATION OF THE IMPROVEMENTS OVER SCALED POSITIONS.

**LEGAL DESCRIPTION AND CERTIFICATION**



LB #6135  
**TARGET**  
**SURVEYING, INC.**

**SERVING MOST FLORIDA COUNTIES**

5801 CORPORATE WAY SUITE 210  
WEST PALM BEACH, FL 33407  
PHONE (561) 640-4800  
FACSIMILE (561) 640-0578  
STATEWIDE PHONE (800) 228-4807  
STATEWIDE FACSIMILE (800) 741-0578



# TOWN OF SEWALLS POINT

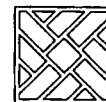
## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection ☐ Mon ☐ Tue ☐ Wed ☒ Thur ☐ Fri 10-27-11 Page \_\_\_\_ of \_\_\_\_

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9912	Bostwick	✓ Roofing		CLOSE
	27 Emmita	Final		PASS
	Cardinal Ref			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9888	Gill	✓ Fence		
	34 Rio Vista	Final	PASS	CLOSE
	Stuart Fence			INSPECTOR <i>JA</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR



K E L L Y & K E L L Y A R C H I T E C T S



September 10, 2007

Town of Sewall's Point Building Department  
1 South Sewall's Point Road  
Stuart, Florida 34996

RE: Gill Residence (formerly the Franzen Residence)  
34 Rio Vista  
Sewall's Point, Florida 34996

Dear Sir or Madam,

Please allow Mr. George Gill to obtain any copies of signed & sealed documents for the above referenced project.

Certified by:  
Kelly & Kelly Architects

Gary R. Kelly  
Architect Reg. #8341

GRK/dm

**10342**

**RE-ROOF**



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

## BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK**

**A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	10342	DATE ISSUED:	FEBRUARY 4, 2013
SCOPE OF WORK:	REROOF		
CONTRACTOR:	ALL AMERICAN ROOFING & COATING		
PARCEL CONTROL NUMBER:	123841002-000-008517	SUBDIVISION	RIO VISTA - LOT 85
CONSTRUCTION ADDRESS:	34 RIO VISTA DR		
OWNER NAME:	GILL		
QUALIFIER:	JESUS VASQUEZ	CONTACT PHONE NUMBER:	781-4410

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE**  
**CALL 287-2455 - 8:00AM TO 4:00PM      INSPECTIONS: 9:00AM TO 3:00PM - MONDAY THROUGH FRIDAY**

### INSPECTIONS

UNDERGROUND PLUMBING	_____
UNDERGROUND MECHANICAL	_____
STEM-WALL FOOTING	_____
SLAB	_____
ROOF SHEATHING	_____
TIE DOWN /TRUSS ENG	_____
WINDOW/DOOR BUCKS	_____
ROOF DRY-IN/METAL	_____
PLUMBING ROUGH-IN	_____
MECHANICAL ROUGH-IN	_____
FRAMING	_____
FINAL PLUMBING	_____
FINAL MECHANICAL	_____
FINAL ROOF	_____

UNDERGROUND GAS	_____
UNDERGROUND ELECTRICAL	_____
FOOTING	_____
TIE BEAM/COLUMNS	_____
WALL SHEATHING	_____
INSULATION	_____
LATH	_____
ROOF TILE IN-PROGRESS	_____
ELECTRICAL ROUGH-IN	_____
GAS ROUGH-IN	_____
METER FINAL	_____
FINAL ELECTRICAL	_____
FINAL GAS	_____
BUILDING FINAL	_____

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

# Town of Sewall's Point

## BUILDING PERMIT APPLICATION

Permit Number: 10342

Date: 2/28/13

OWNER/LESSEE NAME: GEORGE GILL

Phone (Day): 305-508-2385 (Fax):

Job Site Address: 34 RIO VISTA DRIVE

City: SEAWALLS PT

State: FL Zip:

Legal Description: RIO VISTA S 50' OF LOT 85 + N 50' OF LOT 86

Parcel Control Number: 12-38-41-002-000-00851-7

Fee Simple Holder Name: SAME

Address:

City:

State:

Zip:

Telephone:

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

#### WILL OWNER BE THE CONTRACTOR?

(If yes, Owner Builder questionnaire must accompany application)

YES

NO X

#### Has a Zoning Variance ever been granted on this property?

YES (YEAR)

NO

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

#### COST AND VALUES: (Required on ALL permit applications)

Estimated Value of Improvements: \$ 34600.00

(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: \$ 389180

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

PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: All American Roofing & Coating of Florida Inc

Phone: 772-781-4410 Fax: 772-781-4408

Qualifiers name: Jesus Vasquez Jr

Street: 2504 SE Willoughby Blvd

City: Stuart

State: FL

Zip: 34994

State License Number: CCC1329384

OR: Municipality:

License Number:

LOCAL CONTACT: Jesus Vasquez Jr

Phone Number: 772-263-6610

#### DESIGN PROFESSIONAL:

State: FL City: Stuart

State:

Zip:

Phone Number:

AREAS SQUARE FOOTAGE: Living: 3615

Garage: 749

Covered Patios/ Porches:

Enclosed Storage:

Carport:

Total under Roof 4364

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 George Gill

State of Florida, County of: Martin

On This the 28th day of Jan, 2013

by George Gill who is personally

known to me or produced

As identification, Helen R. Morris

Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

X Jesus Vasquez Jr

State of Florida, County of: Martin

On This the 28th day of Jan, 2013

by Jesus Vasquez Jr

known to me or produced

As identification, Helen R. Morris

Notary Public - State of Florida

Notary Public

My Commission Expires: Sept 26, 2016

My Comm. Expires: 5/12/13

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

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

generated on 1/29/2013 11:22:11 AM EST

**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-002-000-00851-7	27598	34 RIO VISTA DR, SEWALL'S POINT	\$1,319,180	1/26/2013

Owner Information	
Owner(Current)	GILL GEORGE H & VIVIAN C
Owner/Mail Address	34 RIO VISTA DR STUART FL 34996
Sale Date	11/22/2006
Document Book/Page	2199 2541
Document No.	1975455
Sale Price	2100000

Location/Description			
Account #	27598	Map Page No.	SP-05
Tax District	2200	Legal Description	RIO VISTA S 50' OF LOT 85 & N 50' OF LOT 86
Parcel Address	34 RIO VISTA DR, SEWALL'S POINT		
Acres	.4510		

Parcel Type	
Use Code	0100 Single Family
Neighborhood	193170 LUCINDIA, RIVERVIEW(ST LUC. RVR)

Assessment Information	
Market Land Value	\$935,000
Market Improvement Value	\$384,180
Market Total Value	\$1,319,180

~~built 2006~~  
3615  
749  
4364 total

# NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: \_\_\_\_\_ TAX FOLIO #: 12-38-41-002-000-00851-7

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

34 Rio Vista Dr. Schumacher Pt. Rd. 34996 Rio Vista S50'  
of Lot 85 & N 50' of  
Lot 86

GENERAL DESCRIPTION OF IMPROVEMENT: Improvements

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT

NAME: GEORGE GILL  
ADDRESS: 34 RIO VISTA DR  
PHONE NUMBER: 305-588-2385 FAX NUMBER: \_\_\_\_\_  
INTEREST IN PROPERTY: 100%

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

N/A

CONTRACTOR: Call American Roofing & Coating of Florida Inc  
ADDRESS: 2504 SE Willoughby Blvd, Stuart, FL 34994  
PHONE NUMBER: 772-781-4418 FAX NUMBER: 772-781-4408

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)

ADDRESS: N/A  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
BOND AMOUNT: \_\_\_\_\_

LENDER/MORTGAGE COMPANY: N/A  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

NAME: N/A  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_

**EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED**

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

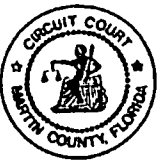
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND THAT THE FACTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (SECTION 92.525, FLORIDA STATUTES).

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY: [Signature]  
SIGNATORY'S TITLE/OFFICE: \_\_\_\_\_  
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 28th DAY OF JAN 2013  
BY: George Gill AS Owner FOR Self BY: [Signature] D.C.  
NAME OF PERSON TYPE OF AUTHORITY PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED  
DATE 1-29-13

PERSONALLY KNOWN X OR PRODUCED IDENTIFICATION X TYPE OF IDENTIFICATION PRODUCED: \_\_\_\_\_  
NOTARY SIGNATURE/SEAL: [Signature]  
Notary Public - State of Florida  
My Comm. Expires Sep 26, 2014  
Commission # EE 33611

STATE OF FLORIDA  
MARTIN COUNTY

NOTES TO CERTIFY THAT THE  
FOREGOING 1 PAGE(S) IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL  
DOCUMENT AS FILED IN THIS OFFICE  
CAROLYN TIMMANN, CLERK



INSTR # 2374254 DR BK 2627 PG 1527 RECD 01/29/2013 04:06:30 PM  
(1 Pgs)  
CAROLYN TIMMANN MARTIN COUNTY CLERK  
DEED DOC \$0.00, MTG DOC \$0.00, INTANGIBLE \$0.00



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

*FWP*

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

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

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

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

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

Opening protections as required within the Florida Building Code, Building or Florida Building Code, Residential for new construction shall be provided.

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

YEAR PERMITTED \_\_\_\_\_ INSURED OR P.A. IMPROVED VALUE \$ 800<sup>00</sup>

DETAILS OF MITIGATION WORK TO BE PERFORMED (Add additional sheets if necessary):

ADD NAILS TO TIEBACK STRAPS  
ADD STRAPS TO ROOF JOINT WOOD BEAM CONNECTION

JOB SITE ADDRESS: 34 Rio Vista

QUALIFIER NAME: ALAN B. MORRIS

LICENSE NO.: 122005678

COMPANY NAME: DARTWOOD HOMES, LLC

PHONE NO.: 215-0074

X [Signature]  
Qualifier's Signature

X \_\_\_\_\_  
Owner's Signature

Date: 2-4-13

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

Sworn to and subscribed before me

this 4 day of Feb 2013

By Valerie

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

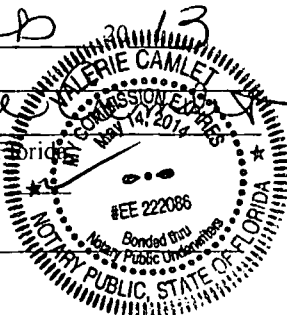
By \_\_\_\_\_

Notary Public, State of Florida

Personally known to me \_\_\_\_\_

Produced ID \_\_\_\_\_

Type: \_\_\_\_\_



Notary Public, State of Florida

Personally known to me \_\_\_\_\_

Produced ID \_\_\_\_\_

Type: \_\_\_\_\_





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

## RE-ROOF CHECKLIST 2010 FBC

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included.

**THIS REVIEW SHEET MUST ACCOMPANY THE APPLICATION SUBMITTAL.**

**Please make sure you have ALL required copies before submitting permit application**

The following minimum requirements must be provided for permitting and inspections:

- \_\_\_\_\_ 1 Copy Completed application
- \_\_\_\_\_ 2 Copies Complete list of proposed materials
- \_\_\_\_\_ 2 Copies Re-roof certification
- \_\_\_\_\_ 1 Copy Re-roof Inspection affidavit if used, prior to final inspection.

### RESIDENTIAL REROOFS:

- \_\_\_\_\_ 2 Copies approved roofing manufacturer specifications for all products used.
  - Manufacturer specs/fastening schedule for roof shingles (must meet the minimum area wind load).
  - Manufacturer must have Florida Product Approval
  - Location of proposed re-roof (if only a partial re-roof) and area % calculation
  - Section/detail through hip and ridge tile caps per F.R.S.A. for tile roofs\*\*
- \_\_\_\_\_ 2 Copies Re-roof windstorm loss mitigation certification (and affidavit if applicable)

### COMMERCIAL REROOFS:

- \_\_\_\_\_ 2 Copies Roof Plan:
  - Show all features (pitch, drains, equipment, etc.)
  - Details: 3/4" = 1'.0" min. scale
  - Parapet or edge
  - Rooftop mounting or equipment expansion joints
  - Type of roofing (& insulation if any) being removed
  - Type of roof deck
- \_\_\_\_\_ 2 Copies Approved roofing manufacturer specifications for all products used.
  - Manufacturers complete roofing system specifications & installation guidelines (Include fastening schedule meeting minimum area wind load).
- \_\_\_\_\_ 1 Copy Verification of Contractor form
  - Contractor verification form (HVAC and/or electric) required if roof top HVAC equipment is removed/reinstalled and/or if HVAC electric is disconnected/reconnected.

**\*\*Concrete or ClayTile Roof:** Specify how the roof field tile will be attached to the deck (reference F.S.R.A Installation Manual). Provide section details showing the installation/attachment of ridge and hip cap tile. Demonstrate compliance with the 2010 FBC 1507.3. & 2010 FBC/Residential R905.3. Also provide Product Approval for all roof adhesives.

**All Product Approval & Installation Spec's must be on the job site for inspection.**  
**All tile re-roofs require an "in progress" tile installation inspection or certified pull test at final.**



**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

## ROOFING MATERIAL LIST

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
ST FILE COPY

[illegible]



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

### RE-ROOF CERTIFICATION

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

CONTRACTOR'S NAME: All American Roofing & Coatings of Florida Inc. PHONE #: 772 781 4410 FAX: 772 781 4469

OWNER'S NAME: George Gill

CONSTRUCTION ADDRESS: 34 Rio Vista Dr CITY Sewall's Pt STATE FL

RE-ROOF: ☒ RESIDENTIAL (SINGLE FAMILY)

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

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

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

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

ROOF TYPE: ☒ HIP ☐ BOSTON-HIP ☐ GABLE ☐ FLAT ☐ OTHER

ROOF PITCH: 6 /12 SLOPE

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

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

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

☒ EXISTING DECK TO REMAIN/REPAIRED & RENAILED

EXISTING ROOF COVERING: Tile EXISTING COVERING TO BE REMOVED? YES ☒ NO ☐

PROPOSED NEW ROOF COVERING: Tile Tuplus FLS259

MANUFACTURER: Entegra PRODUCT NAME: Estas PRODUCT APPR # FL 7804

Polyform PH160 foam FL 6332  
(APPROVED ROOF COVERING MATERIAL WITH CURRENT FLORIDA PRODUCT APPROVAL)  
MANUFACTURER'S INSTALLATION SPECS MUST BE ON THE JOB SITE AT TIME OF INSPECTION.

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

PROPOSED FLASHING: ☐ GALV./STEEL ☐ ALUMINUM ☒ COPPER ☐ OTHER

RIDGEVENT TO BE INSTALLED: ☐ YES ☒ NO

DESCRIPTION OF WORK: \_\_\_\_\_

Resurf tile to tile

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

SIGNATURE OF CONTRACTOR \_\_\_\_\_ DATE: 1/29/13



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

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

Built  
2006

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

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

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

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

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

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

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

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

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



Florida Department of  
Business &  
Professional  
Regulation

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**Product Approval**  
USER: Public User

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[Product Approval Menu](#) > [Product or Application Search](#) > [Application List](#) > [Application Detail](#)



FL #	FL7804-R7
Application Type	Revision
Code Version	2010
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	Entegra Roof Tile, Inc.
Address/Phone/Email	1289 NE 9th Avenue Okeechobee, FL 34972 (863) 467-0042 Ext 1228 tjohnson@rooftile.com
Authorized Signature	Terry Johnson tjohnson@rooftile.com
Technical Representative	Jim Deyarmond
Address/Phone/Email	1289 NE 9th Avenue Okeechobee, FL 34972 (863) 467-0042 JDeyarmond@rooftile.com
Quality Assurance Representative	Terry Johnson
Address/Phone/Email	819 South Federal Hwy Suite 300 Stuart, FL 34994 (800) 586-7663 tjohnson@rooftile.com
Category	Roofing
Subcategory	Roofing Tiles
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received
Florida Engineer or Architect Name who developed the Evaluation Report	Robert Nieminen
Florida License	PE-59166
Quality Assurance Entity	PRI Construction Materials Technologies, LLC
Quality Assurance Contract Expiration Date	10/30/2013
Validated By	John W. Knezevich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received
Certificate of Independence	<a href="#">FL7804_R7_COI_Trinity_ERD_CI_-_Nieminen.pdf</a>

Referenced Standard and Year (of Standard)

<u>Standard</u>	<u>Year</u>
ASTM C1492	2003
FRSA/TRI 07320	2005
SSTD 11	1997
TAS 100	1995

Estate "S"  
Foam Set

TAS 101	1995
TAS 102	1995
TAS 102(A)	1995
TAS 112	1995

Equivalence of Product Standards  
Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted	06/22/2012
Date Validated	06/22/2012
Date Pending FBC Approval	06/27/2012
Date Approved	08/07/2012

#### Summary of Products

FL #	Model, Number or Name	Description
7804.1	Entegra Concrete Roof Tiles (HVHZ jurisdictions)	Concrete Roof Tile
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> Yes <b>Approved for use outside HVHZ:</b> No <b>Impact Resistant:</b> N/A <b>Design Pressure:</b> N/A <b>Other:</b> Refer to ER Section 5 for Limits of Use. Refer to ER Section 6 for Installation.		<b>Installation Instructions</b> <a href="#">FL7804_R7_II_er062212FINAL ENTEGRA FL7804-R7 HVHZ.pdf</a> Verified By: Robert Nieminen PE-59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL7804_R7_AE_er062212FINAL ENTEGRA FL7804-R7 HVHZ.pdf</a> Created by Independent Third Party: Yes
7804.2	Entegra Concrete Roof Tiles (non-HVHZ jurisdictions)	Concrete Roof Tile
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> N/A <b>Design Pressure:</b> N/A <b>Other:</b> Refer to ER Section 5 for Limits of Use. Refer to ER Section 6 for Installation.		<b>Installation Instructions</b> <a href="#">FL7804_R7_II_er062212FINAL ENTEGRA FL7804-R7 NON-HVHZ.pdf</a> Verified By: Robert Nieminen PE-59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL7804_R7_AE_er062212FINAL ENTEGRA FL7804-R7 NON-HVHZ.pdf</a> Created by Independent Third Party: Yes

Back

Next

Contact Us :: 1940 North Monroe Street, Tallahassee FL 32399 Phone: 850-487-1824

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 \*Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.  
 To determine if you are a licensee under Chapter 455, F.S., please click [here](#).

Product Approval Accepts:





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

## EVALUATION REPORT

Entegra Roof Tile, Inc.  
1289 NE 9<sup>th</sup> Avenue  
Okeechobee, FL 34972

Evaluation Report E39310.11.11-1-R1  
FL7804-R7

Date of Issuance: 11/02/2011  
Revision 1: 06/22/2012

### SCOPE:

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

### DESCRIPTION: Entegra Concrete Roof Tiles (HVHZ jurisdictions)

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

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

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

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

This Evaluation Report consists of pages 1 through 7.

### Prepared by:

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



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 06/22/2012. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

### CERTIFICATION OF INDEPENDENCE:

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

## ROOFING SYSTEM EVALUATION:

### 1. SCOPE:

**Product Category:** Roofing

**Sub-Category:** Roofing Tiles

**Compliance Statement:** Entegra Concrete Roof Tiles, as produced by Entegra Roof Tile, Inc., have demonstrated compliance with the following sections of the Florida Building Code through testing in accordance with the following Standards. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

### 2. STANDARDS:

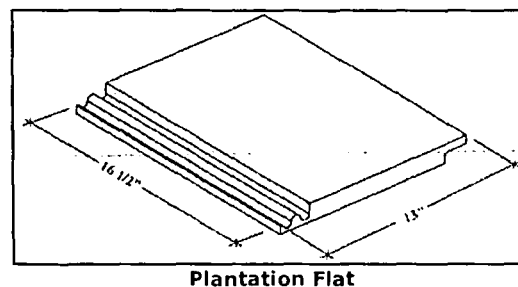
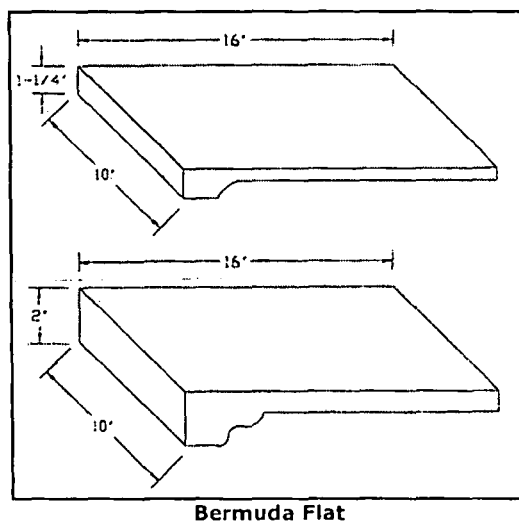
<u>Code</u>	<u>Section</u>	<u>Property</u>	<u>Standard</u>	<u>Year</u>
2007	1523.6.5.2	Physical Properties	TAS 112	1995
2007	1523.6.5.2	Wind Driven Rain	TAS 100	1995
2007	1523.6.5.2.2	Static Uplift Resistance	TAS 101	1995
2007	1523.6.5.2.3	Static Uplift Resistance	TAS 102	1995
2007	1523.6.5.2.3	Static Uplift Resistance	TAS 102(A)	1995
2010	1523.6.5.2	Physical Properties	TAS 112	2011
2010	1523.6.5.2	Wind Driven Rain	TAS 100	2011
2010	1523.6.5.2.2	Static Uplift Resistance	TAS 101	2011
2010	1523.6.5.2.3	Static Uplift Resistance	TAS 102	2011
2010	1523.6.5.2.3	Static Uplift Resistance	TAS 102(A)	2011

### 3. REFERENCES:

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
ATL (TST3782)	TAS 112	RT0615.01-11	06/28/2011
ATL (TST3782)	TAS 112	RT0615.02-11	06/28/2011
ATL (TST3782)	TAS 112	RT0615.03-11	06/28/2011
ATL (TST3782)	TAS 112	RT0615.04-11	06/28/2011
ATL (TST3782)	TAS 112	RT0615.05-11	06/28/2011
Tile Roof Institute	TAS 100, TAS 101, 102, 102(A)	Membership Confirmation	Current
PRI (QUA9110)	Quality Assurance	Service Confirmation	11/02/2011

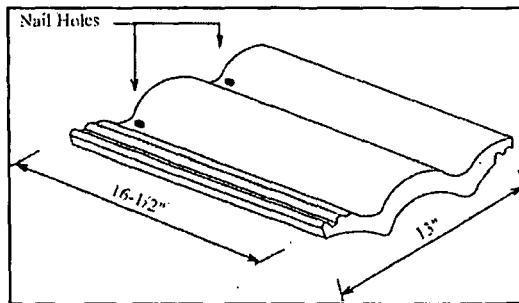
### 4. PRODUCT DESCRIPTION:

4.1 **BERMUDA FLAT** and **PLANTATION FLAT** are TAS 112, Type 3a (flat-profile) concrete roof tiles.

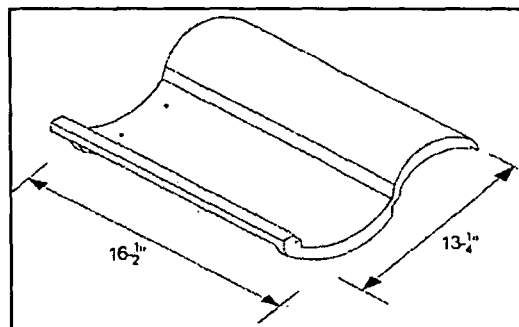




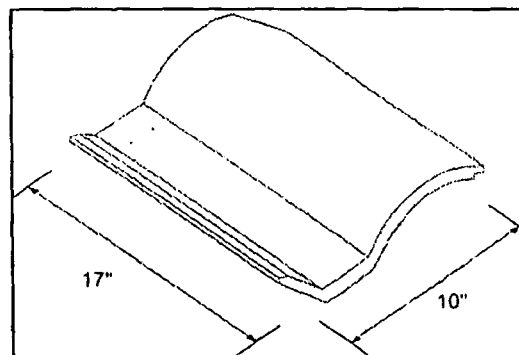
- 4.2 **ESTATE "S"** are TAS 112, Type 1b (interlocking, low-profile) concrete roof tiles.



- 4.3 **BELLA HIGH "S"** are TAS 112, Type 1a (interlocking, high-profile) concrete roof tiles.



