

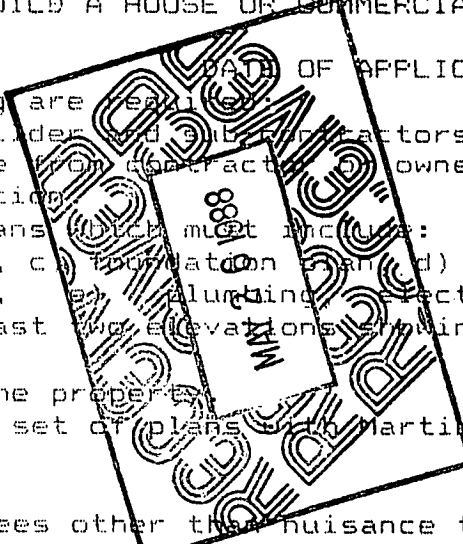
50 Rio Vista Drive

2309

SFR

TOWN OF SEWALL'S POINT, FLORIDA
 APPLICATION FOR PERMIT TO BUILD A HOUSE OR COMMERCIAL BUILDING

PERMIT NUMBER **2309** DATE OF APPLICATION 5/25/88



- To obtain a permit the following are required:
1. Florida certification of builder and subcontractors.
 2. Certification of insurance from contractor and 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 and d) floor plans, e) wall and roof cross-sections, f) plumbing, electrical and air conditioning layouts, g) at least two elevations showing the height of building from finished floor.
 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 JAY BRYNA POTSDAM Current Address 23 NORTH RIVER Rd.
 Telephone 287-0044 SEWALL'S POINT
 General Contractor RUTLEDGE M SCAMMELL Address 4668 BINNACLE WAY,
 Telephone 287-6041 DCCT SAERNO
 Where Licensed STATE License Number CGC006276
 Plumbing Contractor License Number _____
 Electrical Contractor License Number _____
 Roofing Contractor License Number _____
 A/C Contractor License Number _____

Describe the building or alterations NEW RESIDENCE
 Name the street on which the building, its front building line and its front yard will face 50 RIO VISTA DRIVE
 Subdivision RIO VISTA Lot 94 Block _____
 Building area (inside walls) 2856 Garage, porch, carport area 1200
 Contract price (excluding carpet, land, appliances, landscaping) \$ 181,700.10
 Cost of permit 1,405.00 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 1,500 square feet.
 2. Building permit fees are \$5. per \$1,000. of the cost of the building, plus \$10. each for plumbing, electric, a.c. and roof. For example a \$100,000. building x \$5. = \$500. plus \$40. (a.c., pl., el., roof) = \$540. cost of permit + \$365. impact fee = \$905. total.
 3. If no contract is submitted as proof as cost, the permit will be based on \$60. per square foot (inside walls) and \$25. per square foot (other areas).
 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. Certification by a qualified engineer or architect of the structural adequacy of the building.

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 Rutledge M Scammell Owner's Signature _____
 Approval by Building Inspector Dale Brown Date 5/31/88
 Approval by Building Commissioner Dale Brown Date 5/31/88
 Certificate of Occupancy issued Dale Brown Date 12/5/88

201,000.00

2309



WS-FSG

STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

PREPARED BY: Stephen J. Brown, Inc. - Prof. Land Survey. 295 Florida Street, Stuart, Fla. 34994 407-287-0525

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM

PERMIT NUMBER HD 88-294 HOME PHONE
NAME OF APPLICANT JAY POTSDAM WORK PHONE 287-0525
MAILING ADDRESS OF APPLICANT 295 FLA STREET STUART, FLA ZIP CODE 34994
LOT 94 BLOCK N/A SUBDIVISION RIO VISTA
IF NOT SUBDIVIDED, ATTACH A COMPLETE LEGAL DESCRIPTION
PLAT BOOK 6 PAGE 95 DATE SUBDIVIDED DEC. 1975
RESIDENTIAL: NUMBER DWELLING UNITS 1 NUMBER BEDROOMS 3
LOT SIZE 21,300± FT² HEATED OR COOLED AREA OF HOME 2400± FT²
COMMERCIAL: TYPE OF BUSINESS PROPOSED BUILDING SIZE FT²

X Job No. 541-22-01

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.

SIGNATURE OF PROPERTY OWNER OR OWNER'S LEGALLY AUTHORIZED REPRESENTATIVE

STEPHEN J. BROWN

INSTALLATION SPECIFICATIONS

SEPTIC TANK CAPACITY 1050 GALLONS
DRAINFIELD SIZE 400 SQUARE FEET 9'W X 45'L
DRAINFIELD ROCK MUST BE 5 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 ELAVATION OF

FINTSH SOIL GRADE

* NOT TO EXCEED 18" OF COVER OVER DRAINFIELD ROCK

ISSUED BY: J. J. McKea, Jr. DATE 5-18-88
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) N/A 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



APPLICANT JAY POTSDAM
LEGAL DESCRIPTION LOT 94, "RIO VISTA"

-----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 ~~6,000~~ 1200 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 18.10 NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION N/A NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 12.50 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: STEPHEN J. BROWN
FL. PROFESSIONAL NO. # 4049
DATE: 5/12/88 JOB NO. 541-22-01

Warranty Deed

(STATUTORY FORM—SECTION 689.02 F.S.)

This Indenture, Made this 11th day of February 1988 Between DENNIS M. SHERMAN and SHARON A. SHERMAN, his wife of the County of Palm Beach, State of Florida and JAY A. POTSDAM and BRYNA C. POTSDAM, his wife whose post office address is 23 North River Road, Sewall's Point, Stuart, of the County of Martin, State of Florida 34996, grantee*.

BY
CLERK OF CIRCUIT COURT
88 FEB 12 PM 3:32
REC'D FOR RECORDS
MARTIN COUNTY FLA.

Witnesseth, That said grantor, for and in consideration of the sum of TEN Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Martin County, Florida, to-wit:

Lot 94, RIO VISTA SUBDIVISION, according to the Plat thereof, filed December 11, 1975, in Plat Book 6, Page 95, Martin County, Florida, Public Records.

SUBJECT HOWEVER, to the following:

- 1. Taxes accruing subsequent to December 31, 1987.
- 2. Zoning regulations and ordinances of the Town of Sewall's Point, Florida;
- 3. The provisions and easements set forth on the aforesaid Plat of RIO VISTA SUBDIVISION.
- 4. The provisions of DECLARATION OF PROTECTIVE COVENANTS COVERING ALL OF RIO VISTA SUBDIVISION recorded in Official Records Book 393, Page 1469, Martin County, Florida, Public Records, as amended by the First Amendment to Declaration of Protective Covenants Covering All of Rio Vista Subdivision recorded in Official Records Book 403, Page 549, Martin County, Florida, Public Records;

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

* "Grantor" and "grantee" are used for singular or plural, as context requires.

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

Jennifer Henkel

Dennis M. Sherman (Seal)
Dennis M. Sherman
Sharon A. Sherman (Seal)
Sharon A. Sherman

STATE OF FLORIDA
DOCUMENTARY STAMP TAX
DEPT. OF REVENUE
FEB 12 '88
385.00

STATE OF FLORIDA
COUNTY OF MARTIN

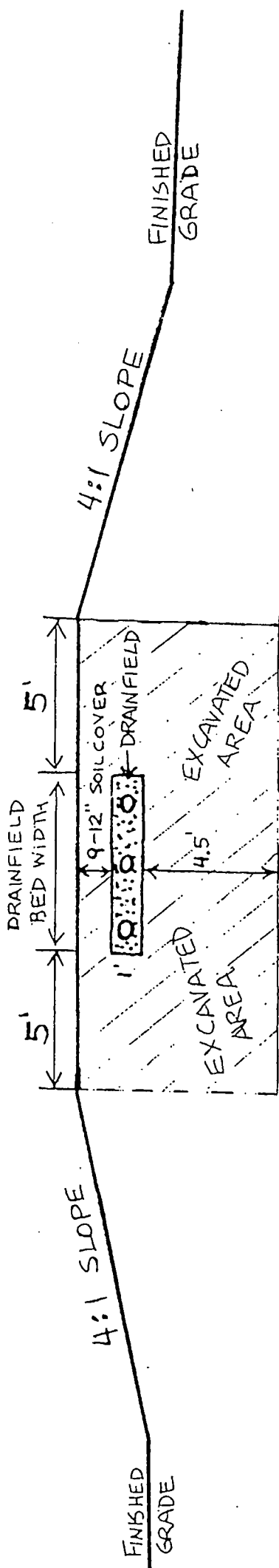
I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared DENNIS M. SHERMAN and SHARON A. SHERMAN to me known to be the persons described in and who executed the foregoing instrument and acknowledged before me that they executed the same. WITNESS my hand and official seal in the County and State last aforesaid this 11th day of February 1988.

Linda M. Mitchell
Notary Public
My commission expires:
Notary Public, State of Florida
My Commission Expires Dec. 8, 1991
Bonded Thru Troy Fain - Insurance Inc.

My Notary Seal Expires Dec. 8, 1991
(Notary Seal)

COPY

DRAINFIELD MOUND REQUIREMENTS

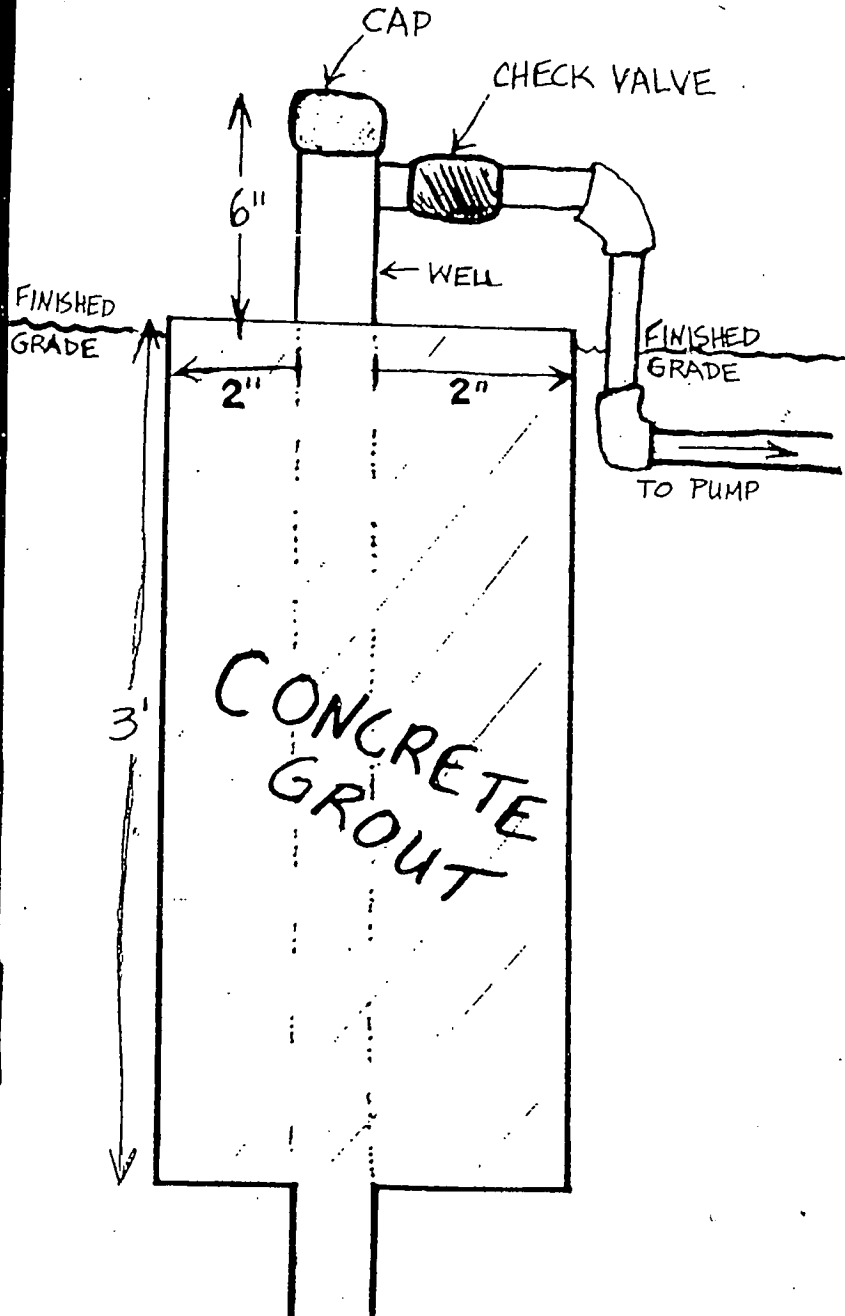


NOTES THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.

MMC 4185

WELL REQUIREMENTS

NOTE: ALL WELLS MUST BE GROUTED AT LEAST 2" AROUND WELL CASING TO A DEPTH OF 3'. WELL CASING MUST EXTEND 6" ABOVE FINISHED GRADE AS SHOWN BELOW. NOTE LOCATION OF CHECK VALVE.

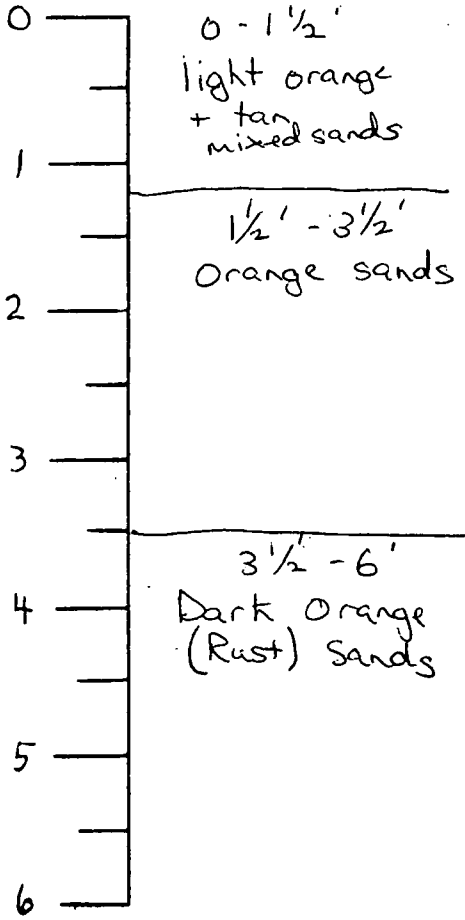


MARTIN COUNTY PUBLIC HEALTH UNIT
131 East 7th Street
Stuart, Florida 34997
287-2277
SITE EVALUATION

APPLICANT: JAY Potsdam.

LEGAL DESCRIPTION: LOT 94 RIVISTA

SOIL PROFILE



USDA SOIL TYPE Pasla

USDA SOIL NUMBER 6

Impervious soils are present at
76' below natural
grade.

Present Water Depth Below Natural Grade 76'

Wet Season Range Per Soil Survey 772"

Estimated Wet Season Water Depth Below Natural Grade 772"

Indicator Vegetation Present live oak, persimmon, pepper

Is Benchmark Located on Plot Plan and Present on Site? not on site. SURVEYOR NOTIFIED
WILL RE-ESTABLISH

Approximate Amount of Fill on Neighboring Lots 0 - 2'

Other Findings: Property is on a ridge and therefore slopes
Proposed septic area has a mound
which increase ~ 2 1/2' from E to W.

EVALUATION BY: Deanna Pick

DATE: 5/17/88



Harcar Aluminum Products Company
 P.O. Drawer 5, Sanford, Florida 32771
 (305) 322-5510
 Toll Free 1-800-432-0120

(ROUGH OPENING CHART)

WINDOW DESIGNATION FOR	BLOCK CONSTRUCTION MASONRY OPENING WIDTH HEIGHT	WOOD FRAME CONSTRUCTION ROUGH OPENING WIDTH HEIGHT
#2000 AWNING		
#3000 SLIMLINE		
#4000 SINGLE HUNG		
1917	19 7/8 x 17	19 1/4 x 17 1/4
12	x 26	x 26 1/4
13	x 38 3/8	x 38 5/8
14	x 50 5/8	x 50 7/8
15	x 63	x 63 1/4
16	x 72	x 72 1/4
2617	27 1/4 x 17	26 5/8 x 17 1/4
1H2	x 26	x 26 1/4
1H3	x 38 3/8	x 38 5/8
1H4	x 50 5/8	x 50 7/8
1H5	x 63	x 63 1/4
1H6	x 72	x 72 1/4
3017	31 1/4 x 17	30 5/8 x 17 1/4
3026	x 26	x 26 1/4
3038	x 38 3/8	x 38 5/8
3050	x 50 5/8	x 50 7/8
3063	x 63	x 63 1/4
3072	x 72	x 72 1/4
3717	37 3/4 x 17	37 1/8 x 17 1/4
22	x 26	x 26 1/4
23	x 38 3/8	x 38 5/8
24	x 50 5/8	x 50 7/8
25	x 63	x 63 1/4
26	x 72	x 72 1/4
5317	53 7/8 x 17	53 1/4 x 17 1/4
32	x 26	x 26 1/4
33	x 38 3/8	x 38 5/8
34	x 50 5/8	x 50 7/8
35	x 63	x 63 1/4
36	x 72	x 72 1/4

OPENING FORMULAS FOR MULTIPLE WINDOWS

BLOCK CONSTRUCTION

All Windows: (1) Total Flange Dimensions (Tip to Tip) of each window used
 (2) Add 1/8" for each Mull used
 (3) Add 3/4" for Clearance (one time)

EXAMPLE: 4 SH-25 Mulls Together

- (1) $4 \times 37 = 148$
- (2) $3 \times 1/8 = 3/8$
- (3) Clearance = 3/4

149 1/8" Block to Block

WOOD CONSTRUCTION

SLF, SHF, HRF: (1) Total Buck Dimension of each window used
 (2) Add 1/8" for each Mull used
 (3) Add 1 1/8" for Clearance

EXAMPLE: 4 SHF-25 Mulls Together

- (1) $4 \times 36 = 144$
- (2) $3 \times 1/8 = 3/8$
- (3) Clearance = 1 1/8

145 1/2" Wood to Wood

AWNING: (1) Total Flange Dimension (Tip to Tip) of each window used
 (2) Add 1 1/8" for each Mull used
 (3) Add 1 1/8" for Clearance

EXAMPLE: 4-R 25 Mulls Together

- (1) $4 \times 37 = 148$
- (2) $3 \times 1/8 = 3/8$
- (3) Clearance = 1/8

148 1/2" Wood to Wood

4001-105 Wholesale Printers

HORIZONTAL ROLLING WINDOWS — SERIES 5000
Standard Sizes

WINDOW DESIGNATION	BLOCK CONSTRUCTION		WOOD FRAME CONSTRUCTION	
	WIDTH	HEIGHT	WIDTH	HEIGHT
HR2020	24 3/4 x 24		24 1/8 x 24 1/4	
HR2030	24 3/4 x 36		24 1/8 x 36 1/4	
HR3020	36 3/4 x 24		36 1/8 x 24 1/4	
HR3030	36 3/4 x 36		36 1/8 x 36 1/4	
HR3040	36 3/4 x 48		36 1/8 x 48 1/4	
HR3050	36 3/4 x 60		36 1/8 x 60 1/4	
HR4020	48 3/4 x 24		48 1/8 x 24 1/4	
HR4030	48 3/4 x 36		48 1/8 x 36 1/4	
HR4040	48 3/4 x 48		48 1/8 x 48 1/4	
HR4050	48 3/4 x 60		48 1/8 x 60 1/4	
HR5020	60 3/4 x 24		60 1/8 x 24 1/4	
HR5030	60 3/4 x 36		60 1/8 x 36 1/4	
HR5040	60 3/4 x 48		60 1/8 x 48 1/4	
HR5050	60 3/4 x 60		60 1/8 x 60 1/4	
HR6020	72 3/4 x 24		72 1/8 x 24 1/4	
HR6030	72 3/4 x 36		72 1/8 x 36 1/4	
HR6040	72 3/4 x 48		72 1/8 x 48 1/4	
HR6050	72 3/4 x 60		72 1/8 x 60 1/4	
HR6030PV	72 3/4 x 36		72 1/8 x 36 1/4	
HR6040PV	72 3/4 x 48		72 1/8 x 48 1/4	
HR6050PV	72 3/4 x 60		72 1/8 x 60 1/4	
HR7030PV	84 3/4 x 36		84 1/8 x 36 1/4	
HR7040PV	84 3/4 x 48		84 1/8 x 48 1/4	
HR7050PV	84 3/4 x 60		84 1/8 x 60 1/4	
HR8030PV	96 3/4 x 36		96 1/8 x 36 1/4	
HR8040PV	96 3/4 x 48		96 1/8 x 48 1/4	
HR8050PV	96 3/4 x 60		96 1/8 x 60 1/4	
HR9030PV	108 3/4 x 36		108 1/8 x 36 1/4	
HR9040PV	108 3/4 x 48		108 1/8 x 48 1/4	
HR9050PV	108 3/4 x 60		108 1/8 x 60 1/4	

See Mull Formula for Multiple Windows

Concrete block openings based on the use of a pre-cast sill and measured from the bottom of the lintel to the top of the lip of the sill. Furring strips are standard 1" x 2"

Wood frame openings dimensions shown allow for 1/2" drywall return on top and sides and a 5/8" marble sill

Not Available in Modular Sizes

SLIDING GLASS DOOR — SERIES 6000 & 8000

DOOR WIDTH	HEAD & SILL ACTUAL	BLOCK CONST	WOOD FRAME
		M.O.	R.O.
5 XX	60	61 3/4	60 1/4
6 XX	72	73 3/4	72 1/4
8 XX	96	97 3/4	96 1/4
9 OXO	109	110 3/4	109 1/4
9 XXX	106 3/8	108 1/8	106 5/8
10 XX	120	121 3/4	120 1/4
10 OXXO	119 3/8	121 1/8	119 5/8
12 OXO	145	146 3/4	145 1/4
12 XXX	142 3/8	144 1/8	142 5/8
12 OXXO	143 3/8	145 1/8	143 5/8
15 OXO	181	182 3/4	181 1/4
15 XXX	178 3/8	180 1/8	178 5/8
16 OXXO	191 3/8	193 1/8	191 5/8
20 OXXO	239 3/8	241 1/8	239 5/8
DOOR HEIGHT	ACTUAL	BLOCK CONST M.O.	WOOD FRAME R.O.
68	80	81	80 1/4
80	96	97	96 1/4

RECORD OF INSPECTIONS

TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 12/5/88

This is to request that a Certificate of Approval for Occupancy be issued to Potsdam
 For property built under Permit No. 2309 Dated 5/31/88 when completed in
 conformance with the Approved Plans.

Patricia M. Scammell
 Signed

Approved by

Item	
1. LOT STAKES/SET BACKS	<u>6/24/88</u>
2. TERMITE PROTECTION	
3. FOOTING - SLAB	<u>6/22/88</u>
4. ROUGH PLUMBING	<u>6/17/88</u>
5. ROUGH ELECTRIC	<u>9/7/88</u>
6. LINTEL	
7. ROOF	<u>9/7/88</u>
8. FRAMING	<u>9/7/88</u>
9. INSULATION	<u>9/12/88</u>
10. A/C DUCTS	<u>9/7/88</u>
11. FINAL ELECTRIC	<u>12/5/88</u>
12. FINAL PLUMBING	<u>12/5/88</u>
13. FINAL CONSTRUCTION	<u>12/5/88</u>

Final Inspection for Issuance of Certificate for Occupancy.

Approved by Building Inspector Dale Brown 12/5/88 date

Approved by Building Commissioner Dale del Corral 12/1/88 date

Utilities notified F.P.L. 11/25/88 date

Original Copy sent to _____

(Keep carbon copy for Town files)

2745

FENCE

Permit No.

2745

Date

3/27/90

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 POTSDAM, JAY Present Address 50 RIO VISTA DR.
SEWALL'S PT. FL.

Phone 287-0044
Contractor ALL AMERICAN FENCE Address 554 N.W. MARION AVE
Phone 878-1650 PT. ST. LUCIE FL.

Where licensed MARTIN Co. License number # SP00872

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:
4' High - Chain Link (GREEN Mesh) Fencing

State the street address at which the proposed structure will be built:
50 RIO VISTA DR. SEWALL'S PT. FL.

Subdivision RIO VISTA Lot number _____ Block number _____

Contract price \$ 895.00 Cost of permit \$ 157X

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-tapping~~ the construction project.

Contractor Mike Dempsey

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 J. Peters

TOWN RECORD

Date submitted _____ Approved: Dale Brown 3/27/90
Building Inspector _____ Date

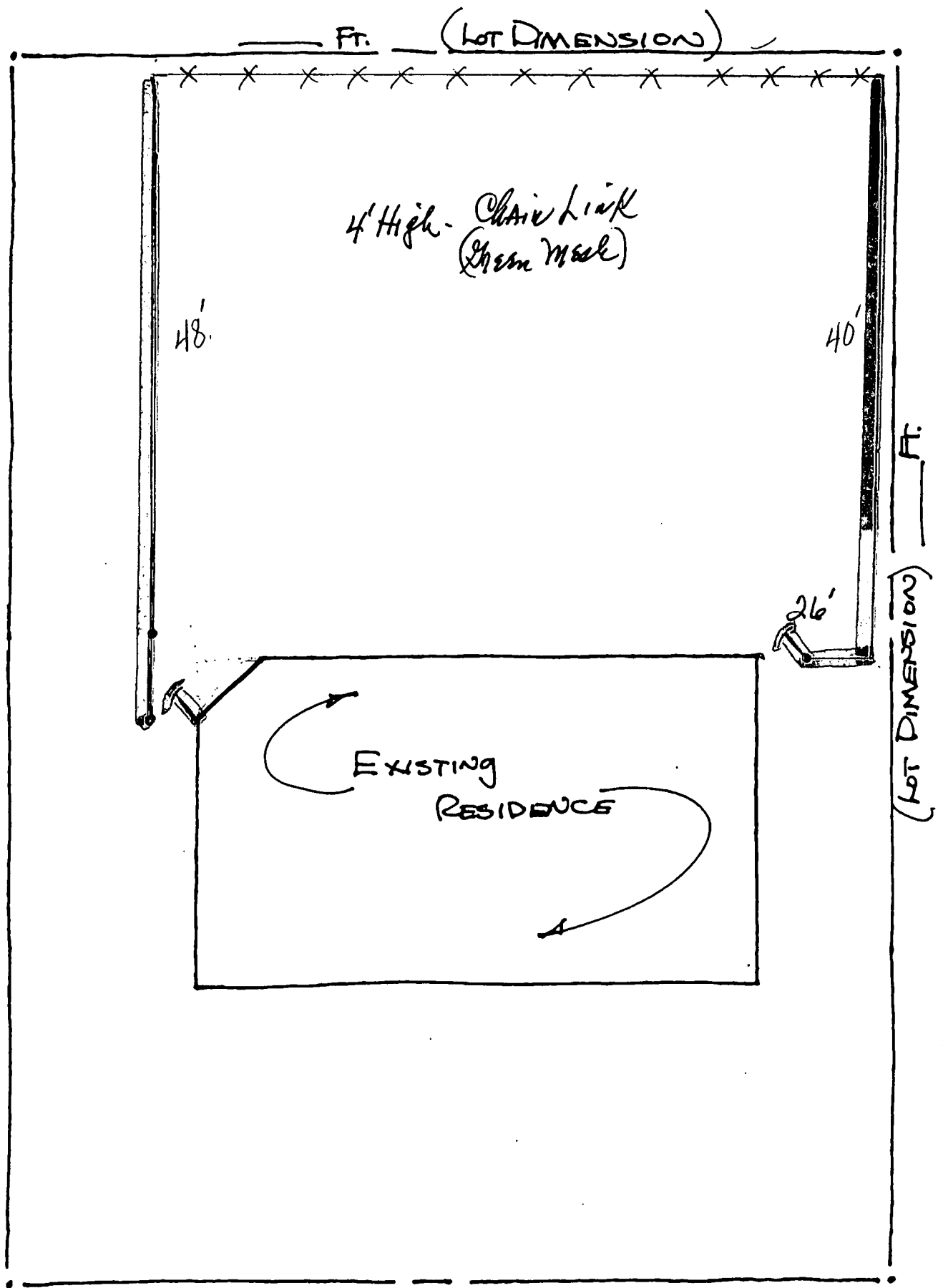
Approved: _____ Commissioner _____ Date Final Approval given: _____ Date

Certificate of Occupancy issued (if applicable) _____
Date

SP1282

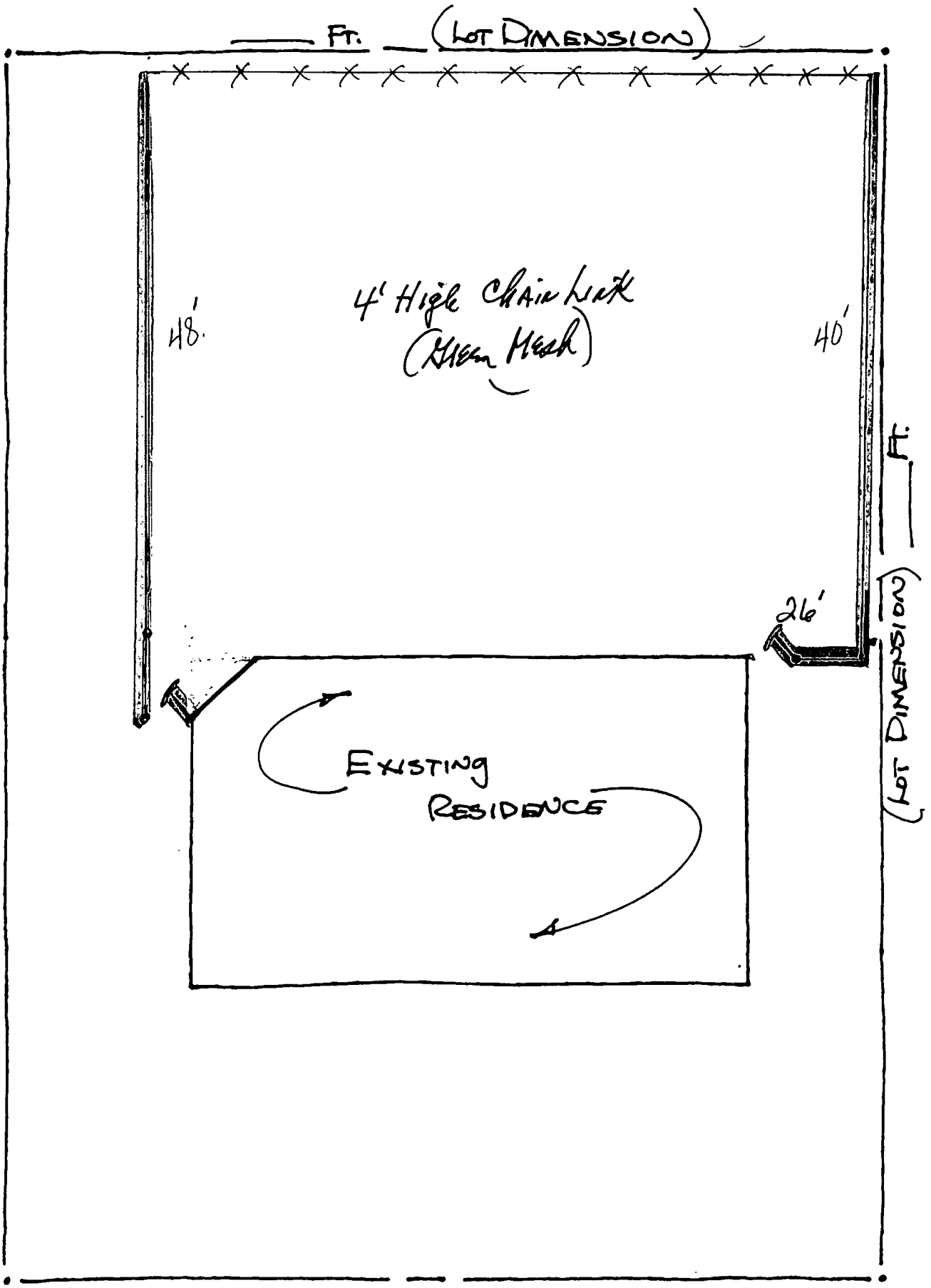
Permit No. 2745

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.



4 Rio Vista Dr (STREET NAME)

PLOT PLAN



⊕ Rio Vista Dr. (STREET NAME)

Plot Plan

5507

STORM SHUTTERS

MASTER PERMIT NO. N/A

TOWN OF SEWALL'S POINT

Date 8/15/01

BUILDING PERMIT NO. 5507

Building to be erected for JAYA & BRUNA C. POTSDAM Type of Permit STORM SHUTTERS

Applied for by ROLLADEN, INC. (Contractor) Building Fee \$313.30

Subdivision RIO VISTA Lot 94 Block _____ Radon Fee _____

Address 50 RIO VISTA DRIVE Impact Fee _____

Type of structure S.F.R. A/C Fee _____

"AFTER FACT" PERMIT - DBL. FEE.

Parcel Control Number: _____ Electrical Fee _____

12-38-41-002-00940-00000 Plumbing Fee _____

Amount Paid \$344.60 Check # 1711 Cash _____ Other Fees (PLAN REV.) 31.30

Total Construction Cost \$ 16,318.00 TOTAL Fees \$344.60

Signed [Signature]
Applicant

Signed [Signature]
Town Building Inspector OFFICIAL

BUILDING PERMIT

FORM BOARD SURVEY DATE _____
 COMPACTION TESTS DATE _____
 GROUND ROUGH DATE _____
 SOIL POISONING DATE _____
 FOOTINGS / PIERS DATE _____
 SLAB ON GRADE DATE _____
 TIE-BEAMS & COLUMNS DATE _____
 STRAPS AND ANCHORS DATE _____
 DRIVEWAY DATE _____
 AS-BUILT SURVEY DATE _____

SHEATHING DATE _____
 FRAMING DATE _____
 INSULATION DATE _____
 ROOF DRY-IN DATE _____
 ROOF FINAL DATE _____
 METER FINAL DATE _____
 AS BUILT SURVEY DATE _____
 STORM PANELS DATE _____
 LANDCAPE & GRADE DATE _____
 FINAL INSPECTION DATE 8/22/01

FLOOD ZONE _____ LOWEST HABITABLE FLOOR ELEV. _____

24 HOURS NOTICE REQUIRED FOR INSPECTIONS. CALL 287-2455

WORK HOURS - 8:00 AM UNTIL 5:00 PM
MONDAY THROUGH SATURDAY

New Construction Remodel Addition Demolition

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



Town of Sewall's Point

BUILDING PERMIT APPLICATION

AFTER FACT APPL.

RECEIVED

AUG 10 2001

Bldg. Permit Number:

5507

Owner or Titleholder's Name: MR + MRS JAY A. & BRYNA C. POTSDAM Phone No. (561) 287-0044

Street: 50 RIO VISTA DR City: SEWALLS POINT State: FLA Zip: 32996

Legal Description of Property: LOT 94 RIO VISTA JAY A. & BRYNA C. POTSDAM

Parcel Number: 12/384/002/004-0000

Location of Job Site: 50 RIO VISTA DR

TYPE OF WORK TO BE DONE: HURRICANE SHUTTERS

CONTRACTOR/Company Name: ROLLADEN INC Phone No. (561) 686-6777

Street: 550 ANSIN BLVD City: HALLANDALE State: FLA Zip: 33009

State Registration: CC059903 State License: CC059903

ARCHITECT: _____ Phone No. () _____

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

ENGINEER: AL FAROOQ CORP Phone No. (305) 264-8100

Street: 1235 SW 87 Ave City: MAMI State: FLA Zip: 33174

AREA SQUARE FOOTAGE - SEWER - ELECTRIC:

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 first habitable floor finished elevation: _____ NGVD (minimum 1 foot above BFE)

COSTS AND VALUES

Estimated cost of construction or improvement: \$ 16,318.00

Estimated Fair Market Value (FMV) prior to improvement: \$ _____

If improvement, is cost greater than 50% of Fair Market Value? YES _____ NO _____

Method of determining Fair Market Value: _____

SUBCONTRACTOR INFORMATION: (Notification to this office of subcontractor change is mandatory.)

Electrical: ARK ELECTRIC State: _____ License # 9733

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, AIR CONDITIONERS, DOCKS, SEA WALLS, ACCESSORY BUILDINGS, SAND OR FILL ADDITION OR REMOVAL, AND 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 or AGENT SIGNATURE (Required)

[Signature]

State of Florida, County of: BROWARD On this the 10th day of AUGUST, 2000, by SCOTT TINDLEY who is personally known to me or produced as identification

CONTRACTOR SIGNATURE (Required)

[Signature]

State of Florida, County of: BROWARD On this the 8th day of AUGUST, 2000, by WILLIAM DEJORE who is personally known to me or produced as identification

My Commission Expires [Signature]
Notary Public - State of Florida
Commission Expires Apr 18, 2004
Commission # CC929384
(Seal)

My Commission Expires [Signature]
Notary Public - State of Florida
Commission Expires Apr 18, 2004
Commission # CC929384
(Seal)

TREE REMOVAL (Attach sealed survey)

Number of trees to be removed: _____ Number of trees to be retained: _____ Number of trees to be planted: _____ Number of Specimen trees removed: _____
Fee: \$ _____ Authorized/Date: _____

DEVELOPMENT ORDER # _____

1. ALL APPLICATIONS REQUIRE

- a. Property Appraisers Parcel Number.
- b. Legal Description of your property. (Can be found on your deed survey or Tax Bill.)
- c. Contractors name, address, phone number & license numbers.
- d. Name all sub-contractors (property licensed).
- e. Current Survey

2. 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 architects seal and the following items:

- a. Floor Plan
- b. Foundation Details
- c. Elevation Views - Elevation Certificate due after slab inspection,
- d. Plot Plan (show desired floor elevation relative to Sea Level in front of building, plus location of driveway).
- e. Truss layout
- f. Vertical Wall Sections (one detail for each wall that is different)
- g. 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 (State Road A-1-A East Ocean Boulevard 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.
- 8. 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: _____

Date: 8/14/07

Approved by Town Engineer _____
(If required)

Date: _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
01/23/2001

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

FAX (954)724-7024

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

COPY FILE
permit

INSURERS AFFORDING COVERAGE

INSURED ~~Rolladen, Inc.~~
Security Climate Control
550 Ansin Boulevard
Hallendale, FL 33009
954 454 4220

FILE
he/sin

INSURER A: Hartford Fire Insurance Co.
INSURER B: Ohio Casualty Insurance Co.
INSURER C: Hartford Twin City Fire Ins. Co.
INSURER D:
INSURER E:

RECEIVED
JAN 29 2001

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	21UUNLF1991	02/01/2001	02/01/2002	EACH OCCURRENCE \$ 1,000,00 FIRE DAMAGE (Any one fire) \$ 300,00 MED EXP (Any one person) \$ 10,00 PERSONAL & ADV INJURY \$ 1,000,00 GENERAL AGGREGATE \$ 2,000,00 PRODUCTS - COMP/OP AGG \$ 2,000,00
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	21UUNLF1991	02/01/2001	02/01/2002	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	BX052500792	02/01/2001	02/01/2002	EACH OCCURRENCE \$ 1,000,00 AGGREGATE \$ 1,000,00
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	21WBEU3005	02/01/2001	02/01/2002	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 50000 E.L. DISEASE - EA EMPLOYEE \$ 50000 E.L. DISEASE - POLICY LIMIT \$ 50000
	OTHER				

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

~~TOWN OF SEWALLS POINT~~
1 SOUTH SEWALLS POINT RD.
SEWALLS, FL 34996

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

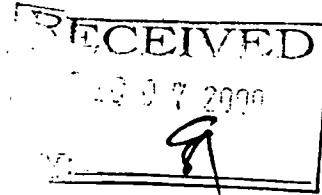
AUTHORIZED REPRESENTATIVE

Carey Keyes/KEY9

Carey Keyes

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD
7960 ARLINGTON EXPRESSWAY
STE 300
JACKSONVILLE FL 32211-7467

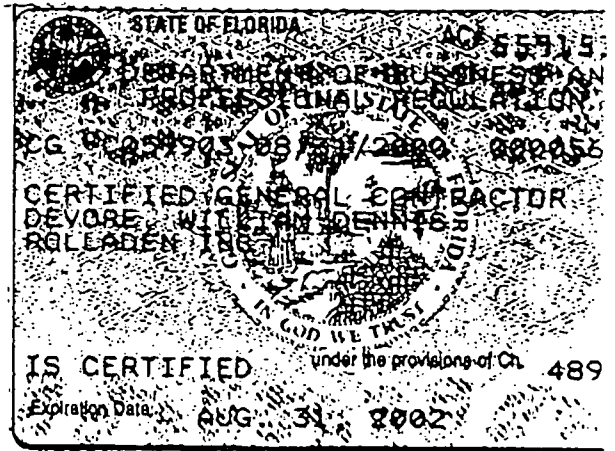
(904) 727-6530



FILE
LIC/INS

DEVORE, WILLIAM DENNIS
ROLLADEN INC
550 ANSIN BLVD
HALLANDALE

FL 33009



DETACH HERE

045591543

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

DATE	BATCH NUMBER	LICENSE NUMBER
08/31/00	00005600	00005600

GENERAL CONTRACTOR
IS CERTIFIED
under the provisions of Chapter 489
Expiration date: AUG 31, 2002

DEVORE, WILLIAM DENNIS
ROLLADEN, INC
550 ANSIN BLVD
HALLANDALE FL 33009

JEB BUSH
GOVERNOR

CYNTHIA A. HENDERSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
06/15/2000	99902203	CG -C008964

The GENERAL CONTRACTOR
Named Below IS CERTIFIED
Under the provisions of Chapter 489
Expiration date: AUG 31, 2002
FS.

CUZAN, EMILIO CESAR
ROLLADEN INC
550 ANSTIN BLVD
HALLANDALE

FL 33009

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CYNTHIA A. HENDERSON
SECRETARY



PERMIT NUMBER

TAX PARCEL NUMBER

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF

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.

DESCRIPTION OF PROPERTY:

STREET ADDRESS 50 - RIO VISTA DRIVE

LEGAL DESCRIPTION OF PROPERTY _____

RIO VISTA SUB-DIVISION
LOT 94 PLAT BOOK 6 PAGE 95

GENERAL DESCRIPTION OF IMPROVEMENT: STORM SHUTTERS

OWNER INFORMATION:

NAME POTSDAM

ADDRESS 50 - RIO VISTA DRIVE

CITY SEWELLS POINT STATE FLI ZIP _____

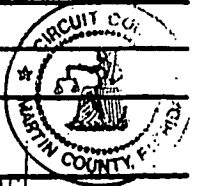
INTEREST IN PROPERTY _____

STATE OF FLORIDA
MARTIN COUNTY

FEE SIMPLE TITLEHOLDER (IF OTHER THAN OWNER) _____

THIS IS TO CERTIFY THAT THE
FOREGOING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.

MARSHA EWING, CLERK



ADDRESS _____

CITY _____

BY [Signature] D.C.
DATE STATE 7-18-01 ZIP _____

CONTRACTOR:

NAME ROLLADEN INC.

ADDRESS 550 ANSIN BLVD.

CITY HALLANDALE STATE FLI ZIP 33009

SURETY:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AMOUNT OF BONDS \$ _____

LENDER:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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 _____

CITY _____ STATE _____ ZIP _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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).



Lawrence M Hroncich
My Commission CC966793
Expires December 10, 2004

Sworn to and subscribed before me this 5 day of JULY 2001

[Signature]
NOTARY PUBLIC

[Signature]
OWNER'S SIGNATURE

My commission expires

BUILDING CODE COMPLIANCE OFFICE
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908

CONTRACTOR LICENSING SECTION
(305) 375-2527 FAX (305) 375-2538

CONTRACTOR ENFORCEMENT DIVISION
(305) 375-2966 FAX (305) 375-2908

PRODUCT CONTROL DIVISION
(305) 375-2902 FAX (305) 372-6339

PRODUCT CONTROL NOTICE OF ACCEPTANCE

Rolladen, Inc.
550 Ansin Boulevard
Hallandale, FL 33009

Your application for Notice of Acceptance (NOA) of:
1117 Extruded Aluminum Roll Up Shutter

under Chapter 8 of the Code of Miami-Dade County governing the use of Alternate Materials and Types of Construction, and completely described herein, has been recommended for acceptance by the Miami-Dade County Building Code Compliance Office (BCCO) under the conditions specified herein.

This NOA shall not be valid after the expiration date stated below. BCCO reserves the right to secure this product or material at any time from a jobsite or manufacturer's plant for quality control testing. If this product or material fails to perform in the approved manner, BCCO may revoke, modify, or suspend the use of such product or material immediately. BCCO reserves the right to revoke this approval, if it is determined by BCCO that this product or material fails to meet the requirements of the South Florida Building Code.

The expense of such testing will be incurred by the manufacturer.

ACCEPTANCE NO.: 00-0609.08
EXPIRES: 09/25/2003

Raul Rodriguez
Chief Product Control Division

**THIS IS THE COVERSHEET, SEE ADDITIONAL PAGES FOR SPECIFIC AND GENERAL
CONDITIONS
BUILDING CODE & PRODUCT REVIEW COMMITTEE**

This application for Product Approval has been reviewed by the BCCO and approved by the Building Code and Product Review Committee to be used in Miami-Dade County, Florida under the conditions set forth above.

8/14/01 TOWN OF SEWALL'S POINT

REVIEW:

Francisco J. Quintana, R.A.
Director

Francisco J. Quintana, R.A.
Director
Miami-Dade County
Building Code Compliance Office

APPROVED: 09/21/2000

FILE TOWN COPY
50 RIO VISTA DR.

PN 5507

Rolladen, Inc.

ACCEPTANCE No. : 00-0609.08

APPROVED : SEP 21 2000

EXPIRES : September 25, 2003

NOTICE OF ACCEPTANCE: SPECIFIC CONDITIONS

1. SCOPE

1.1 This renews the Notice of Acceptance No. 97-0826.05 that was issued on 09/25/97. It approves an aluminum slat roll-up shutter, as described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County (SFBC). For the locations where the pressure requirements, as determined by SFBC Chapter 23, do not exceed the Design Pressure Rating values indicated in the approved drawings.

2. PRODUCT DESCRIPTION

2.1 The Rolladen # 1117 Extruded Aluminum Roll-Up Shutter and its components shall be constructed in strict compliance with the following documents: Drawing No. 94-55, titled "Roll Shutters Detail, Header /Mullion Details, Storm Bar Connection Details, Mullion & Box Details, Post Loading Charts, Top Support Loading Charts, Storm Bar Loading Charts & Deflection Calculation Sheet" prepared by Al-Farooq Corporation, dated 07/22/94, with revision "D" dated 07/02/95, Sheets 1 through 21 of 21. They bear the Miami-Dade County Product Control Approval stamp with the Notice of Acceptance number and approval date by the Miami-Dade County Product Control Division. These documents shall hereinafter be referred to as the approved drawings.

3. LIMITATIONS

- 3.1 Minimum slat engagement shall be 1.50".
- 3.2 Minimum separation from interior of slat to glass being protected shall be as shown on sheet 2 of 21.
- 3.3 The operating mechanism, not part of this approval shall be certified by a recognized testing agency.
- 3.4 All permanent components, including anchors must be protected against corrosion, contamination.
- 3.5 Slat orientation can be either concave side or convex side to the exterior.
- 3.6 Each unit shall be individually designed using "Roll Shutter Overall Deflection Calculation Sheet" sheet 21 of 21 and "Header/Mullion Details" sheet 5 of 21 for positive and negative loads. For each individual installation, this set of drawings shall be signed and sealed by the listed professional engineer.

4. INSTALLATION

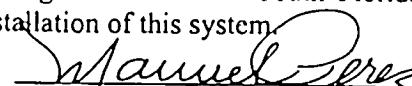
4.1 The Aluminum Slat Roll-Up Shutter and its components shall be installed in strict compliance with the approved drawings.

5. LABELING

5.1 Each shutter shall bear a permanent label with the manufacturer's name or logo, city, state and following statement: "Miami-Dade County Product Control Approved".

6. BUILDING PERMIT REQUIREMENTS

- 6.1 Application for building permit shall be accompanied by copies of the following:
 - 6.1.1 This Notice of Acceptance.
 - 6.1.2 Duplicate copies of the approved drawings, as identified in Section 2 of this Notice of Acceptance, clearly marked to show the components selected for the proposed installation.
 - 6.1.3 Any other documents required by the Building Official or the South Florida Building Code (SFBC) in order to properly evaluate the installation of this system.


Manuel Perez, P.E., Product Control Examiner
Product Control Division

Rolladen, Inc.