- 4.3 **GALENA SPANISH "S"** are TAS 112, Type 2a (non-interlocking, high-profile) concrete roof tiles.



## 5. LIMITATIONS:

- 5.1 This Evaluation Report is for use in FBC HVHZ jurisdictions or other jurisdictions adopting FBC HVHZ requirements.
- 5.2 Fire classification is not part of this evaluation; refer to FBC Section 1516 or current Approved Roofing Materials Directory for fire rating of this product.
- 5.3 Reference is made to FBC Section 1512.4.2.4 regarding field testing of completed tile roof installations.
- 5.4 Applicant shall retain the services of an FBC listed, accredited laboratory to perform quarterly tests in accordance with TAS 112, Appendix 'A'. Such testing shall be submitted to Trinity|ERD for review.

- 5.5 Minimum underlayment shall comply with the RAS 118, RAS 119 or RAS 120, as applicable. Underlayment products shall hold Florida Statewide Product Approval or Local Approval for use in tile roof assemblies in HVHZ jurisdictions.
- 5.6 Minimum roof deck requirements shall be in accordance with applicable FBC HVHZ requirements.
- 5.8 All products in the roof assembly shall have quality assurance audit in accordance with the Florida Building Code and F.A.C. Rule 9N-3.

## 6. INSTALLATION:

- 6.1 Entegra Concrete Roof Tiles may be mechanically fastened, mortar-set or adhesive-set. Installation shall comply with manufacturer's current published instructions, but not less than the requirements of RAS 118, RAS 119 or RAS 120, as applicable.
- 6.2 Attachment Calculations: Entegra Concrete Roof Tile shall be evaluated as a 'Moment-Based System' in accordance with RAS 127-95 (for 2007 Code) or RAS 127-11 (for 2010 Code) using the data outlined herein.

Table 1: Aerodynamic Multipliers - $\lambda$ (ft <sup>3</sup> )		
Tile	Batten Application	Direct-Deck Application
Bermuda Flat	0.189	0.205
Plantation Flat	0.267	0.289
Bella High "S"	0.349	0.378
Estate "S"	0.267	0.289
Galena Spanish "S"	N/A	0.235

Table 2: Restoring Moment due to Gravity - $M_r$ (ft-lbf)												
Tile	Roof Slope ( $\theta$ )											
	2:12 $\leq \theta < 3:12$		3:12 $\leq \theta < 4:12$		4:12 $\leq \theta < 5:12$		5:12 $\leq \theta < 6:12$		6:12 $\leq \theta < 7:12$		$\theta \geq 7:12$	
	Battens	Direct	Battens	Direct	Battens	Direct	Battens	Direct	Battens	Direct	Battens	Direct
Bermuda Flat	5.22	6.43	5.17	6.37	5.09	6.27	4.98	6.15	4.86	6.00	4.72	5.83
Plantation Flat	7.22	7.91	6.85	7.79	6.75	7.67	6.61	7.52	6.44	7.32	6.26	7.04
Bella High "S"	6.19	6.89	6.11	6.80	5.99	6.67	5.85	6.51	5.68	6.33	5.50	6.13
Estate "S"	6.14	6.84	5.91	6.74	5.82	6.64	5.70	6.50	5.56	6.33	5.40	6.14
Galena Spanish "S"	N/A	6.20	N/A	6.13	N/A	6.03	N/A	5.89	N/A	5.74	N/A	5.57

Table 3A-1: Attachment Resistance Expressed as a Moment – Mf (ft-lbf) Flat Profile Tiles, Mechanically Attached Systems								
Tile	Fastener					Direct-Deck (min. 15/32" plywood)	Direct-Deck (min. 19/32" plywood)	Battens
	Type	#	Size	Shank	Clip			
Bermuda Flat or Plantation Flat	Nail	One (1)	10d	Smooth or Screw	N/A	7.3	9.8	4.9
	Nail	Two (2)	10d	Smooth or Screw	N/A	14.0	18.8	7.4
	Nail	One (1)	10d	Smooth or Screw	Eave	19.0	19.0	22.1
	Nail	One (1)	10d	Smooth or Screw	Field	24.3	24.3	24.2
	Nail	Two (2)	10d	Smooth or Screw	Eave	31.9	31.9	32.2
	Nail	Two (2)	10d	Smooth or Screw	Field	35.5	35.5	34.8
	Nail	Two (2)	10d	Ring	N/A	30.9	38.1	17.2
	Nail <sup>1</sup>	Two (2) <sup>1</sup>	10d <sup>1</sup>	Ring <sup>1</sup>	N/A	50.3 <sup>1</sup>	65.5 <sup>1</sup>	48.3 <sup>1</sup>
	Screw	One (1)	#8	N/A	N/A	30.8	30.8	18.2
	Screw	Two (2)	#8	N/A	N/A	51.7	51.7	24.4
<sup>1</sup> Installation with a 4-inch tile headlap and fasteners located min. 2¼-inch from head of tile.								

Table 3A-2: Attachment Resistance Expressed as a Moment – Mf (ft-lbf) Flat Profile Tiles, Adhesive-Set Systems							
Tile	Application	Adhesive	Size (inch)		Weight (g)		Mf (ft-lbf)
			To Substrate	To Tile	To Substrate	To Tile	
Bermuda Flat or Plantation Flat	Inter-Dependent	TILE BOND™	1 x 6	1 x 6	10.4	10.4	40.6
		Touch 'n Seal™ StormBond	1.25 x 10	1.25 x 8	8.3	10.2	73.2
		3M Foam Roof Tile Adhesive RTA-1 (formerly Polyset® One)	4 x 8	4 x 8	12	12	51.8
		3M 2-Component Foam Roof Tile Adhesive AH-160 (formerly PolyPro® AH160)	4 x 4	2 x 4	16	8	31.3
	Independent	3M 2-Component Foam Roof Tile Adhesive AH-160 (formerly PolyPro® AH160)	2 x 7	N/A	24	N/A	40.4
			2 x 10	N/A	45	N/A	118.9

Table 3B-1: Attachment Resistance Expressed as a Moment – Mf (ft-lbf) Low Profile Tiles, Mechanically Attached Systems								
Tile	Fastener					Direct-Deck (min. 15/32" plywood)	Direct-Deck (min. 19/32" plywood)	Battens
	Type	#	Size	Shank	Clip			
Estate "S"	Nail	One (1) <sup>2</sup>	10d	Smooth or Screw	N/A	8.8 <sup>2</sup>	11.8 <sup>2</sup>	4.1 <sup>2</sup>
	Nail	Two (2)	10d	Smooth or Screw	N/A	16.4	21.9	7.1
	Nail	One (1) <sup>2</sup>	10d	Smooth or Screw	Eave	19.0 <sup>2</sup>	19.0 <sup>2</sup>	22.1 <sup>2</sup>
	Nail	One (1) <sup>2</sup>	10d	Smooth or Screw	Field	24.3 <sup>2</sup>	24.3 <sup>2</sup>	24.2 <sup>2</sup>
	Nail	Two (2)	10d	Smooth or Screw	Eave	31.9	31.9	32.2
	Nail	Two (2)	10d	Smooth or Screw	Field	35.5	35.5	34.8
	Nail	Two (2)	10d	Ring	N/A	27.8	37.4	28.8
	Nail <sup>1</sup>	Two (2) <sup>1</sup>	10d <sup>1</sup>	Ring <sup>1</sup>	N/A	43.0 <sup>1</sup>	67.5 <sup>1</sup>	50.9 <sup>1</sup>
	Screw	One (1) <sup>2</sup>	#8	N/A	N/A	25.8 <sup>2</sup>	25.8 <sup>2</sup>	22.9 <sup>2</sup>
	Screw	Two (2)	#8	N/A	N/A	47.1	47.1	49.1
	<sup>1</sup> Installation with a 4-inch tile headlap and fasteners located min. 2¼-inch from head of tile.							
	<sup>2</sup> For one (1) fastener installations, utilize hole that is approximately 4¼-inch from the interlocking edge.							

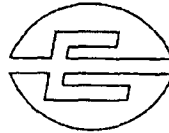
Table 3B-2: Attachment Resistance Expressed as a Moment – Mf (ft-lbf) Low Profile Tiles, Mortar & Adhesive-Set Systems							
Tile	Application	Adhesive	Size (inch)		Weight (g)		Mf (ft-lbf)
			To Substrate	To Tile	To Substrate	To Tile	
Estate "S"	Inter-Dependent	TILE BOND™	1 x 6	1 x 6	10.4	10.4	43.8
		Touch 'n Seal™ StormBond	1.25 x 10	0.75 x 10	8.4	5.1	41.8
		3M Foam Roof Tile Adhesive RTA-1 (formerly Polyset® One)	4 x 8	4 x 8	12	12	44.0
		3M 2-Component Foam Roof Tile Adhesive AH-160 (formerly PolyPro® AH160)	4 x 4	2 x 4	16	8	31.3
	Independent	3M 2-Component Foam Roof Tile Adhesive AH-160 (formerly PolyPro® AH160)	2 x 7	N/A	24	N/A	45.5
		3M 2-Component Foam Roof Tile Adhesive AH-160 (formerly PolyPro® AH160)	2 x 10	N/A	54	N/A	86.6
	Mortar		Per RAS 120 and Product Approval of Mortar Mfgr				20.6

Table 3C-1: Attachment Resistance Expressed as a Moment – Mf (ft-lbf) High Profile Tiles, Mechanically Attached Systems								
Tile	Fastener					Direct-Deck (min. 15/32" plywood)	Direct-Deck (min. 19/32" plywood)	Battens
	Type	#	Size	Shank	Clip			
Bella High "S" or Galena Spanish "S"	Nail	One (1)	10d	Smooth or Screw	N/A	5.1	6.8	2.8
	Nail	Two (2)	10d	Smooth or Screw	N/A	6.9	9.2	7.3
	Nail	One (1)	10d	Smooth or Screw	Field	23.1	23.1	19.0
	Nail	One (1)	10d	Smooth or Screw	Eave	29.3	29.3	24.0
	Nail	Two (2)	10d	Smooth or Screw	Field	27.6	27.6	38.6
	Nail	Two (2)	10d	Smooth or Screw	Eave	38.1	38.1	41.8
	Nail	Two (2)	10d	Ring	N/A	28.6	41.2	19.4
	Nail <sup>1</sup>	Two (2) <sup>1</sup>	10d <sup>1</sup>	Ring <sup>1</sup>	N/A	33.1 <sup>1</sup>	48.1 <sup>1</sup>	50.9 <sup>1</sup>
	Screw	One (1)	#8	N/A	N/A	20.7	20.7	18.1
	Screw	Two (2)	#8	N/A	N/A	43.2	43.2	29.8
<sup>1</sup> Installation with a 4-inch tile headlap and fasteners located min. 2½-inch from head of tile.								

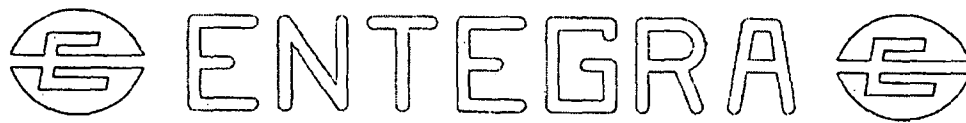
Table 3C-2: Attachment Resistance Expressed as a Moment – Mf (ft-lbf) High Profile Tiles, Mortar & Adhesive-Set Systems							
Tile	Application	Adhesive	Size (inch)		Weight (g)		Mf (ft-lbf)
			To Substrate	To Tile	To Substrate	To Tile	
Bella High "S" or Galena Spanish "S"	Inter-Dependent	TILE BOND™	1 x 6	1 x 6	10.4	10.4	48.1
		Touch 'n Seal™ StormBond	1.25 x 10	0.75 x 8	8.4	3.9	51.6
		3M Foam Roof Tile Adhesive RTA-1 (formerly Polyset® One)	4 x 8	4 x 8	12	12	36.2
		3M 2-Component Foam Roof Tile Adhesive AH-160 (formerly PolyPro® AH160)	4 x 4	2 x 4	16	8	35.3
	Independent	3M 2-Component Foam Roof Tile Adhesive AH-160 (formerly PolyPro® AH160)	2 x 7	N/A	24	N/A	38.7
		3M 2-Component Foam Roof Tile Adhesive AH-160 (formerly PolyPro® AH160)	2 x 10	N/A	63	N/A	66.5
	Mortar		Per RAS 120 and Product Approval of Mortar Mfgr				24.5

**7. LABELING:**

- 7.1 Each unit shall bear the imprint or identifiable marking of the manufacturer's name or logo, as detailed below. Tile lots shall be labeled in accordance with the requirements of the Accredited Quality Assurance Agency noted herein.



OR



**8. BUILDING PERMIT REQUIREMENTS:**

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

**9. MANUFACTURING PLANTS:**

Okeechobee, FL

**10. QUALITY ASSURANCE ENTITY:**

PRI Construction Materials Technologies, LLC. - QUA9110; (813) 621-5777

**- END OF EVALUATION REPORT -**


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**Product Approval**  
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FL #	FL5259-R17								
Application Type	Revision								
Code Version	2010								
Application Status	Pending FBC Approval								
Comments									
Archived	<input type="checkbox"/>								
Product Manufacturer	POLYGLASS USA								
Address/Phone/Email	150 Lyon Drive Fernley, NV 89408 (570) 384-1230 Ext 242 jakins@polyglass.com								
Authorized Signature	James Akins jakins@polyglass.com								
Technical Representative	Steve Wadding								
Address/Phone/Email	150 Lyon Drive Fernley, NV 98408 (602) 363-7139 steve@polyglass.com								
Quality Assurance Representative	James Akins								
Address/Phone/Email	555 Oakridge Road Humboldt Industrial Pkwy Hazleton, PA 18201 (800) 894-4563 jakins@polyglass.com								
Category	Roofing								
Subcategory	Underlayments								
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received								
Florida Engineer or Architect Name who developed the Evaluation Report	Robert Nieminen								
Florida License	PE-59166								
Quality Assurance Entity	UL LLC								
Quality Assurance Contract Expiration Date	08/08/2015								
Validated By	John W. Knezevich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received								
Certificate of Independence	<a href="#">FL5259_R17_COI_Trinity_ERD_CI - Nieminen.pdf</a>								
Referenced Standard and Year (of Standard)	<table border="0"> <thead> <tr> <th>Standard</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>ASTM D1970</td> <td>2001</td> </tr> <tr> <td>ASTM D226</td> <td>2006</td> </tr> <tr> <td>ASTM D6164</td> <td>2005</td> </tr> </tbody> </table>	Standard	Year	ASTM D1970	2001	ASTM D226	2006	ASTM D6164	2005
Standard	Year								
ASTM D1970	2001								
ASTM D226	2006								
ASTM D6164	2005								

TU Plus  
Direct Deck

ASTM D6222	2002
ASTM G154	2005
ASTM G155	2005
FM 4474	2004
FRSA/TRI 07320	2005
TAS 103	1995

Equivalence of Product Standards  
Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

12/07/2012

Date Validated

12/11/2012

Date Pending FBC Approval

12/18/2012

#### Summary of Products

FL #	Model, Number or Name	Description
5259.1	Polyglass Roof Underlayments	Roofing underlayments
<b>Limits of Use</b> <b>Approved for use in HVHZ: No</b> <b>Approved for use outside HVHZ: Yes</b> <b>Impact Resistant: N/A</b> <b>Design Pressure: +N/A/-622.5</b> <b>Other:</b> 1.) The design pressure in this application relates to one particular underlayment system for use under foam-on tile systems. Refer to ER Section 5.5.2 for other systems and maximum design pressures. 2.) Refer to ER Section 5 for other limits of use.		<b>Installation Instructions</b> <a href="#">FL5259 R17 II er120712FINAL POLYGLASS UNDERLAYMENTS FL5259-R17.pdf</a> Verified By: Robert Nieminen PE-59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL5259 R17 AE er120712FINAL POLYGLASS UNDERLAYMENTS FL5259-R17.pdf</a> Created by Independent Thrd Party: Yes

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Product Approval Accepts:





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

## EVALUATION REPORT

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

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

### SCOPE:

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

### DESCRIPTION: Polyglass Roof Underlayments

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

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

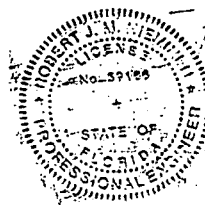
**ADVERTISEMENT:** The Evaluation Report number preceded by the words "Trinity|ERD Evaluated" may be displayed in advertising literature. If any portion of the Evaluation Report is displayed, then it shall be done in its entirety.

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

This Evaluation Report consists of pages 1 through 10.

### Prepared by:

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



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

### CERTIFICATION OF INDEPENDENCE:

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





## ROOFING COMPONENT EVALUATION:

### 1. SCOPE:

**Product Category:** Roofing

**Sub-Category:** Underlayment

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

### 2. STANDARDS:

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

### 3. REFERENCES:

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



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

#### 4. **PRODUCT DESCRIPTION:**

##### 4.1 **Mechanically Fastened Underlayments:**

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

##### 4.2 **Self-Adhering Underlayments:**

- 4.2.1 Polystick MTS is a nominal 60-mil thick rubberized asphalt waterproofing membrane, glass fiber reinforced, surfaced with polyolefinic film surface; meets ASTM D1970 and TAS 103.
- 4.2.2 Polystick IR-Xe is a nominal 60-mil thick rubberized asphalt waterproofing membrane, glass fiber reinforced, with an aggregate surface; meets ASTM D1970.
- 4.2.3 Polystick TU is a nominal 100-mil thick rubberized asphalt waterproofing membrane, glass fiber reinforced, with a granular surface; meets ASTM D1970 and TAS 103.
- 4.2.4 Polystick TU Plus is a nominal 80-mil thick rubberized asphalt waterproofing membrane, glass fiber reinforced, with a polyester fabric surface; meets ASTM D1970 and TAS 103.
- 4.2.5 Polystick TU P is a nominal 130-mil thick rubberized asphalt waterproofing membrane, glass-fiber/polyester reinforced, with a granular surface; meets ASTM D1970 and TAS 103.
- 4.2.6 Polystick TU Max is a nominal 60-mil thick rubberized asphalt waterproofing membrane with a 170 g/m<sup>2</sup> polyester fabric surface; meets TAS 103.
- 4.2.7 Polyflex SAP, PolyFlex SAP FR, Mule-Hide SA-APP Cap Sheet and Mule-Hide SA-APP Cap Sheet (FR) are a polyester reinforced, APP modified bitumen cap sheets.
- 4.2.8 Dual Pro™ is a nominal 60-mil thick dual-layer rubberized asphalt waterproofing membrane, fiberglass reinforced, with a polyester fabric surface.
- 4.2.9 Tile Pro™ is a nominal 60-mil thick dual-layer rubberized asphalt waterproofing membrane, fiberglass reinforced, with a polyester fabric surface.

##### 4.3 **Mechanically Fastened and/or Bonded Underlayments:**

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

#### 5. **LIMITATIONS:**

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

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

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

Table 1: Roof Cover Options						
Underlayment	Asphalt Shingles	Nail-On Tile	Foam-On Tile	Metal	Wood Shakes & Shingles	Slate
Elastobase	Yes	Yes	No	Yes	Yes	Yes
Elastobase P	Yes	Yes	No	Yes	Yes	Yes
Polystick MTS	Yes	Yes	No	Yes	Yes	Yes
Polystick IR-Xe	Yes	No	No	No	Yes	Yes
Polystick TU	Yes	Yes	Yes See 5.4.1	No	Yes	Yes
Polystick TU P	Yes	Yes	Yes See 5.4.1	No	Yes	Yes
Polystick TU Plus	Yes	Yes	Yes See 5.4.1	Yes	Yes	Yes
Polystick TU Max	No	Yes	Yes See 5.4.1	No	No	No
Dual Pro	Yes	Yes	No	Yes	Yes	Yes
Tile Pro	Yes	Yes	Yes See 5.4.1	Yes	Yes	Yes
Elastoflex S6 G	Yes	Yes	Yes See 5.4.1	No	Yes	Yes
Elastoflex S6 G FR	Yes	Yes	No	No	Yes	Yes
Polyflex G	Yes	Yes	Yes See 5.4.1	No	Yes	Yes
Polyflex G FR	Yes	Yes	No	No	Yes	Yes
Polyflex SAP or SAP FR	Yes	Yes	Yes See 5.4.1	No	Yes	Yes
Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR)	Yes	Yes	Yes See 5.4.1	No	Yes	Yes

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

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

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

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

5.5 Allowable substrates are noted below:

5.5.1 Direct-Bond to Deck:

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

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

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

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

- ASTM D41 primed structural concrete.

Polyflex G or G FR torch-applied to:

- ASTM D41 primed structural concrete.

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

5.5.2.1 Maximum Design Pressure = -622.5 psf.

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

Primer: ASTM D41

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

5.5.2.2 Maximum Design Pressure = -315 psf.

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

Primer: ASTM D41

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

5.5.2.3 Maximum Design Pressure = -135 psf.

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

Primer: (Optional) ASTM D41

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

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

5.5.2.4 Maximum Design Pressure = -90 psf.

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

Primer: (Optional) ASTM D41

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

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

5.5.3 Bond-to-Insulation:

➤ Polystick, Polyflex SAP or SAP FR, Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR) self-adhered to: ASTM C1289, Type II, Class 1 polyisocyanurate or Type V polyisocyanurate-composite insulation; DensDeck DuraGuard; DensDeck Prime; or SECUROCK Gypsum-Fiber Roof Board.

➤ Elastoflex S6 G or S6 G FR in hot asphalt to: DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board.

➤ Polyflex G or G FR torch-applied to: ASTM D41 primed structural concrete; DensDeck Prime or SECUROCK Gypsum-Fiber Roof Board.

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

5.5.4 Bond to Mechanically Attached Base Layer:

➤ Polystick, Polyflex SAP or SAP FR, Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR) Dual Pro or Tile Pro self-adhered to: ASTM D226, Type I or II felt; Elastobase; Elastobase P or Mule-Hide Nail Base.

➤ Elastoflex S6 G or S6 G FR in hot asphalt to: ASTM D226, Type I or II felt; Elastobase; Elastobase P or Mule-Hide Nail Base.

➤ Polyflex G or G FR torch-applied to: Elastobase; Elastobase P or Mule-Hide Nail Base.

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

5.6 Exposure Limitations:

5.6.1 Elastobase, Elastobase P, shall not be left exposed for longer than 30-days after installation.

5.6.2 Polystick IR-Xe, Polystick TU Max, Dual Pro or Tile Pro shall not be left exposed for longer than 90-days after installation.

5.6.3 Polystick MTS, TU, TU P or TU Plus shall not be left exposed for longer than 180-days after installation.

5.6.4 Polyflex SAP or SAP FR, or Mule-Hide SA-APP Cap Sheet or SA-APP Cap Sheet (FR) does not have an exposure limitation, unless the prepared roof covering is to be adhesive-set tile, in which case the maximum exposure is 30 days.

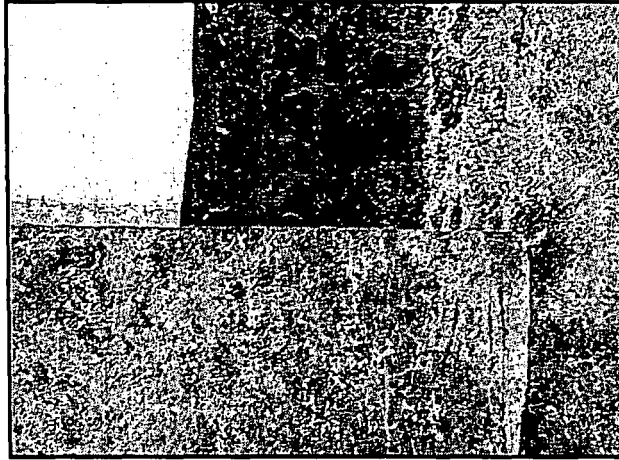
5.6.5 Elastoflex S6 G or S6 G FR or Polyflex G or G FR does not have an exposure limitation, unless the prepared roof covering is to be adhesive-set tile (Elastoflex S6 G or Polyflex G), in which case the maximum exposure is 180 days.