ACCEPTANCE No. : 00-0609.08

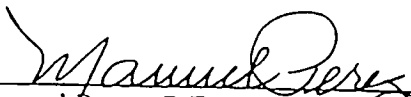
APPROVED : SEP 21 2000

EXPIRES : September 25, 2003

NOTICE OF ACCEPTANCE: STANDARD CONDITIONS

1. Renewal of this Acceptance (approval) shall be considered after a renewal application has been filed and the original submitted documents, including test-supporting data, engineering documents, are no older than eight (8) years.
2. Any and all approved products shall be permanently labeled with the manufacturer's name, city, state, and the following statement: "Miami-Dade County Product Control Approval", or as specifically stated in the specific conditions of this Acceptance.
3. Renewals of Acceptance will not be considered if:
 - a. There has been a change in the South Florida Building Code affecting the evaluation of this product and the product is not in compliance with the code changes.
 - b. The product is no longer the same product (identical) as the one originally approved.
 - c. If the Acceptance holder has not complied with all the requirements of this acceptance, including the correct installation of the product.
 - d. The engineer who originally prepared, signed and sealed the required documentation initially submitted, is no longer practicing the engineering profession.
4. Any revision or change in the materials, use, and/or manufacture of the product or process shall automatically be cause for termination of this Acceptance, unless prior written approval has been requested (through the filing of a revision application with appropriate fee) and granted by this office.
5. Any of the following shall also be grounds for removal of this Acceptance:
 - a. Unsatisfactory performance of this product or process.
 - b. Misuse of this Acceptance as an endorsement of any product, for sales, advertising or any other purposes.
6. The Notice of Acceptance number preceded by the words Miami-Dade County, Florida, and followed by the expiration date may be displayed in advertising literature. If any portion of the Notice of Acceptance is displayed, then it shall be done in its entirety.
7. A copy of this Acceptance as well as approved drawings and other documents, where it applies, shall be provided to the user by the manufacturer or its distributors and shall be available for inspection at the job site at all time. The engineer need not reseal the copies.
8. Failure to comply with any section of this Acceptance shall be cause for termination and removal of Acceptance.
9. This Notice of Acceptance consists of pages 1, 2 and this last page 3.

END OF THIS ACCEPTANCE


Manuel Perez, P.E., Product Control Examiner
Product Control Division

AL-FAROOQ CORPORATION
1235 S.W. 87th. AVENUE MIAMI, FL. 33174
PH. 305-264-8100

08-06-2001

CUSTOMER :ROLLADEN
PROJECT :POTSDAM

Martin County

AFC 01-966

JA/HF

WIND LOAD ANALYSIS FOR COMPONENTS AND CLADDING
AS PER SPECIFICATION ASCE7-98
BUILDINGS WITH IMPACT PROTECTION

BASIC WIND SPEED V : 140 MPH
IMPORTANCE FACTOR I : 1
EXPOSURE CATEGORY : C
MEAN ROOF ELEVATION H : 15 FT.
TRIBUTARY LOAD AREA A : 10 FT²

Kh = .85 (TABLE 6-3, p17)
Kd = 0.85
Kzt = 1.0

VELOCITY PRESSURE $Q_h = .00256 K_h K_{zt} K_d IV^2 = 36.25$

GCp COEFFICIENTS (FIGURE 6-5A, p23)

ZONE 4 = +1.00 -1.10

ZONE 5 = +1.00 -1.40

GCpi COEFFICIENT = + .18 - .18 ALL CASES

DESIGN PRESSURE $P = Q_h(GC_p - GC_{pi})$ (TABLE 6-1, p16)

ZONE 4 = + 42.8 PSF - 46.4 PSF Mk # 1-7

ZONE 5 = + 42.8 PSF - 57.3 PSF Mk # 8-9

AUG 08 2001

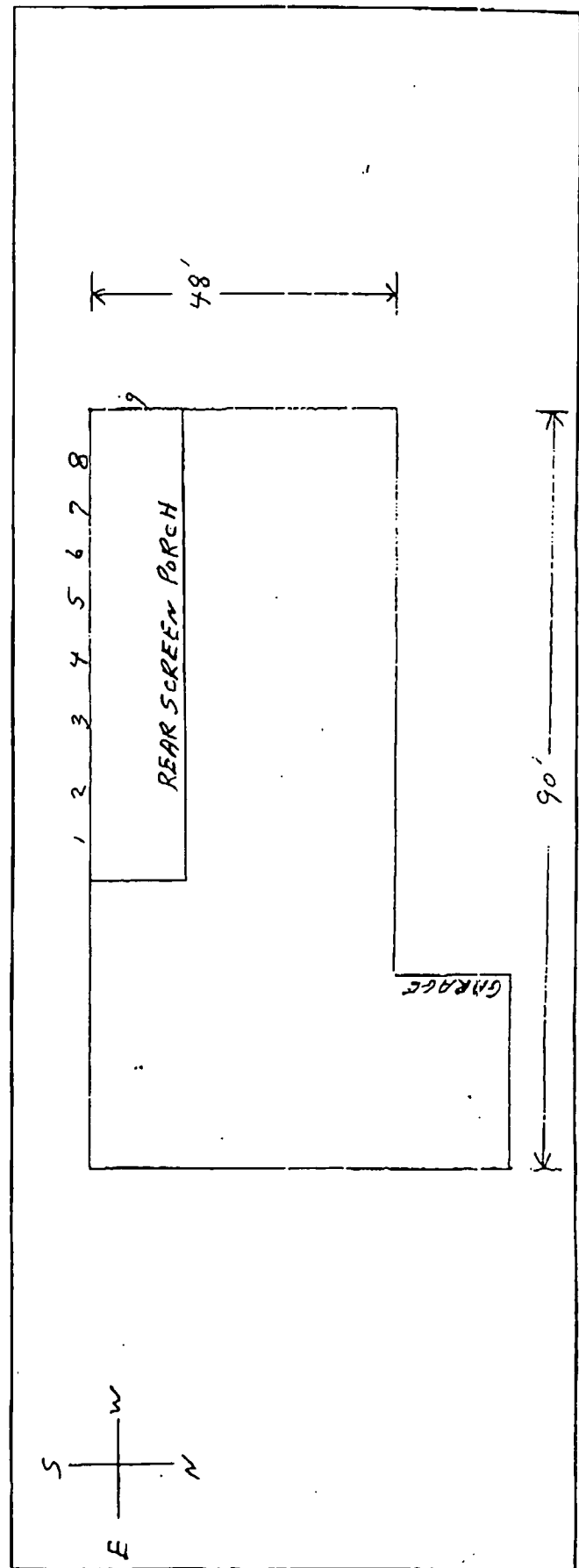
ROLLADEN SHUTTERS

Customer: POTSDAM
50 - RIO VISTA DRIVE
SEWELLS POINT

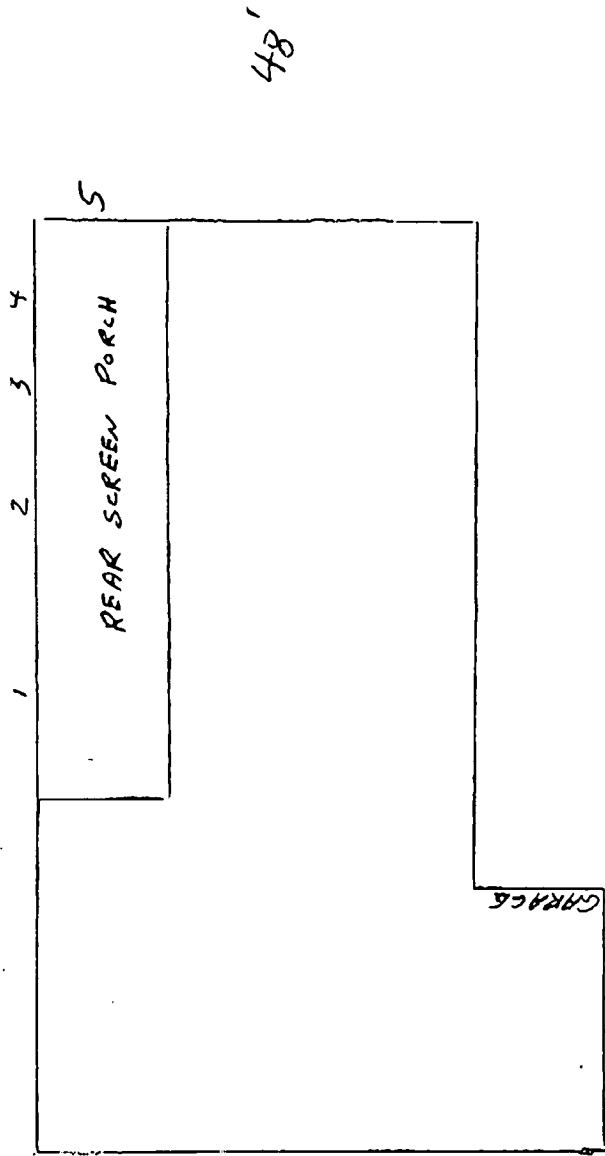
Date: 7/5/01
 Contract # 01EA44958
 Color: WHITE

Criteria Data
 Mean Roof Height: 15'
 Exposure: D
 Roof Slope: >10°
 Elevation: 8'
 End Zone: with
 WIND CHART: 155-01
 Design Loads
 Positive: _____
 Negative Int. Zone: _____
 Negative End Zone: N/A

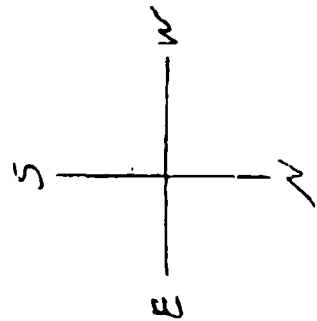
Shutter Schedule											
0	Width	Height	Zone	Product	Anchor	0	Width	Height	Zone	Product	Anchor
1	58 3/4	100	4	EAD	6	11					
2	58 3/4	"	"	"	"	12					
3	65 1/8	"	"	"	"	13					
4	65 1/8	"	"	"	"	14					
5	64 7/8	"	"	"	"	15					
6	64 7/8	"	"	"	"	16					
7	62	"	"	"	"	17					
8	62	"	5	"	"	18					
9	48 3/4	97 1/4	5	"	"	19					
10						20					



POTSDAM
50 - RIO VISTA DR.
SEWELLS POINT



90'

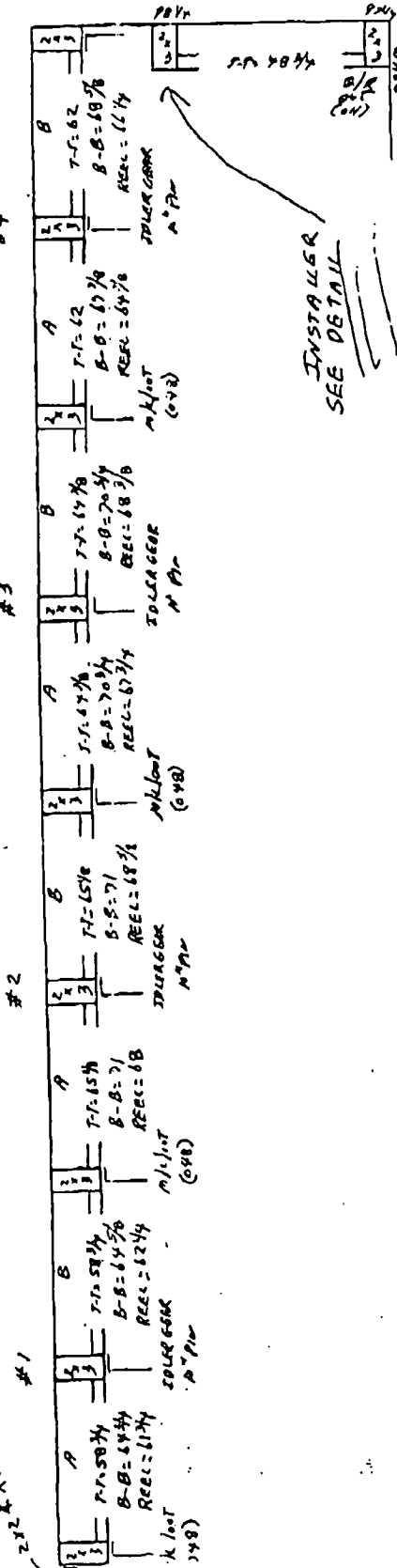


EAB ALL WHITE

TOP WOOD WALL ABSENT
BOTTOM TILE SHOE MOUNT
A = 110

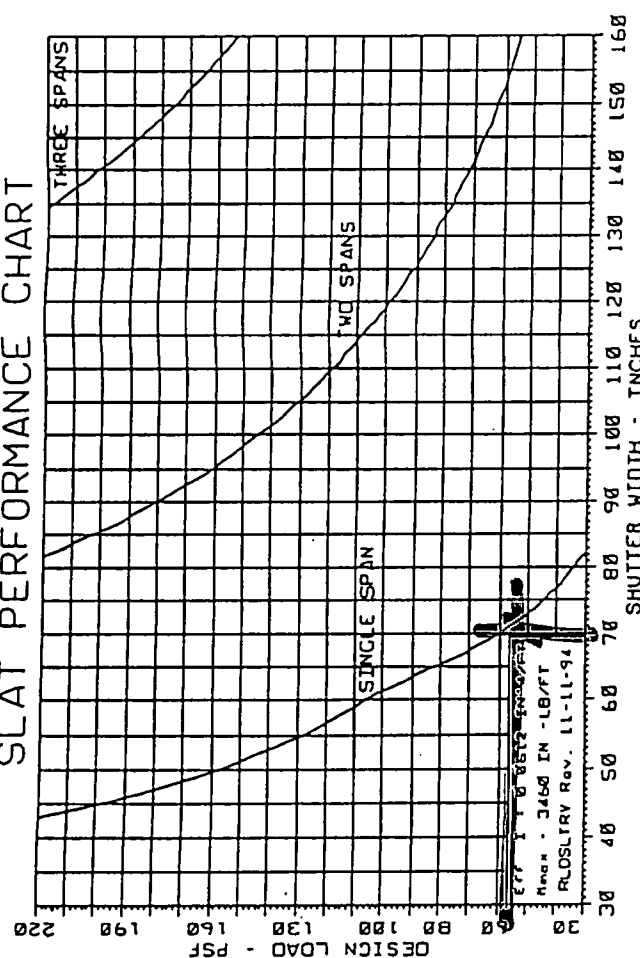
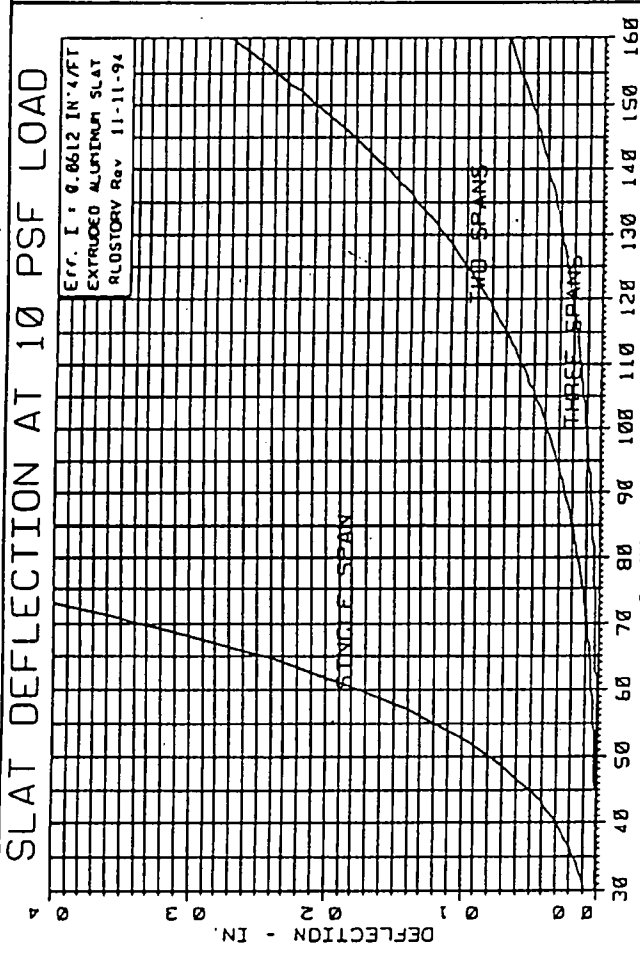
POTS DAM - 01EA44958

(fill)
M/PIN



00-0609-08

AL-FAROOQ CORPORATION
 ENGINEERS, PLANNERS & PRODUCT DESIGN
 1235 SW 87 AVE
 MIAMI, FLORIDA 33174
 TEL. (305) 264-8100 FAX. (305) 262-6978
 ROLLUP94-55-5



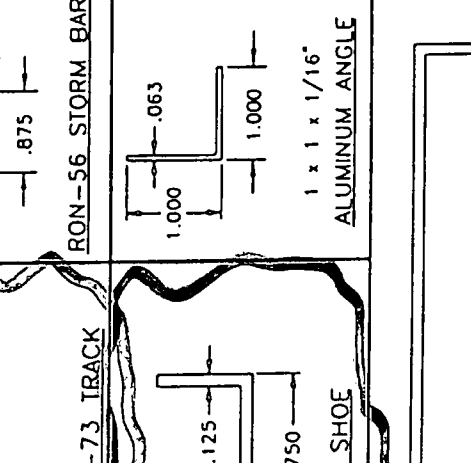
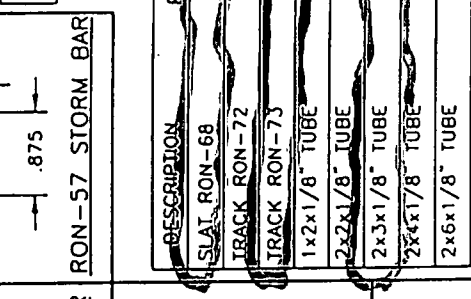
RollShutter Details
 HALLADEN INC.
 550 ANSIN BOULEVARD
 HALLANDALE, FL. 33009
 (305) 757 - 8591

GENERAL NOTES
 1. THIS STRUCTURE IS DESIGNED AS PER THE SOUTH FLORIDA BUILDING CODE 1994 EDITION FOR DADE COUNTY. ALSO FOR WIND LOADS AS PER ASCE 7-88 USING CORRESPONDING LOADS.
 2. DESIGN CRITERIA FOR ALUMINUM, MINIMUM MECHANICAL PROPERTIES, AND SAFETY FACTORS ARE IN ACCORDANCE WITH THE "ALUMINUM CONSTRUCTION MANUAL" LATEST EDITION.
 3. ALUMINUM ALLOYS: ALL EXTRUSIONS SHALL BE ALLOY 6063-T6, OR AS NOTED.
 4. STEEL SURFACES TO BE PLACED IN CONTACT WITH ALUMINUM SHALL BE GIVEN ONE COAT OF ZINC CHROMATE PRIMER IN ACCORDANCE WITH FEDERAL SPEC. NO. TTP-645, OR BE GALVANIZED.
 5. ANCHORS SHALL BE AS LISTED, SPACED AS SHOWN ON DETAILS. ANCHOR EMBEDMENT TO BASE MATERIAL SHALL BE BEYOND WALL DRESSING OR STUCCO.
 6. ALL BOLTS, NUTS AND WASHERS SHALL BE STAINLESS STEEL OR ALUMINUM ALLOY 2024-T4 OR 7075-T6, OR PLATED STEEL.
 7. SHUTTERS MAY BE MOTOR, TAPE PULLEY, OR GEAR DRIVEN.
 8. DESIGN CRITERIA FOR MULTIPLE SPANS THE COMBINED MAX DEFLECTION OF HEADER, STORM BARS AND SLATS \leq L/30 OR 2". FOR MULLIONS MAX DEFLECTION \leq L/180.
 9. ANCHORING OR LOADING CONDITIONS OTHER THAN THOSE SHOWN IN THESE DETAILS ARE NOT PART OF THIS APPROVAL.

DESIGN LOADS SHALL BE CALCULATED AS PER REQUIREMENTS OF ASCE 7-88, BASED ON 110 MPH WIND VELOCITY. **AK**

PRODUCT RENEWED
 ACCEPTANCE NO. 00-0609.08
 EXPIRATION DATE: September 25, 2003
 By: *Manuel Torres*
 BUILDING CODE COMPLIANCE OFFICE

SHEET NO.	DESCRIPTION
1	EXTRUSIONS DETAILS, NOTES, SLAT GRAPHS
2	SINGLE SPAN DETAILS
3	ANCHOR GRAPHS
4	MULTIPLE SPAN INSTALLATION DETAIL
5	HEADER/MULLION CONNECTION DETAILS
6	STORM BAR ANCHOR DETAILS
7	MULLION & BOX ANCHOR DETAILS
8 THRU 13	POST (MULLION) LOADING CHARTS
14 & 15	TOP SUPPORT LOADING CHARTS
16 THRU 20	STORM BAR LOADING CHARTS
21	CALC. SHEET FOR OVERALL DEFLECTION



BOX DIMENSIONS	SHUTTER HT. HOOD HT.
48"	8"
73"	9"
95"	10"
119"	11"
148"	12"
181"	13"
216"	14"

NO	DATE	BY	DESCRIPTION
1	10.30.94	F.H.	GENERAL REVISION
2	11.12.94	F.H.	GENERAL REVISION
3	02.02.95	F.H.	GENERAL REVISION
4	07.02.95	F.H.	SHEET 3 REMSED

date: 07-22-94
 scale: 1/2" = 1'
 drawing no. 94-55
 sheet 1 of 21

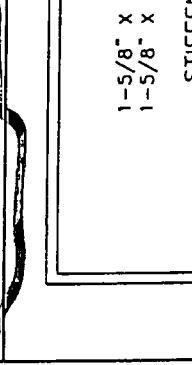
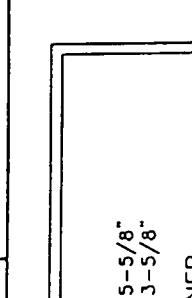
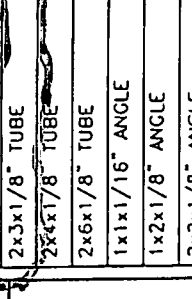
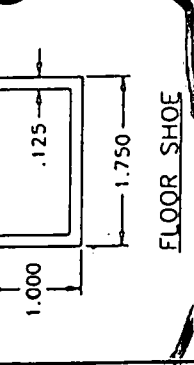
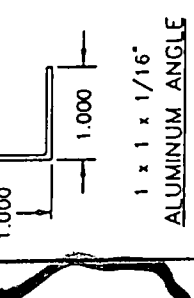
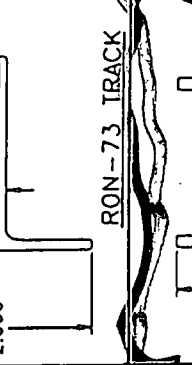
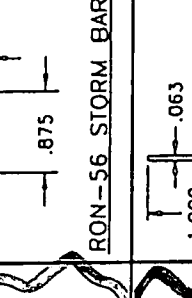
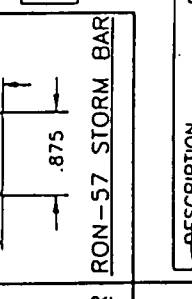
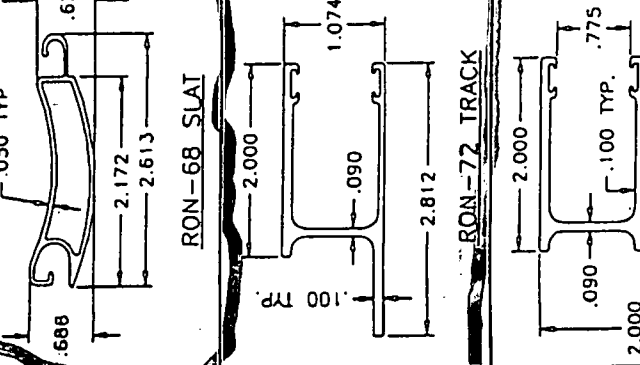
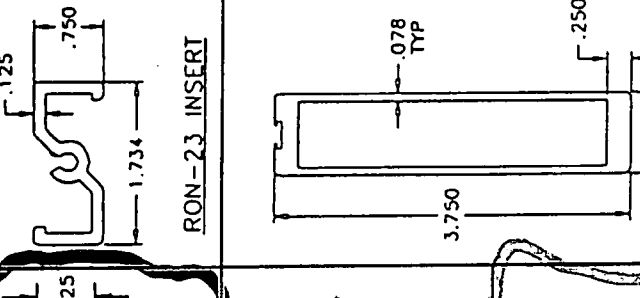
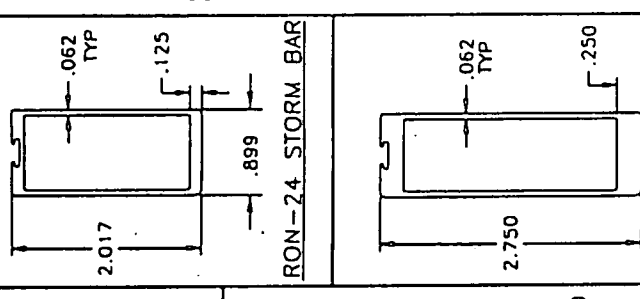
APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 DATE: SEPTEMBER 25, 1991
 BY: *Manuel Torres*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 97-0826.05

Engr. DR. HUMAYOUN FAROOQ
 STRUCTURES
 FLA. PE # 16557
 MAY 18 2000

A LABEL SHALL BE AFFIXED ON UNIT AT RIGHT BOTTOM OF BOX WITH THE FOLLOWING STATEMENT:
 #1117 EXTRUDED ALUMINUM ROLLING SHUTTER
 "DADE COUNTY PRODUCT CONTROL APPROVED"
 MANUFACTURED BY HALLADEN, INC.
***SITE SPECIFIC BUGLE (ATTACHED)**
140 MPH

ANCHORS: EMBEDMENT & EDGE DISTANCES SHOWN ARE BEYOND THE WALL & FLOOR COVERING (STUCCO, TILES, ETC.)

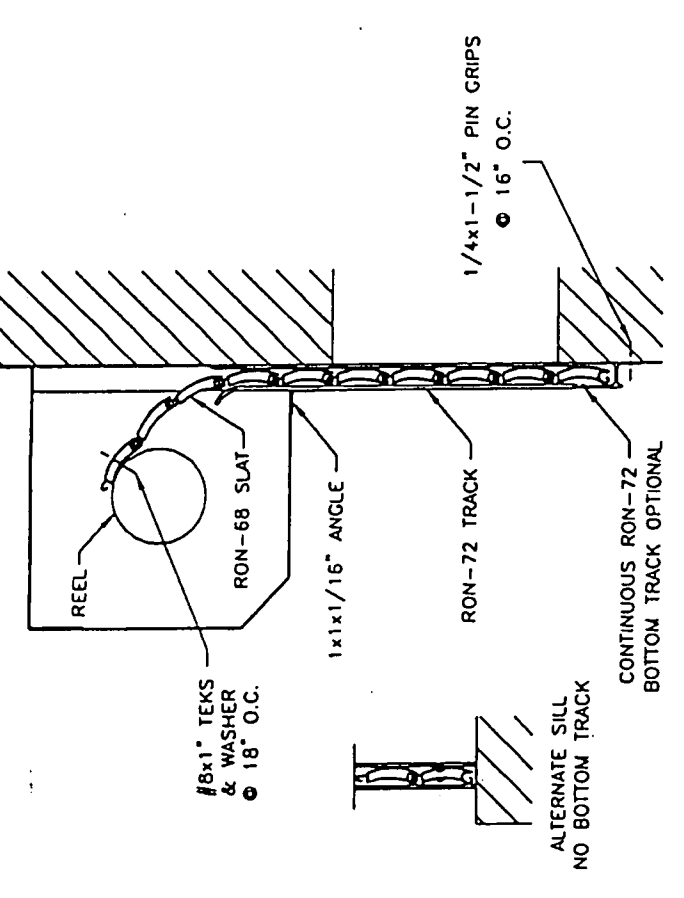
FOR OVERALL DEFLECTION CALCULATION USE SHEET 21 OF 21.
 FOR INSTALLATION DETAILS SEE SHEETS 2 THRU 7.
 FOR COMPONENT SIZES/SPANS/DESIGN LOAD RATING SEE SHEET 8 THRU 20.



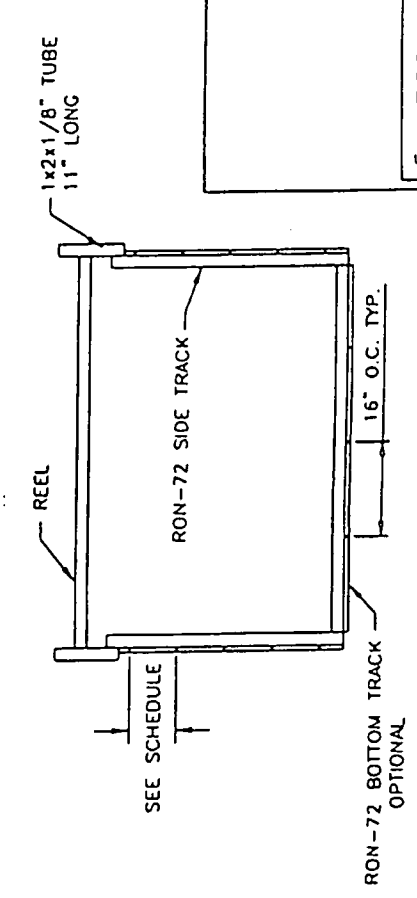
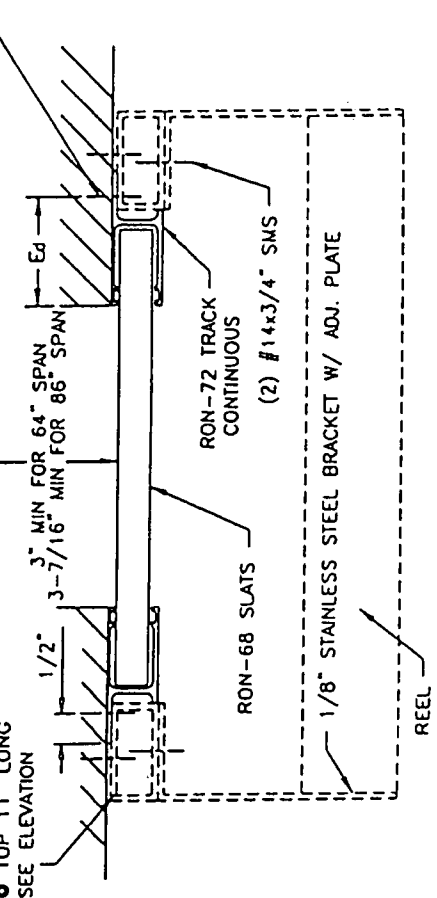
DESCRIPTION	PART #
SLAT RON-68	#1117
TRACK RON-72	#1071
TRACK RON-73	#1070
1x2x1/8" TUBE	#1049
2x2x1/8" TUBE	#1022
2x3x1/8" TUBE	#1024
2x4x1/8" TUBE	#1023
2x6x1/8" TUBE	#1026
1x1x1/16" ANGLE	#1031
1x2x1/8" ANGLE	#1029
2x2x1/8" ANGLE	#1051
2x3x1/8" ANGLE	#5012
2x4x1/8" ANGLE	#5013
2x5x1/8" ANGLE	#5014
1x1-3/4x1/8" CHANNEL	#1058
RON-24 STORM BAR	#1047
RON-57 STORM BAR	#1043
RON-56 STORM BAR	#1044
RON-23 ALUM INSERT	#1046

FOR OVERALL DEFLECTION CALCULATION USE SHEET 21 OF 21.
 FOR INSTALLATION DETAILS SEE SHEETS 2 THRU 7.
 FOR COMPONENT SIZES/SPANS/DESIGN LOAD RATING SEE SHEET 8 THRU 20.

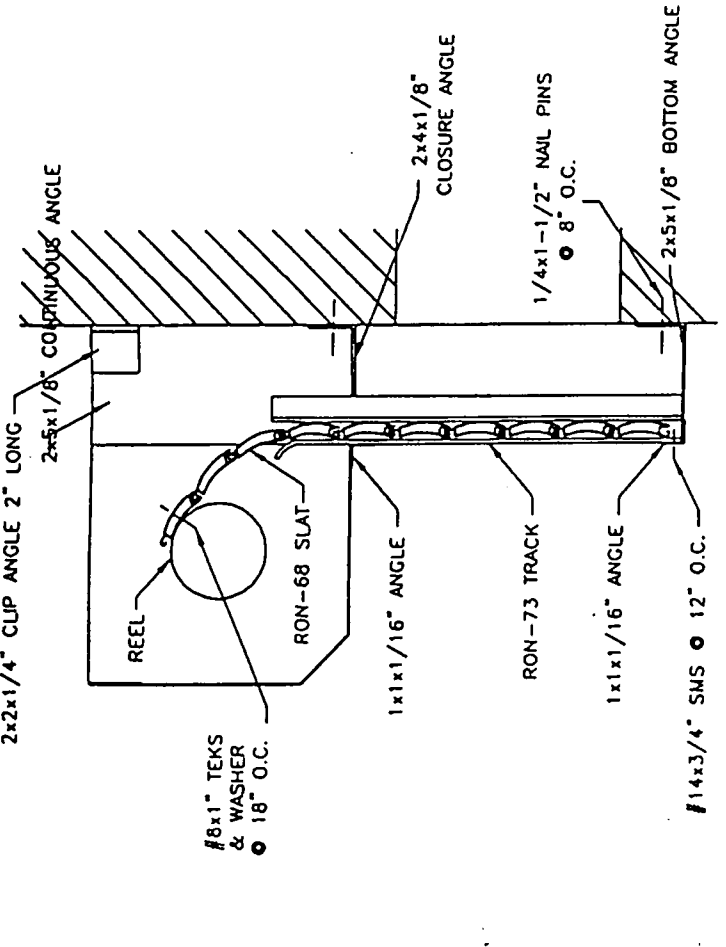
FOR OVERALL DEFLECTION CALCULATION USE SHEET 21 OF 21.
 FOR INSTALLATION DETAILS SEE SHEETS 2 THRU 7.
 FOR COMPONENT SIZES/SPANS/DESIGN LOAD RATING SEE SHEET 8 THRU 20.



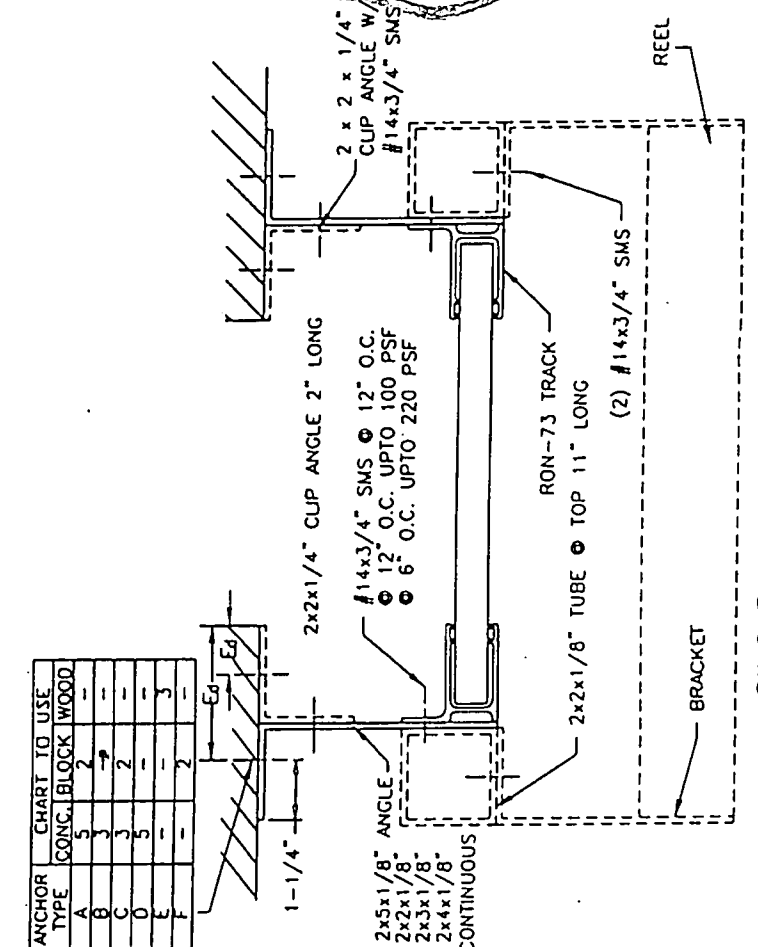
ANCHOR TYPE	CHART TO USE
A	CONC. BLOCK WOOD
B	CONC. BLOCK WOOD
C	CONC. BLOCK WOOD
D	CONC. BLOCK WOOD
E	CONC. BLOCK WOOD
F	CONC. BLOCK WOOD



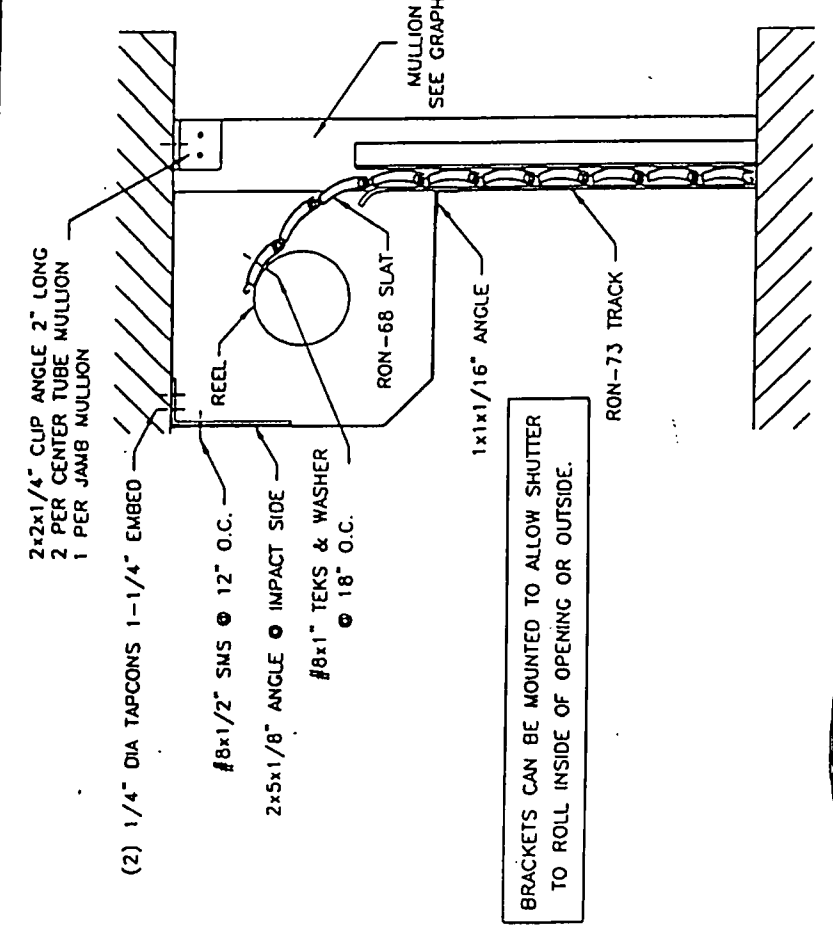
SEE SCHEDULE
 16" O.C. TYP.
ELEVATION
SINGLE SPAN TRACK ON WALL



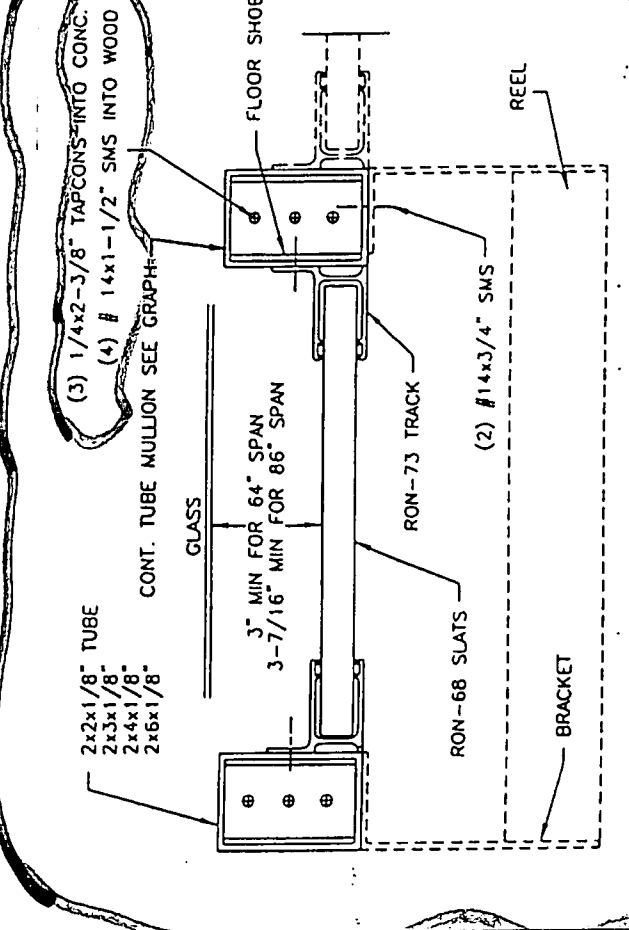
ANCHOR TYPE	CHART TO USE
A	CONC. BLOCK WOOD
B	CONC. BLOCK WOOD
C	CONC. BLOCK WOOD
D	CONC. BLOCK WOOD
E	CONC. BLOCK WOOD
F	CONC. BLOCK WOOD



SINGLE SPAN WITH BUILT OUT



BRACKETS CAN BE MOUNTED TO ALLOW SHUTTER TO ROLL INSIDE OF OPENING OR OUTSIDE.



SINGLE SPAN SPLIT SHUTTER W/ MULLION

AL-FAROOQ CORPORATION
 ENGINEERS, PLANNERS & PRODUCT DESIGN
 1235 SW 87 AVE
 MIAMI, FLORIDA 33174
 TEL (305) 264-8100 FAX (305) 262-6978
 ROLLUP\94-55-5

Rollshutter Details
 ROLLADEN INC.
 550 ANSIN BOULEVARD
 HALLANDALE, FL. 33009
 (305) 757 - 8591

NO	DATE	BY	DESCRIPTION
A	10.30.94	T.M.	GENERAL REVISION
B	11.12.94	T.M.	GENERAL REVISION
C	02.02.95	T.M.	GENERAL REVISION
D	07.02.95	T.M.	SHEET 3 REVISED

date: 07-22-94
 scale: 1/2" = 1"
 drawing no. 94-55
 sheet 2 of 21

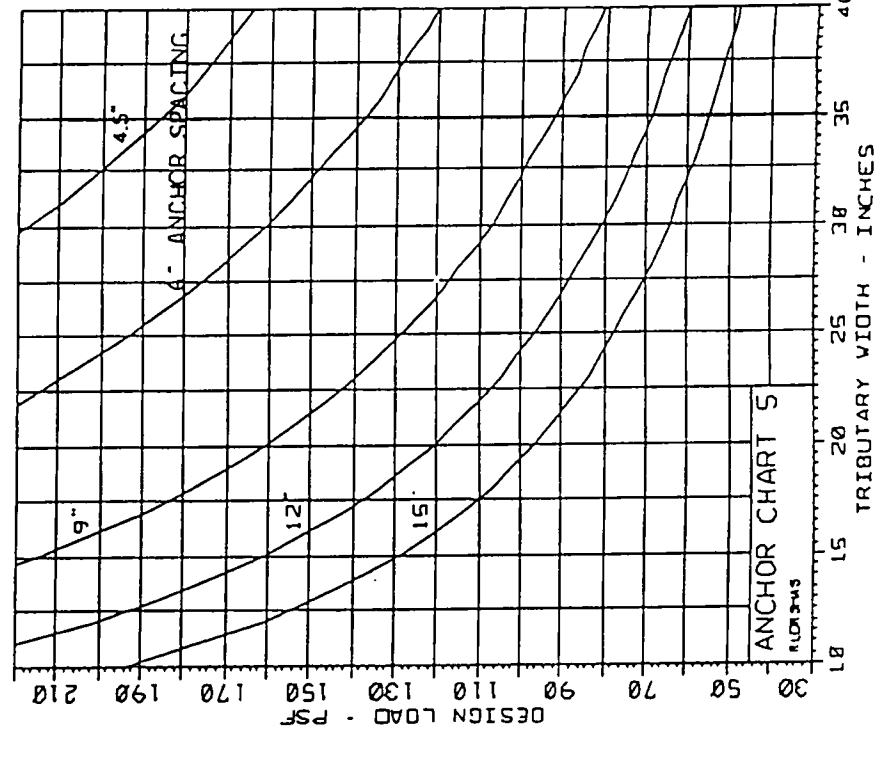
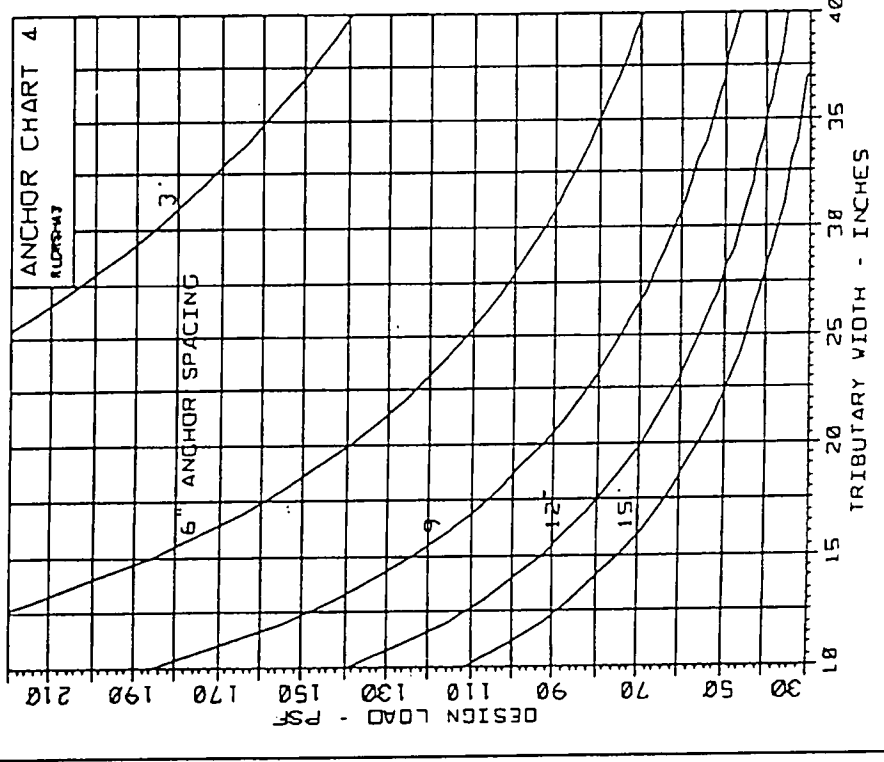
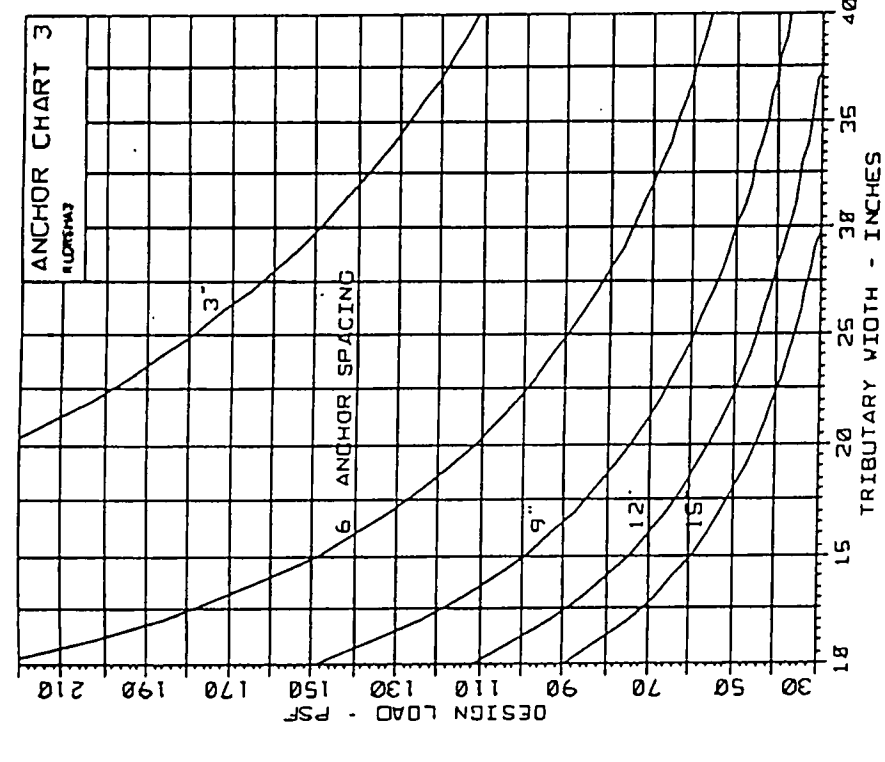
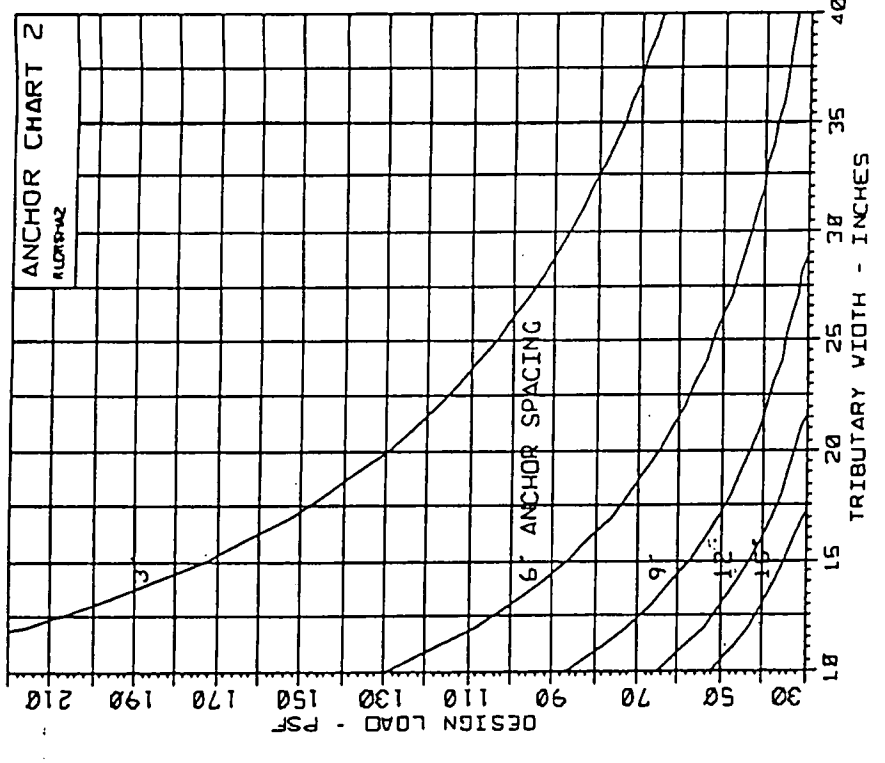
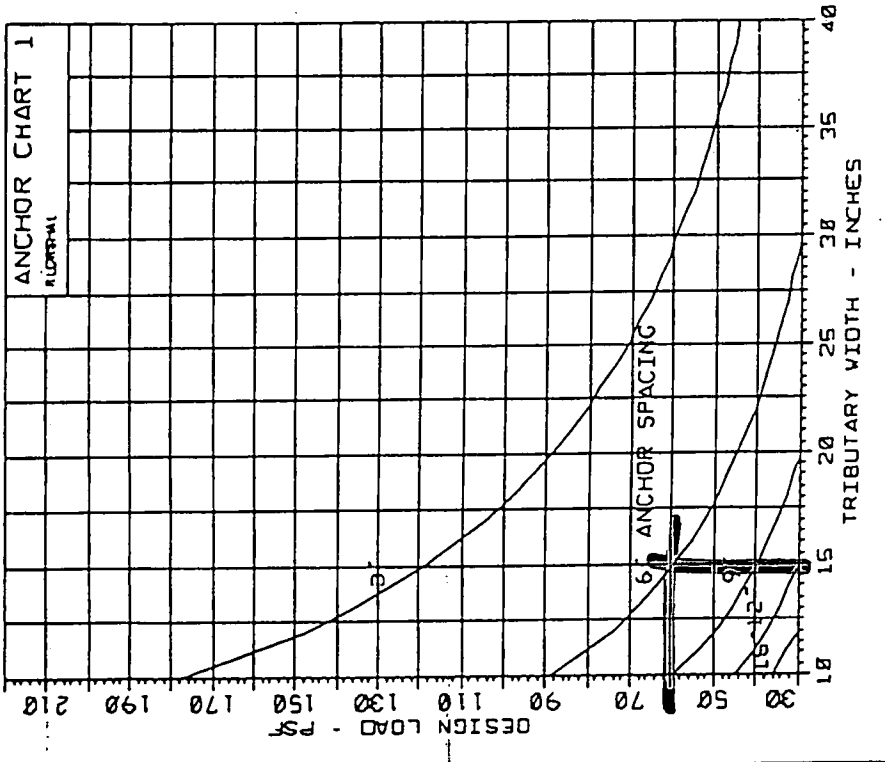
APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE DATE SEPTEMBER 25, 1997 BY Maumel PRODUCT CONTROL DIVISION BUILDING CODE COMPLIANCE OFFICE ACCEPTANCE NO. 97-0826-05