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

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

## 6. INSTALLATION:

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



**View of Overlap Seam of Dual Pro and Tile Pro**

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





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

**6.6 Polyflex G or G FR:**

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

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

**6.7 Tile Staging:**

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

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

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

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

**7. LABELING:**

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

**8. BUILDING PERMIT REQUIREMENTS:**

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

**9. MANUFACTURING PLANTS:**

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

**10. QUALITY ASSURANCE ENTITY:**

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

**- END OF EVALUATION REPORT -**


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FL #	FL6332-R3
Application Type	Revision
Code Version	2010
Application Status	Approved
Comments	
Archived	<input type="checkbox"/>
Product Manufacturer	3M Company
Address/Phone/Email	3M Center Building 0220-05-E-06 St. Paul, MN 55144 (281) 350-8888 pdonahue@mmm.com
Authorized Signature	Pat Donahue pdonahue@mmm.com
Technical Representative	Riku Ylipelkonen
Address/Phone/Email	12505 NW 44th Street Coral Springs, FL 33065 (954) 344-3566 rylipelkonen@mmm.com
Quality Assurance Representative	Mr. Pat Donahue
Address/Phone/Email	11715 Boudreaux Road Tomball, TX 773757370 (281) 350-8888 patd@polyfoam.cc
Category	Roofing
Subcategory	Roof Tile Adhesives
Compliance Method	Evaluation Report from a Florida Registered Architect or a Licensed Florida Professional Engineer <input checked="" type="checkbox"/> Evaluation Report - Hardcopy Received
Florida Engineer or Architect Name who developed the Evaluation Report	Robert Nieminen
Florida License	PE-59166
Quality Assurance Entity	Underwriters Laboratories Inc.
Quality Assurance Contract Expiration Date	05/11/2013
Validated By	John W. Knezevich, PE <input checked="" type="checkbox"/> Validation Checklist - Hardcopy Received
Certificate of Independence	<a href="#">FL6332_R3_COI_Trinity_ERD_CI_-_Nieminen.pdf</a>
Referenced Standard and Year (of Standard)	<b>Standard</b> SSTD 11
	<b>Year</b> 1997
Equivalence of Product Standards	

Foam  
Tiles

Certified By

Sections from the Code

Product Approval Method

Method 1 Option D

Date Submitted

02/21/2012

Date Validated

02/21/2012

Date Pending FBC Approval

02/24/2012

Date Approved

04/03/2012

#### Summary of Products

FL #	Model, Number or Name	Description
6332.1	3M 2-Component Foam Roof Tile Adhesive AH-160	Dual component expanding polyurethane roof tile adhesive
<b>Limits of Use</b> <b>Approved for use in HVHZ:</b> No <b>Approved for use outside HVHZ:</b> Yes <b>Impact Resistant:</b> N/A <b>Design Pressure:</b> +n/a/-116 <b>Other:</b> 1.) The design pressure limitation in this application refers to hip and ridge tiles. Field tiles are designed based on overturning moment resistance. 2.) Refer to ER Sections 5 and 6 for other Limitations of Use.		<b>Installation Instructions</b> <a href="#">FL6332 R3 II er022112FINAL AH160 FL6332-R3.pdf</a> Verified By: Robert Nieminen PE-59166 Created by Independent Third Party: Yes <b>Evaluation Reports</b> <a href="#">FL6332 R3 AE er022112FINAL AH160 FL6332-R3.pdf</a> Created by Independent Third Party: Yes

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Next

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 To determine if you are a licensee under Chapter 455, F.S., please click [here](#).

Product Approval Accepts:





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

## EVALUATION REPORT

**3M Company**  
**3M Center**  
**Building 0220-05-E-06**  
**St. Paul, MN 55144-1000**

**Evaluation Report 02768.03.06-R3**  
**FL6332-R3**  
**Date of Issuance: 08/08/2008**  
**Revision 3: 02/21/2012**

### SCOPE:

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

### DESCRIPTION: 3M™ 2-Component Foam Roof Tile Adhesive AH-160

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

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

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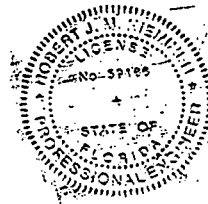
**INSPECTION:** Upon request, a copy of this entire Evaluation Report shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at the request of the Building Official.

This Evaluation Report consists of pages 1 through 4.

### Prepared by:

**Robert J.M. Nieminen, P.E.**

Florida Registration No. 59166, Florida DCA ANE1983



The facsimile seal appearing was authorized by Robert Nieminen, P.E. on 02/21/2012. This does not serve as an electronically signed document. Signed, sealed hardcopies have been transmitted to the Product Approval Administrator and to the named client.

### CERTIFICATION OF INDEPENDENCE:

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



## ROOFING COMPONENT EVALUATION:

### 1. SCOPE:

**Product Category:** Roofing

**Sub-Category:** Roof Tile Adhesives

**Compliance Statement:** 3M™ 2-Component Foam Roof Tile Adhesive AH-160, as produced by 3M Company, has demonstrated compliance with the Florida Building Code through testing in accordance with the Standards set forth herein. Compliance is subject to the Installation Requirements and Limitations / Conditions of Use set forth herein.

### 2. STANDARDS:

<u>Sections</u>	<u>Property</u>	<u>Standard</u>	<u>Year</u>
1716.2.1	Wind	SSTD 11	1997

### 3. REFERENCES:

<u>Entity</u>	<u>Examination</u>	<u>Reference</u>	<u>Date</u>
ERD (TST 6049)	SSTD 11	P39740.02.12	02/20/2012
ICC-ES, Inc. (EVL2396)	IBC Compliance	ESR-1709	12/01/2010
PRI (TST 5878)	SSTD 11	ECM-001-02-01	09/21/2001
PRI (TST 5878)	SSTD 11	PFI-006-02-01	05/09/2005
PRI (TST 5878)	SSTD 11	PFI-006-02-02	05/09/2005
PRI (TST 5878)	TAS 101	PFI-007-02-01	10/11/2005
PRI (TST 5878)	SSTD 11	PFI-008-02-04	02/21/2006
PRI (TST 5878)	SSTD 11	PFI-009-02-03	02/21/2006
PRI (TST 5878)	SSTD 11	PFPI-010-02-01	12/07/2006
PRI (TST 5878)	SSTD 11	PFPI-011-02-01	12/07/2006
PRI (TST 5878)	SSTD 11	PFPI-012-02-01	12/07/2006
PRI (TST 5878)	SSTD 11	PFPI-013-02-01	12/07/2006
PRI (TST 5878)	SSTD 11	PFPI-014-02-01	12/07/2006
PRI (TST 5878)	TAS 101	ECM-003-02-01	06/13/2008
PRI (TST 5878)	TAS 101	ECM-004-02-01	06/13/2008
PRI (TST 5878)	TAS 101	ECM-005-02-01	06/13/2008
PRI (TST 5878)	TAS 101	ECM-006-02-01	06/13/2008
PRI (TST 5878)	TAS 101	ECM-007-02-01	06/13/2008
PRI (TST 5878)	TAS 101	ECM-008-02-01	06/13/2008
UL (QUA 1743)	Quality Assurance	Service Confirmation	Exp. 05/11/2013

### 4. PRODUCT DESCRIPTION:

- 4.1 3M™ 2-Component Foam Roof Tile Adhesive AH-160 is a dual component expanding polyurethane roof tile adhesive distributed in refillable tanks (Foampro dispensing systems) or disposable packs (ProPack dispensing system).

### 5. LIMITATIONS:

- 5.1 This Evaluation Report is not for use in the HVHZ.
- 5.2 Fire classification is not part of this evaluation.
- 5.3 3M™ 2-Component Foam Roof Tile Adhesive AH-160 can be used with flat, low and high profile tiles or any rigid, discontinuous roof assembly having a current Florida Statewide Product Approval or approved on a local-level by the AHJ.
- 5.4 Minimum underlayment shall be per FRSA/TRI 07320/8-05 or having a current Florida Statewide Product Approval or approved on a local-level by the AHJ for use with 3M™ 2-Component Foam Roof Tile Adhesive AH-160 (formerly PolyPro AH-160).

- 5.5 Field tiles using 3M™ 2-Component Foam Roof Tile Adhesive AH-160 are limited to projects having an Aerodynamic Uplift Moment ( $M_a$ )<sup>1</sup> or Moment Resistance ( $M_r$ )<sup>2</sup> not greater than the following Allowable Overturning Moment values. Refer to 3M Company published installation instructions for Adhesive Paddy Placement details.

Table 1: Field Tiles in 3M™ 2-Component Foam Roof Tile Adhesive AH-160 Overturning Moment Performance Data			
Tile		Adhesive Paddy Placement	Allowable Overturning Moment (ft-lbf)
Type	Profile		
Clay or Concrete	Flat	Independent, Medium Paddy (~30 gram)	51
		Independent, Large Paddy (~45 gram)	92
		Interdependent, Two Paddy	43
Clay or Concrete	Low/Medium	Independent, Medium Paddy (~30 gram)	36
		Independent, Large Paddy (~54 gram)	60
		Interdependent, Two Paddy	50
Clay	High	Independent, Large Paddy (~45 gram)	116
Clay or Concrete	High	Independent, Medium Paddy (~30 gram)	49
		Independent, Large Paddy (~63 gram)	94
		Interdependent, Two Paddy	30
Clay	Cap & Pan (Barrel)	2x10-inch x ~35 gram for pans; 2 @ 1x10-inch x ~17 gram for cap	142
Concrete	Cap & Pan (Barrel)	2x10-inch x ~35 gram for pans; 2 @ 1x10-inch x ~17 gram for cap	99
Clay	Cap atop 2x stringer	Independent: Continuous Paddy (~34 gram/ft)	129
Concrete	Cap atop 2x stringer	Independent: Continuous Paddy (~34 gram/ft)	113
Clay	Cap atop 2x stringer	Interdependent: Head: One (1) #10 x 2½" screw; Overlap: 1 x 6 inch (~10.5 gram)	98
Concrete	Cap atop 2x stringer	Interdependent: Head: One (1) #10 x 2½" screw; Overlap: 1 x 6 inch (~10.5 gram)	57

- 5.5.1 Data in Table 1 relates to installation over a '30/90' underlayment system, as detailed in the *FRSA/TRI 07320*. Alternate underlayment systems include those having a current Florida Statewide Product Approval or approved on a local-level by the AHJ for use with 3M™ 2-Component Foam Roof Tile Adhesive AH-160 (formerly PolyPro AH-160).
- 5.5.2 Tile roof systems using tile types or profiles other than those listed above acquiring acceptance for use with 3M™ 2-Component Foam Roof Tile Adhesive AH-160 shall be tested in accordance with SSTD 11 or TAS 101. For the interdependent two-paddy method, an additional 2-to-1 margin above that specified in SSTD 11 or TAS 101 shall be applied in determining the 'allowable overturning moment'.

<sup>1</sup> Determined in accordance with 2007 FBC Section 1609.5.3 and 1609.5.1.

<sup>2</sup> Determined in accordance with RAS 127.

- 5.6 Hip and ridge tiles using 3M™ 2-Component Foam Roof Tile Adhesive AH-160 are limited to projects having hip/ridge design pressure requirements<sup>3</sup> not greater than the following values. Refer to 3M Company published installation instructions for Adhesive Paddy Placement details.

Table 2: Hip & Ridge Tiles in 3M™ 2-Component Foam Roof Tile Adhesive AH-160			
Uplift Resistance Performance Data			
Tile	Substrate	Attachment Method	MDP (psf)
Clay	2x PT ridge board	Independent: Continuous Paddy (~34 gram/ft)	116
Concrete	2x PT ridge board	Independent: Continuous Paddy (~ 34 gram/ft)	107
Clay	2x PT ridge board	Interdependent: Head: One (1) #10 x 2½" screw; Overlap: 1 x 6 inch (~10.5 gram)	90
Concrete	2x PT ridge board	Interdependent: Head: One (1) #10 x 2½" screw; Overlap: 1 x 6 inch (~10.5 gram)	56

## 6. INSTALLATION:

- 6.1 3M™ 2-Component Foam Roof Tile Adhesive AH-160 and the tile roof assembly shall be installed in accordance with FRSA/TRI 07320/8-05 and 3M Company published installation instructions, subject to the limitations outlined in Section 5.
- 6.2 Hip and ridge boards or hip/ridge metal shall be installed in accordance with the FRSA/TRI 07320/8-05. Proprietary hip and ridge metal shall be installed in accordance with the manufacturer's Florida Product Approval.
- 6.3 Installation shall be by a Factory Trained 'Qualified Applicator' approved and licensed by 3M Company.

## 7. LABELING:

All 3M™ 2-Component Foam Roof Tile Adhesive AH-160 containers shall comply with the Standard Conditions listed herein.

## 8. BUILDING PERMIT REQUIREMENTS:

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

## 9. QUALITY ASSURANCE ENTITY:

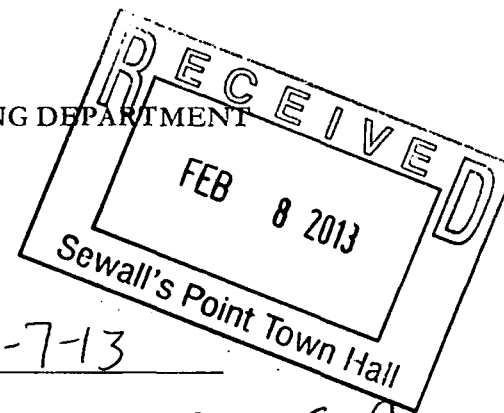
Underwriters Laboratories – QUA1743; (414) 248-6409; Karen.buchmann@us.ul.com

**- END OF EVALUATION REPORT -**

<sup>3</sup> Determined in accordance with FBC 1609.1.5.



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



RE: Permit # 10342

Date 2-7-13

### Inspection Affidavit

*OK Full*

I Jesus Vasquez Jr., licensed as a(n) Contractor\* /Engineer/Architect,  
(please print name and circle Lic. Type) FS 468 Building Inspector\*

License #: CCC1329384

On or about February 7, 2013, I did personally inspect the roof  
(Date & time)

deck nailing and/or secondary water barrier work at 34 Rio Vista Dr,  
(circle one) (Job Site Address)

Based upon that examination I have determined the installation was done according to the  
Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

Signature

STATE OF FLORIDA  
COUNTY OF

Sworn to and subscribed before me this 7 day of February, 2013

By Jesus Vasquez Jr.

Notary Public, State of Florida

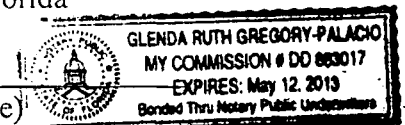
(Print, type or stamp name)

Commission No.: \_\_\_\_\_

Personally known ☒ or  
Produced Identification \_\_\_\_\_

Type of identification produced. \_\_\_\_\_

\* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.





# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

☐ Mon

☐ Tue

☒ Wed

☐ Thur

☐ Fri

2-27-13

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10342	34 RAO VISTA	Tree	Pass	
	ALL AMERICAN ROOF			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10351	Burkhardt	Tree		CUT TRUSS?
AM	5 Emarita	AC	FAIL	
	Feyn's AC			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	Tree			
	50 RAO VISTA	Tree	on	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
Tree	1435 River Rd	Tree		
			Ob	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# BUILDING DEPARTMENT - INSPECTION LOG

Mon

☒ Tue

Wed

☐ Thứ

Fr

3-19-13

Page 2 of 2

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10380	Mc LAUGHLIN			
	3738 SE OCEAN	ALARM	PASS	CLOSE
	ADP	FINAL		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10384	Childs	sheathing		
	5 Marquerita	nailing	PASS	
	Capps Roofing			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10365	Cantwell			
1 PM	34 Castle Hill	Window	PASS	CLOSE
	SPS	FINAL		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10342	<del>Excel</del>	<del>WIND DISCOVERY</del>		
	<del>3410 W. Vista</del>	<del>FOR THE</del>	PASS	
	all Am Roof & Crating			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10366	<del>Donna Lacey</del>	<del>wind discovery</del>		
	<del>10 Ridge Road Dr</del>	<del>see previous</del>		
	<del>4664 Sunset</del>	<del>side engineering</del>		
				INSPECTOR
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection ☐ Mon ☒ Tue ☐ Wed ☐ Thur ☐ Fri **3-26-13** Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10367	Bell	Final		
<del>10367</del>	<del>34 S Sewalls</del>	<del>AC</del>	<del>PASS</del>	<del>CLOSE</del>
<del>9AM</del>	<del>Century</del>			INSPECTOR <del>JH</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10337	Robinson	Footcur		
9.30	173 S. River	4 DECKMEN	PASS	
	Emil La Viola			INSPECTOR <del>JH</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10363	NESSON / Textebo	FINAL		
	109 N. Sewalls	ROOF	PASS	CLOSE
	On Shore			INSPECTOR <del>JH</del>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10342	Guel	Final		
	34 Red Vista	Roof	PASS	CLOSE
	all Am Roof & Sheathing			INSPECTOR <del>JH</del>
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

**10601**

**POOL SPA DECK**



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:	10601	DATE ISSUED:	SEPTEMBER 23, 2013
SCOPE OF WORK:	POOL, DECK & SPA		
CONTRACTOR:	SOUTH FLORIDA CUSTOM POOLS		
PARCEL CONTROL NUMBER:	123841002-000-008517	SUBDIVISION	RIO VISTA - 1/2 85, 1/2 86
CONSTRUCTION ADDRESS:	34 RIO VISTA DR		
OWNER NAME:	GILL		
QUALIFIER:	ROD MAINE	CONTACT PHONE NUMBER:	286-7033

**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 PERMIT APPLICATION**

Permit Number: 10601

Date: 9-16-13

OWNER/LESSEE NAME: George Gill Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_

Job Site Address: 34 Riva Vista Dr City: Stuart State: FL Zip: 34996

Legal Description: Reverts S. 50' of Lot 85 Parcel Control Number: 12-38-41-002-000-00851-7

Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

POOL, SPA + DECK

**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: \$ 37,200

(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: South Florida Custom Pools Phone: 772 286 2033 Fax: 286 2690

Qualifiers name: Rod J. Maine Street: 2625 SW Mapp Rd. City: Palm City State: FL Zip: 34996

State License Number: CPC1457285 OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

LOCAL CONTACT: Rod Maine Phone Number: 772 286-7633

DESIGN PROFESSIONAL: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Carport: \_\_\_\_\_ Total under Roof: \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE: \_\_\_\_\_

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

CODE EDITIONS IN EFFECT THIS APPLICATION: Florida Building Code (Structural, Mechanical, Plumbing, Existing, Gas): 2010

National Electrical Code: 2008, Florida Energy Code: 2010, Florida Accessibility Code: 2010, Florida Fire Prevention Code: 2010

**WARNINGS TO OWNERS AND CONTRACTORS:**

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

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

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

OWNER / AGENT / LESSEE - NOTARIZED SIGNATURE:

George Gill  
State of Florida, County of: Martin  
On This the 16 day of Sept., 2013  
by George Gill who is personally

known to me or produced  
As identification, Rod J. Maine

My Commission Expires: NOV. 04, 2014  
BONDED THRU ATLANTIC BONDING CO., INC.

CONTRACTOR / LICENSEE NOTARIZED SIGNATURE:

Rod J. Maine  
State of Florida, County of: Martin  
On This the 16th day of September, 2013  
by Rod J. Maine who is personally

known to me or produced  
As identification, CDANIEL M. BAKER

My Commission Expires: Oct 14, 2015  
BONDED THRU NATIONAL NOTARY ASSN.

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

**Martin County, Florida  
Laurel Kelly, C.F.A***generated on 9/17/2013 9:52:35 AM EDT***Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-002-000-00851-7	27598	34 RIO VISTA DR, SEWALL'S POINT	\$1,308,020	9/14/2013

**Owner Information**

Owner(Current)	GILL GEORGE H & VIVIAN C
Owner/Mail Address	34 RIO VISTA DR STUART FL 34996
Sale Date	11/22/2006
Document Book/Page	2199 2541
Document No.	1975455
Sale Price	2100000

**Location/Description**

Account #	27598	Map Page No.	SP-05
Tax District	2200	Legal Description	RIO VISTA S 50' OF LOT 85 & N 50' OF LOT 86
Parcel Address	34 RIO VISTA DR, SEWALL'S POINT		
Acres	.4510		

**Parcel Type**

Use Code	0100 Single Family
Neighborhood	193170 LUCINDIA,RIVERVIEW(ST LUC.RVR)

**Assessment Information**

Market Land Value	\$935,000
Market Improvement Value	\$373,020
Market Total Value	\$1,308,020



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

THIS FORM MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION

### SWIMMING POOL AND SPA SUBCONTRACTORS LIST

Applicant's Name South Florida Custom Pools Permit # Gill - 34 Rio Vista Dr  
Mailing Address 2625 SW Mapp Rd. City Palm City State FL Zip 32920

Please provide a subcontractors list for verification. Any changes to this list must be provided prior to final inspection. Using unlicensed contractors or subcontractors may prevent you from being eligible for inspections. For further information, please contact the Town of Sewall's Point Building Department at 772-287-2455.

Please include all Competency Card or State Certification numbers. Do not use occupational license numbers.

#### CONTRACTOR/TRADE

#### COMPANY NAME

#### LICENSE #

CONCRETE POOL DECK none

DECK FINISH sandset paver - to be determined

MASTER ELECTRICIAN Bellweather Electric EC13004122

POOL GUNITE Prestige Gunite CP056953

INTERIOR POOL FINISH So FI Custom Pools CPC 1457785

POOL STEEL So FI Custom Pools CPC 1457785

BARRIER/ALARM So FI Custom Pools CPC 1457785

I certify that the above information is accurate and that all work will be performed by eligible competency card holders or State Certified contractors.

I understand that a complete notarized subcontractors list is required prior to final inspection.

Kay a Maune <sup>Vice Pres</sup> for So FI Custom Pools  
Signature of applicant

Sworn to and subscribed before me this 17th September day of 20 13 by

Michelle Jones  
Notary Public, State of Florida, County of Martin  
Personally Known ☒ Produced Identification



Type of ID Produced: FLDL# M5DD-5DD-57-766-0  
Exp: 7/26/19



# NOTICE OF COMMENCEMENT

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00 (\$7,500 Mechanical)

PERMIT #: \_\_\_\_\_ TAX FOLIO #: 12-38-41-002-000-00851-7

STATE OF FLORIDA

COUNTY OF MARTIN

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

LEGAL DESCRIPTION OF PROPERTY (AND STREET ADDRESS IF AVAILABLE): 34 Rio Vista Dr Stuart  
Rio Vista 5.50' of Lot 85 + N 50' of Lot 86 Sewalls Point

GENERAL DESCRIPTION OF IMPROVEMENT: Swimming pool - deck - and general improvement

OWNER NAME OR LESSEE INFORMATION, IF LESSEE CONTRACTED FOR THE IMPROVEMENT

NAME: Gill George + Vivian

ADDRESS: 34 Rio Vista Dr Stuart FL 34996

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

INTEREST IN PROPERTY: owner

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

CONTRACTOR: South Florida Custom Pools

ADDRESS: 2625 SW Mapp Rd Palm City FL 34990

PHONE NUMBER: 772 286 7033

FAX NUMBER: 772 286 2690

SURETY COMPANY (IF APPLICABLE, A COPY OF THE PAYMENT BOND IS ATTACHED)

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

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

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

LENDER/MORTGAGE COMPANY: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

PERSONS WITHIN THE STATE OF FLORIDA DESIGNATED BY OWNER UPON WHOM THIS NOTICE OF COMMENCEMENT MAY BE SERVED AS PROVIDED BY SECTION 713.13 (1) (b), FLORIDA STATUTES.

NAME: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE  
FOREGOING 1 PAGE(S) IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL  
DOCUMENT AS FILED IN THIS OFFICE.

CAROLYN TIMMANN, CLERK

BY: [Signature] D.C.