Eng: DR. HUMAN YOUNG-FAROOQ STRUCTURES FLA. PE # 16557

PRODUCT RENEWEL
 ACCEPTANCE No. 00-0609.08
 EXPIRATION DATE 03/25/2003
 MAY 18 2000
 BY Maumel
 PRODUCT CONTROL DIVISION BUILDING CODE COMPLIANCE OFFICE

ANCHORS: EMBEDMENT & EDGE DISTANCES SHOWN ARE BEYOND THE WALL & FLOOR COVERING (STUCCO, TILES, ETC.)

Ed = TYPICAL EDGE DISTANCE CONC. & BLOCK = 12d (12 ANCHOR DIAMETERS) WOOD = 5d FOR LESSER EDGE DISTANCES SEE SHEET 3 OF 21.



MAXIMUM ANCHOR SPACING IN ALL CASES SHALL NOT EXCEED 8" O.C.

FASTENER SPACING IN MASONRY
 CHARTS ARE BASED ON TYPICAL EDGE DISTANCE = 12d.
 FOR LESSER EDGE DISTANCE DECREASE SPACING BY
 MULTIPLYING WITH THE FACTOR BELOW

EDGE DIST.	12d=3"	10d=2-1/2"	8d=2"	6d=1-1/2"	5d=1-1/4"
FACTOR	1.00	0.86	0.71	0.57	0.50

EXAMPLE: FOR 3" EDGE DIST. SPACING = 12" O.C. (FROM CHART)
 FOR 2" EDGE DIST. SPACING = 12 X .71 = 8.5 O.C.
 TYPICAL EDGE DISTANCE IN WOOD = 1-1/4"
 NO REDUCTION FACTOR IS REQUIRED

TYPICAL ANCHORS

- ANCHOR (A) = 1/4" TAPCON 1-3/4" EMBEDMENT TO CONCRETE
1-1/4" EMBEDMENT TO BLOCK
- ANCHOR (B) = #14 S.M.S. W/ RAWL SCRU-LEAD INTO CONCRETE
1-1/2" EMBEDMENT.
- ANCHOR (C) = 1/4" x 1-1/4" METAL HIT ANCHORS (W/ ZAMAC BODY)
1" EMBEDMENT TO CONCRETE OR BLOCK
- ANCHOR (D) = 1/4" RAWL CALK-IN, STAR 'TAMPIN' OR EQUAL.
TOTAL ANCHOR BODY INTO CONC.
- ANCHOR (E) = #14 S.M.S. INTO WOOD, 1-1/2" MIN. EMBEDMENT
(S.C. = 0.47)
- ANCHOR (F) = 1/4" x 1-1/2" PIN GRIP
1/2" MIN. EMBEDMENT TO CONCRETE OR BLOCK.

APPROVED AS COMPLYING WITH THE
 SOUTH FLORIDA BUILDING CODE
 DATE SEPTEMBER 25 1997
 BY M. Maudslayi
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 97-0826.05

Engr. DR. HUMAYOUN FAROOQ
 STRUCTURES
 FLA. PE # 16557

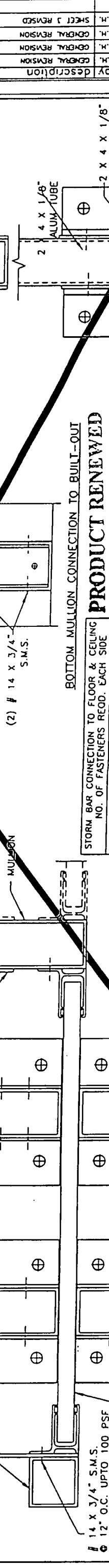
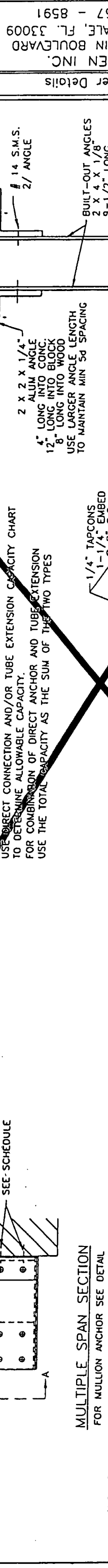
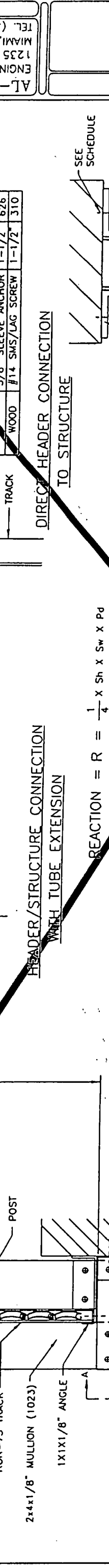
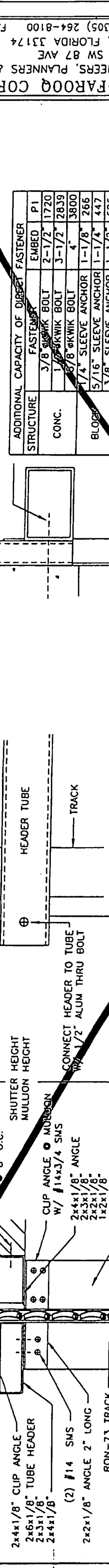
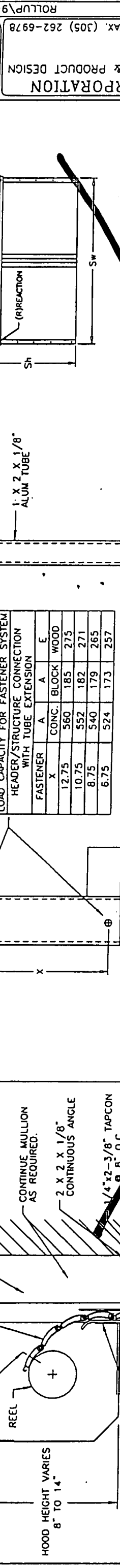
PRODUCT RENEWED
 ACCEPTANCE No. 00-0609.08
 EXPIRATION DATE 09/25/2003
 By M. Maudslayi
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE

TRIBUTARY WIDTH = $\frac{SW}{2 \times (\# \text{ OF SPANS})}$

MAY 18 2000

NO	DATE	BY	DESCRIPTION
1	10.30.94	T.M.	GENERAL REVISION
2	11.12.94	T.M.	GENERAL REVISION
3	02.02.95	T.M.	GENERAL REVISION
4	07.02.99	T.M.	SHEET 3 REVISED

#8x1" TEKS & WASHER @ 18" O.C.
 REEL
 HOOD HEIGHT VARIES 8" TO 14"
 NOTCH ANGLE 1-1/2"
 CONTINUE MULLION AS REQUIRED.
 2 X 2 X 1/8" CONTINUOUS ANGLE
 1/4"x2-3/8" TAPCON @ 8" O.C.
 SHUTTER HEIGHT MULLION HEIGHT
 CLIP ANGLE @ MULLION W/ #14x3/4 SMS
 2x4x1/8" ANGLE
 2x3x1/8" ANGLE
 2x2x1/8" ANGLE
 1x2x1/8" ANGLE
 POST
 SEE SCHEDULE
 2x4x1/8" CLIP ANGLE
 2x6x1/8" TUBE HEADER
 2x3x1/8" ANGLE
 2x4x1/8" ANGLE
 (2) #14 SMS
 2x2x1/8" ANGLE 2" LONG
 RON-73 TRACK
 2x4x1/8" MULLION (1023)
 1X1X1/8" ANGLE
 ANCHORS SEE SHEET 2
 2x2x1/8" TUBE
 # 14 X 3/4" S.M.S. 12" O.C. UPTO 100 PSF @ 6" O.C. UPTO 220 PSF
 ANCHORS
 RON-68 SLATS
 STORM BAR
 MULTIPLE SPAN PLAN HEADER NOT SHOWN
 NO. OF FASTENERS IN WOOD ON EACH SIDE MAY BE CALCULATED AS: # REQD. = LOAD ON STORM BAR ANCHOR / 273 X 2



STORM BAR CONNECTION TO FLOOR & CEILING NO. OF FASTENERS REQD. EACH SIDE

STORM BARS	FASTENERS	CONC.	WOOD
RON 24	A, D	2	-
RON 24&23	E	-	4
RON 56	A, D	2	-
RON 57	E	-	4
2 X 2 X 1/8"	A, D	2	-
2 X 3 X 1/8"	E	-	4
2 X 4 X 1/8"	A, D	2	-
	E	-	5
2 X 4 X 1/8" W/ STIFFENER	A, D	3	-
	E	-	5
2 X 6 X 1/8"	A, D	3	-
	E	-	6
2 X 6 X 1/8" W/ STIFFENER	A, D	4	-
	E	-	8

PRODUCT RENEWED
 ACCEPTANCE No. 00-0609.08
 EXPIRATION DATE 09/25/2002
 By: *Manuel...*
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 Eng. DR. HUMAYOUN FAROOQ
 STRUCTURES
 FLA. PE # 16557
 DATE SEPTEMBER 25, 1997
 APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 97-0826.05
 MAY 18 2000

ROLL SHUTTER OVERALL DEFLECTION CALCULATION SHEET

POSITIVE LOAD

NEGATIVE LOAD

ASCE 7-88: DESIGN LOAD = P_d = PSF
 MULTIPLIER FACTOR = $K = P_d/10$ =

ASCE 7-88: DESIGN LOAD = P_d = PSF
 MULTIPLIER FACTOR = $K = P_d/10$ =

SHUTTER WIDTH = S_w = IN.	
NO. OF STORM BARS USED = N =	
SPAN CONDITION = $N+1$ =	
SHUTTER HEIGHT = S_h = IN.	
BOX HEIGHT = BOX_h = IN.	
STORM BAR HEIGHT = $BL = SH-BOX_h$ = IN.	
TRACK WIDTH = T_w = IN.	
STEP	
1	SLAT SPAN = $L_s = (S_w - 2 \cdot T_w)/(N + 1)$ FROM GRAPHS CHECK SLAT SPAN FOR DESIGN LOAD AND SPAN CONDITION TO MEET DEFLECTION < $L/30$ OR $2"$. AND STRESSES LESS THAN ALLOWABLE
2	FROM DEFLECTION GRAPH FOR 10 PSF READING FOR ABOVE SLAT SPAN = R_1 DEFLECTION OF SLAT = $D_1 = K \cdot R_1$
3	FROM GRAPHS SELECT STORM BAR FOR ABOVE SHUTTER WIDTH, SHUTTER HEIGHT, DESIGN LOAD & SPAN CONDITION TO MEET DEFLECTION < $L/30$ OR $2"$. AND STRESSES LESS THAN ALLOWABLE TRY STORM BAR SIZE :
4	FROM DEFLECTION GRAPH FOR 10 PSF READING FOR ABOVE STORM BAR = R_2 DEFLECTION OF STORM BAR = $D_b = K \cdot R_2$ EFFECT ON SLATS = $D_2 = D_b/2$
5	FROM GRAPHS SELECT HEADER SIZE FOR ABOVE SHUTTER WIDTH, SHUTTER HEIGHT, DESIGN LOAD & SPAN CONDITION TO MEET DEFLECTION < $L/30$ OR $2"$. AND STRESSES LESS THAN ALLOWABLE. TRY HEADER SIZE:
6	FROM DEFLECTION GRAPH FOR 10 PSF READING FOR ABOVE HEADER = R_3 DEFLECTION OF HEADER = $D_h = K \cdot R_3$ EFFECT ON SLATS = $D_3 = D_h/4$
7	TOTAL DEFLECTION = $D = D_1 + D_2 + D_3$ IN. $L_s/30$

SHUTTER WIDTH = S_w = IN.	
NO. OF STORM BARS USED = N =	
SPAN CONDITION = $N+1$ =	
SHUTTER HEIGHT = S_h = IN.	
BOX HEIGHT = BOX_h = IN.	
STORM BAR HEIGHT = $BL = SH-BOX_h$ = IN.	
TRACK WIDTH = T_w = IN.	
STEP	
1	SLAT SPAN = $L_s = (S_w - 2 \cdot T_w)/(N + 1)$ FROM GRAPHS CHECK SLAT SPAN FOR DESIGN LOAD AND SPAN CONDITION TO MEET DEFLECTION < $L/30$ OR $2"$. AND STRESSES LESS THAN ALLOWABLE
2	FROM DEFLECTION GRAPH FOR 10 PSF READING FOR ABOVE SLAT SPAN = R_1 DEFLECTION OF SLAT = $D_1 = K \cdot R_1$
3	FROM GRAPHS SELECT STORM BAR FOR ABOVE SHUTTER WIDTH, SHUTTER HEIGHT, DESIGN LOAD & SPAN CONDITION TO MEET DEFLECTION < $L/30$ OR $2"$. AND STRESSES LESS THAN ALLOWABLE TRY STORM BAR SIZE :
4	FROM DEFLECTION GRAPH FOR 10 PSF READING FOR ABOVE STORM BAR = R_2 DEFLECTION OF STORM BAR = $D_b = K \cdot R_2$ EFFECT ON SLATS = $D_2 = D_b/2$
5	FROM GRAPHS SELECT HEADER SIZE FOR ABOVE SHUTTER WIDTH, SHUTTER HEIGHT, DESIGN LOAD & SPAN CONDITION TO MEET DEFLECTION < $L/30$ OR $2"$. AND STRESSES LESS THAN ALLOWABLE. TRY HEADER SIZE:
6	FROM DEFLECTION GRAPH FOR 10 PSF READING FOR ABOVE HEADER = R_3 DEFLECTION OF HEADER = $D_h = K \cdot R_3$ EFFECT ON SLATS = $D_3 = D_h/4$
7	TOTAL DEFLECTION = $D = D_1 + D_2 + D_3$ IN. $L_s/30$

Handwritten notes:
 5.11.10
 P. 19h

- NOTES: 1. IF FOR NEGATIVE LOAD $D > L_s/30$ OR IF FOR POSITIVE LOAD $D > L_s/30$ OR $2"$. REPEAT ABOVE CALCULATIONS WITH LARGER STORM BARS AND OR LARGER HEADER.
 2. DIFFERENT SIZE STORM BARS/HEADERS MAY BE USED FOR POSITIVE AND NEGATIVE LOADS.
 3. USE ADDITIONAL CALCULATION SHEETS FOR DIFFERENT SHUTTERS ON THE SAME JOB.

PRODUCT RENEWED APPROVED AS COMPLYING WITH THE SOUTH FLORIDA BUILDING CODE
 ACCEPTANCE No. 00-0609.01 DATE SEPTEMBER 25, 1997
 EXPIRATION DATE 09/25/2003 BY M. M. M. M.
 By M. M. M. M. PRODUCT CONTROL DIVISION
 BUILDING CODE COMPLIANCE OFFICE
 ACCEPTANCE NO. 97-0826.05

Eng: DR. HUMAYOUN FAROOQ
 STRUCTURES
 FLA. PE # 16557
 MAY 18 2000

AL-FAROOQ CORPORATION ENGINEERS, PLANNERS & PRODUCT DESIGN 1235 SW 87 AVE MIAMI, FLORIDA 33174 TEL (305) 264-8100 FAX (305) 262-6978 ROLLUP\94-55-21	DEFLECTION CALCULATION SHEET 550 ANSIN BOULEVARD HALLANDALE, FL 33009 (305) 757 - 8591	Revisions: No. date by description	date: 07-22-94 scale: dr. by: HAMID Gh. by:	drawing no. 94-55 Sheet 21 of 21
---	---	---------------------------------------	--	---

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: ~~Mon~~ ~~Wed~~ ~~Fri~~ ~~Thu~~ ~~Sat~~ ~~Sun~~ THU AUGUST 13, 2001; Page 1 of 1.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
✓ 5384	DERMARKARIAN	FENCE - FINAL	Passed	Chair luk rear + sides
N (1)	19 CASTLE HILL WAY UNITED FENCE & STL.			INSPECTOR: <i>[Signature]</i> 8/13
✓ 5438	ZYGMON	BOAT LIFT - FINAL	Passed	
S (5)	18 SIMARA ST. OCTOPUS MARINE			INSPECTOR: <i>[Signature]</i> 8/13
✓ 5475	18 E. HIGH POINT ZUCKER	STORM SHUTTER - FINAL	Passed	
S (4)	HOBE SOUND ALUM.			INSPECTOR: <i>[Signature]</i> 8/13
✓ 4978	RIMER	CONC. STAIRS:	Passed	
S (2)	29 S. RIVER RD. LEAR DEVELOPMENT CO. LP.	- GUEST HOUSE ✓ - REAR/MAIN " ✓		INSPECTOR: <i>[Signature]</i> 8/13
T/R	THOMPSON	FIELD VERIF.	Passed	(Approved)
(3)	179 S. RIVER ROAD O/B			INSPECTOR: <i>[Signature]</i> 8/13
5494	Roemer Orig.	D-wall screw	Passed ✓	
(7)	3752 E Ocean Posth Co.			INSPECTOR: <i>[Signature]</i> 8/13
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: ~~50 RIO VISTA DRIVE (MATSUURA) STORM SHUTTER JUST COMMENCED~~
(2) ~~some border ventilled~~
[Signature] 8/13

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri ~~August 22~~, 2001; Page 1 of 2.

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
5501	WILSON BLVD	STAINLESS STEEL	Passed	
(6)	50 RIO VISTA DR ROLLADEN (PACIFIC-DNA: 263-0177)	FINAL		INSPECTOR: J 8/22
5302	NOHETL 6 W. RIDGEVIEW RON RAYMOND	T/T & MTL	Passed	PT. 1059. 7/27 ✓ INSPECTOR: J 8/22
5460	STANTON 6 SABAL CT (Ridgeland) O/B (SOUTH PARK PLUMBING: 287-2548)	PLUMBING V/G.	Passed	14x18D: reverse? INSPECTOR: J 8/22
5228	FOGLIA 102 ABBIE CT. FOGLIA	SHUTTERS - FINAL	Passed	INSPECTOR: J 8/22
5234	MCCARTNEY 45 W. HIGHPOINT WILSON BLDG.	ROUGH PLUMBING W-Ground	Passed	a) house b) aux. bldg. INSPECTOR: J 8/22
5455	ATEN 103 ABBIE CT. GRIBBEN	UNDERGROUND PLUMBING	Passed	INSPECTOR: J 8/22
TIR	STANTON 71 S. SPR (3)	FIELD VERIF. (ADDITIONAL TREE)	Passed	INSPECTOR: J 8/22

OTHER: _____

6858

A/C CHANGE OUT

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 8/16/04

BUILDING PERMIT NO. 6858

Building to be erected for POTSDAM Type of Permit A/C CHANGEOUT

Applied for by FLYNN'S A/C (Contractor) Building Fee _____

Subdivision RIO VISTA Lot 94 Block _____ Radon Fee _____

Address 50 RIO VISTA Impact Fee _____

Type of structure SFR A/C Fee 35.00

Parcel Control Number: _____ Electrical Fee _____

1238410020000094000000 Plumbing Fee _____

Amount Paid 35.00 Check # 12369 Cash _____ Other Fees (_____) _____

Total Construction Cost \$ 0 TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

Renewal final \$35

PERMIT

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

INSPECTIONS

UNDERGROUND PLUMBING	_____	UNDERGROUND GAS	_____
UNDERGROUND MECHANICAL	_____	UNDERGROUND ELECTRICAL	_____
STEMWALL FOOTING	_____	FOOTING	_____
SLAB	_____	TIE BEAM/COLUMNS	_____
ROOF SHEATHING	_____	WALL SHEATHING	_____
TRUSS ENG/WINDOW/DOOR BUCKS	_____	LATH	_____
ROOF TIN TAG/METAL	_____	ROOF-IN-PROGRESS	_____
PLUMBING ROUGH-IN	_____	ELECTRICAL ROUGH-IN	_____
MECHANICAL ROUGH-IN	_____	GAS ROUGH-IN	_____
FRAMING	_____	EARLY POWER RELEASE	_____
FINAL PLUMBING	_____	FINAL ELECTRICAL	_____
FINAL MECHANICAL	_____	FINAL GAS	_____
FINAL ROOF	_____	BUILDING FINAL	_____

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 8/13/04

Permit Number: _____

OWNER/TITLEHOLDER NAME: JAY POTSTAIN Phone (Day) _____ (Fax) _____

Job Site Address: 50 Rio Vista City: SEWART State: FL Zip: 34970

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: _____

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

Description of Work To Be Done: WARRANTY REPLACEMENT CONDENSER

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 0
(Notice of Commencement needed over \$2500)

Estimated Fair Market Value prior to improvement: \$ _____

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

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

Method of Determining Fair Market Value: _____

CONTRACTOR/Company: FLYNN'S A/C Phone: 283-4114 Fax: 781-1307

Street: 1323 THELMA ST City: PAUM CITY State: FL Zip: 34990

State Registration Number: CA055482 State Certification Number: _____ Martin County License Number: _____

SUBCONTRACTOR INFORMATION:

Electrical: _____ State: _____ License Number: _____

Mechanical: _____ State: _____ License Number: _____

Plumbing: _____ State: _____ License Number: _____

Roofing: _____ State: _____ License Number: _____

ARCHITECT _____ Lic.#: _____ Phone Number: _____

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

ENGINEER _____ Lic.# _____ Phone Number: _____

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

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

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

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

CODE EDITIONS IN EFFECT AT TIME OF APPLICATION: 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: _____

This the _____ day of _____, 200

by _____ who is personally

known to me or produced _____

as identification. _____

Notary Public

My Commission Expires: _____

Seal

CONTRACTOR SIGNATURE (required)

On State of Florida, County of: MARTIN

This the 13TH day of AUGUST 2004

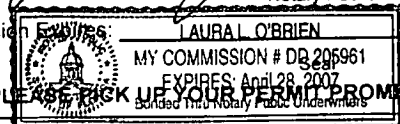
by JOSEPH FLYNN who is personally

known to me or produced _____

As identification _____

Notary Public

My Commission Expires: _____



ACORD CERTIFICATE OF LIABILITY INSURANCE

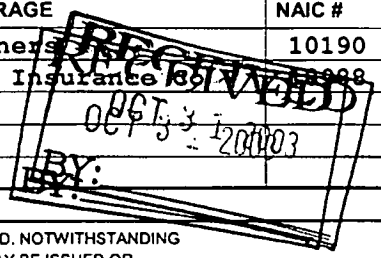
OP ID SE
FLYNA-1
DATE (MM/DD/YYYY)
10/29/03

PRODUCER
Stuart Insurance, Inc.
3070 S W Mapp
Palm City FL 34990
Phone: 772-286-4334 Fax: 772-286-9389

INSURED
Flynn's A/C Service, Inc.
1323 SW Thelma Street
Palm City FL 34990

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: Southern Owners	10190
INSURER B: Auto Owners Insurance	
INSURER C:	
INSURER D:	
INSURER E:	



COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A 7	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	20567737	10/31/03	10/31/04	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
					MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	4165950800	10/31/03	10/31/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				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 \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Air Conditioning Contractor - State of Florida

CERTIFICATE HOLDER
TOWNS-1
Town of Sewalls Point
220-4765
1 S Sewalls Point Road
Stuart FL 34996

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/03/2003

PRODUCER (863)688-5495 FAX (863)688-4344
 Herndon & Associates Insurance, LLC
 91 Lake Morton Dr.
 P O Box 3608
 Lakeland, FL 33802

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

INSURERS AFFORDING COVERAGE

NAIC #

INSURED FLYNN'S AIR CONDITIONING SERVICE INC
 1323 SW THELMA ST
 PALM CITY, FL 34990

INSURER A: Bridgefield Employers Ins Co
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

RECEIVED
 DEC 05 2003
 BY: _____

COVERAGES

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

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	083029595	01/01/2004	01/01/2005	WC STATUTORY LIMITS	OTHR
						E.L. EACH ACCIDENT	\$ 100,000
						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER

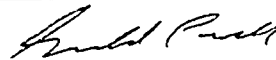
Town Of Sewalls Point
 1 South Sewalls Point Rd
 Stuart, FL 34996

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Gerald Powell/BELIND



AC# 0466712

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L0206250078

DATE	BATCH NUMBER	LICENSE NBR
06/25/2002	011141683	CAC055482

The CLASS A AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2004

FLYNN, JOSEPH BRIAN
FLYNN'S A/C SERVICE INC
1323 SW THELMA STREET
PALM CITY FL 34990

JEB BUSH
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KIM BINKLEY-SEYER
SECRETARY

**2003-2004 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE**

Larry C. O'Steen, Tax Collector, P.O. Box 9013, Stuart, FL 34995
(772) 289-8804

LICENSE 1971-518-187 CERT _____
PHONE (561)283-4114 LIC NO 235110

LOCATION:
1323 SW THELMA ST MAR

CHARACTER COUNTS IN MARTIN COUNTY

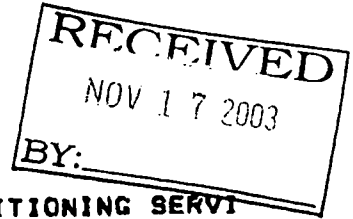
PREV. YR. \$	<u>.00</u>	LIC. FEE \$	<u>25.00</u>
\$	<u>.00</u>	PENALTY \$	<u>.00</u>
\$	<u>.00</u>	COL. FEE \$	<u>.00</u>
\$	<u>.00</u>	TRANSFER \$	<u>.00</u>
TOTAL			<u>25.00</u>

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
OF **HVAC CONTRACTING/APPLIANCE REPAIR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

25 DAY OF SEPTEMBER 03
AND ENDING SEPTEMBER 20 2004

12 03092501 004338



**FLYNN, BRIAN
FLYNN'S AIR CONDITIONING SERVI
1323 SW THELMA STREET
PALM CITY FL 34990**

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 9/1, 2004 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6524	HAYNES	DemoprivacyWall	PASS	
4	6 PALM ROAD O/B			INSPECTOR: <i>[Signature]</i>
6567	HAYNES	HARDIPLANK	PASS	
4	6 PALM ROAD O/B			INSPECTOR: <i>[Signature]</i>
6858	PORSBAM	A/C CAGOUT	---	RESCHEDULE-
5	50 RIO VISTA FYNNS A/C			CULD NOT GET ACCESS TO HOUSE INTERIOR INSPECTOR: <i>[Signature]</i>
6845	MCDUGALL	A/C CAGOUT	PASS	
7	23 N. RIVER RD FYNNS A/C			INSPECTOR: <i>[Signature]</i>
6819	MANGAN	ROOSTEEL	PASS	
8	16 PEERWINKLE LA HARBOUR BAY POOLS			INSPECTOR: <i>[Signature]</i>
TREE	JACOBI	TREE	PASS	
11	4 BANYAN			INSPECTOR: <i>[Signature]</i>
6792	RAPPAPORT	STRAP (REINSF)	FAIL	
10	9 RIVER CREST GULICK+McLAUREN			INSPECTOR: <i>[Signature]</i>

OTHER: _____



TOWN OF SEWALL'S POINT

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

CORRECTION NOTICE

ADDRESS: 50 RIO VISTA

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

A/C FINAL

COMP/COND. UNIT NEEDS TO
BE FASTENED & SECURED
TO PAD.

COMP/COND. MAX FUSE ALLOWABLE
OF 25A - PANEL BREAKER
EXCEEDS MAX ALLOWABLE &
NEEDS TO BE CHANGED

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

DATE: 8/1

AM

INSPECTOR

DO NOT REMOVE THIS TAG

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/11, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7678	ROBERSON	SEAWALL CAP	PASS	
1	173 S. SEWALL'S BWE WATER MARINE	STEEL		INSPECTOR:
7646	FARROW	DRY-IN	PASS	
7	47 N. RIVER ROAD CARDINAL ROOFING			INSPECTOR:
7686	POBLEN	FINAL ROOF	PASS	CLOSE
2	96 S. SEWALL'S A&P CONSTRUCTION			INSPECTOR:
6858	POTSDAM	A/C CHANGEOUT	FAIL?	
4	50 RIO VISTA FLYNN'S A/C			INSPECTOR:
7647	POTSDAM	GEN/PAD/ELEC	PASS	CLOSE
4	50 RIO VISTA FLYNN'S AC			INSPECTOR:
7623	SANDS	FINAL ROOF	FAIL	
3	82 S. RIVER RD PACIFIC ROOFING			INSPECTOR:
7328	SCHMADER	ROOF SHEATHING	PASS	
8	102 HENRY SEWALL CONWAY	(late as possible)		INSPECTOR:

OTHER: _____

7363

REROOF

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 3/4/05

BUILDING PERMIT NO. 7363

Building to be erected for POTSDAM

Type of Permit REROOF

Applied for by WESTERN ROOFING (Contractor)

Building Fee _____

Subdivision RIO VISTA Lot 94 Block _____

Radon Fee _____

Address 50 RIO VISTA DRIVE

Impact Fee _____

Type of structure SFR

AC Fee _____

Parcel Control Number:

Electrical Fee _____

1238410020000094000000

Plumbing Fee _____

Roofing Fee 120.00

Amount Paid 120.00 Check # 6050 Cash _____ Other Fees (_____) 1

TOTAL Fees 120.00

Total Construction Cost \$ 18,133.00

Signed Gene Buckendahl
Applicant

Signed Gene Summers (GWS)
Town Building Official

PERMIT

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

INSPECTIONS

- | | |
|-----------------------------------|------------------------------|
| UNDERGROUND PLUMBING _____ | UNDERGROUND GAS _____ |
| UNDERGROUND MECHANICAL _____ | UNDERGROUND ELECTRICAL _____ |
| STEMWALL FOOTING _____ | FOOTING _____ |
| SLAB _____ | TIE BEAM/COLUMNS _____ |
| ROOF SHEATHING _____ | WALL SHEATHING _____ |
| TRUSS ENG/WINDOW/DOOR BUCKS _____ | LATH _____ |
| ROOF TIN TAG/METAL _____ | ROOF-IN-PROGRESS _____ |
| PLUMBING ROUGH-IN _____ | ELECTRICAL ROUGH-IN _____ |
| MECHANICAL ROUGH-IN _____ | GAS ROUGH-IN _____ |
| FRAMING _____ | EARLY POWER RELEASE _____ |
| FINAL PLUMBING _____ | FINAL ELECTRICAL _____ |
| FINAL MECHANICAL _____ | FINAL GAS _____ |
| FINAL ROOF _____ | BUILDING FINAL _____ |

MAR 02 2005

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME Jay Potsdam Phone (Day) 772-287-7193 (Fax) _____

Job Site Address 50 Rio Vista DR. City Stuart State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Rio Vista S/D LOT 94 Parcel Number 2384100 20000094000000

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

Description of Work To Be Done: Re-Roof

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 18,133⁰⁰

(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 Western Roofing Phone 561-881-0026 Fax 561-813-4863

Street: 4385 Westroads DR. City: LOPB State: FL Zip: 33407

State Registration Number CC13212123 State Certification Number CC13212123 Martin County License Number: CRFG3977

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 3000 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)
Jay Potsdam

State of Florida, County of: MARTIN

This the 2ND day of MARCH, 2005

by JAY ANTHONY POTSDAM who is personally known to me or produced as identification. [Signature] x 5/25/09

My Commission Expires: _____ Notary Public

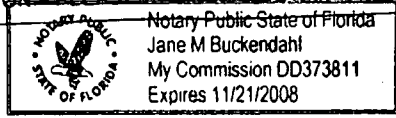
CONTRACTOR SIGNATURE (required)
[Signature]

On State of Florida, County of: Palm Beach

This the 1 day of MARCH, 2005

by G. Lenard West who is personally known to me or produced as identification.

My Commission Expires: _____ Notary Public



PERMIT APPLICATIONS VALID 90 DAYS FROM APPROVAL NOTIFICATION. PLEASE PICK UP YOUR PERMIT PROMPTLY!

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____ TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF Florida COUNTY OF Martin

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

LEGAL DESCRIPTION OF PROPERTY (INCLUDE STREET ADDRESS IF AVAILABLE):
RIO VISTA SID LOT 94

GENERAL DESCRIPTION OF IMPROVEMENT: Re-ROOF

OWNER: Jay Potsdam
ADDRESS: 50 Rio Vista Dr. Stuart 34996
PHONE #: 772-287-7193 FAX #: _____

INTEREST IN PROPERTY: OWNER

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

CONTRACTOR: Wishner Roofing
ADDRESS: 4385 Westroads Dr WOPB - FL 33407
PHONE #: 561-861-0026 FAX #: 561-863-4865

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

LENDER/MORTGAGE COMPANY _____
ADDRESS: _____ PHONE #: _____

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 #: _____ DATE: 3/10/05

IN ADDITION TO HIMSELF OR HERSELF, OWNER DESIGNATES _____ TO RECEIVE A COPY OF THE LIENOR'S NOTICE AS PROVIDED IN SECTION 713.13(1)(B), FLORIDA STATUTES.
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: Jay Potsdam
SWORN TO AND SUBSCRIBED BEFORE ME THIS 28 DAY OF February 2005

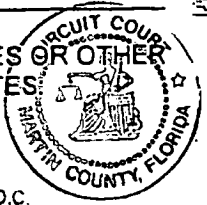
BY Jay Potsdam
PERSONALLY KNOWN _____
OR PRODUCED ID _____
TYPE OF ID P323-421-33-185-0

NOTARY SIGNATURE: Jane M Buckenah

NOTARY PUBLIC
Notary Public, State of Florida
Jane M Buckenah
My Commission DD373811
Expires 11/21/2008

02/06/03

INSTR # 1818527 OR BK 01987 PG 0004 RECD 03/02/2005 11:16:19 AM
MARSHA EWING MARTIN COUNTY DEPUTY CLERK LHM004




ACORD. CERTIFICATE OF LIABILITY INSURANCE		CSR TC WESTU-1	DATE (MM/DD/YYYY) 02/14/05
PRODUCER Twin City Group 4500 Park Glen Road, Suite 400 Minneapolis MN 55416 Phone: 952-924-6900 Fax: 952-925-0631		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Westurn Cedar Supply Inc. 9700-13th Ave No Plymouth MN 55441		INSURERS AFFORDING COVERAGE INSURER A: Scottsdale Insurance Co INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

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

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BCS0007555	02/20/04	02/20/05	EACH OCCURRENCE \$ 1,000,000								
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000												
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">WC STATUTORY LIMITS</td> <td style="width:50%;">OTHER</td> </tr> <tr> <td>E L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E L. EACH ACCIDENT	\$	E L. DISEASE - EA EMPLOYEE	\$	E L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
E L. EACH ACCIDENT	\$													
E L. DISEASE - EA EMPLOYEE	\$													
E L. DISEASE - POLICY LIMIT	\$													
		OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
The certificate holder is named as additional insured as their interest may appear.

CERTIFICATE HOLDER SEWALLS Sewalls Point Building Dept. 1 S. Sewalls Pt. Rd. Sewalls Point FL 34996	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/11/2005

PRODUCER

Serial # 132740

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.

CONDON MEEK INC
1211 COURT ST
CLEARWATER FL 33756

INSURERS AFFORDING COVERAGE

NAIC#

INSURED

CRUM RESOURCES II INC
100 S MISSOURI AVE
CLEARWATER FL 33756

INSURER A: FRANK WINSTON CRUM INSURANCE INC
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGE

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.

ADDITIONAL INSURANCE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. EC. <input type="checkbox"/> LOC.				EACH OCCURRENCE	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					VED EXP (Any of a person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COM/OP AGG	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	EA ACC \$ AGG \$
	EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR OR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 5 0000 0000	01/01/2005	01/01/2006	<input checked="" type="checkbox"/> WC STAFF <input type="checkbox"/> PAY/LIMITS <input type="checkbox"/> OTHER	
					EL EACH ACCIDENT	\$ 1,000,000
					EL DISEASE - EA EMPLOYEE	\$ 1,000,000
					EL DISEASE - POLICY LIMIT	\$ 1,000,000
	OTHER					

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

THIS CERTIFICATE REMAINS IN EFFECT PROVIDED THE CLIENT'S ACCOUNT IS IN GOOD STANDING. COVERAGE IS NOT PROVIDED FOR ANY EMPLOYEE FOR WHICH THE CLIENT IS NOT REPORTING HOURS.

APPLIES TO 100% OF THE EMPLOYEES OF CRUM RESOURCES II INC LEASED WESTERN CEDAR SUPPLY INC DBA WESTERN JOHNSON & SIDING COVERAGE EFFECTIVE 01/17/2005 561-863-4865

CERTIFICATE HOLDER

772-220-4765

SEWALLS POINT BLDG. DEPT
1 SOUTH SEWALLS POINT RD
SEWALLS POINT, FL 34996

CANCELLATION

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

John K. [Signature]



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

WEST, GARY LEONARD JR
WESTURN ROOFING & SIDING
4385 WESTROADS DRIVE
WEST PALM BEACH FL 33407

STATE OF FLORIDA AC#1821
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CCC1326263 01/11/05 04053

CERTIFIED ROOFING CONTRACTOR
WEST, GARY LEONARD JR
WESTURN ROOFING & SIDING

IS CERTIFIED under the provisions of Ch.4
Expiration date: AUG 31, 2006 L050111

DETACH HERE

AC#1821729

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ#L050111

DATE	BATCH NUMBER	LICENSE NBR
01/11/2005	040535593	CCC1326263

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2006

WEST, GARY LEONARD JR
WESTURN ROOFING & SIDING
4385 WESTROADS DRIVE
WEST PALM BEACH FL 33407

DIANE CARR

2004-2005 MARTIN COUNTY ORIGINAL
COUNTY OCCUPATIONAL LICENSE

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

LICENSE 2005-520-016 CERT CREG3979
PHONE (763)541-0304 SIC NO 235090
LOCATION 9700 NO 13TH AVE MAR

\$25.00

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, PROFESSION OR OCCUPATION
OF **ROOFING CONTRACTOR**

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

06 OCTOBER 04
DAY OF 2005 20
AND ENDING SEPTEMBER 30.

BALKINS, THOMAS G
WESTERN ROOFING
9700 13TH AVENUE NO.
PLYMOUTH MN 55441

RECEIPT OF PAYMENT

6810

LARRY C. O'STEEN
99 18/86/2004 UCCI NORMAL
2805266601660
0220041006000245CK

CUSTOMER/BUILDER Jay ~~Wesley~~

JOB Pots Dam

MILL _____

DATE Barrow

COLOR Barrow

CITY _____

PHONE _____

25 yr 50yr 30 yr 40 yr

REDECK MATERIALS _____

GAF WARRANTY _____

RIDGE VENT _____

DELIVERY LOCATION St. Johns

DUMPSTER LOCATION _____

FORM: ORDER FORM/COMP

BID AMT	MATERIALS DESCRIPTION	DATE	material ordered	DATE	DEL 1	DEL 2	ADD ONS	RETURNS	TOTAL
	1/2" MED. SHAKES 3/4"								
	16 SHINGLES								
<u>533</u>	COMP <u>ELK-50</u>								
	RIDGE <u>300 Ft</u>								
<u>16 Bbl</u>	STARTER <u>400'</u>								
	36" BASIC ICE & WATER SHIELD								
	1 1/2" 3' FELT								
<u>568</u>	30# 3' FELT <u>510'</u>								
	30# 18" FELT								
<u>130'</u>	VALLEY METAL 20/24 G C <u>COPPER</u>								
	RIGLET FLASHING G C								
	SHAKE TINS 5 x 5 x 1/4 G C								
	SHINGLE TINS 4 x 4 x 8 G C								
	ROOF TO WALL A/S G C								
	ROLL METAL 1/4 20								
<u>40 Pcs</u>	DRIP EDGE 8 W <u>400'</u>								
	COVERS H L <u>32</u>								
	PLUMBING CAPS H L AUTO 2 <u>25</u>								
	FELT STAPLES								
	PLASTIC CAPS								
	SHAKE STAPLES								
<u>3 BX</u>	NAILS 1" <u>1 1/2</u> <u>1 1/8</u> <u>1 1/4</u> <u>1 3/4</u> <u>2</u> <u>2 1/2</u> <u>3</u> <u>3 1/2</u> <u>4</u> <u>4 1/2</u> <u>5</u> <u>5 1/2</u> <u>6</u> <u>6 1/2</u> <u>7</u> <u>7 1/2</u> <u>8</u> <u>8 1/2</u> <u>9</u> <u>9 1/2</u> <u>10</u> <u>10 1/2</u> <u>11</u> <u>11 1/2</u> <u>12</u> <u>12 1/2</u> <u>13</u> <u>13 1/2</u> <u>14</u> <u>14 1/2</u> <u>15</u> <u>15 1/2</u> <u>16</u> <u>16 1/2</u> <u>17</u> <u>17 1/2</u> <u>18</u> <u>18 1/2</u> <u>19</u> <u>19 1/2</u> <u>20</u> <u>20 1/2</u> <u>21</u> <u>21 1/2</u> <u>22</u> <u>22 1/2</u> <u>23</u> <u>23 1/2</u> <u>24</u> <u>24 1/2</u> <u>25</u> <u>25 1/2</u> <u>26</u> <u>26 1/2</u> <u>27</u> <u>27 1/2</u> <u>28</u> <u>28 1/2</u> <u>29</u> <u>29 1/2</u> <u>30</u> <u>30 1/2</u> <u>31</u> <u>31 1/2</u> <u>32</u> <u>32 1/2</u> <u>33</u> <u>33 1/2</u> <u>34</u> <u>34 1/2</u> <u>35</u> <u>35 1/2</u> <u>36</u> <u>36 1/2</u> <u>37</u> <u>37 1/2</u> <u>38</u> <u>38 1/2</u> <u>39</u> <u>39 1/2</u> <u>40</u> <u>40 1/2</u> <u>41</u> <u>41 1/2</u> <u>42</u> <u>42 1/2</u> <u>43</u> <u>43 1/2</u> <u>44</u> <u>44 1/2</u> <u>45</u> <u>45 1/2</u> <u>46</u> <u>46 1/2</u> <u>47</u> <u>47 1/2</u> <u>48</u> <u>48 1/2</u> <u>49</u> <u>49 1/2</u> <u>50</u> <u>50 1/2</u> <u>51</u> <u>51 1/2</u> <u>52</u> <u>52 1/2</u> <u>53</u> <u>53 1/2</u> <u>54</u> <u>54 1/2</u> <u>55</u> <u>55 1/2</u> <u>56</u> <u>56 1/2</u> <u>57</u> <u>57 1/2</u> <u>58</u> <u>58 1/2</u> <u>59</u> <u>59 1/2</u> <u>60</u> <u>60 1/2</u> <u>61</u> <u>61 1/2</u> <u>62</u> <u>62 1/2</u> <u>63</u> <u>63 1/2</u> <u>64</u> <u>64 1/2</u> <u>65</u> <u>65 1/2</u> <u>66</u> <u>66 1/2</u> <u>67</u> <u>67 1/2</u> <u>68</u> <u>68 1/2</u> <u>69</u> <u>69 1/2</u> <u>70</u> <u>70 1/2</u> <u>71</u> <u>71 1/2</u> <u>72</u> <u>72 1/2</u> <u>73</u> <u>73 1/2</u> <u>74</u> <u>74 1/2</u> <u>75</u> <u>75 1/2</u> <u>76</u> <u>76 1/2</u> <u>77</u> <u>77 1/2</u> <u>78</u> <u>78 1/2</u> <u>79</u> <u>79 1/2</u> <u>80</u> <u>80 1/2</u> <u>81</u> <u>81 1/2</u> <u>82</u> <u>82 1/2</u> <u>83</u> <u>83 1/2</u> <u>84</u> <u>84 1/2</u> <u>85</u> <u>85 1/2</u> <u>86</u> <u>86 1/2</u> <u>87</u> <u>87 1/2</u> <u>88</u> <u>88 1/2</u> <u>89</u> <u>89 1/2</u> <u>90</u> <u>90 1/2</u> <u>91</u> <u>91 1/2</u> <u>92</u> <u>92 1/2</u> <u>93</u> <u>93 1/2</u> <u>94</u> <u>94 1/2</u> <u>95</u> <u>95 1/2</u> <u>96</u> <u>96 1/2</u> <u>97</u> <u>97 1/2</u> <u>98</u> <u>98 1/2</u> <u>99</u> <u>99 1/2</u> <u>100</u> <u>100 1/2</u> <u>101</u> <u>101 1/2</u> <u>102</u> <u>102 1/2</u> <u>103</u> <u>103 1/2</u> <u>104</u> <u>104 1/2</u> <u>105</u> <u>105 1/2</u> <u>106</u> <u>106 1/2</u> <u>107</u> <u>107 1/2</u> <u>108</u> <u>108 1/2</u> <u>109</u> <u>109 1/2</u> <u>110</u> <u>110 1/2</u> <u>111</u> <u>111 1/2</u> <u>112</u> <u>112 1/2</u> <u>113</u> <u>113 1/2</u> <u>114</u> <u>114 1/2</u> <u>115</u> <u>115 1/2</u> <u>116</u> <u>116 1/2</u> <u>117</u> <u>117 1/2</u> <u>118</u> <u>118 1/2</u> <u>119</u> <u>119 1/2</u> <u>120</u> <u>120 1/2</u> <u>121</u> <u>121 1/2</u> <u>122</u> 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The Cedar Shake & Tile Experts

1-877-WESTURN

4385 Westroad Drive
West Palm Beach, FL 33407

Where Quality and Service are One!
/ Bonded / Insured / Licensed



Tile Metal **EXCLUSIVE 10 YEAR WARRANTY** Residential Commercial

NAME <u>JAY Potsdam</u>	PHONE <u>772-287-7183</u>	DATE
STREET <u>50 Rio Vista Drive</u>	JOB LOCATION <u>STUART SEWALL'S</u>	
CITY <u>STUART, FL</u>	ESTIMATOR <u>Bill Johnson</u>	<u>Perkins</u>

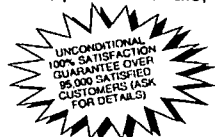
We Propose

To furnish material and labor complete in accordance with specifications below for the sum of: \$ 19,133.65
Payment to be made as follows: \$ 9,667.70 down \$ 9,667.70 balance upon completion of work.