DATE: 09/24/13

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES \_\_\_\_\_

A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES:

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EXPIRATION DATE OF NOTICE OF COMMENCEMENT: \_\_\_\_\_

**EXPIRATION DATE MAY NOT BE BEFORE THE COMPLETION OF CONSTRUCTION AND FINAL PAYMENT TO CONTRACTOR BUT WILL BE ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED**

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

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

SIGNATURE OF OWNER OR LESSEE OR OWNER'S AUTHORIZED OFFICER/DIRECTOR/PARTNER/MANAGER/ATTORNEY-IN-FACT

SIGNATORY'S TITLE/OFFICE \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 10 DAY OF Sept, 2013

BY: George Gill  
NAME OF PERSON

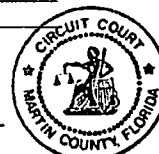
AS owner  
TYPE OF AUTHORITY

FOR \_\_\_\_\_  
PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN X OR PRODUCED IDENTIFICATION \_\_\_\_\_ TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

NOTARY SIGNATURE/ SEAL

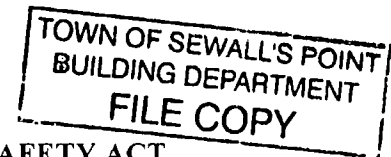
NOTARY PUBLIC-STATE OF FLORIDA  
Rod J. Maine  
Commission # EE040022  
Expires: NOV. 04, 2014  
BONDED THRU ATLANTIC BONDING CO., INC.



INSTR # 2418100 ON BK 2679 PG 556 RECD 09/24/2013 10:02:07 AM  
(1 Pgs)  
CAROLYN TIMMANN, CLERK  
DEED DOC \$0.00  
MARTIN COUNTY  
COUNTY CLERK  
INTANGIBLE \$0.00



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



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

**RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT  
AFFIDAVIT OF REQUIREMENT COMPLIANCE**

I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at (Print street address) 34 Rio Vista Dr, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2010 Florida Building Code. Please check your choice of compliance.

**Residential swimming pool safety feature options:**

In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet the following requirements relating to pool safety features:

**PLEASE NOTE THAT IF THE ALARM OPTION IS SELECTED, THIS AFFIDAVIT MUST BE ACCOMPANIED BY A LETTER OF CERTIFICATION FROM A FLORIDA LICENSED ALARM CONTRACTOR, ARCHITECT, OR ENGINEER STATING FULL COMPLIANCE WITH 2010 FBC R4101.17.1.9. PLEASE INDICATE BY INITIALING THE FOLLOWING:**

- ☐ (a) The pool/spa must be equipped with an approved safety pool cover (4101.17 exceptions, no other barrier feature required).
- ☒ (b) The pool/spa must be isolated from access by an enclosure that meets the pool barrier requirements of section (R4101.17.1 thru R4101.17.3;)
- ☐ (c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply: (R4101.17.1.9)
- ☐ 1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm which produces an audible continuous warning when the door and its screen are opened. The alarm shall sound immediately after the door is opened and be capable of being heard **throughout the house during normal household activities**. The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening. Such deactivation shall last no more than 15 seconds. The deactivation switch shall be located at least 54 inches above the threshold of the door.

**Exceptions:**

- a. Screened or protected windows having a bottom sill height of 48 inches or more measured from the interior finished floor at the pool access level.
  - b. Windows facing the pool on floor above the first story.
  - c. Screened or protected pass-through kitchen windows 42 inches or higher with a counter beneath. (R4101.17.1.9 (1))
- ☐ 2. All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction. (R4101.17.1.9 (2))



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

### AFFIDAVIT OF REQUIREMENT COMPLIANCE

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 as established in the Florida Statute.

Rod J. Maine  
CONTRACTOR'S SIGNATURE & DATE

George Gill 9/10/2013  
OWNER'S SIGNATURE & DATE

NOTARY AS TO CONTRACTOR:

STATE OF Florida

COUNTY OF Martin

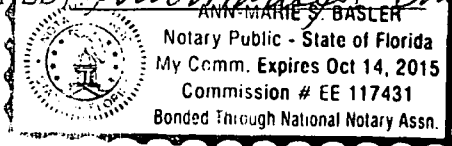
ON THIS 16<sup>th</sup> DAY OF September, 2013

BEFORE ME PERSONALLY APPEARED:

Roderick J. Maine

TO ME KNOWN TO BE THE PERSON WHO  
EXECUTED THE FORGOING INSTRUMENT  
AND ACKNOWLEDGED THAT HE / SHE  
EXECUTED THE SAME AS HIS / HER FREE  
ACT AND DEED.

SEAL (SIGNED) Ann Marie S. Basler



NOTARY AS TO OWNER:

STATE OF Florida

COUNTY OF Martin

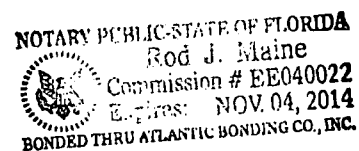
ON THIS 10 DAY OF Sept

BEFORE ME PERSONALLY APPEARED:

George Gill

TO ME KNOWN TO BE THE PERSON WHO  
EXECUTED THE FORGOING INSTRUMENT  
AND ACKNOWLEDGED THAT HE / SHE  
EXECUTED THE SAME AS HIS / HER FREE  
ACT AND DEED.

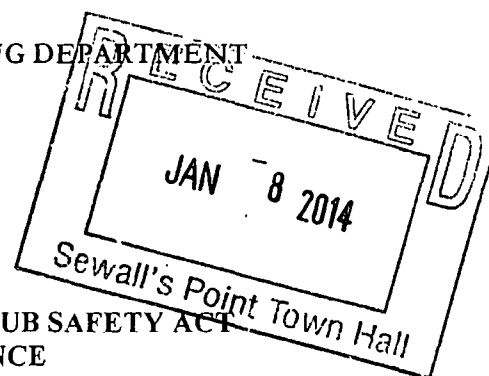
SEAL (SIGNED) Rod J. Maine



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



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



PERMIT # 10601

**RESIDENTIAL SWIMMING POOLS, SPA AND HOT TUB SAFETY ACT  
AFFIDAVIT OF REQUIREMENT COMPLIANCE**

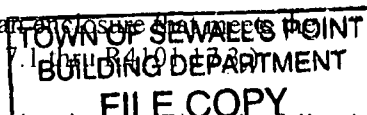
I (We) acknowledge that a new swimming pool, spa or hot tub has been constructed or installed at (Print street address) 34 Rio Vista Dr, and hereby affirm that one of the following methods has been used to meet the requirements of Chapter 515, Florida Statutes and 2010 Florida Building Code. Please check your choice of compliance.

**Residential swimming pool safety feature options:**

In order to pass final inspection and receive a certificate of completion, a residential swimming pool must meet the following requirements relating to pool safety features:

**PLEASE NOTE THAT IF THE ALARM OPTION IS SELECTED, THIS AFFIDAVIT MUST BE ACCOMPANIED BY A LETTER OF CERTIFICATION FROM A FLORIDA LICENSED ALARM CONTRACTOR, ARCHITECT, OR ENGINEER STATING FULL COMPLIANCE WITH 2010 FBC R4101.17.1.9. PLEASE INDICATE BY INITIALING THE FOLLOWING:**

- ☐ (a) The pool/spa must be equipped with an approved safety pool cover (4101.17 exceptions, no other barrier feature required).
- ☐ (b) The pool/spa must be isolated from access by an approved safety pool barrier requirements of section (R4101.17.1.9).
- g ☒ (c) Where a wall of a dwelling serves as part of the barrier one (1) of the following shall apply: (R4101.17.1.9)



- g ☒ 1. All doors and windows providing direct access from the home to the pool shall be equipped with an exit alarm which produces an audible continuous warning when the door and its screen are opened. The alarm shall sound immediately after the door is opened and be capable of being heard **throughout the house during normal household activities**. The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening. Such deactivation shall last no more than 15 seconds. The deactivation switch shall be located at least 54 inches above the threshold of the door.

**Exceptions:**

- Screened or protected windows having a bottom sill height of 48 inches or more measured from the interior finished floor at the pool access level.
- Windows facing the pool on floor above the first story.
- Screened or protected pass-through kitchen windows 42 inches or higher with a counter beneath. (R4101.17.1.9 (1))

- g ☒ 2. All doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with positive mechanical latching/locking installed a minimum of 54 inches above the threshold, which is approved by the authority having jurisdiction. (R4101.17.1.9 (2))



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

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY

### AFFIDAVIT OF REQUIREMENT COMPLIANCE

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 as established in the Florida Statute.

Rod Maine  
CONTRACTOR'S SIGNATURE & DATE

George Gill  
OWNER'S SIGNATURE & DATE

NOTARY AS TO CONTRACTOR:

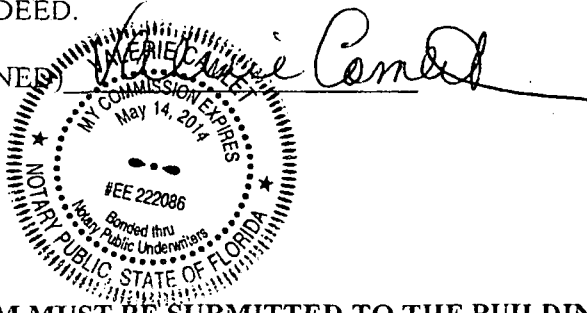
STATE OF Florida  
COUNTY OF Martin  
ON THIS 8 DAY OF June 2014

BEFORE ME PERSONALLY APPEARED:

Rod Maine

TO ME KNOWN TO BE THE PERSON WHO  
EXECUTED THE FORGOING INSTRUMENT  
AND ACKNOWLEDGED THAT HE / SHE  
EXECUTED THE SAME AS HIS / HER FREE  
ACT AND DEED.

SEAL (SIGNED)



NOTARY AS TO OWNER:

STATE OF Florida  
COUNTY OF Martin  
ON THIS 8 DAY OF January

BEFORE ME PERSONALLY APPEARED:

George Gill

TO ME KNOWN TO BE THE PERSON WHO  
EXECUTED THE FORGOING INSTRUMENT  
AND ACKNOWLEDGED THAT HE / SHE  
EXECUTED THE SAME AS HIS / HER FREE  
ACT AND DEED.

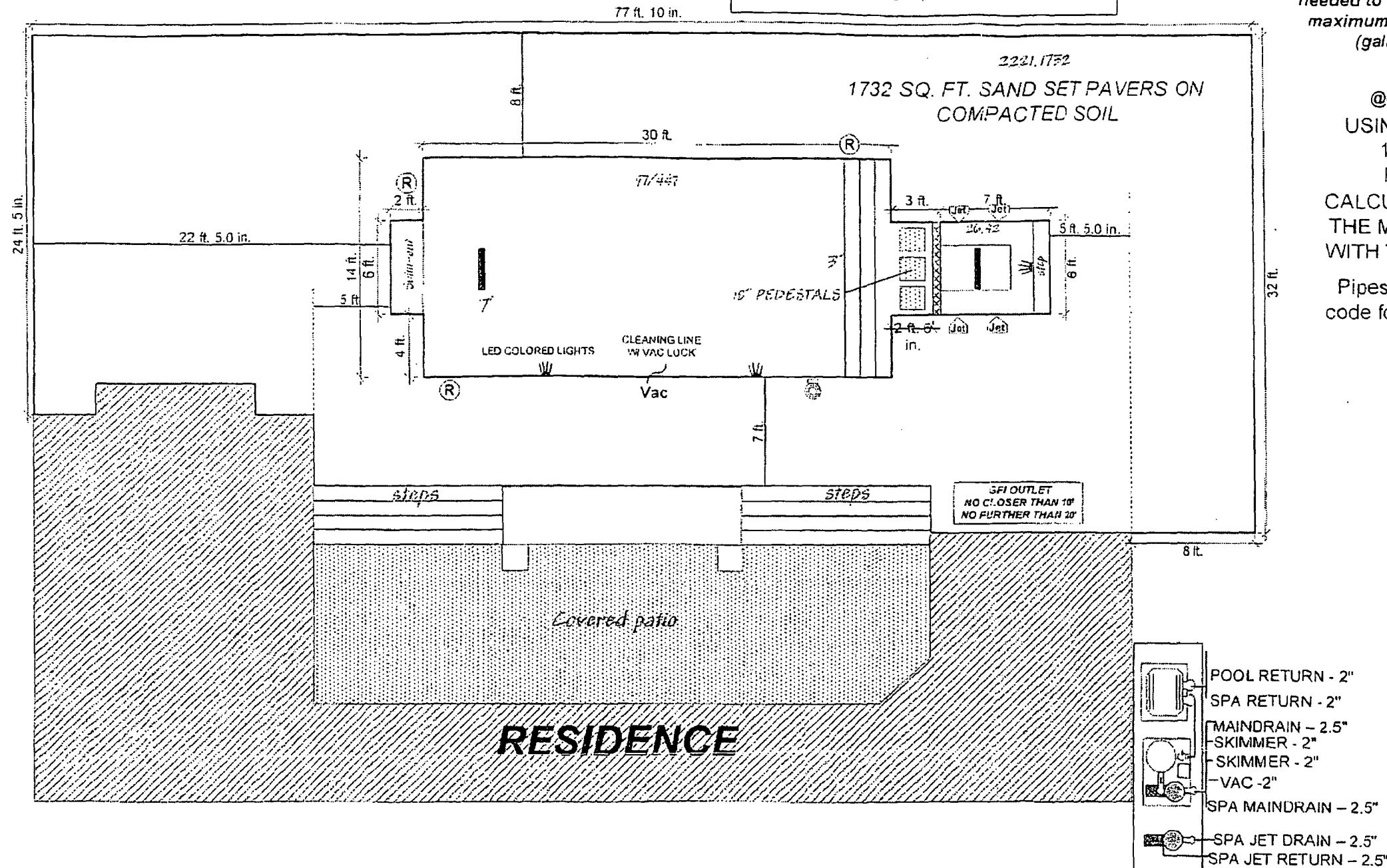
SEAL (SIGNED)

NOTARY PUBLIC-STATE OF FLORIDA  
Rod J. Maine  
Commission # EE040022  
Expires NOV. 04, 2014  
BONDED THRU ATLANTIC BONDING CO., INC.

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

**NO OVERHEAD POWER LINES**

EQUIPOTENTIAL BOND TO MEET NEC 680.26C STANDARDS. BONDING CONDUCTOR SHALL BE #8 AWG BARE SOLID COPPER WIRE BURIED TO A DEPTH OF 4"-6" BELOW SUBGRADE, AND 13"-24" FROM INSIDE WALL OF POOL OR SPA, ATTACHED AT 4 POINTS



ANSI 15.5.3.2.1 For pools greater than 17,000 gallons, a filter pump shall be chosen such that the flow rate listed for curve C is less than the maximum filtration flow rate calculated according to section 5.2.1 (6-hour turnover rate). "The filtration flow rate shall not be greater than the rate needed to turn the pool water volume in 6 hours or maximum filtration flow rate (gpm) = pool volume (gallons) : 360 , whichever is greater.

17,000 gal. : 360 = 47.22gpm

@47.22 GPM TURNOVER IN 6 HOURS.

USING 100'- 2.5" SUCTION PIPE AND 125'- 2" RETURN PIPE WITH 3 RETURNS AND 1" EYEBALLS

CALCULATES TO 30.25' HEAD LOSS. THE MAX FLOW RATE AT MAX RPM WITH THIS HEAD LOSS IS 90.06GPM

Pipes and drain must than meet ANSI 7 code for suction entrapment based on this TDH Calculation 90.06 GPM

### POOL SPECIFICATIONS

POOL SIZE 14' X 30'

POOL PERIMETER 97'

POOL AREA 447

POOL DEPTH 3'-7"

POOL GAL. 17,000

3 POOL INLETS 1" EYEBALLS

SKIMMER

1 VAC LINE

2- LED POOL LIGHT

Sta-Rite PLM 300 CARTRIDGE FILTER 112GPM MAX

STA-RITE INTELLIFLO Pump VS-3050 (P6E6XS4H-209L)

CUSTOM MOLDED PRODUCTS

1- 32" x 3" CHANNEL DRAIN

MAX FLO RATE TITROUGH 2.5" PLUMBING USING CENTER PORT IS 300 GPM (FLOOR)

INTELLICHLOR

STA-RITE 400,000 GAS HEATER

INTERIOR FINISH : FLA. GEM

### SPA SPECIFICATIONS

SPA SIZE 6' x 7' rec

SPA PERIMETER 26

SPA AREA 42

SPA DEPTH 3'

2- INLETS 1" EYEBALLS

1- LED SPA LIGHT

4 JETS

STA-RITE MAX-E-PRO 1.5 HP

CUSTOM MOLDED PRODUCTS

1- 32" x 3" CHANNEL DRAIN

MAX FLO RATE WITH CENTER PORT PLUGGED AND OUTER PORTS OPEN IS 308 GPM (FLOOR) WHEN USING 2.5" PLUMBING. COVER COMPLIANT W/VGB 25:06-310-300

TOWN OF SEWEE'S POINT  
BUILDING DEPARTMENT  
FILE COPY

Lic. # LFC1457185  
South Florida Custom Pools.

2625 S.W. Mapp Rd. Palm City, FL  
Phone: 772-286-7033 24990

NAME: GILL

ADDRESS: 34 RIO VISTA DR.

CITY/STATE: STUART, FL. 34996

COUNTY: MARTIN

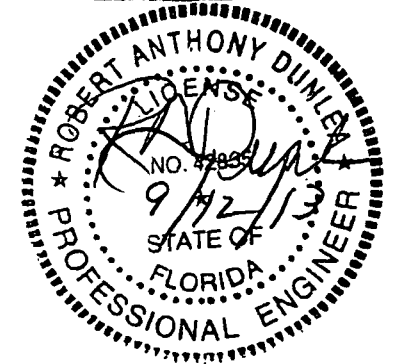
PID#: 12-38-41-002-000-00851-7

PAGE: 1 OF 2

DATE: 9-11-13

This pool and spa shall be designed and constructed in accordance with FBC 2010 residential code, chapter 41

R. A. Dunica, P.E., License # 42835  
1513 Cervantes Place, The Villages, FL 32159  
Telephone # 772-285-6444



4.4 The velocity in field-fabricated piping is based on the maximum system flow rate. Maximum water velocity in branch suction piping shall be limited to 6 feet per second when one of a pair is blocked. In normal operation then, the branch suction piping velocity is 3 feet per second. All other suction piping velocities shall be 8 feet per second for residential pools.

4.4.1 Maximum system flow rate shall be determined by one of the following:

TDH calculation for the circulation system of each pump; or Simplified TDH calculation.

4.5. Listed suction outlet cover / grate shall be tested and listed by a nationally recognized testing laboratory as conforming to the most recent edition of ASME / ANSI A112.19.8 and include a permanently marked flow rating tested to prevent hair entrapment. They are not governed by the velocity limitations of 4.4 and 4.6.

4.6 Minimum flow rating for each cover/grate. When used, submerged suction outlet arrangements shall be single unblockable, dual, or three-or-more as defined in 4.6.1 and 4.6.2.

4.6.1 Single or dual outlets. The flow ratings for each listed cover/grate shall be greater than the maximum system flow as determined in accordance 4.4.1.

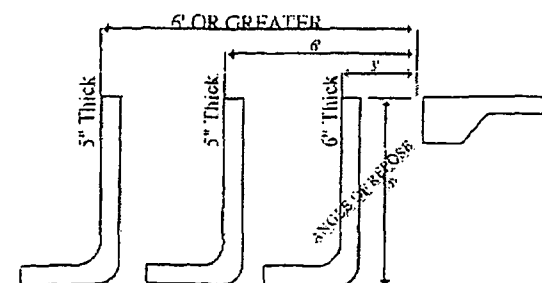
4.6.2 Three or more outlets. For a system with three or more covers/grates, the sum of the flow ratings shall be at least twice the maximum system flow rate as determined in accordance with 4.4.1, or alternatively

4.6.3 Warning: When using covers/grates of different flow ratings on the same system, the lowest flow rating shall be used in calculating.

**SINGLE UNBLOCKABLE OUTLET ANSI/APSP-7 5.5.1**  
A single channel outlet shall be considered acceptable if the size of the perforated area is 3 inches or greater in width and 31 inches or greater in length.

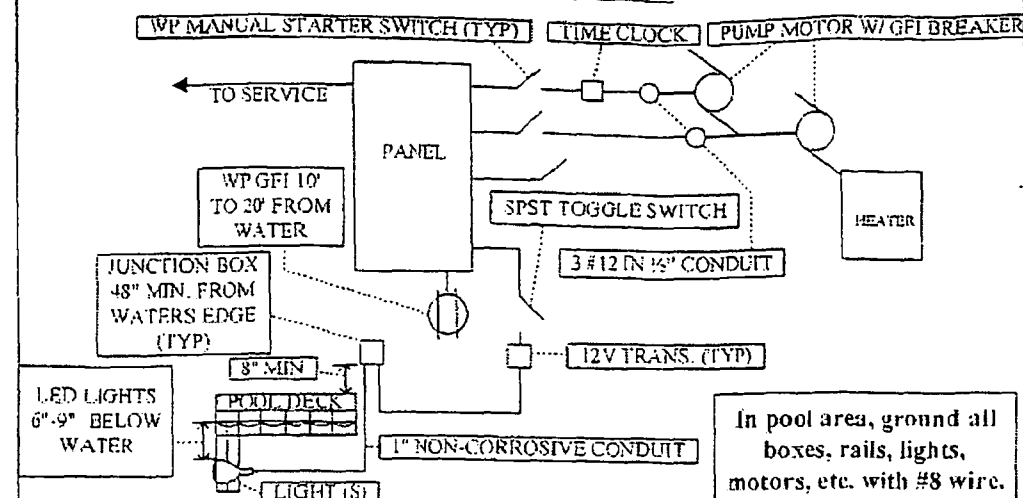
### ANGLE OF REPOSE

The detail below is representative of a 5' deep pool section. The extra steel, sheathing, and shoring applies only to those areas of the pool/spa in which extra steel, sheathing, and shoring are required and shall be determined by the following: If the pool structure is within an area equal to depth + 1' of an existing structure, then shoring and/or sheathing and/or extra steel is required.



- ~ Outside angle of repose 5' and greater - 5" thick w/ #3 @12" O. C. each way.
- ~ 3' to 6' - 5" thick w/ #3 @ 6" O. C. each way.
- ~ 0' to 3' - 6" thick w/ #3 @ 6" O. C. each way.

### ELECTRICAL DIAGRAM



#### ELECTRICAL NOTES

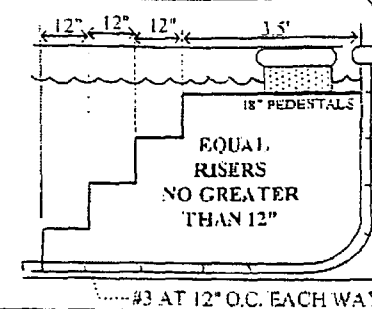
POOL PANEL AND SWITCHES MUST BE AT LEAST 5' FROM THE INSIDE WALL OF THE POOL. ALL ELECTRICAL WIRING AND EQUIPMENT MUST BE INSTALLED IN ACCORDANCE WITH THE 2008 EDITION OF THE NATIONAL ELECTRICAL CODE.

PROVIDE PROPER WORKING CLEARANCE SPACES FOR ELECTRICAL EQUIPMENT AS PER HO-26 OF NFPA 70.

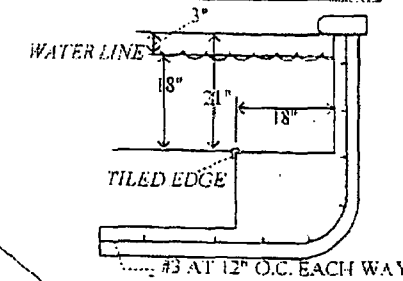
POOL PUMP MOTOR LOCATED ABOVE GRADE. PROVIDE SEPARATE CIRCUIT FOR PUMP MOTOR AND HEATER ETC.

INSTALL 125V 15AMP WEATHERPROOF DUPLEX RECEPTACLE AT LEAST 10' AWAY AND NOT MORE THAN 20' FROM THE INSIDE WALL OF THE POOL.