All material is guaranteed to be as specified. All work to be completed in a workman-like manner according to standard practices. Specified work and quoted price subject to change upon discovery of any hidden defect. Any alteration or deviation from specifications below involving extra costs will be executed upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner grants full access to the entire property for staging and execution of work unless otherwise agreed. Owner to carry fire, tornado and other necessary insurance. Our workers are full covered by workman's compensation insurance.

Authorized Signature Meth Johnson
Subject to management approval.
Void if not accepted within 7 days.

- Materials present on roof: Asphalt layers Cedar Shake layers Cedar Shingles layers Flat Layers Tile
- Tearoff existing Layers on House Layers on Garage Layers on Other
 - Protect siding, bushes, pool and yard with plywood & tarps when possible. Roller magnet yard & driveway upon completion.
 - Remove all roofing materials, stacks, vents, valleys and flashing. Haul roofing debris away from the entire yard.
 - Replace all rotten or damaged roof decking at a rate of \$ included per hour, per worker, plus materials, or a sum of \$ included, for a complete redeck over and above the original bid price.
 - Remove all roofing nails as needed and re-nail all loose roof boards.
 - Apply ice and water shield up from all eaves and up from all valleys entire roof
 - Cover remaining roof areas with Underlayment felt 15 lb. 30 lb. ASTM Yes No
 - Install new 16" 20" 24" Galvanized valley Copper W Form
 - Install GAF ELK 50 Owens Corning Shingles Cedar Shake or 5X (Other)
 - Weight Color Brown Style 25 30 40 50 year Warranty.
 - Install 2" 3" 3 1/2 4" 5" lead plumbing stacks metal kitchen bath damper vent heat flue low pitch high pitch
 - Install heavy duty bird proof vents, color , turbines colors ridge vent other
 - Any siding repair to allow installation of new step flashing will be done at a rate of \$ Insurance Allowance or \$ included per hour. Per worker, plus materials over and above original bid price.
 - Install new step and counter flashing and all roof flashing \$ Insurance Allowance or \$ included per and above original bid price.
 - Contract includes all permits and taxes.



OPTIONS Close to coast - has to be to coastal specs
stainless steel nails & copper
to include copper chimney cap
put back stainless steel on vent pipes.
- 3 to 4 weeks to complete

50 Year Manufacturer's Warranty Westurn to provide 10 year warranty

ACCEPTANCE OF CONTRACT

See reverse side for important notice. The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work specified. Payment will be made as outlined above. Please initial on back. Cancellations occurring after the third day will incur a charge of 20 percent (20%) of the full contract amount or insurance claim amount, whichever is applicable.

Signature Potsdam
Signature Boleda
Date of Acceptance 12-16-04

INSURANCE ALLOWANCE AGREEMENT

I/we agree to retain Westurn Roofing to replace and/or repair the roof on the property aforementioned, contingent upon Westurn Roofing obtaining my insurance company's approval and payment to have said work done. It is understood and agreed that Westurn Roofing is to contact my insurance carrier and meet with their representative in order to discuss the repair or replacement work to be done to the property. Upon insurance carrier's and Westurn Roofing's agreement to the extent of damages and the cost of fixing them, Westurn Roofing may begin work on said property. HOMEOWNER'S OUT-OF-POCKET EXPENSE WILL NOT EXCEED HOMEOWNER'S INSURANCE POLICY DEDUCTIBLE FOR WORK AGREED UPON BETWEEN THE INSURANCE CARRIER AND WESTURN ROOFING. Homeowner also agrees to provide all necessary documentation for claim (also providing all pertinent documentation to facilitate payment from insurance carrier and/or mortgage company.) Westurn Roofing reserves the right to file for settlement claim due to material or labor increases due to a storm environment or insurance measurements are proven to be incorrect.

All material is guaranteed to be specified. All work is to be completed in a workman-like manner according to standard practices. Homeowners hereby acknowledge that Westurn Roofing may be subject to delays occasioned to inclement weather, labor disputes, material shortages and/or insurance carrier delays which are beyond the control of Westurn Roofing and hereby accepts any delays occasioned by one or all of these circumstances in the installation of your roof. Homeowner grants full access to the entire property for staging and execution of work unless otherwise agreed.

Alteration or deviations from the above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. Also, Westurn Roofing reserves the right to file for supplement claim due to material or labor price increases due to a storm environment or if insurance measurements are proven to be incorrect. Labor and material warranty covers siding. Homeowner to carry fire, tornado and all necessary insurances. Westurn Roofing will not be responsible for any compression or decompression of the home which may result in walls or floors cracking. An extra charge will result, if any siding, stucco or brick removal is needed for proper installation of roof flashing or gutter replacement. We will not be responsible for damages to these materials, if material needs to be replaced.

Insurance Co.: _____ Signature: _____ Date: _____
 Claim No.: _____ Signature: _____ Date: _____
 Mortgage Co.: _____ Branch Location: _____ # _____

BUYER'S RIGHT TO CANCEL

If you decide you do not want the goods or services, you may cancel this agreement by mailing a notice to the seller by certified mail, return receipt requested. The notice must say you do not want the goods or services and must be mailed by midnight of the third business day after signing this agreement. The notice must be mailed, or delivered, to Westurn Roofing at the address above. Cancellations occurring after the third day will incur a charge of 20 percent (20%) of the full contract amount or of insurance claim amount, whichever is applicable.

Signature Potsdam Date: 12-16-04 Signature Potsdam Date: 12/16/04

- | | | | | | | |
|--|---|--|--|--|--|--|
| SEATTLE, WA
WESTURN CEDAR SUPPLY
WESTURN ROOFING, INC.
(206) 361-9037 | PORTLAND, OR
WESTURN CEDAR SUPPLY
WESTURN ROOFING, INC.
(503) 233-4478 | MINNEAPOLIS, MN
WESTURN CEDAR SUPPLY
WESTURN ROOFING, INC.
(763) 541-0304 | KANSAS CITY, KS
WESTURN CEDAR SUPPLY
WESTURN ROOFING, INC.
(913) 831-1200 | CHICAGO, IL
WESTURN CEDAR SUPPLY
WESTURN ROOFING, INC.
(847) 970-9860 | OMAHA, NE
WESTURN CEDAR SUPPLY
WESTURN ROOFING, INC.
(402) 333-1064 | ENGLEWOOD, CO
WESTURN CEDAR SUPPLY
WESTURN ROOFING, INC.
(303) 782-9200 |
|--|---|--|--|--|--|--|



**BUILDING CODE COMPLIANCE OFFICE (BCCO)
PRODUCT CONTROL DIVISION**

**MIAMI-DADE COUNTY, FLORIDA
METRO-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
(305) 375-2901 FAX (305) 375-2908**

NOTICE OF ACCEPTANCE (NOA)

**Elk Corporation of Alabama
4600 Stillman Blvd.
Tuscaloosa, AL 35401**

SCOPE:

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

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

This product is approved as described herein, and has been designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County or Florida Building Code.

DESCRIPTION: Prestique Gallery Collection 40, Prestique Gallery Collection, or Prestique Plus

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

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

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

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

This NOA consists of pages 1 through 3.
The submitted documentation was reviewed by Frank Zuloaga, RRC



**FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE**

DATE: 3/3/06

**BUILDING OFFICIAL
Gene Simmons**

NOA No.: 01-1226.03
Expiration Date: 07/12/06
Approval Date: 02/14/02
Page 1 of 3

ROOFING SYSTEM APPROVAL

Category: Roofing
Sub Category: Shingles
Materials: Laminate

1. SCOPE

This renews EIK Prestique Gallery Collection 40 Fiberglass manufactured by EIK Corporation of Alabama described in Section 2 of this Notice of Acceptance, designed to comply with the South Florida Building Code, 1994 Edition for Miami-Dade County.

2. PRODUCT DESCRIPTION

<u>Product</u>	<u>Dimensions</u>	<u>Test Specifications</u>	<u>Product Description</u>
EIK Prestique Gallery Collection 40, Prestique Gallery, or Prestique Plus	13 1/4" x 39 3/8"	PA 110	A heavy weight laminated asphalt shingle with a proprietary profile.

3. LIMITATIONS

- 3.1 Fire classification is not part of this acceptance; refer to a current Approved Roofing Materials Directory for fire ratings of this product.
- 3.2 Shall not be installed on roof mean heights in excess of 33 ft.

4. INSTALLATION

- 4.1 Shingles shall be installed in compliance with Miami-Dade County Product Control Shingle Installation Procedure No. 115.
- 4.2 Flashing shall be in accordance with Section 9.3 Option "B" (Step-flashing) of Miami-Dade County Product Control Shingle Installation Procedure No. 115
- 4.3 The manufacturer shall provide clearly written application instructions.
- 4.4 Exposure and course layout shall be in compliance with Detail 'A', attached.
- 4.5 Nailing shall be in compliance with Detail 'B', attached.

5. LABELING

- 5.1 Shingles shall be labeled with the Miami-Dade Logo or the wording "Miami-Dade County-Dade Product Control Approved".

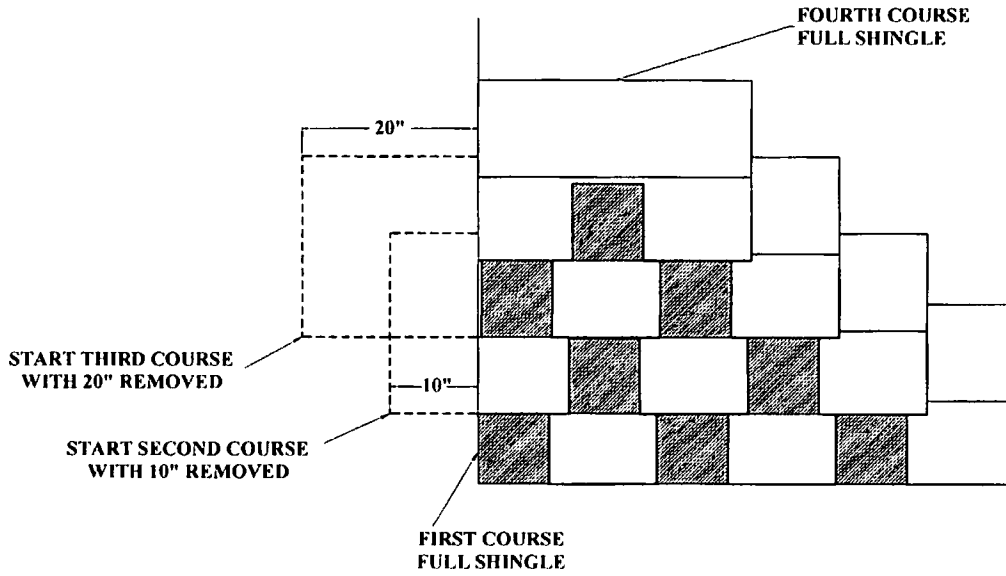
6. BUILDING PERMIT REQUIREMENTS

- 6.1 Application for building permit shall be accompanied by copies of the following:
 - 6.1.1 This Notice of Acceptance.
 - 6.1.2 Any other documents required by the Building Official or the Applicable Building Code in order to properly evaluate the installation of this system



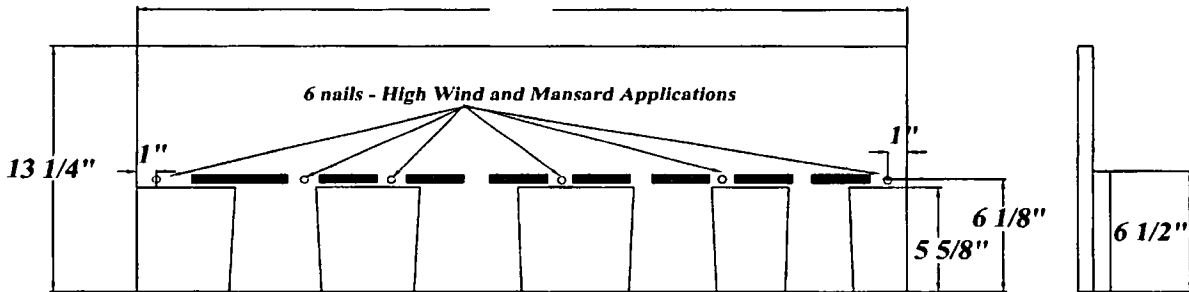
NOA No.: 01-1226.03
Expiration Date: 07/12/06
Approval Date: 02/14/02
Page 2 of 3

DETAIL A



DETAIL B

39 3/8" Prestique Gallery Collection 40, Prestique Gallery Collection, Prestique Plus



END OF THIS ACCEPTANCE



**NOA No.: 01-1226.03
Expiration Date: 07/12/06
Approval Date: 02/14/02
Page 3 of 3**

NOTICE OF ACCEPTANCE:EVIDENCE SUBMITTED
(For File ONLY. Not part of NOA.)

EVIDENCE SUBMITTED

<u>Test Agency</u>	<u>Test Identifier</u>	<u>Test Name/Report</u>	<u>Date</u>
Center for Applied Engineering	PA 100	Uplift and wind driven rain resistance.	07/13/94
Underwriters Laboratories, Inc.	PA 107	Wind uplift resistance	05/27/94

C.CALCULATIONS: <enter calculations received for use of coefficients>

D.MATERIAL CERTIFICATIONS: NONE

E.STATEMENTS: NONE

F. OTHER

1. Association member <enter name of association and its approval document number>
Notice of Acceptance number 00-0720.02

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 3/21, 20045 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6916	CHONROS	FINAL A/C	PASS	CLOSE
6	83 S. SEWALL'S Pt	CONDENSER		INSPECTOR: <i>[Signature]</i>
	ADVANTAGE A/C			
6741	OSTEEN	DRIVEWAY	PASS	
8	1 RIDGEVIEW RD			INSPECTOR: <i>[Signature]</i>
	ANGUS ENT			
6544	LANCASTER	FR. DR. ENG.	PASS	CLOSE
5	8 PINEAPPLE LA			INSPECTOR: <i>[Signature]</i>
	MASTERPIECE			
735	POTSDAM	DRY IN	PASS	
2	50 RIO VISTA			INSPECTOR: <i>[Signature]</i>
	WESTERN ROOFING	(FIRST PLEASE)		
7257	DOSS	FINAL FILL	PASS	CLOSE
7	85 S. SEWALL'S Pt			INSPECTOR: <i>[Signature]</i>
	O/B			
7392	ALTMAN	FOOTER FENCE	CANCEL	
4	106 S. RIVER RD			INSPECTOR:
	O/B			
7406	LIZANO	EXT. FRAMING	PASS	
1	110 CRANE'S NEST			INSPECTOR: <i>[Signature]</i>
	MATTHEWS ROOFING	(FIRST PLEASE)		
OTHER:	10. N. RIVER - ^{TREES IN} ROAD RIGHT OF WAY? DONE			

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 4/6, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
Tree	CASTLE HILL POA	Tree	PASS	
4A	VARIOUS			INSPECTOR:
7429	Lamm	Dry-in		
	1107 S. Sewall's Pt Rd			
	Turtle Reeding			INSPECTOR:
6551	LANGER	ELEC-POWER	FAIL	
5	3 LOFTING WAY	RELEASE		
	FLORIDA'S FINEST			INSPECTOR:
7363	POTSDAM	FINAL ROOF	PASS	CLOSE
7	50 RIO VISTA			
	WESTERN ROOF			INSPECTOR:
6719	DONOHUE	INSULATION	PASS	
8	163 S. Sewall's Pt	& Coee		
	HAN SAMMON'S			INSPECTOR:
6863	JOHNSTON	ROOFING FINAL	PASS	CLOSE
9	34 W. HIA 4 POINT			
				INSPECTOR:
6592	MILORD	FINAL DOOR	PASS	CLOSE
6	10 N. SEWALL'S	RET WALL + R WRAP		
	MILORD			INSPECTOR:
OTHER:	HOLLY 41 RIVER SHEATHING		TALKED W/ OWNER ABOUT ROTTEN WOOD @ PASOIA & POSSIBLE TERMITE DAMAGE.	

7618

GENERATOR PAD

&

ELECTRICITY

TOWN OF SEWALL'S POINT

Date 6/9/05

BUILDING PERMIT NO. 7618

Building to be erected for POTSDAM

Type of Permit GENERAL, PAD & ELEC

Applied for by O/B

(Contractor) Building Fee ~~12,492.60~~ 115.20

Subdivision RIO VISTA Lot 94 Block _____

Radon Fee _____

Address 50 RIO VISTA DRIVE

Impact Fee _____

Type of structure SPR

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

1238410020000094000000

Plumbing Fee _____

Amount Paid 144.00 Check # 1136 Cash _____

Roofing Fee _____

Other Fees 25.00 28.80

Total Construction Cost \$ 12,000

TOTAL Fees 144.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

UNDERGROUND PLUMBING	_____	UNDERGROUND GAS	_____
UNDERGROUND MECHANICAL	_____	UNDERGROUND ELECTRICAL	_____
STEMWALL FOOTING	_____	FOOTING	_____
SLAB	_____	TIE BEAM/COLUMNS	_____
ROOF SHEATHING	_____	WALL SHEATHING	_____
TRUSS ENG/WINDOW/DOOR BUCKS	_____	LATH	_____
ROOF TIN TAG/METAL	_____	ROOF-IN-PROGRESS	_____
PLUMBING ROUGH-IN	_____	ELECTRICAL ROUGH-IN	_____
MECHANICAL ROUGH-IN	_____	GAS ROUGH-IN	_____
FRAMING	_____	EARLY POWER RELEASE	_____
FINAL PLUMBING	_____	FINAL ELECTRICAL	_____
FINAL MECHANICAL	_____	FINAL GAS	_____
FINAL ROOF	_____	BUILDING FINAL	_____



Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: _____

Date: _____

OWNER/TITLEHOLDER NAME: JAY POTSDAM Phone (Day) 283-7193 (Fax) _____

Job Site Address: 50 RIO VISTA DR. City: STUART State: FL Zip: 34996

Legal Desc. Property (Subd/Lov/Block) RIO VISTA S/D LOT 94 Parcel Number: _____

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

Description of Work To Be Done: STANDBY GENERATOR ON CEMENT PAD

WILL OWNER BE THE CONTRACTOR?:

(YES) NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 12000.00

(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: _____ Phone _____ Fax: _____

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

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

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

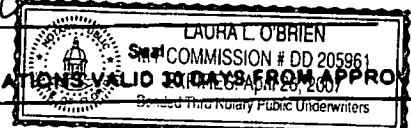
I HEREBY CERTIFY THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAWS AND ORDINANCES DURING THE BUILDING PROCESS.

OWNER OR AGENT SIGNATURE (required) Jay Potsdam
State of Florida, County of: MARTIN
This the 7th day of JUNE, 2005
by JAY ANSON POTSDAM who is personally known to me or produced FLDIAR32B-071-33-185-0 as identification 5/25/09

CONTRACTOR SIGNATURE (required)
On State of Florida, County of: _____
This the _____ day of _____, 2005
by _____ who is personally known to me or produced _____ as identification: _____
Notary Public

My Commission Expires: _____

My Commission Expires: _____ Seal



PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

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

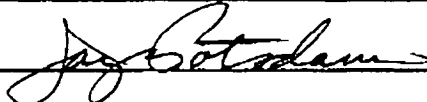
TOWN OF SEWALL'S POINT OWNER/BUILDER AFFIDAVIT
(To be submitted if permit is to be pulled by Owner/Builder)

DISCLOSURE STATEMENT

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

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

Name: JAY POTSDAM Date: _____

Signature: 

Address: 50 RIO VISTA DR.

City & State: STUART FL 34996

Permit No. _____

RESIDENCE
JAY + BRYNA POTSDAM
50 RIO VISTA DR.
SEWALL'S POINT

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE: 4/9/05
[Signature]
BUILDING OFFICIAL
Gene Simmons

NEW TRANSFER SWITCH

EXISTING LOAD CENTER

GENERATOR FEEDER &
CONTROL WIRING TO
TRANSFER SWITCH

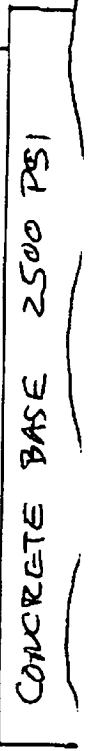
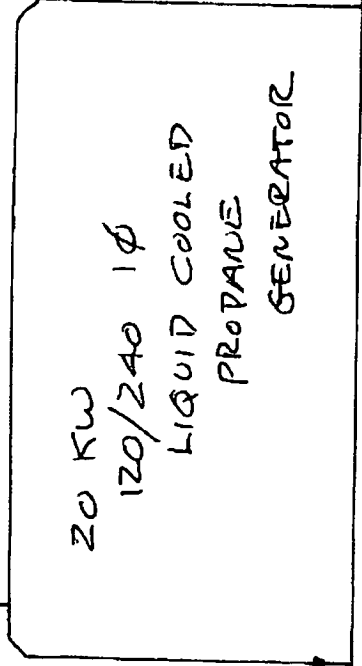
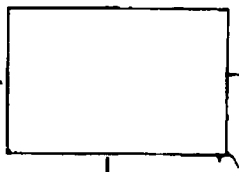
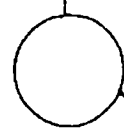
CONDUIT FROM
TRANSFER SWITCH
TO LOAD CENTER

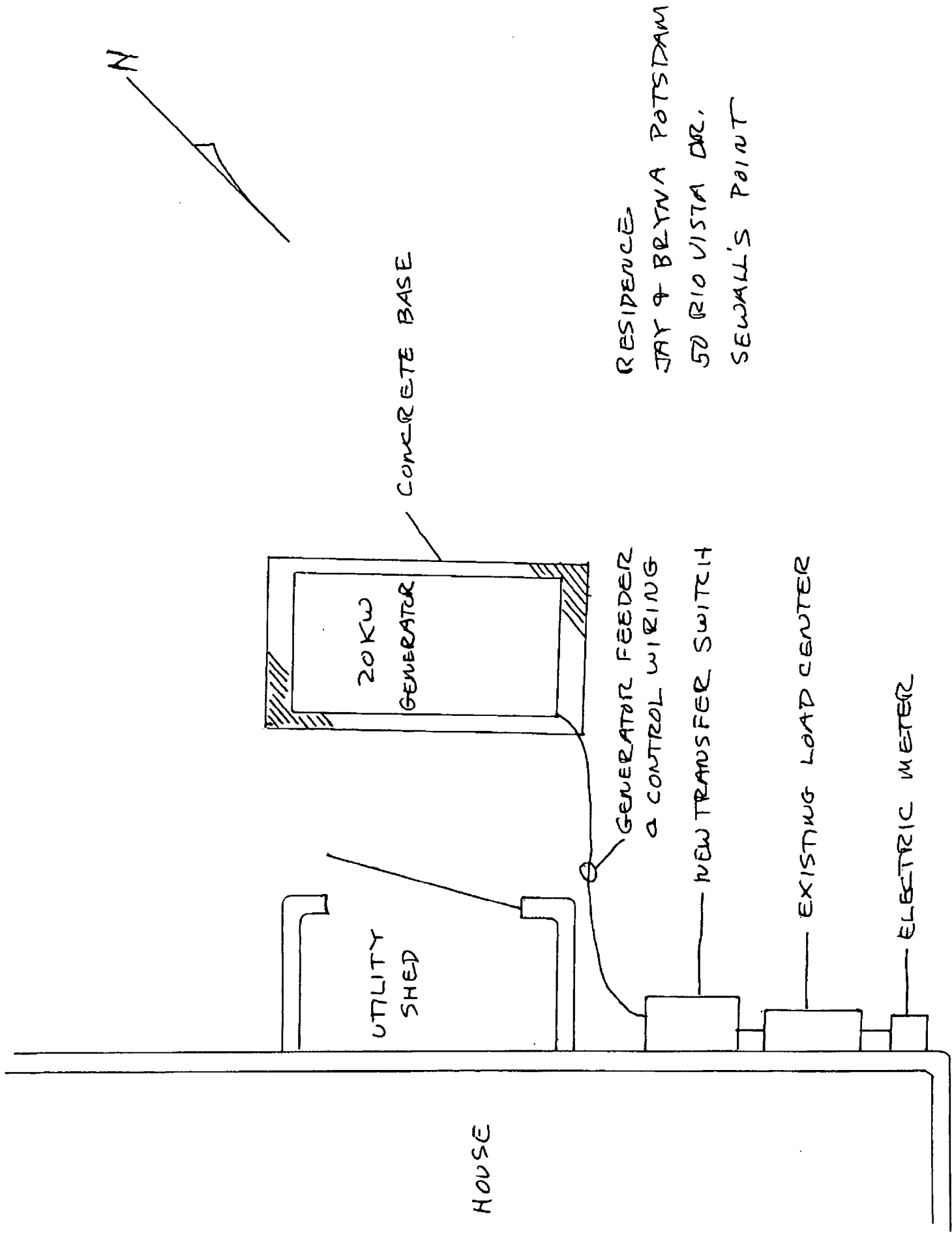
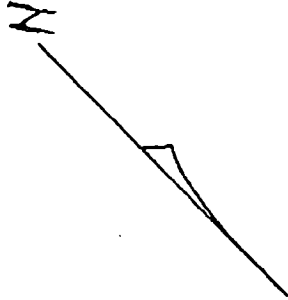
ELECTRIC
METER

20 KW
120/240 1 ϕ
LIQUID COOLED
PROPANE
GENERATOR

CONCRETE BASE 2500 PSI

DRIVEN GROUND ROD
8' X 5/8" CU. CLAD





20KW
GENERATOR

CONCRETE BASE

GENERATOR FEEDER
& CONTROL WIRING

NEW TRANSFER SWITCH

EXISTING LOAD CENTER

ELECTRIC METER

UTILITY
SHED

HOUSE

RESIDENCE
JAY & BRYNA POTSDAM
50 RIO VISTA DR.
SEWALL'S POINT

GENERATOR SPECIFICATIONS

TYPE	Four-pole, revolving field
ROTOR INSULATION	Class H
STATOR INSULATION	Class H
VOLTAGE WAVE FORM DEVIATION	<5%
TOTAL HARMONIC DISTORTION (line to line)	<3%
TELEPHONE INTERFERENCE FACTOR (TIF)	<50
ALTERNATOR	Self-ventilated and drip-proof
BEARINGS (PRE-LUBED & SEALED)	1
COUPLING	Direct, Flexible Disc
LOAD CAPACITY (STANDBY)	100%

NOTE: Emergency loading in compliance with NFPA 99, NFPA 110, paragraph 5-13.2.6. Generator rating and performance in accordance with ISO8528-5, BS5514, SAE J1349, ISO3046, and DIN6271 standards.