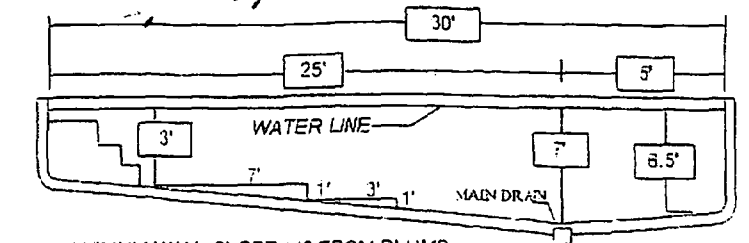
### STAIR DETAIL



### SWIMOUT DETAIL

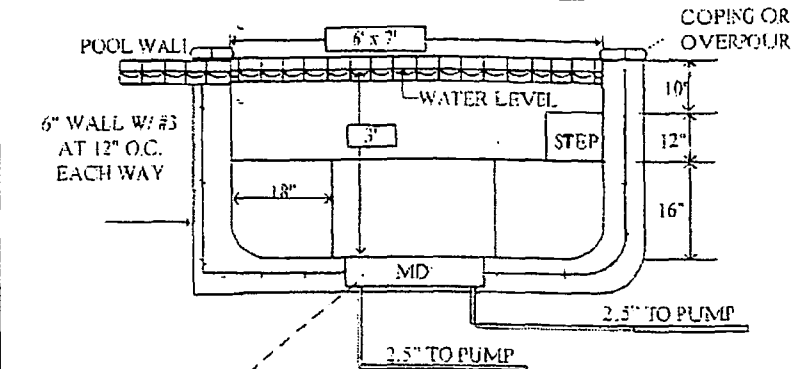


### LONGITUDINAL POOL SECTION

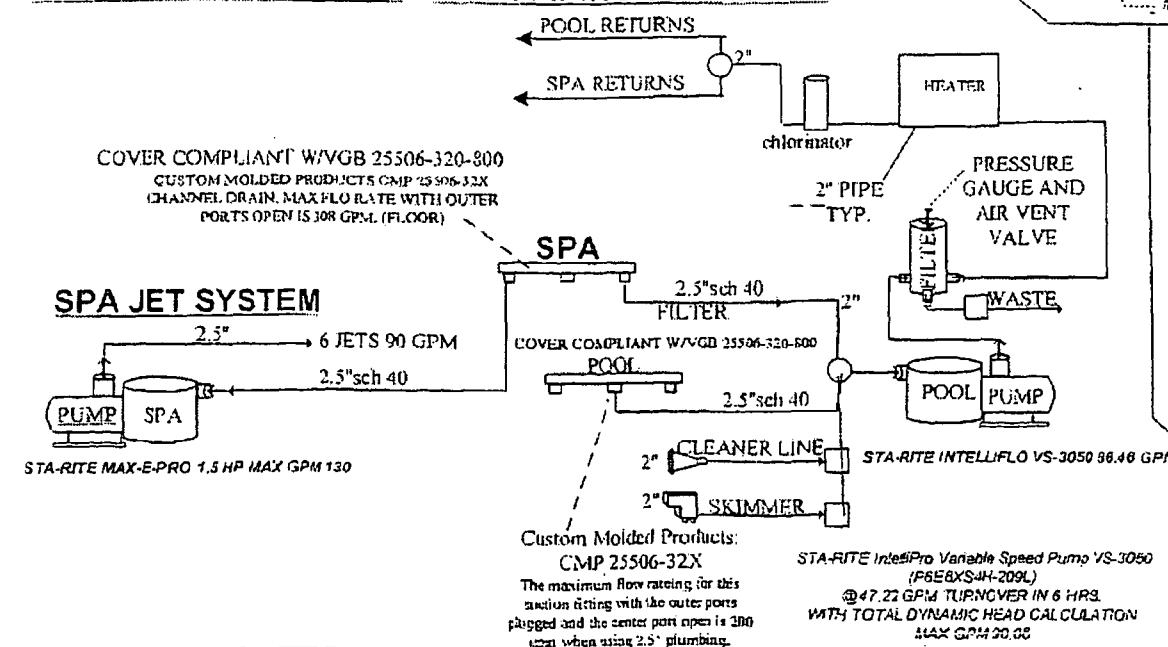


MAXIMUM WALL SLOPE 1:1 FROM PLUMB  
MAX SLOPE 1' IN 7' TO FIRST SLOPE CHANGE 6' FROM SHALLOW END  
MAX SLOPE 1' IN 3' FROM FIRST SLOPE CHANGE TO DEEP END

### AUXILIARY SPA DETAIL



### SPA PIPING SCHEMATIC POOL PIPING SCHEMATIC

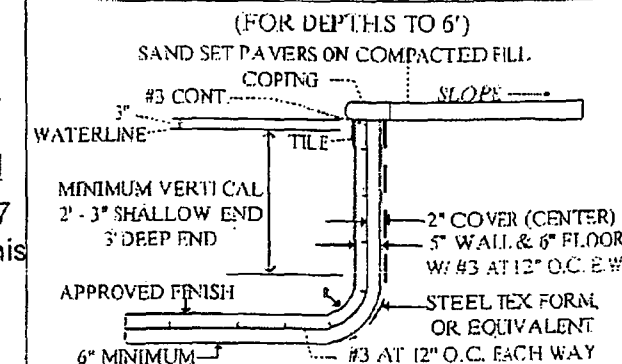


@47.22 GPM TURNOVER IN 6 HOURS.

USING 100'- 2.5" SUCTION PIPE AND 125'- 2" RETURN PIPE WITH 5 RETURNS AND 1" EYEBALLS CALCULATES TO 47.22' HEAD LOSS. THE MAX FLOW RATE AT MAX RPM WITH THIS HEAD LOSS IS 90.06GPM

Pipes and drain must than meet ANSI 7 code for suction entrapment based on this TDH Calculation 90.06GPM

### TYPICAL WALL and DECK SECTION



### POOL TDH FLOW RATE SYSTEM:

TDH POOL PUMP FLOW RATE : 90.06gpm  
MAXIMUM DRAIN FLOW RATE : 200gpm  
MAXIMUM SUCTION PIPE FLOW RATE CAPACITY @8 FPS : 2.5"- 117 gpm  
MAXIMUM RETURN PIPE FLOW RATE CAPACITY @10 FPS : 2"- 103 gpm

### SPA FILTER TDH FLOW RATE SYSTEM:

#### SPA TOTAL SYSTEM:

MAXIMUM DRAIN FLOW RATE : 308gpm  
TDH SPA PUMP FLOW RATE : 90.06gpm  
SPA JET PUMP FLOW RATE : 130gpm  
MAXIMUM SUCTION PIPE FLOW RATE CAPACITY @8 FPS : 2.5"- 117 gpm  
MAXIMUM RETURN PIPE FLOW RATE CAPACITY @10 FPS : 2"- 103 gpm

South Florida Custom Pools

TOWN OF SEWALL'S POINT  
CPC 1457785  
PLANNING DEPARTMENT  
FILE COPY

This pool and spa shall be designed and constructed in accordance with FBC 2010 residential code chapter 41

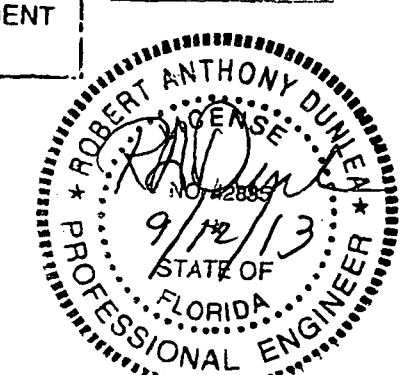
GILL

NAME: 34 RIO VISTA DR.  
ADDRESS: STUART, FL. 34996  
CITY/STATE:

PID #: 12-38-41-002-000-00851-7 COUNTY: MARTIN

DATE: 9-11-13 PAGE: 2 OF 2

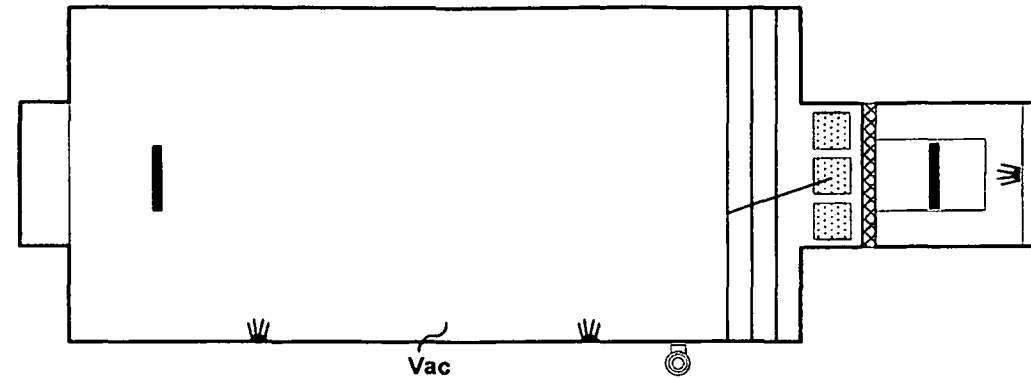
R. A. Dunlea, P.E. License # 42835  
1212 Gervantes Place, The Villages, FL 32159  
Telephone # 772-285-6444



FENCE DOWN TO WATER

FENCE DOWN TO WATER

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY



WINDOW

Vac

SLIDING  
DOOR

WINDOW

*Covered patio*

SLIDING  
DOOR

SLIDING  
DOOR

DOOR

WINDOW

WINDOW

WINDOW

SELF CLOSING SELF LOCKING GATE

SELF CLOSING SELF LOCKING GATE

**RESIDENCE**

## POOL BARRIER FENCE AND ALARMS

DATE: 1-8-14

Lic. # CPC145T185  
South Florida Custom Pools.  
2625 S.W. Mapp Rd. Palm City, FL.  
Phone: 772-286-7033 34990

NAME:

**GILL**

ADDRESS:

**34 RIO VISTA DR.**

CITY/STATE:

**STUART, FL. 34996**

COUNTY:

**MARTIN**

PID #:

**12-38-41-002-000-00851-7**



# KSM

**KELLER, SCHLEICHER & MacWILLIAM ENGINEERING AND TESTING, INC.**  
 MARTIN (772) 337-7755 P.O. BOX 78-1377, SEBASTIAN, FL 32978-1377 SEBASTIAN (772) 589-0712  
 PALM BEACH (561) 845-7445 www.ksmengineering.net MELBOURNE (321) 768-8488  
 FAX (561) 845-8876 E-Mail: KSM@KSMENGINEERING.NET ST. LUCIE (772) 229-9093  
 C.A.: 5693 FAX (772) 589-6469

## SOIL COMPACTION REPORT ASTM D 1557 and ASTM D 2922

DATE TESTED : October 23, 2013

JOB # : 131672-2pd/ES/km

PERMIT # : 10691

P.O. #: Gill

CONTRACTOR : South Florida Custom Pools

JOB LOCATION : 134 Rio Vista Drive

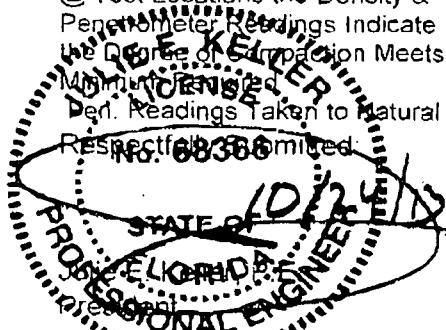
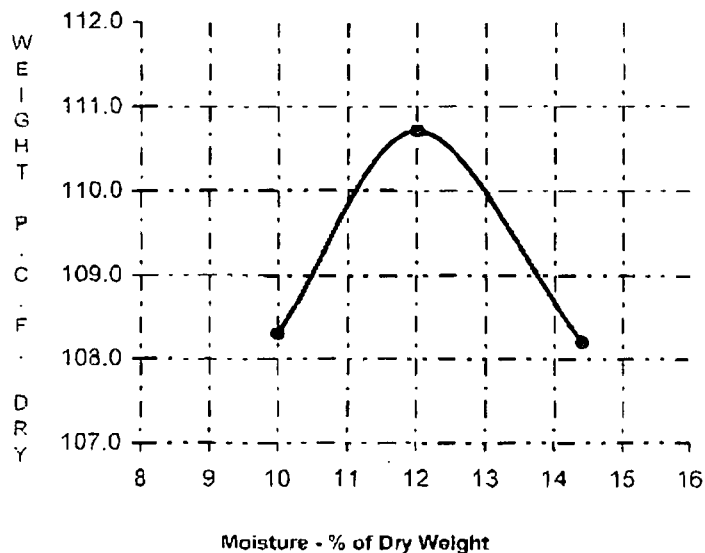
Sewalls Point  
Stuart, Florida

ITEM TESTED : Pool Backfill Only - Does Not Include Retaining Wall Backfill

TEST LOCATION OF SAMPLE	DEPTH	* PEN READ	DRY DENSITY	MAX. DRY PROCTOR VALUE	PERCENT COMPACTION
1 N.E.	0' - 1'	40	106.4	110.7	96.1
2	1' - 2'	42		"	95.0+
3	2' - 3'	40		"	95.0+
4	3' - 4'	44		"	95.0+
5 S.E.	0' - 1'	50	105.7	110.7	95.5
6	1' - 2'	42		"	95.0+
7	2' - 3'	48		"	95.0+
8	3' - 4'	40		"	95.0+
9 West Center	0' - 1'	38	106.4	110.7	96.1
10	1' - 2'	36		"	95.0+
11	2' - 3'	40		"	95.0+
12	3' - 4'	42		"	95.0+

Soil Description:  
Brown SandIn Place Moisture:  
7.5 PercentOptimum Moisture:  
12.0 PercentMax. Dry Density:  
110.7 P.C.F.

@ Test Locations the Density &  
 Penetration Readings Indicate  
 the Compaction Meets  
 Minimum Required  
 Pen. Readings Taken to Natural Grade.  
 Respectfully Submitted,  
 No. 68366



Fax to: 772-286-2690

# TOWN OF SEAWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection ☐ Mon ☒ Tue ☐ Wed ☐ Thur ☐ Fri 10-8-13 Page 1 of   

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10396	Coy	Final		
	2 Oakhill Way	Pool remodel	Pass	Close
	Pools by Greg	reinspect		INSPECTOR <i>[Signature]</i>
<del>1060</del>	<del>Good</del>	<del>Steel Bond</del>		
<del>Late</del>	<del>3425th St</del>	<del>IRON DRAW</del>	<del>Pass</del>	
<del>Am</del>	Soft Custom Pool			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection ☐ Mon ☒ Tue ☐ Wed ☐ Thur ☐ Fri 11-5-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10601	Gye 34 Rio Vista Soft Custom Pools	Pool Piping Equipotential bond	Pass	INSPECTOR <i>[Signature]</i>
10577	Cantwell 34 Castle Hill Way All Am Air	Final AC (unclosed)	Pass - note Pending check from owner	INSPECTOR <i>[Signature]</i>
10621	Hochstetter 72 S River Rd Horseshoe Pools	Piping Pool PIPING	Pass	INSPECTOR <i>[Signature]</i>
10656 11 AM PM	Hoffmann 20 Palm Rd Breake Healden	Final AC	Pass	Close INSPECTOR
10415	Smith 11 Palmetto Oak Homes	Final for CO	Pass	Process C.O. INSPECTOR <i>[Signature]</i>
Light	Hillcrest Terr & Hillcrest Ct	light is out	FPL Pole	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection ☐ Mon ☐ Tue ☒ Wed ☐ Thur ☐ Fri 12-11-13 Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10700	Smith	Pt dry-in/metal	Pass	
	2 Heritage Wy Apostolopoulos			INSPECTOR <i>[Signature]</i>
10705	Ford	Boiler	Pass	
PM	98 N Sewalls Masterpiece			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	SSPR - south of Ridgeland			
	near Peacock Sign - lg branches			
	low lying - trucks hit - hazardous			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
<del>10661</del>	<del>Excel</del>	<del>Water Heater</del>	<del>Pass</del>	
	34 R. Vista Dr		Pass	
	Soft Custom Pools			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
9971	Sadler	Final	Pass	Reid Engineers
	12 Middle Rd	Roof		CLOSE
	Hampton Roof			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

☐ Mon

☐ Tue

☒ Wed

☐ Thur

☐ Fri

1-15-14

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10621	HOCHSTEPPER	ELEC		
	72 S. River Rd	FINAL	Pass	
	Horizon	Pool		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10720	Walker			
	21 W. HIGH PT	SLAB	Pass	
	Wm Day Inc			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10731	Williams	POOL SPOOL		
	24 CASTLE HILL	POOL SPOOL	Pass	
	S. FLORIDA Custom	M/D		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10688	Stegskal	grace beam		
LATE AM	108 S Sewalls	slab	Pass	
	Duftwood			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10689	Birdsall	FINAL		
	49 N. River	DWY	Pass	CLOSE
	T Coast Pavers			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
		SERVICE		
PM	10 E. HIGH PT	CANCEL	CANCEL	
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10601	Gill	BARRIER		
	34 RIO VISA	POOL	Pass	
	S.F. Custom POOLS			INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☒ Fri 2/7 -14 Page \_\_\_\_ of \_\_\_\_

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10742	Ceccarelli	1) Plumbing <sup>Rough</sup>		Plumbing default
	19 Rio Vista	2) a/c	Pass	a/c - <del>Repair</del>
	Owner/Plumber			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10501	Gill	Final		772-286-7033
	34 Rio Vista Dr.		Pass	<del>Plumber</del>
	SF Const. Pools-Kay			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10702	Quild	Final		240-1324
	48 S Sewall Pt.	Dock + Elec	Pass	341-2317 Jimmy
	Bill Hughes Const.			Close INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

**10726**  
**FENCE**



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

## BUILDING PERMIT CARD

**THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE IN PLAIN VIEW FROM THE STREET PRIOR TO BEGINNING ANY WORK**

**A FINAL INSPECTION IS REQUIRED FOR ALL PERMITS**

PERMIT NUMBER:	10726	DATE ISSUED:	DECEMBER 31, 2013
SCOPE OF WORK:	FENCE		
CONTRACTOR:	STUART FENCE		
PARCEL CONTROL NUMBER:	123841002-000-00851-7	SUBDIVISION	RIO VISTA - L 85
CONSTRUCTION ADDRESS:	34 RIO VISTA DR		
OWNER NAME:	GILL		
QUALIFIER:	CHESTER RICHMOND	CONTACT PHONE NUMBER:	288-1151

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

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

**24 HOUR NOTICE REQUIRED FOR INSPECTIONS - ALL CONSTRUCTION DOCUMENTS MUST BE AVAILABLE ON SITE  
CALL 287-2455 - 8:00AM TO 4:00PM      INSPECTIONS: 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: 12-23-13

Permit Number: 10726

OWNER/LESSEE NAME: George & Vivian Gill Phone (Day) 305-588-2385 (Fax) \_\_\_\_\_  
Job Site Address: 34 Rio Vista Drive City: Stuart State: FL Zip: 34996  
Legal Description: Rio Vista S 50' of lot 85 & N 50' of lot 86 Parcel Control Number: 12-38-41-002-000-00851-7  
Fee Simple Holder Name: \_\_\_\_\_ Address: Above  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

**Has a Zoning Variance ever been granted on this property?**

YES \_\_\_\_\_ (YEAR) \_\_\_\_\_ NO \_\_\_\_\_  
(Must include a copy of all variance approvals with application)

**COST AND VALUES: (Required on ALL permit applications)**  
Estimated Value of Improvements: \$ 32188.00  
(Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out)  
Is subject property located in flood hazard area? VE10: \_\_\_\_\_ AE9: \_\_\_\_\_ AE8: X  
**FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:**  
Estimated Fair Market Value prior to improvement: \$ \_\_\_\_\_  
(Fair Market Value of the Primary Structure only, Minus the land value)  
PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: STUART FENCE COMPANY Phone: 772-288-1151 Fax: 772-288-3035  
Qualifiers name: Chester Richmond Street: P.O. Box 2636 City: Stuart State: FL Zip: 34995  
State License Number: \_\_\_\_\_ OR: Municipality: \_\_\_\_\_ License Number: \_\_\_\_\_

**LOCAL CONTACT:** \_\_\_\_\_ Phone Number: 772-288-1151

**DESIGN PROFESSIONAL:** N/A

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**AREAS SQUARE FOOTAGE:** Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Covered Patios/Porches: \_\_\_\_\_ Enclosed Storage: \_\_\_\_\_  
Carport: \_\_\_\_\_ Total under Roof: \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE: \_\_\_\_\_  
\* Enclosed non-habitable areas below the Base Flood Elevation greater than 200 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\*\*\*\*\***

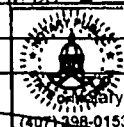
**AFFIDAVIT:** APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. 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 \_\_\_\_\_  
State of Florida, County of: \_\_\_\_\_  
On This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who is personally  
known to me or produced \_\_\_\_\_  
As identification \_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:**

X \_\_\_\_\_  
State of Florida, County of: Martin  
On This the 23rd day of December, 2013  
by Chester J Richmond who is personally  
known to me or produced \_\_\_\_\_  
As identification \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



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

**Martin County, Florida**  
**Laurel Kelly, C.F.A**
*generated on 12/23/2013 3:27:33 PM EST*
**Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-002-000-00851-7	27598	34 RIO VISTA DR, SEWALL'S POINT	\$1,308,020	12/21/2013

**Owner Information**

<b>Owner(Current)</b>	GILL GEORGE H & VIVIAN C
<b>Owner/Mail Address</b>	34 RIO VISTA DR STUART FL 34996
<b>Sale Date</b>	11/22/2006
<b>Document Book/Page</b>	2199 2541
<b>Document No.</b>	1975455
<b>Sale Price</b>	2100000

**Location/Description**

<b>Account #</b>	27598	<b>Map Page No.</b>	SP-05
<b>Tax District</b>	2200	<b>Legal Description</b>	RIO VISTA S 50' OF LOT 85 & N 50' OF LOT 86
<b>Parcel Address</b>	34 RIO VISTA DR, SEWALL'S POINT		
<b>Acres</b>	.4510		

**Parcel Type**

<b>Use Code</b>	0100 Single Family
<b>Neighborhood</b>	193170 Lucindia,Riverview ST LUC.RVR

**Assessment Information**

<b>Market Land Value</b>	\$935,000
<b>Market Improvement Value</b>	\$373,020
<b>Market Total Value</b>	\$1,308,020



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/23/2013

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).

<b>PRODUCER</b> RICK CARROLL INSURANCE AGENCY 2160 NE Dixie Highway PO Box 877 Jensen Beach FL 34958-0877		<b>CONTACT NAME:</b> Carla Green <b>PHONE (A/C No. Ext.):</b> (772) 334-3181 <b>E-MAIL ADDRESS:</b> carla@rickcarroll.com <b>FAX (A/C No.):</b> (772) 334-7742	
<b>INSURED</b> Stuart Fence Company Inc. and Stuart Retail PO Box 2636 Stuart FL 34995		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: First National Ins Co of Amer INSURER B: American States Insurance INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 19704	

## COVERAGES

CERTIFICATE NUMBER: CL13122305768

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			25CC1663017	8/18/2013	8/18/2014	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
B	AUTOMOBILE LIABILITY			01CH3769388	12/20/2013	12/20/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
B	UMBRELLA LIAB			01SU41496650	8/18/2013	8/18/2014	Uninsured motorist combined	\$ 100,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 1,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS CERTIFICATE IS FOR PROOF OF INSURANCE ONLY. GENERAL LIABILITY CONTAINS ADDITIONAL INSURED ENDORSEMENTS ON A PRIMARY/NON CONTRIBUTORY BASIS - AND A WAIVER OF SUBROGATION (TRANSFER OF RIGHTS) ENDT, SEE ATTACHED.

## CERTIFICATE HOLDER

## CANCELLATION

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

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

Keith Carroll/DCH

2013-2014

**MARTIN COUNTY ORIGINAL  
BUSINESS TAX RECEIPT**HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR  
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994  
(772) 288-5604ACCOUNT 2004-518-0003 CERT CFE3584PHONE (772)288-1151 SIC NO 238990

LOCATION:

3264 SE DIXIE HWY STU

**CHARACTER COUNTS IN MARTIN COUNTY**

PREV YR.	\$ .00	LIC. FEE	\$ 26.25
	\$ .00	PENALTY	\$ .00
	\$ .00	COL. FEE	\$ .00
	\$ .00	TRANSFER	\$ .00

TOTAL 26.25

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

OF **FENCE ERECTION CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

29 DAY OF JULY 20 13AND ENDING SEPTEMBER 30, 2014

91 2012 03987.0001

26.25 PAID

RICHMOND, CHESTER

STUART FENCE COMPANY

PO BOX 2636

STUART, FL 34995



2013-2014

**MARTIN COUNTY ORIGINAL  
BUSINESS TAX RECEIPT**HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR  
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994  
(772) 288-5604ACCOUNT 2008-650-0972 CERT \_\_\_\_\_PHONE (772)288-1151 SIC NO 238990

LOCATION:

3264 SE DIXIE AVE STU

**CHARACTER COUNTS IN MARTIN COUNTY**

PREV YR.	\$ .00	LIC. FEE	\$ 26.25
	\$ .00	PENALTY	\$ .00
	\$ .00	COL. FEE	\$ .00
	\$ .00	TRANSFER	\$ .00

TOTAL 26.25

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

OF **RETAIL FENCE BUSINESS**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

29 DAY OF JULY 20 13AND ENDING SEPTEMBER 30, 2014

91 2012 03987.0002

26.25 PAID

RICHMOND, CHESTER

STUART FENCE RETAIL,

P.O. BOX 2636

STUART, FL 34995



If you have any questions relating to the information in this letter, please contact the Martin County Contractor's Licensing Division of the Martin County Building Department.

**MARTIN COUNTY, FLORIDA  
Contractor's Licensing  
Certificate of Competency****FENCE ERECTION - MC**

License #: MCFE3584

Expires: 09/30/2014

RICHMOND, CHESTER J III

STUART FENCE COMPANY INC

P.O. BOX 2636

STUART, FL 34995

# STUART FENCE COMPANY, INC.

(772) 288-1151

Fax (772) 288-3035

# CFE3584

LICENSED & INSURED  
BONDED

## PROPOSAL - CONTRACT

P.O. Box 2636  
Stuart, FL 34995

CUSTOMER'S NAME <b>GEORGE GILL</b>		DATE <b>12/16/13</b>	
STREET <b>34 RIO VISTA DR.</b>		CITY <b>STUART</b>	STATE <b>FL</b>
HOME PHONE	BUSINESS PHONE	Fax #	MOBIL/BEEPER# <b>305-588-2385</b>
FENCE LINE CLEARED: <b>Y (N)</b>	SURVEY: <b>GHGILL@ATT.NET</b>		TOTAL FOOTAGE: <b>AS NOTED</b>

### CHAIN LINK

FURNISH AND INSTALL 130 LF OF 4' HIGH ~~GREEN~~ **Black** VINYL COATED CHAINLINK FENCE ON SEVERE GRADE. ALL POSTS SET IN CONCRETE.

FENCE TYPE **4' Black**

TOP RAIL **1 3/8"**

LINE POST **1 5/8"**

CORNER POST **2 1/2"**

GATE POST **2 1/2"**

WALK GATE **0**

D.D. GATE **0**

WIRE GAUGE **9.0 KK**

TENSION WIRE **Yes**

REMOVE AND RELOCATE 12' OF ALUMINUM ON RIGHT SIDE TO STRAIGHTEN OUT THE FENCE LINE. FURNISH AND INSTALL 21 LF OF 4' HIGH BLACK POWDER COATED ALUMINUM 3 RAIL FENCE TO MATCH EXISTING (MAINE STYLE # 300). ALL POSTS SET IN CONCRETE. \* Re-install alum fence + gate at right front.

INSTALL ONE BLACK MAGNALATCH ONTO THE EXISTING DOUBLE GATE ON THE LEFT SIDE OF HOUSE AND ADJUST HINGES TO PROPERLY SELF-CLOSE.

TOTAL INCLUDES ALL MATERIAL, LABOR & PERMIT FEES.

### WOOD

FENCE STYLE

HEIGHT

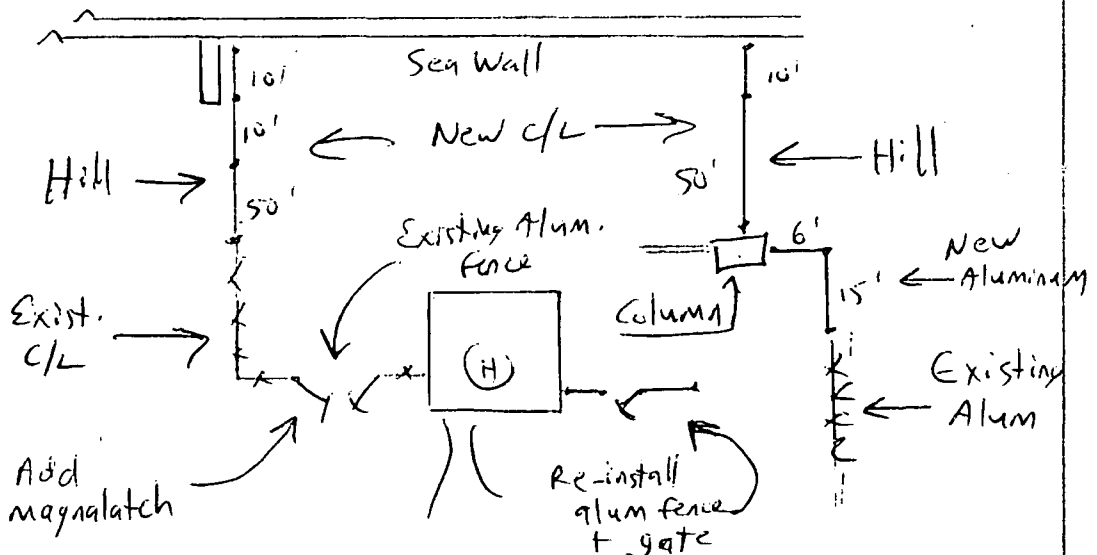
GOOD SIDE

WALK GATES

D.D. GATES

LINE POSTS

GATE POSTS



### SPECIAL INSTRUCTIONS

### PVC/ALUMINUM

FENCE STYLE **#300**

WALK GATES **0**

D.D. GATES **0**

POOL FENCE **(Y) / N**

**\$1094.00 Deposit PD 12/20 ✓ #133**

OPTION "B"	PROPOSAL/CONTRACT SALE PRICE	OPTION "A"
	CONTRACT PRICE	2188-
	PERMIT	Included
	TOTAL	2188-
	LESS DEPOSIT	1094- #133 12/20
	BALANCE DUE UPON COMPLETION	1094

ACCEPTANCE OF PROPOSAL - CONTRACT: The above prices, specifications and Terms/Conditions on reverse side are satisfactory and are hereby accepted. Stuart Fence Corp. is authorized to do the work specified. Payment will be made as outlined above. Upon signing by Purchaser this becomes a binding contract.

APPROVED AND ACCEPTED DATE

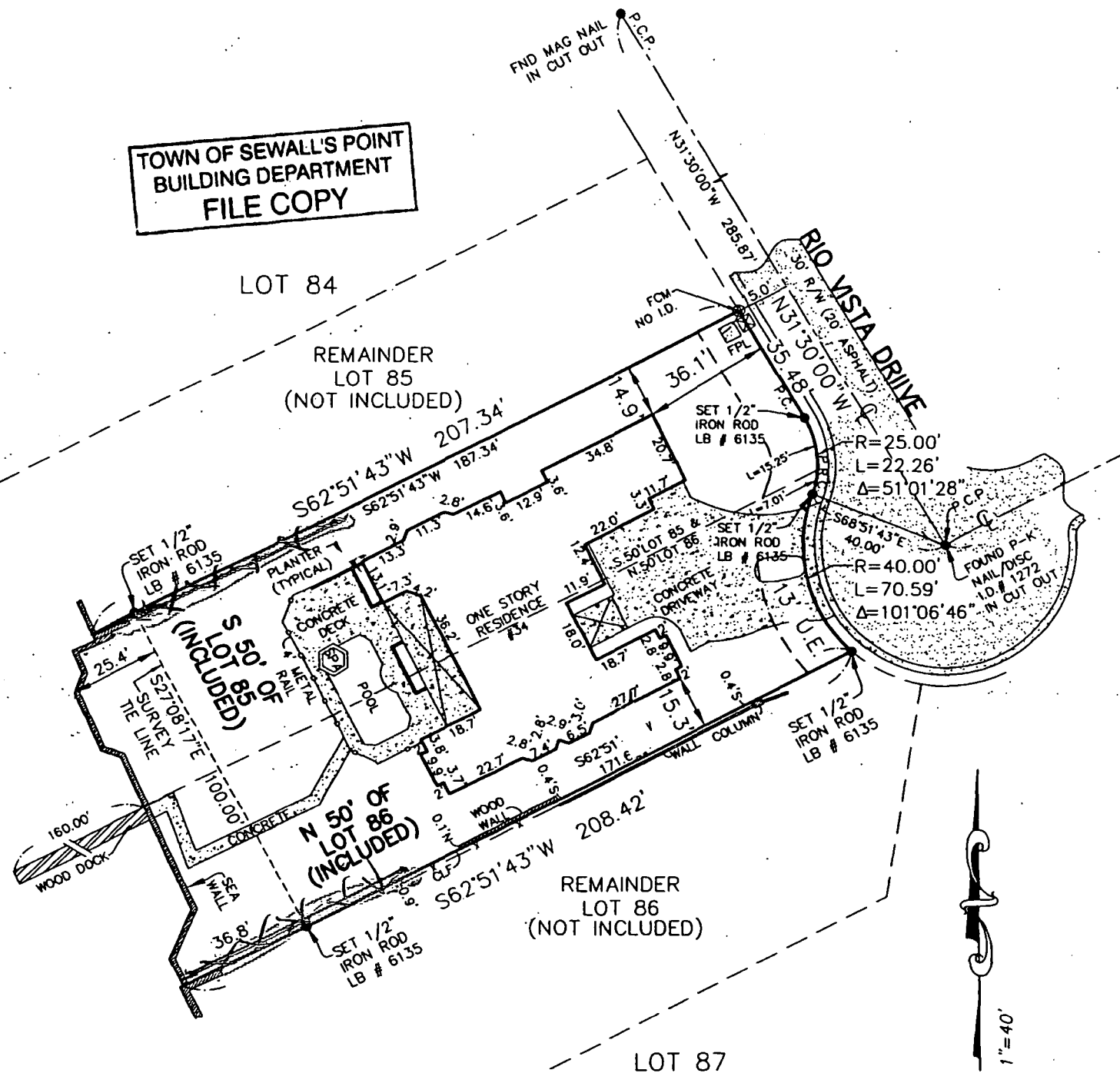
CUSTOMER'S  
SIGNATURE

SEE REVERSE SIDE FOR WARRANTY INFORMATION

SALES REP.

STUART FENCE COMPANY, INC. IS NOT RESPONSIBLE FOR DAMAGE TO UNMARKED IRRIGATION LINES

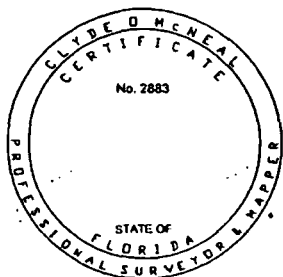
TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY



PAGE 2 OF 2 PAGES

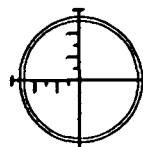
# BOUNDARY SURVEY

LB #6135



## SURVEYORS CERTIFICATE

I HEREBY CERTIFY THAT THIS BOUNDARY SURVEY IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY PREPARED UNDER MY DIRECTION. NOT VALID WITHOUT AN AUTHENTICATED ELECTRONIC SIGNATURE AND AUTHENTICATED ELECTRONIC SEAL, OR A RAISED EMBOSSED SEAL AND SIGNATURE.



**TARGET**  
**SURVEYING, INC.**

SERVING MOST FLORIDA COUNTIES

(SIGNED)

Clyde  
McNeal

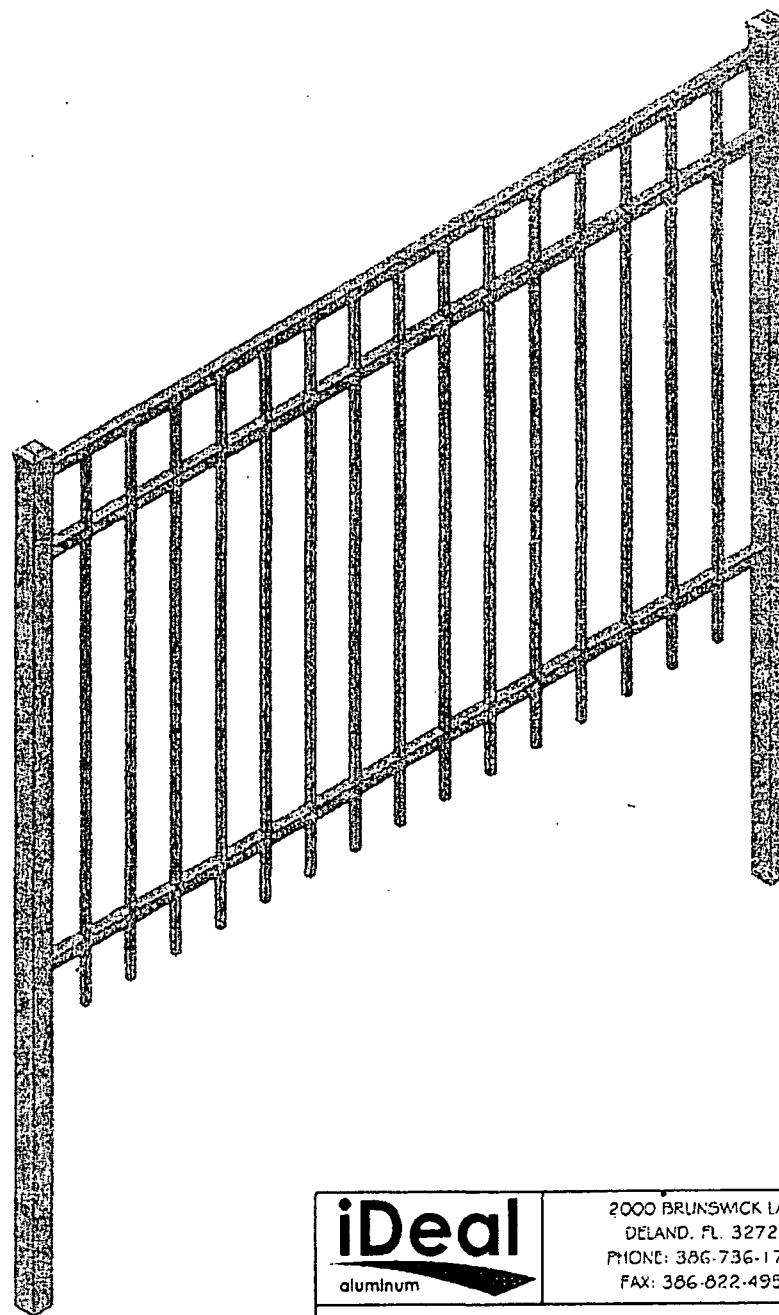
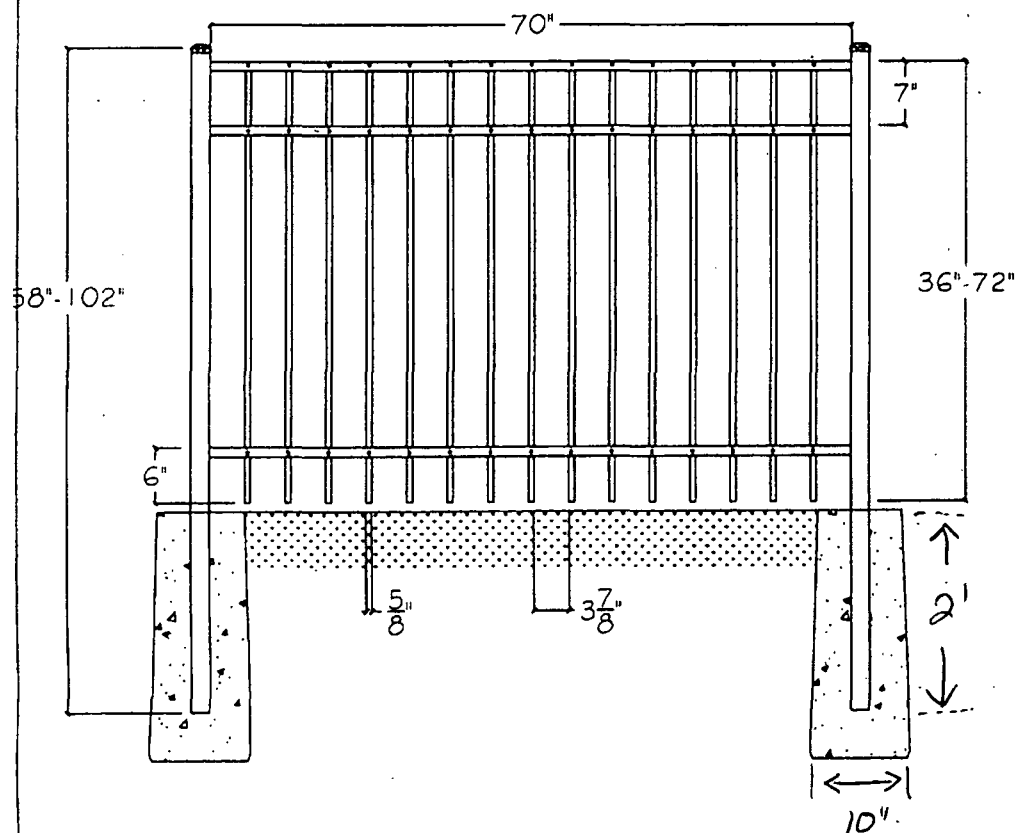
Digitally signed by Clyde  
McNeal  
DN: cn=Clyde McNeal, c=US,  
ou=Target Surveying, Inc.  
Date: 2007.08.21 16:16:11  
+0400

CLYDE O. McNEAL, PROFESSIONAL SURVEYOR AND MAPPER #2883

5601 CORPORATE WAY SUITE 210  
WEST PALM BEACH, FL 33407  
PHONE (561) 640-4800  
FACSIMILE (561) 640-0576  
STATEWIDE PHONE (800) 226-4807  
STATEWIDE FACSIMILE (800) 741-0576

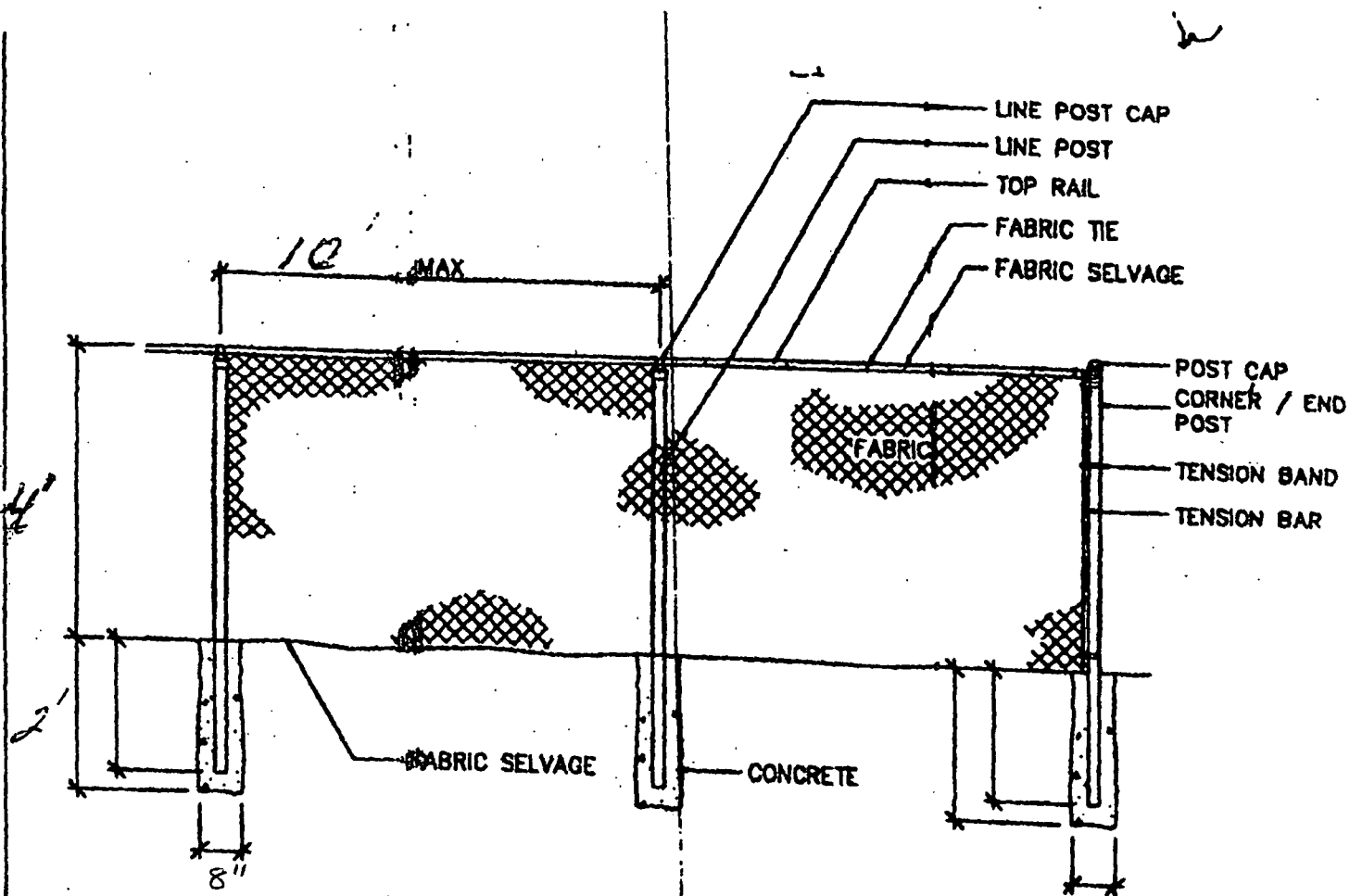
FENCE PARTS		
ITEM	QTY	DESCRIPTION
1	15	5/8" PICKET W/ .050" THICKNESS
2	3	1" X 1" HORIZONTAL RAIL W/ .062" X .072" THICKNESS
3	2	2" POST CAP
4	2	2" 50. POST W/ .062" THICKNESS
5	45	SCREWS
6		
7		
8		

TOWN OF SEWALL'S POINT  
BUILDING DEPARTMENT  
FILE COPY



<b>iDeal</b> aluminum		2000 BRUNSWICK LANE DELAND, FL. 32724 PHONE: 386-736-1700 FAX: 386-822-4950	
DRAWING: #300 RESIDENTIAL		Long Islander	
DWG. NO: GILL		REV: 01	
SCALE: NTS		12/3/2007 4:52:29 PM	

Drawn by: M. BORG  
www.idealscreen.com  
This drawing is the property of Ideal Screen Products  
It is not to be reproduced, copied, or altered in  
whole or in part without written consent.



# CHAIN LINK FENCING DETAIL BLACK VINYL

TOWN OF SEWART POINT  
 BUILDING DEPARTMENT  
 FILE COPY



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

☐ Mon

☒ Tue

☐ Wed

☐ Thur

☐ Fri

6-7-14

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10426	Gill	Final		
	34 Kw Vista Dr	Fence	Pass	Close
	Stuart Fence			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10611	Caruso	Final		
	24 S Sewalls	Garage	Pass	Close
	Overhead door			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10637	Caruso	Final		
	24 S Sewalls	retaining wall	Pass	Close
	Dockscapes			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10708	GOLDEN			
	15 MIDDLETON	ROOF FINISH	Pass	Pass
	WINTING CONST			INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	13 SIMANA			
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

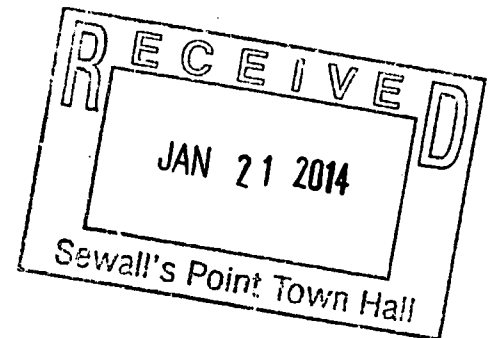


KELLY & KELLY ARCHITECTS



January 20, 2014

Town of Sewall's Point Building Department  
One South Sewall's Point Road  
Sewall's Point, Florida 34996



Re: Gill Residence  
~~34 Rio Vista Drive~~  
Sewall's Point, Florida 34996  
Pool Permit #10601

Dear Sir or Madam,

I visited the Gill Residence today to verify that the sliding glass doors and hinged French door pool alarms have been installed. The units are in place and functioning.

Respectfully,

Gary R. Kelly  
Architect

GRK/dm

**10784**

**GAS TANK & LINES**



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:	10784	DATE ISSUED:	02/27/2014
SCOPE OF WORK:	GAS TANK AND LINES		
CONTRACTOR:	FERRELLGAS		
PARCEL CONTROL NUMBER:	123841002000008517	SUBDIVISION	RIO VISTA
CONSTRUCTION ADDRESS:	34 RIO VISTA DRIVE		
OWNER NAME:	GEORGE AND VIVIAN GILL		
QUALIFIER:	DEAN NICHOLSON	CONTACT PHONE NUMBER:	772 287-4330

**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 DEPARTMENT**

One S. Sewall's Point Road

Sewall's Point, Florida 34996

Tel 772-287-2455 Fax 772-220-4765

**BUILDING PERMIT RECEIPT**

<b>PERMIT NUMBER:</b>	<b>10784</b>	
<b>ADDRESS</b>	<b>34 RIO VISTA</b>	
<b>DATE 02/27/2014</b>	<b>SCOPE OF WORK</b>	<b>GAS TANK AND LINES</b>

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

<b>ACCESSORY PERMIT</b>	<b>Declared Value:</b>	<b>\$</b>	<b>2,200.00</b>
Total number of inspections @ \$100.00 each	<b>2</b>		<b>200.00</b>
Dept. of Comm. Affairs Fee: (1.5% of permit fee - \$2.00 min)		<b>\$</b>	<b>3.00</b>
DBPR Licensing Fee: (1.5% of permit fee - \$2.00 min.)		<b>\$</b>	<b>3.00</b>
Road impact assessment: (.04% of construction value - \$5 min.)		<b>\$</b>	<b>5.00</b>
<b>TOTAL ACCESSORY PERMIT FEE:</b>		<b>\$</b>	<b>211.00</b>

Pl 3/3/14  
Money order  
14-842456810

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

Date: 2-10-14

Permit Number: 10784

OWNER/LESSEE NAME: George H. & Vivian C. Gill Phone (Day) \_\_\_\_\_ (Fax) \_\_\_\_\_

Job Site Address: 34 Rio Vista Dr City: Stuart State: FL Zip: 34996

Legal Description: Rio Vista S 50' of Lot 85 & 150' Lot 86 Parcel Control Number: 12-38-41-002-000-00851-7

Fee Simple Holder Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*SCOPE OF WORK (PLEASE BE SPECIFIC):** Swap out existing up LP tank with new eq LP tank

**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: \$ 2,200

(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: Fencligas Phone: 772-287-4330 Fax: 772-287-3456

Qualifiers name: Dean L. Nicholson Street: 3232 Divis Hwy City: Stuart State: FL Zip: 34997

State License Number: 01237 OR: Municipality: \_\_\_\_\_ License Number: 29813

LOCAL CONTACT: Marc Sturtevant Phone Number: 786-418-6245 EXT 25101

DESIGN PROFESSIONAL: \_\_\_\_\_ Fla. License# \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Carport: \_\_\_\_\_ Total under Roof: \_\_\_\_\_ Elevated Deck: \_\_\_\_\_ Enclosed area below BFE: \_\_\_\_\_

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

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

**WARNINGS TO OWNERS AND CONTRACTORS:**

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

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

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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:

X [Signature]

State of Florida, County of: MARTIN

On This the 24<sup>th</sup> day of FEBRUARY, 2014

by GEORGE HARROVER GILL who is personally known to me or produced

As identification: FL DL 6400-308-41 096-0

My Commission Expires: [Signature] Notary Public

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

X [Signature]

State of Florida, County of: Martin

On This the 24 day of Feb, 2014

by Dean L. Nicholson who is personally known to me or produced

As identification: \_\_\_\_\_

My Commission Expires: [Signature] Notary Public

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

Expires June 21, 2014  
Commission # DD 982111  
CHRISTINE C. BERGERON

Marc Sturtevant@Fencligas.com

**Martin County, Florida  
Laurel Kelly, C.F.A***generated on 2/11/2014 9:22:12 AM EST***Summary**

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
12-38-41-002-000-00851-7	27598	34 RIO VISTA DR, SEWALL'S POINT	\$1,308,020	2/8/2014

---

**Owner Information**

Owner(Current)	GILL GEORGE H & VIVIAN C
Owner/Mail Address	34 RIO VISTA DR STUART FL 34996
Sale Date	11/22/2006
Document Book/Page	2199 2541
Document No.	1975455
Sale Price	2100000

---

**Location/Description**

Account #	27598	Map Page No.	SP-05
Tax District	2200	Legal Description	RIO VISTA S 50' OF LOT 85 & N 50' OF LOT 86
Parcel Address	34 RIO VISTA DR, SEWALL'S POINT		
Acres	.4510		

---

**Parcel Type**

Use Code	0100 Single Family
Neighborhood	193170 Lucindia,Riverview ST LUC.RVR

---

**Assessment Information**

Market Land Value	\$935,000
Market Improvement Value	\$373,020
Market Total Value	\$1,308,020

Florida Department of Agriculture and Consumer Services  
Bureau of Liquefied Petroleum Gas Inspection  
3125 Conner Boulevard, Suite E  
Tallahassee, Florida 32399-1650

**Master Qualifier Mailing Address**

DEAN NICHOLSON  
FERRELLGAS #5539  
3232 SE DIXIE HWY  
STUART, FL 34997-5239

**Licensed Location Address**

FERRELLGAS #5539  
3232 SE DIXIE HWY  
STUART, FL 34997-5284

**Certificate Number**

29813

**License Number**

01237

This Master Qualifier Certificate is issued pursuant to Chapter 527, Florida Statutes. This certificate is valid only for the person and licensed holder listed. Any changes to the Master Qualifier status (such as transfer or termination of employment) must be reported to the Bureau of LP Gas Inspection at (850) 921-1600 immediately.

The Master Qualifier Certificate is valid only through the date noted on the Certificate. A notice of renewal will be sent to you in advance of your expiration date. A Master Qualifier Certificate may be renewed if certification of a minimum of 16 (sixteen) hours continuing education is provided along with the renewal form. If training cannot be documented, an examination must be taken.

If there are any errors on the certificate, please submit all changes in writing to:

Bureau of Liquefied Petroleum Gas Inspection  
3125 Conner Boulevard, Suite E  
Tallahassee, Florida 32399-1650

-----  
Cut Here



**State of Florida**  
**Department of Agriculture and Consumer Services**

Division of Consumer Services  
Bureau of Liquefied Petroleum Gas Inspection  
(850) 921-1600  
Tallahassee, Florida


Certificate No: 29813  
Exam Date: May 24, 2013  
Issue Date: June 26, 2013  
Expiration Date: June 25, 2016  
Exam: 0601

**MASTER QUALIFIER CERTIFICATE**

This Certificate is issued under authority of Section 527.02, Florida Statutes, to:

**DEAN NICHOLSON**

Valid For  
License Number: 01237  
FERRELLGAS #5539  
3232 SE DIXIE HWY  
STUART, FL 34997-5284

  
ADAM H. PUTNAM  
COMMISSIONER OF AGRICULTURE



2013-2014 **MARTIN COUNTY ORIGINAL  
BUSINESS TAX RECEIPT**

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR  
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994  
(772) 288-5604

ACCOUNT 1967-249-0008 CERT 01237

PHONE (772) 287-4330 SIC NO 221210

LOCATION:  
3232 SE DIXIE HWY MAP

**CHARACTER COUNTS IN MARTIN COUNTY**

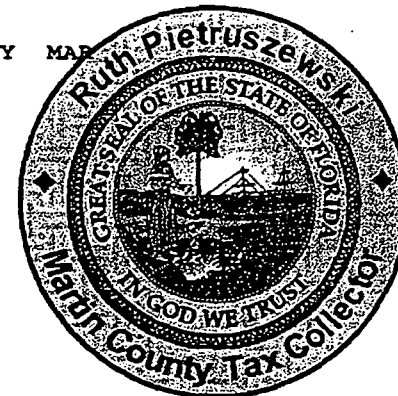
PREV YR. \$	<u>.00</u>	LIC. FEE \$	<u>26.25</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL		<u>26.25</u>	

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION  
OF **COUNTY ONLY**  
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

NICHOLSON, DEAN ( QUAL)  
PERF , GAS  
3232 SE DIXIE HWY  
STUART, FL 34997

01 DAY OF AUGUST 20 13  
AND ENDING SEPTEMBER 30, 2014

806 2012 09760.0001 PAID



THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS SUBJECT TO A \$250 FINE. IF NOT PAID BY OCT. 1, A DELINQUENT PENALTY OF 10% FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE -A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.



# CERTIFICATE OF LIABILITY INSURANCE

8/1/2014

DATE (MM/DD/YYYY)  
7/15/2013

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	Lockton Companies, LLC-1 Kansas City 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME:	
		PHONE (A/C, No., Ext.):	FAX (A/C, No.):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED 80265	FERRELLGAS, LP ONE LIBERTY PLAZA LIBERTY, MO 64068	INSURER A:	ACE American Insurance Company 22667
		INSURER B:	Indemnity Insurance Co of North America 43575
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES FER003 CERTIFICATE NUMBER: 1681228 REVISION NUMBER: XXXXXXXX

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> (500,000 SIR) GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	N	N	XSL G27021037	8/1/2013	8/1/2014	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 7,500,000 PRODUCTS - COM/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	N	N	ISA H08720113	8/1/2013	8/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
A A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLR C47320094 (CA,MA) SCF C47320100 (WI) WLR C47320112 (AOS)	8/1/2013 8/1/2013 8/1/2013	8/1/2014 8/1/2014 8/1/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	CARGO	N	N	XSL G27021037	8/1/2013	8/1/2014	\$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
THE LIMIT EVIDENCED FOR GENERAL LIABILITY INCLUDES A \$500,000 SIR.

## CERTIFICATE HOLDER

## CANCELLATION

1681228

TOWN OF SEWALLS POINT  
1 SOUTH SEWALLS POINT RD  
STUART, FL 34996

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



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

### GAS TANK, LINE AND PIPING CHECKLIST

A document review will be performed on the following items prior to the submittal of a permit application. Failure to submit these items will result in the application package returned to the applicant until the deficient documents are included. This review sheet must accompany the application submittal.

*Please make sure you have ALL required copies before submitting permit application*

- ☒ 1 Copy Completed Permit Application
- ☒ 2 Copies Site plans with tank/pipe/appliance location & size.

**DO NOT SUBMIT PREVIOUSLY STAMPED SITE PLANS.**

- ☒ 2 Copies Gas Checklist
- ☒ 2 Copies Gas piping schematic – pipe sizes, lengths, material types, valves, regulators, Appliance types, and sizes.

\*\*\*\*\*

IS THIS FOR A FUTURE GENERATOR?\*: \_\_\_\_\_ YES \_\_\_\_\_ NO

***\*GENERATORS REQUIRE A SEPARATE PERMIT.***



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

GAS CHECKLIST  
COMPLIANT TO 2010 FBC FUEL GAS CODE & NFPA 54 & 58

USE:

RESIDENTIAL: ☒ COMMERCIAL: ☐

HOOK UP:

TANK ☒ METERED UTILITY GAS: ☐ OTHER: ☐

TANK SPECS:

SIZE: 250 GALS ABOVE GROUND: ☐ UNDERGROUND: ☒

TANK TYPE: D.O.T. ☐ ASME: ☒ OTHER: ☐

TANK DISTANCE: (MINIMUM)

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

PROPOSED SETBACKS FROM LOT LINE:

FRONT: ☐ FT. SIDE 1: ☐ FT. SIDE 2: ☐ FT. REAR: ☐ FT.

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

NATURAL: ☐ LP: ☒ OTHER: ☐

GAS PRESSURE OF 10 psi AND PRESSURE DROP OF 1

BASED ON A 1.5 SPECIFIC GRAVITY GAS

PIPE/TUBING SPECS: (CHECK ALL THAT APPLY)

IRON ☐ SCH. 40 ☐ SEMI-RIGID ☐ CSST ☐ COPPER ☐

POLYETHYLENE PLASTIC 3/4" S. S.: ☐ OTHER: ☐ Exist system

COMBUSTION AIR:

REQUIRED: YES: ☐ NO: ☐

METHOD FOR SUPPLYING COMBUSTION AIR: ☐

WHO PROVIDED THE COMBUSTION AIR CALCS?

ARCHITECT/ENGINEER OF RECORD: ☐ GAS COMPANY: ☐

OTHER: ☐

GAS APPLIANCE SPECS: (LIST APPLIANCE TYPE AND BTU)

APPLIANCE #1: POOL HTR Existing BTU 40000 \*DIA. PIPE Exist 3/4" FT.-LENGTH

APPLIANCE #2: ☐ BTU ☐ \*DIA. PIPE ☐ FT.-LENGTH

APPLIANCE #3: ☐ BTU ☐ \*DIA. PIPE ☐ FT.-LENGTH

APPLIANCE #4: ☐ BTU ☐ \*DIA. PIPE ☐ FT.-LENGTH

APPLIANCE #5: ☐ BTU ☐ \*DIA. PIPE ☐ FT.-LENGTH

APPLIANCE #6: ☐ BTU ☐ \*DIA. PIPE ☐ FT.-LENGTH

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

\*THE ABOVE PIPE SIZES WERE TAKEN FROM 2010 FBC FUEL GAS TABLE NO. ☐

REMAINDER  
LOT 85  
(NOT INCLUDED)

Existing w/ly  
250 gallon w/ly  
Tank

NO I.D.

SET 1/2"  
IRON ROD  
LB # 6135

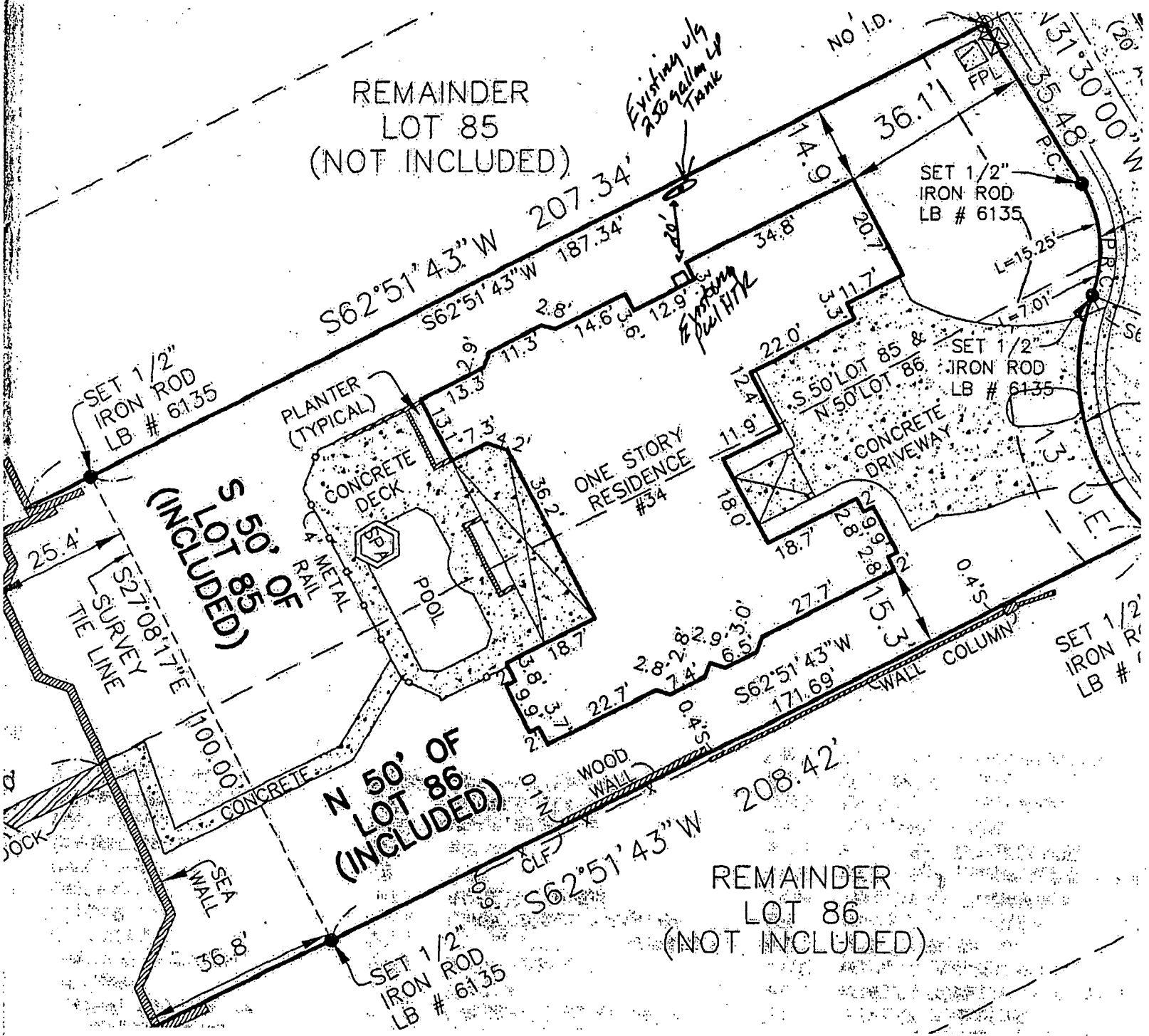
SET 1/2"  
IRON ROD  
LB # 6135

SET 1/2"  
IRON ROD  
LB # 6135

(INCLUDED)  
S 50' OF  
LOT 85

N 50' OF  
LOT 86  
(INCLUDED)

REMAINDER  
LOT 86  
(NOT INCLUDED)



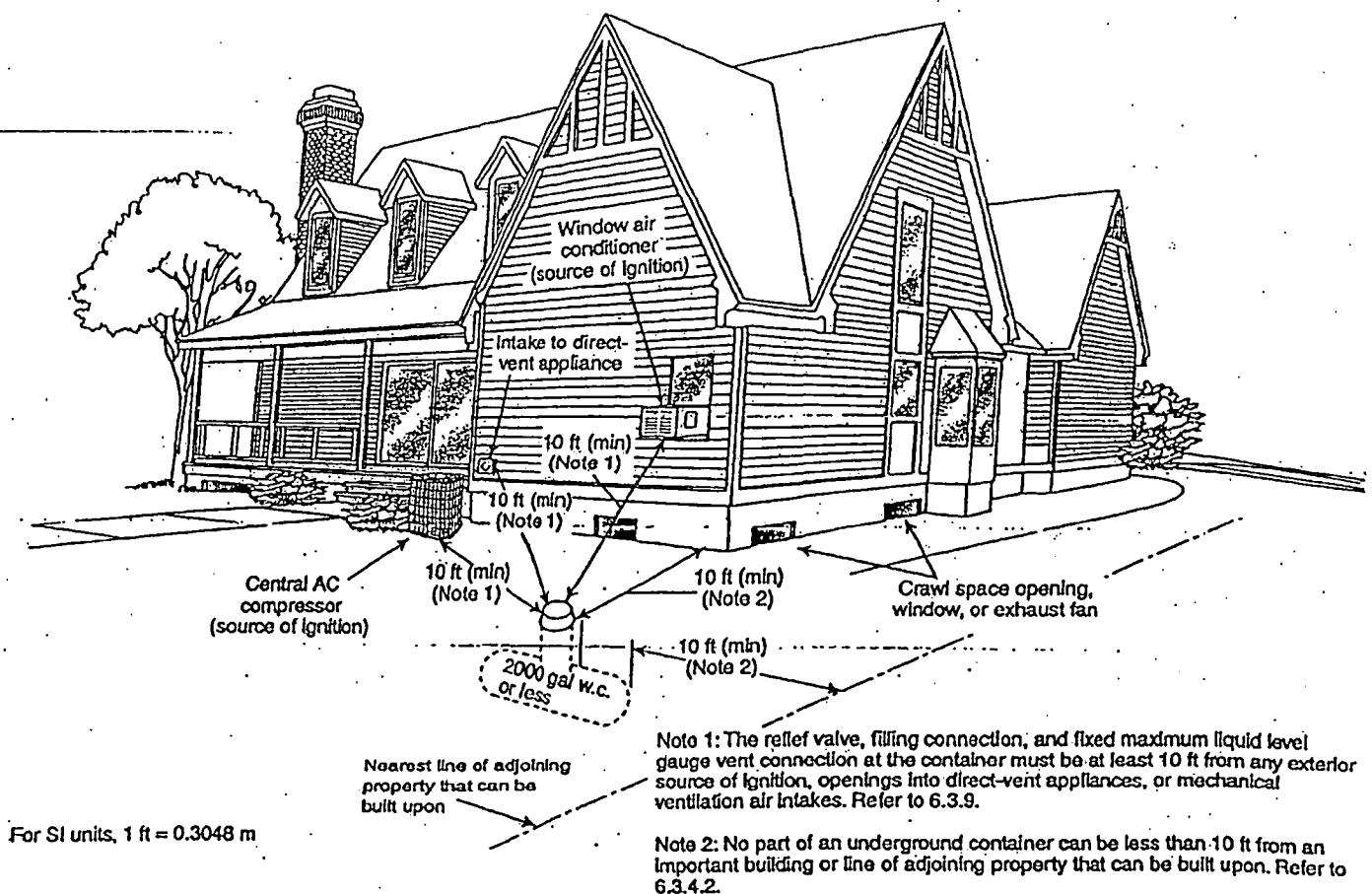


FIGURE I.1(c) Underground ASME Containers. (Figure for illustrative purposes only; code shall govern.)

## Annex J Sample Ordinance Adopting NFPA 58

*This annex is not a part of the requirements of this NFPA document but is included for informational purposes only.*

J.1 The following sample ordinance is provided to assist a jurisdiction in the adoption of this code and is not part of this code.

### ORDINANCE NO. \_\_\_\_\_

An ordinance of the [jurisdiction] adopting the 2011 edition of NFPA 58, *Liquefied Petroleum Gas Code*, documents listed in Chapter 2 of that code; prescribing regulations governing conditions hazardous to life and property from fire or explosion; providing for the issuance of permits and collection of fees; repealing Ordinance No. \_\_\_\_\_ of the [jurisdiction] and all other ordinances and parts of ordinances in conflict therewith; providing a penalty; providing a severability clause; and providing for publication; and providing an effective date.

BE IT ORDAINED BY THE [governing body] OF THE [jurisdiction]:

SECTION 1 That the *Liquefied Petroleum Gas Code* and documents adopted by Chapter 2, three (3) copies of which are on file and are open to inspection by the public in the office of the [jurisdiction's keeper of records] of the [jurisdiction], are hereby adopted and incorporated into this ordinance as fully as if set out at length herein, and from the date on which this ordinance shall take effect, the provisions thereof shall be controlling within the limits of the [jurisdiction]. The same are

hereby adopted as the code of the [jurisdiction] for the purpose of prescribing regulations governing conditions hazardous to life and property from fire or explosion and providing for issuance of permits and collection of fees.

SECTION 2 Any person who shall violate any provision of this code or standard hereby adopted or fail to comply therewith; or who shall violate or fail to comply with any order made thereunder; or who shall build in violation of any detailed statement of specifications or plans submitted and approved thereunder; or failed to operate in accordance with any certificate or permit issued thereunder; and from which no appeal has been taken; or who shall fail to comply with such an order as affirmed or modified by or by a court of competent jurisdiction, within the time fixed herein, shall severally for each and every such violation and noncompliance, respectively, be guilty of a misdemeanor, punishable by a fine of not less than \$ \_\_\_\_\_ nor more than \$ \_\_\_\_\_ or by imprisonment for not less than \_\_\_\_\_ days nor more than \_\_\_\_\_ days or by both such fine and imprisonment. The imposition of one penalty for any violation shall not excuse the violation or permit it to continue; and all such persons shall be required to correct or remedy such violations or defects within a reasonable time; and when not otherwise specified the application of the above penalty shall not be held to prevent the enforced removal of prohibited conditions. Each day that prohibited conditions are maintained shall constitute a separate offense.

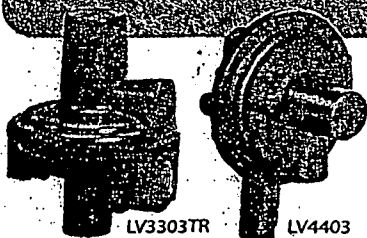
# Tarantin

TANK AND EQUIPMENT COMPANY

## REGULATORS



### REGO FIRST STAGE REGULATORS



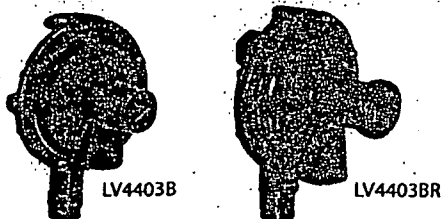
#### First Stage Regulators; High Pressure Domestic

Provides accurate first stage regulation in two-stage bulk tank systems. These regulators handle vaporization of tanks up to 1200 gallons. Reduces tank pressure to an intermediate pressure of 5 to 10 PSIG. Also used to supply high pressure burners for applications like industrial furnaces or boilers. Domestic LP-gas installations, also incorporated in multiple cylinder installations.

PART NUMBER	INLET CONNECTION	OUTLET CONNECTION	ORIFICE SIZE	FACORY DELIVERY PRESSURE	INTEGRAL ADJUSTMENT RANGE	RELIEF VALVE INCLUDED	VAPOR CAPACITY BTU/HR. PROPANE
✓ LV3403TR	1/2" F.NPT	1/2" F.NPT	1/4"	10	5-10	Yes	1,500,000
✓ LV4403SR4	1/2" F.NPT	1/2" F.NPT	1/4"	5	5-10	Yes	2,500,000
✓ LV4403TR4	1/2" F.NPT	1/2" F.NPT	1/4"	10	5-10	Yes	2,500,000
✓ LV4403SR9	1/2" F.NPT	1/2" F.NPT	1/4"	5	5-10	Yes	2,500,000
✓ LV4403TR9	1/2" F.NPT	1/2" F.NPT	1/4"	10	5-10	Yes	2,500,000
✓ LV4403SR96	3/4" F.NPT	3/4" F.NPT	1/4"	5	5-10	Yes	2,500,000
✓ LV4403TR96	3/4" F.NPT	3/4" F.NPT	1/4"	10	5-10	Yes	2,500,000
✓ LV3403TRV9	1/2" F.NPT	1/2" F.NPT	1/4"	10	5-10	Yes	1,500,000

\* Maximum flow based on Inlet pressure 20 PSIG higher than the regulator setting and delivery pressure 20% lower than the setting. \*\* Vent at 9 o'clock.

### REGO LOW PRESSURE SECOND STAGE REGULATORS



#### Second Stage Regulators Low Pressure, Domestic

Designed to reduce first stage pressure of 5 to 20 PSIG down to burner pressure, normally 11" WC.

#### Backmount Design

Mounts directly to house line piping. Eliminates need for union joints and elbows and mounting brackets. Quick and easy to install.

PART NUMBER	INLET CONNECTION	OUTLET CONNECTION	ORIFICE SIZE	FACORY DELIVERY PRESSURE	BONNET ADJUSTMENT RANGE	VENT POSITION	VAPOR CAPACITY BTU/HR. PROPANE
✓ LV4403B4	1/2" F.NPT	1/2" F.NPT	28 DRILL	11" WC at 10 PSIG Inlet	9" to 13" WC	Over Inlet	985,000
✓ LV4403B46	3/4" F.NPT	3/4" F.NPT	28 DRILL	11" WC at 10 PSIG Inlet	9" to 13" WC	Over Inlet	985,000
✓ LV4403B46R*	3/4" F.NPT	3/4" F.NPT	28 DRILL	11" WC at 10 PSIG Inlet	9" to 13" WC	Over Inlet	985,000
✓ LV4403B66	3/4" F.NPT	3/4" F.NPT	28 DRILL	11" WC at 10 PSIG Inlet	9" to 13" WC	Over Inlet	985,000
✓ LV4403B66R*	3/4" F.NPT	3/4" F.NPT	28 DRILL	11" WC at 10 PSIG Inlet	9" to 13" WC	Over Inlet	985,000
✓ LV5503B4	1/2" F.NPT	3/4" F.NPT	1/4"	11" WC at 10 PSIG Inlet	9" to 13" WC	Over Inlet	1,500,000
✓ LV5503B6	3/4" F.NPT	3/4" F.NPT	1/4"	11" WC at 10 PSIG Inlet	9" to 13" WC	Over Inlet	1,500,000
✓ LV5503B8	3/4" F.NPT	1" F.NPT	3/32"	11" WC at 10 PSIG Inlet	9" to 13" WC	Over Inlet	2,500,000
✓ LV4403B66RA**	3/4" F.NPT	3/4" F.NPT	28 DRILL	11" WC at 10 PSIG Inlet	9" to 13" WC	Over Inlet	985,000
✓ LV4403B66RAB**	3/4" F.NPT	3/4" F.NPT	28 DRILL	11" WC at 10 PSIG Inlet	9" to 13" WC	Over Inlet	985,000

\* Backmount Design \*\* Sidemount Design

### REGO LOW PRESSURE SECOND STAGE TOBACCO BARN REGULATOR

Especially developed for drying barns in the tobacco industry. The LV5503G4 regulator will supply a steady and constant flow of fuel to as many as 12 to 20 burners throughout the barn.

PART NUMBER	INLET CONNECTION	OUTLET CONNECTION	ORIFICE SIZE	FACORY DELIVERY PRESSURE	ADJUSTMENT RANGE	BONNET VENT POSITION	VAPOR CAPACITY BTU/HR. PROPANE*
LV5503G4	1/2" F.NPT	3/4" F.NPT	1/4"	15" WC at 15 PSIG Inlet	8" - 18" WC	Above Outlet	1,750,000

\*Maximum flow is based on 15 PSIG inlet and 12" WC delivery pressure.



REGULATORS

New Jersey

New Hampshire

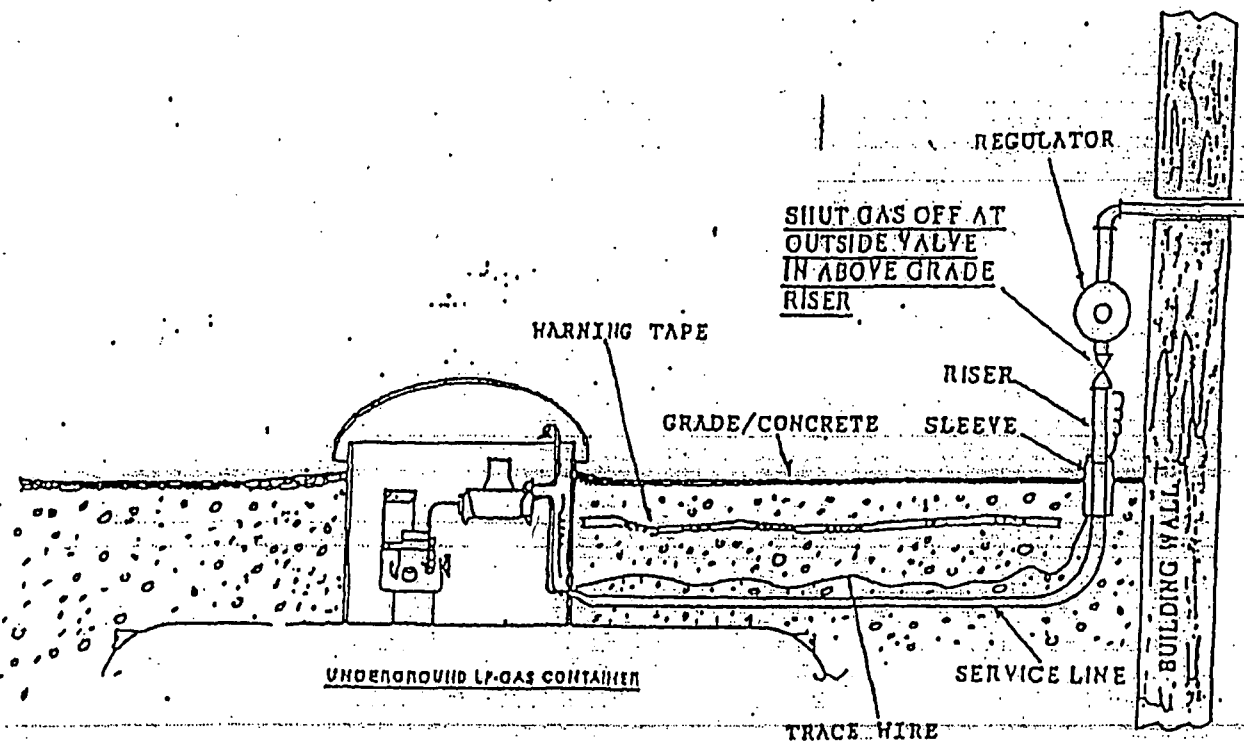
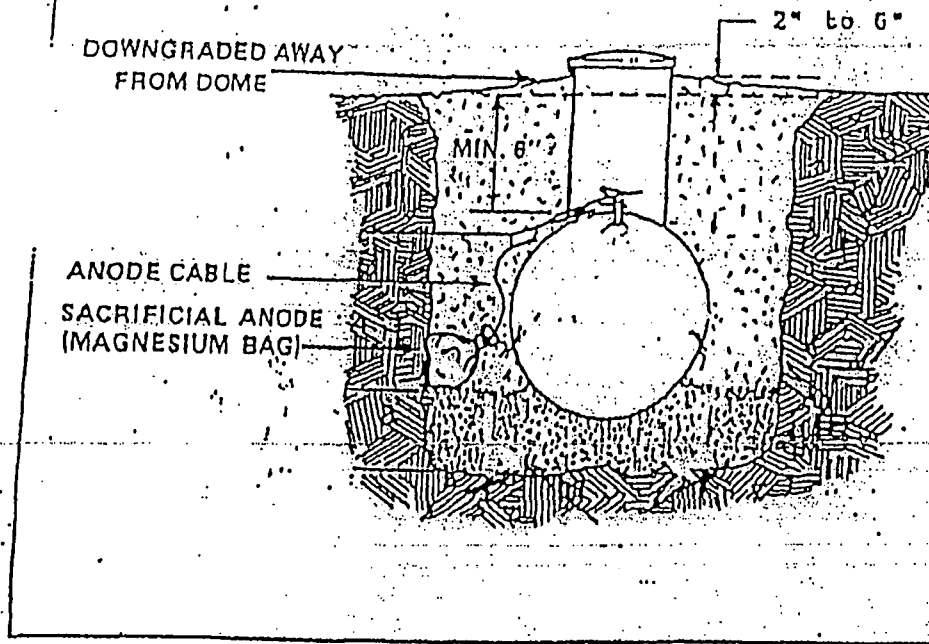
Pennsylvania

Virginia

North Carolina

Florida

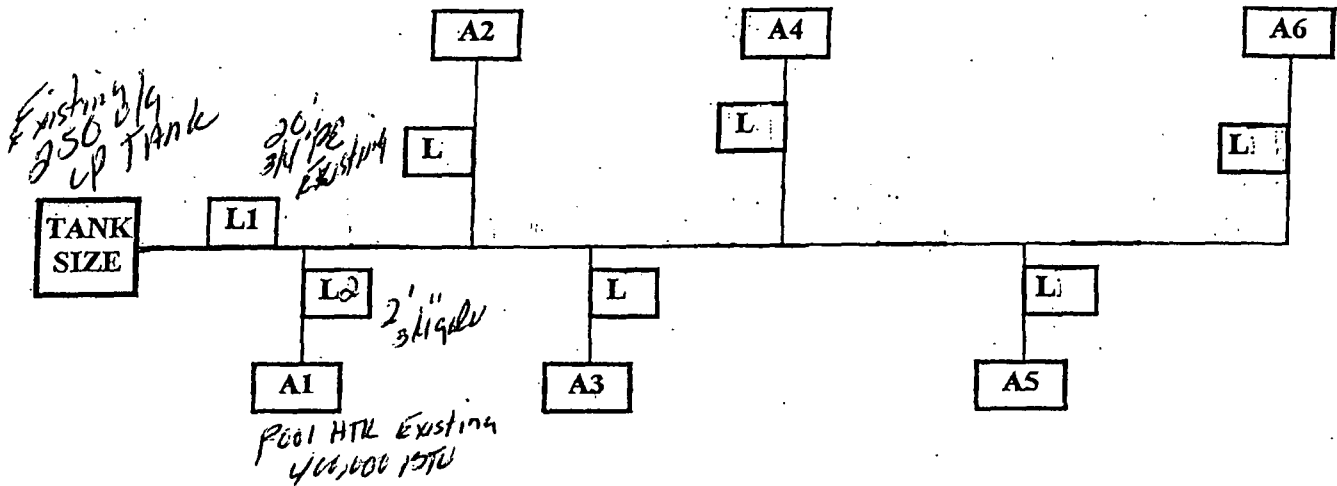
# UNDERGROUND TANK INSTALLATION





# GAS PIPING SCHEMATIC

Existing system.  
Tank swap out (Bad)



TANK SIZE: 250 Gals 1/4

## APPLIANCE - TYPE/SIZE

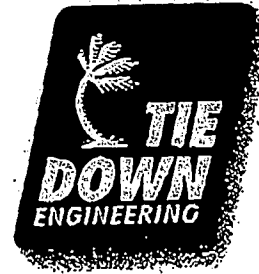
A1	<u>pool HTR</u>	<u>400,000</u>	BTU
A2			BTU
A3			BTU
A4			BTU
A5			BTU
A6			BTU


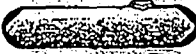
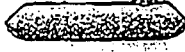


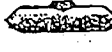




## PIPING LENGTH & SIZE

L1	<u>20'</u>	Ft.	<u>3/4</u>	Inch Dia.	PE Existing
L2	<u>2</u>	Ft.	<u>3/4</u>	Inch Dia.	galv system
L3		Ft.		Inch Dia.	
L4		Ft.		Inch Dia.	
L5		Ft.		Inch Dia.	
L6		Ft.		Inch Dia.	
L7		Ft.		Inch Dia.	
L8		Ft.		Inch Dia.	
L9		Ft.		Inch Dia.	
L10		Ft.		Inch Dia.	
L11		Ft.		Inch Dia.	
L12		Ft.		Inch Dia.	

Pipe size was taken from the 2010 FBC  
Fuel Gas Code - Table 402 ( )

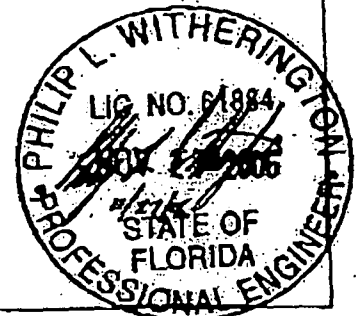
# Propane Tank Anchorage Installation Calculations for Floatation & Wind Stabilization



	Tank Number	Approx. Capacity (Gallons)
	1	1990
	2	1450
	3	1000
	4	850
	5	500
	6	325
	7	250
	8	150
	9	120
	10	120

## Approval/Engineer's Seal

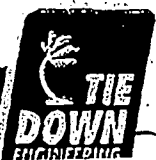
APPROVED  
RADCO  
NOV 27 2006  
P. WITHERINGTON  
APPROVED



Tank Number	Water Capacity (Gal)	Leg Spacing (inches)	Diam. (in)	Length (inches)	Length (feet)	Surface Area (ft <sup>2</sup> )	Weight Empty (lb)	Bouyancy Force (lb)
1	1990	192	48	287	23.92	95.67	3400	18231
2	1450	139.5	48	208	17.33	69.33	2658	13104
3	1000	121	41	192	16.00	54.67	1760	9110
4	850	86	41	165	13.75	46.98	1440	7800
5	500	60	30	119	9.92	30.58	949	4486
6	325	60	30	119	9.92	24.79	597	2936
7	250	60	30	94	7.83	19.58	483	2235
8	150	60	24	84	7.00	14.00	314	1317
9	120	45.25	24	80	6.67	13.33	257	1047
10	120	-	54	30	-	11.25	260	1044

The values represented here are for anchorage of submerged tanks. The uplift is due to the water table pushing the tanks up when the water reaches the depth of the tanks.

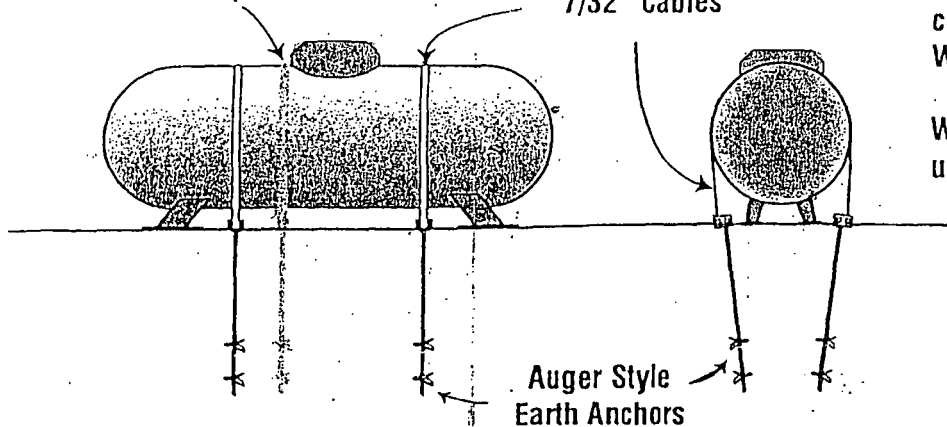
**TIE DOWN ENGINEERING • 5901 Wheaton Drive • Atlanta GA, 30336**  
**www.tiedown.com • (404) 344-0000 • FAX (404) 349-0401**



112706.D909

Single straps should be placed as close to center of tank as possible

1-1/4" Strap or 7/32" Cables



NOTE: Loading for strap and cable conditions is based upon 3150 lb. Working Load Capacity.

WARNING: Always check for underground utilities before installing

Strap: 1-1/4" X .031 Galvanized Steel, Class B, Grade 1, 4725 Tensile Strength.

Cable: 7/32, 7 X 19 Galvanized Cable, 5600lb. Breaking Strength.

2 Anchors Required for Each Strap or Cable.

Tank Number	Wind Anchorage*							Bouyancy Anchorage*		
	Number of Straps or Cables Required per Zone							# Cables Required	# Straps Required	Anchor Pull Out
	90 mph.	100 mph.	110 mph.	120 mph.	130 mph.	140 mph.	150 mph.			
1	0	0	0(2)	0(2)	0(2)	1(2)	1(2)	6	6	1546 lbs.
2	0	0	0	0(2)	0(2)	1(2)	1(2)	5	5	1577 lbs.
3	0	0	0	0	1(2)	1(2)	1(2)	4	4	1359 lbs.
4	0	0	0	0	1	1(2)	1(2)	3	3	1540 lbs.
5	0	0	0	0	1	1	1(2)	2	2	1359 lbs.
6	0	0	0	1	1	1	1	1	1	884 lbs.
7	0	0	0	1	1	1	1	1	1	1359 lbs.
8	0	0	1	1	1	1	1	1	1	816 lbs.
9	0	1	1	1	1	1	1	1	1	653 lbs.
10	0	0	1	1	1	1	1	1	1	653 lbs.

#### NOTES:

\* Engineering data based on weight of a empty tank.

(2) - 2 straps or cables recommended for stabilization on longer tanks in high winds.

Eye or mobile home anchors must have a minimum 5/8" Shaft.

Class 2 Soils require minimum of 30" anchor with (2) 4" discs

Class 3 Soils require minimum of 34" anchor with (1) 6" disc.

Class 4A Soils require minimum of 48" anchor with (1) 6" disc.

Class 4B Soils require minimum of 60" anchor with (1) 6" disc.

NOTE: STORAGE TANK IS ADEQUATELY ANCHORED TO PREVENT FLOATATION, COLLAPSE OR LATERAL MOVEMENT DURING THE BASE FLOOD EVENT.

NOTE

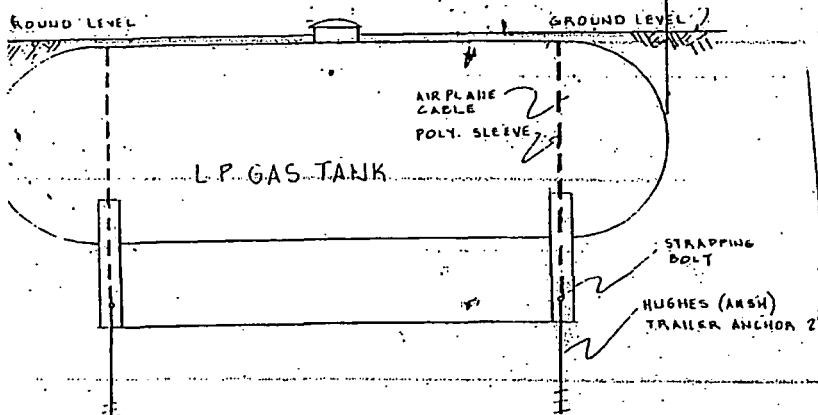
- ALL WORK TO BE DONE IN ACCORDANCE WITH NFPA 54-58 NATIONAL FUEL GAS CODE & FMC 07

PROPANE TANK BUOYANCY

250 GAL. PROPANE TANK (30" DIA. LONG ACTUAL DIMENSIONS)

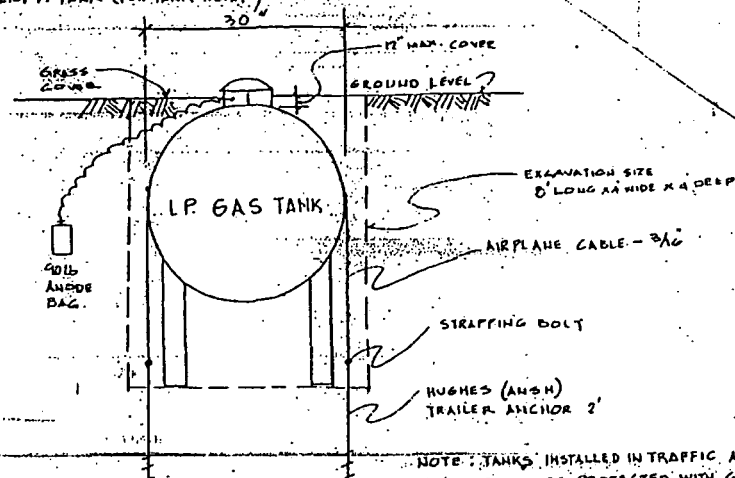
MAX. BUOYANCY = 1500 LBS. (2000 LBS. CUFF)

NET BUOYANCY = GROSS BUOYANCY - WT. OF EMPTY TANK (PER TANK MANUF.)  
= 1000 LBS. - 540 LBS.  
= 460 LBS.



SIDE ELEVATION

HTS



FRONT ELEVATION

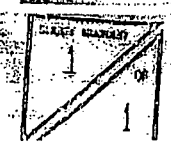
HTS

NOTE: TANKS INSTALLED IN TRAFFIC AREAS SHALL BE PROTECTED WITH GALV. STEEL SCH. 80 PIPE BOLLARDS (1\"/>

LP TANK ANCHORING  
for FERRELLGAS

IR

PAUL WELCH INC.  
Mechanical - Electrical - Civil Engineering  
199 S.W. 10th Ave. Suite 100  
Fort Lauderdale, FL 33304  
PHONE (754) 331-1000 FAX (754) 331-1001



# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

☒ Mon

☐ Tue

☐ Wed

☐ Thur

☐ Fri

3/3-14

Page \_\_\_\_ of \_\_\_\_

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10783	BURKMAN			
	7 PARMWINKLE	FINAL SLAB	PASS	CLOSE
				INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10061	Elder	Drain		
	110 S Sewall's Pt Rd	Partial	PASS	
	O/B			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10784	Gill	Underground		
	34 Rio Vista Dr	Tank & Lines	PASS	
	Ferrellgas			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR

# TOWN OF SEWALLS POINT

## BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

☐ Mon

☒ Tue

☐ Wed

☐ Thur

☐ Fri

3/4

-14

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PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10774	Stabley	Rough		flex
(9AM)	114 Hillcrest Terr	Underground	Pass	341-2750
	Glenmark Homes	Plumbing		INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10784	Gill	Final		<del>Close</del> <i>[Signature]</i>
(PM)	34 RIO VISTA DR.	on Tank	Pass	1-866-418-6245
	Ferrellgas			INSPECTOR <i>[Signature]</i> X 23701
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10750	GARY	IN PROGRESS		
	36 RIO VISTA		Pass	
	ROOF ADDITION			INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10767	MARINDINO			
	2 CASTLE HILL	A/C FINAL	Pass	CLOSE
	ALL AMOR A/C & FLEX			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
		9635L2		INSPECTOR