EXCITATION SYSTEM

DIRECT	DC excitation system ✓
	Low-velocity brushes and slip rings ✓
VOLTAGE REGULATION	Solid-state ✓
	±1% regulation ✓

GENERATOR FEATURES

- Four pole, revolving field generator, directly connected to the engine shaft through a heavy-duty, flexible disc for permanent alignment.
- Generator meets temperature rise standards for class "F" insulation as defined by NEMA MG1-22, while the insulation system meets the requirements for the higher class "H" rating.
- Stator windings are "trickle" varnished and rotor windings are "roll-dipped" for complete Class H impregnation.
- Unit tested for motorstarting ability by measuring instantaneous voltage dip with a waveform data acquisition system.
- All models utilize an advanced wire harness design for reliable interconnection within the circuitry.
- Magnetic circuit, including amortisseur windings, tooth and skewed stator design, provides a minimal level of waveform distortion and an electromagnetic interference level which meets accepted requirements for standard AM radio, TV, and marine radio telephone applications.
- Voltage waveform deviation, total harmonic content of the AC waveform, and balanced T.I.F. (Telephone Influence Factor) have been evaluated to acceptable standards in accordance with NEMA MG1-22.
- Alternator is of drip-proof guarded construction.
- Fully life-tested protective systems, including "field circuit and thermal overload protection" and standard mainline circuit breakers capable of handling full output capacity.
- System torsional acceptability confirmed during prototype testing.

Rating definitions - Standby: Applicable for supplying emergency power for the duration of the utility power outage. No overload capability is available for this rating. (All ratings in accordance with BS5514, ISO3046 and DIN6271). Prime (Unlimited Running Time): Applicable for supplying electric power in lieu of commercially purchased power. Prime power is the maximum power available at variable load. A 10% overload capacity is available for 1 hour in 12 hours. (All ratings in accordance with BS5514, ISO3046, ISO8528 and DIN6271).

ENGINE SPECIFICATIONS

MAKE	FORD INDUSTRIAL
MODEL	2.5FG
CYLINDERS	4 In-line
DISPLACEMENT	2.5 Liter (153 cu. in.)
BORE	96.01 mm (3.78 in.)
STROKE	86.36 mm (3.4 in.)
COMPRESSION RATIO	9.37:1
INTAKE AIR	Naturally Aspirated
NUMBER OF MAIN BEARINGS	5
CONNECTING RODS	4-Drop forged steel
CYLINDER HEAD	S.O.H.C.
PISTONS	4-Aluminum Alloy
CRANKSHAFT	Drop Forged Steel

VALVE TRAIN

LIFTER TYPE	Rocker Arm Type
INTAKE VALVE MATERIAL	High Temperature Alloy Forged
EXHAUST VALVE MATERIAL	High Temperature Alloy Forged
VALVE SEATS	Replaceable

ENGINE GOVERNOR

<input type="checkbox"/> ELECTRONIC.....	Standard
FREQUENCY REGULATION, NO-LOAD TO FULL LOAD	0.5%
STEADY STATE REGULATION	±0.25%

LUBRICATION SYSTEM

TYPE OF OIL PUMP	Gear
OIL FILTER	Full flow, cartridge
CRANKCASE CAPACITY	3.8 Liters (4 qts.)

COOLING SYSTEM

TYPE OF SYSTEM	Pressurized, closed recovery
WATER PUMP	Pre-hubed, self-sealing
TYPE OF FAN	Pusher
NUMBER OF FAN BLADES	6
DIAMETER OF FAN	406 mm (16.0 in.)

FUEL SYSTEM

FUEL	
<input type="checkbox"/> Natural Gas or L.P. Vapor	Standard
CARBURETOR	Down draft
SECONDARY FUEL REGULATOR - Nat. Gas or L.P. Vapor Systems	
AUTOMATIC FUEL LOCKOFF SOLENOID	Standard
OPERATING FUEL PRESSURE VAPOR SYSTEMS ...Nat. Gas 5 to 7" H ₂ O	
LP Vapor.....	11" to 14" H ₂ O

ELECTRICAL SYSTEM

BATTERY CHARGE ALTERNATOR	15 Amps at 12 V
STARTER MOTOR	12 V
RECOMMENDED BATTERY	12 V, 525 CCA @ 0°F/75 A.H., 26R
GROUND POLARITY	Negative

~~Home Standby - 15~~

Home Standby - 20

~~Home Standby - 25~~


OPERATING DATA

	STANDBY						PRIME					
	HS-15		HS-20		HS-25		HS-15		HS-20		HS-25	
	NG/LP	Rated AMP	NG/LP	Rated AMP	NG/LP	Rated AMP	NG/LP	Rated AMP	NG/LP	Rated AMP	NG/LP	Rated AMP
GENERATOR OUTPUT VOLTAGE/KW - 60Hz 120/240V, 1-phase, 1.0 pf	15	62.5	20	83.3	25	104.2	11	45.8	15	83.3	20	83.3
MOTORSTARTING Maximum at 35% instantaneous voltage dip with standard alternator; 60 Hz	20 KVA		38 KVA		50 KVA		29 KVA		38 KVA		50 KVA	
FUEL Fuel consumption -- 60 Hz -- 100% Load												
ft. ³ /hr.	230	92	307	122	370	150	200	80	250	92	307	122
(gal./hr.)	NA	2.53	NA	3.35	NA	4.12	NA	2.20	NA	2.53	NA	3.35
m ³ /hr.	6.66	2.6	8.69	3.45	10.4	4.25	5.66	2.28	7.08	2.60	8.69	3.45
COOLING												
Coolant capacity System lit.(US gal.)	11.4	(3.0)	11.4	(3.0)	11.4	(3.0)	11.4	(3.0)	11.4	(3.0)	11.4	(3.0)
Engine lit.(US gal.)	5.3	(1.4)	5.3	(1.4)	5.3	(1.4)	5.3	(1.4)	5.3	(1.4)	5.3	(1.4)
Radiator lit.(US gal.)	6.1	(1.6)	6.1	(1.6)	6.1	(1.6)	6.1	(1.6)	6.1	(1.6)	6.1	(1.6)
Coolant flow/min. 60 Hz lit.(US gal.)	67.8	(17.9)	67.8	(17.9)	67.8	(17.9)	67.8	(17.9)	67.8	(17.9)	67.8	(17.9)
Heat rejection to coolant 60 Hz BTU/hr.	66,000		88,000		110,000		50,000		70,400		88,000	
Cooling air flow 60 Hz m ³ /min. (cfm)	963	(200)	963	(4200)	963	(200)	963	(200)	963	(4200)	963	(200)
COMBUSTION AIR REQUIREMENTS												
Flow at rated power 60 Hz m ³ /min. (cfm)	1.4	(50)	1.8	(64)	2.1	(75)	1.4	(50)	1.5	(53)	1.8	(64)
EXHAUST												
Exhaust flow at rated output 60 Hz m ³ /min. (cfm)	3.4	(20)	4.8	(168)	5.3	(210)	2.6	(93)	3.7	(132)	4.8	(168)
Max. recommended back pressure Kpa (Hg)	5.0	(1.5")	5.0	(1.5")	5.0	(1.5")	5.0	(1.5")	5.0	(1.5")	5.0	(1.5")
Exhaust temp. at rated output °C (°F)	440	(840)	516	(960)	500	(1050)	420	(800)	471	(880)	516	(960)
Exhaust outlet size N.P.T. (female)	1.5"		1.5"		1.5"		1.5"		1.5"		1.5"	
ENGINE												
Rated at RPM 60 Hz	1800		1800		1800		1800		1800		1800	
HP at rated KW 60 Hz	34		34		34		34		34		34	
Piston speed 60 Hz m/min. (ft./min.)	310	(1020)	310	(1020)	310	(1020)	310	(1020)	310	(1020)	310	(1020)
BMEP (PSI) 60 Hz	74		89		85		82		82		82	
POWER ADJUSTMENT FOR AMBIENT CONDITIONS												
Temperature												
-4.5% for every 10°C above - °C	40		40		40		40		40		40	
-2.5% for every 10°F above - °F	104		104		104		104		104		104	
Altitude												
-0.8% for every 100 m above - m	1800		1067		1800		1800		1067		1800	
-2.5% for every 1000 ft. above - ft.	6000		3500		6000		6000		3500		6000	

TRANSFER SWITCH SPECIFICATIONS

Not included with Generator

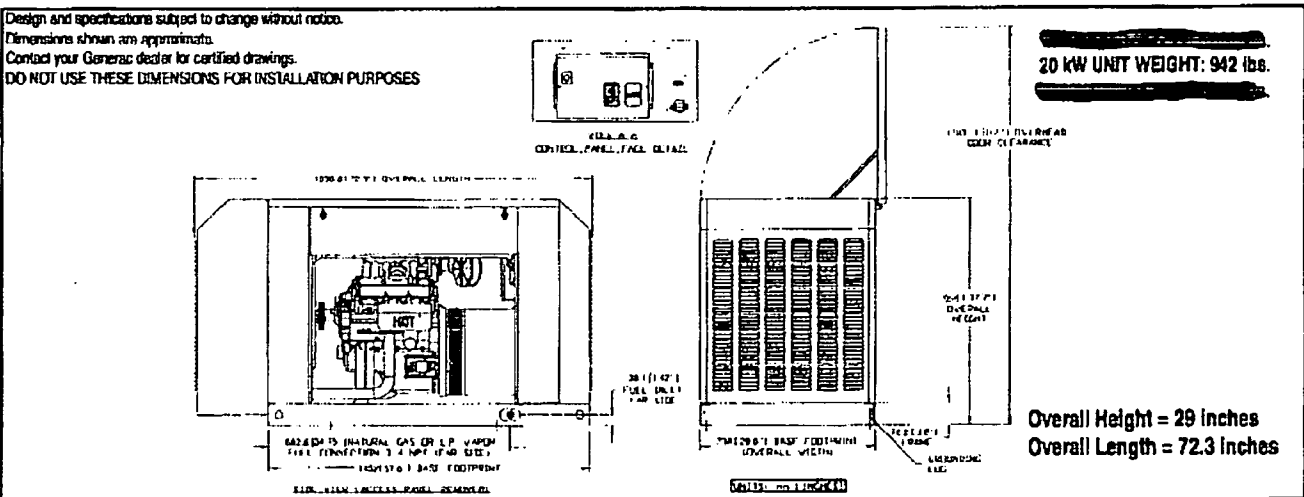
STANDARD ENGINE & SAFETY FEATURES

Home Standby -  20 

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> High Coolant Temperature Automatic Shutdown <input type="checkbox"/> Low Coolant Level Automatic Shutdown <input type="checkbox"/> Low Oil Pressure Automatic Shutdown <input type="checkbox"/> Overspeed Automatic Shutdown (Solid-state) <input type="checkbox"/> Crank Limiter (Solid-state) <input type="checkbox"/> Oil Drain Extension <input type="checkbox"/> Radiator Drain Extension <input type="checkbox"/> Factory-Installed Cool Flow Radiator <input type="checkbox"/> Closed Coolant Recovery System <input type="checkbox"/> Engine Block Heater <input type="checkbox"/> Rubber-Booted Engine Electrical Connections <input type="checkbox"/> Fuel Lockoff Solenoid <input type="checkbox"/> Isochronous Governor <input type="checkbox"/> Secondary Fuel Regulator (N.G. and L.P.) <input type="checkbox"/> Weather Protective Enclosure (Locking Type) | <ul style="list-style-type: none"> <input type="checkbox"/> Battery Charge Alternator <input type="checkbox"/> Battery Cables <input type="checkbox"/> Battery Tray <input type="checkbox"/> Vibration Isolation of Unit to Mounting Base <input type="checkbox"/> 12 Volt, Solenoid-Activated Starter Motor <input type="checkbox"/> Air Cleaner <input type="checkbox"/> Fan Guard <input type="checkbox"/> Control Console <input type="checkbox"/> UV/Ozone Resistant Hoses <input type="checkbox"/> Stainless Steel Flexible Exhaust Connection <input type="checkbox"/> Flexible Fuel Line <input type="checkbox"/> Critical Exhaust Silencer <input type="checkbox"/> Battery Trickle Charger <input type="checkbox"/> Main Line Circuit Breaker |
|---|---|

Home Standby Control Features:

<p>Home Standby Control Console Manual/Auto/Off switch Six light LED indicator for generator status and fault status Fuses (panel overload) Set exercise time switch</p>	<p>Home Standby Microprocessor Controls Automatic voltage regulation Utility voltage sensing Utility interrupt delay (10-second setpoint) Engine warm-up (10-second setpoint) Engine cool-down (1-minute setpoint) Seven-day exerciser</p>	<p>Distributed by:</p>
---	---	-------------------------------



GENERAC POWER SYSTEMS, INC. • P.O. BOX 297 • WHITEWATER, WI 53190

WEBSITE: www.guardiangenerators.com

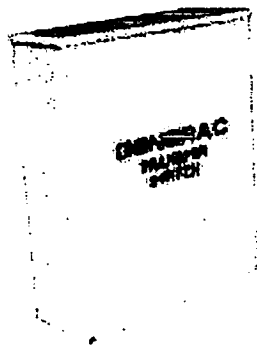
Automatic Transfer Switches

100 - 200 Amps, 250 VAC

EXPRESS SERIES



Model 4678
100 Amp



Model 4635
200 Amp

- Prevents feedback between two different power sources.
- All switches are UL 1008 listed.
- Solid state control logic.
- Electrically-operated, mechanically-held contacts for fast, positive connections.
- Automatic weekly exerciser.
- Rated for all classes of load, 100% equipment rated, both inductive and resistive with no derations.
- Main contacts are silver plated to resist welding.
- 2 Pole 250 VAC contactors.
- 40 millisecond transfer time.

Express Series automatic transfer switches are designed to operate as a system with the Generac Express Series of residential generators, both air-cooled and water-cooled models. The sequencing operation of the transfer switch is provided in the generator controller. These switches require one of the following gensets.

Generac Express Series of Residential Generators

Model	kW	Air-Cooled Engine
4673	7	410cc
4674	12	990cc
4675	15	990cc

Model	kW	Water-Cooled Engine
4742	15	1.5L
4744	20	1.5L
4746	25	1.5L
4948	30	3.0L
4749	40	4.3L

GENERAC®

POWER SYSTEMS, INC.

~~Home Standby - 15~~

Home Standby - 20

~~Home Standby - 25~~

Liquid Cooled Gas Engine Generator Sets

Continuous Standby Power Rating

~~20kW 60 Hz~~
20kW 60 Hz
~~20kW 60 Hz~~

Prime Power Rating

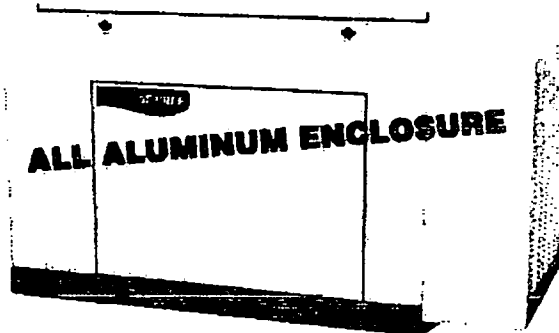
~~15kW 60 Hz~~
15kW 60 Hz
~~15kW 60 Hz~~

Models:

~~05030 (20kW/Single Phase NG or LPV)~~

05028 (15kW/Single Phase NG or LPV)

~~05031 (20kW/Single Phase NG or LPV)~~



UL 2200 Listed
CSA Listed

Power Matched

GENERAC-MMC 2.5FG ENGINE

Naturally Aspirated



Generac

UL Listed Transfer Switch
Options Available for models
05030, 05028 & 05031

2 Year Limited Warranty

FEATURES

- INNOVATIVE DESIGN & PROTOTYPE TESTING** are key components of GENERAC'S success in "IMPROVING POWER BY DESIGN." But it doesn't stop there. Total commitment to component testing, reliability testing, environmental testing, destruction and life testing, plus testing to applicable CSA, NEMA, EGSA, and other standards, allows you to choose GENERAC POWER SYSTEMS with the confidence that these systems will provide superior performance.
- TEST CRITERIA:**
 - ✓ PROTOTYPE TESTED
 - ✓ SYSTEM TORSIONAL TESTED
 - ✓ ELECTRO-MAGNETIC INTERFERENCE
 - ✓ NEMA MG1-22 EVALUATION
 - ✓ MOTOR STARTING ABILITY
- SOLID-STATE, FREQUENCY COMPENSATED VOLTAGE REGULATION.** This state-of-the-art power maximizing regulation system is standard on all Generac models. It provides optimized FAST RESPONSE to changing load conditions and MAXIMUM MOTOR STARTING CAPABILITY by electronically torque-matching the surge loads to the engine.
- SINGLE SOURCE SERVICE RESPONSE** from Generac's dealer network provides parts and service know-how for the entire unit, from the engine to the smallest electronic component. You are never on your own when you own a GENERAC POWER SYSTEM.
- GENERAC TRANSFER SWITCHES.** Long life and reliability are synonymous with GENERAC POWER SYSTEMS. One reason for this confidence is that the GENERAC product line includes its own transfer systems and controls for total system compatibility.



ATS Mechanical Configuration

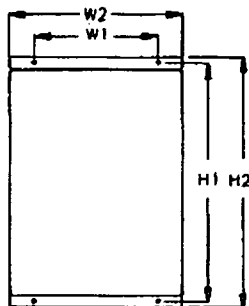
Model Number	4678	4635
No. of Poles	2	2
Current Rating (Amps)	100	200
60 Hz (phase)	Single	Single
Voltage Rating (VAC)	250	250
Enclosure Type	NEMA 3R Outdoor Rated	NEMA 3R Outdoor Rated

ATS Solid State Controls (generator mounted)

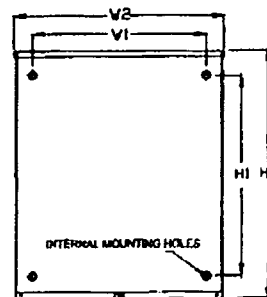
Model Number	4678	4635
Utility Voltage Monitor (fixed)		
Pick-up	Fixed	Fixed
Drop-out	Fixed	Fixed
Engine Warm-up Delay	15 seconds	15 seconds
Standby Voltage Before Transfer	50%	50%
Return to Utility Delay	45 seconds	45 seconds
Engine Cool Down	30 seconds	30 seconds

Withstand Current - 250 Volt GTS Series

GTS Rated Amps	100	200
Circuit Breaker Protected		
Maximum RMS Symmetrical Fault Current @ 250 Volts	10,000	10,000
Protective Device Continuous Rating (Max) Amp	150	400



100 Amp



200 Amp

Mechanical Dimensions

Current Rating	Height		Width		Depth	Weight (lbs.)
	H1	H2	W1	W2		
100	19.21	20.18	10.1	14.12	6.56	26
200	16.54	20.02	11.57	14.84	7.07	50

Terminal Wire Ranges

GTS Rated Amps	Switch Terminal	Neutral Bar	Ground Lug
100	1X-2/0-14	4X-2/0-14	1X-2/0-14
200	2X-250MCM-6	4X-350MCM-6	1X-350MCM-6

CRITIQUE

Owner: Richard Allen

Date: August 22, 2005

Contractor: Owner/Builder

Contractor's Phone Number: 288-9800

Plan Reviewer: Gene Simmons

PERMIT APPLICATION REQUIRED INFORMATION AND SUBMITALS FOR GENERATOR, PAD AND ELECTRIC FOR GENERATOR LOCATED AT 6 ST. LUCIE COURT

Submittals (2 copies)

1. Generator specifications
2. Electrical Plan containing the following information:
 - a. Electrical layout showing conduit and wire sizes and circuits.

TO BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2500.00

PERMIT # _____

TAX FOLIO # _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA

COUNTY OF MARTIN

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

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

LOT 94 RIO VISTA S/D 50 RIO VISTA DR.

GENERAL DESCRIPTION OF IMPROVEMENT: STANDBY GENERATOR

OWNER: JAY POTS DAM


ADDRESS: 50 RIO VISTA DR.

PHONE #: 283-7193 FAX #: _____

CONTRACTOR: SELF

ADDRESS: _____

PHONE #: _____ FAX #: _____


INSTR # 1846241
OR BK 02023 PG 0596
RECORDED 06/09/2005 11:55:46 AM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY S Phoenix

SURETY COMPANY (IF ANY) STATE OF FLORIDA
MARTIN COUNTY

ADDRESS: _____

PHONE # _____

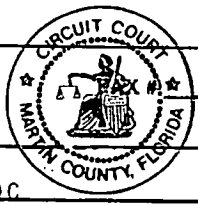
BOND AMOUNT: _____

LENDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

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



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

NAME: _____

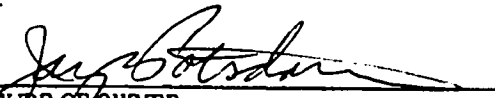
ADDRESS: _____

PHONE #: _____ FAX #: _____


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

PHONE #: _____ FAX #: _____

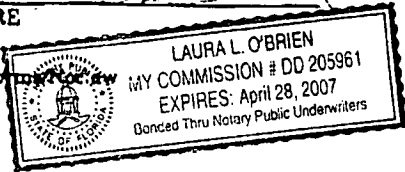
EXPIRATION DATE OF NOTICE OF COMMENCEMENT: _____
THE EXPIRATION DATE IS ONE (1) YEAR FROM THE DATE OF RECORDING UNLESS A DIFFERENT DATE IS SPECIFIED ABOVE.


SIGNATURE OF OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS 7th DAY OF June
2005 BY JAY ALLISON POTSDAM


NOTARY SIGNATURE

OR PERSONALLY KNOWN
PRODUCED ID FDI P323-421-33-180-0
TYPE OF ID _____ X5/25/09

/s/ date/gmd/bzd/bldg for _____


TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 6/10, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
6753	RADER	INSULATION	PASS	
10	5 HERITAGE WY A.P. CONSTR.			INSPECTOR:
6772	ELDER	TINTAG+MEAL	PASS	
3	4 MARGUERITA O/B			INSPECTOR:
7054	TAPPER	TIE BEAM BOND	FAT PASS	REINSPECTED LATE MORNING
2	22 ISLAND WAY WINCHIP			INSPECTOR:
	FENSTERER	INSULATION	PASS	
6	71 S. SEWALL'S Pt O/B			INSPECTOR:
Tree	DATNS	TREE	PASS	
5	62 S. SEWALL'S Pt			INSPECTOR:
Tree	BINNICKER	TREE	PASS	
13	11 PEER WINKLELA			INSPECTOR:
7618	POTSDAM	PRE POOL PAD	PASS	
9	50 RIO VISTA Dr O/B	AFTER 9:00		INSPECTOR:

DUPLICATE

OTHER: _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/11, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7678	ROBERSON	SEAWALL CAP	PASS	
1	173 S. SEWALL'S BLUE WATER MARINE	STEEL		INSPECTOR:
7646	FARROW	DRY-IN	PASS	
7	47 N. RIVER ROAD CARDINAL ROOFING			INSPECTOR:
7686	POBLEN	FINAL ROOF	PASS	CLOSE
2	96 S. SEWALL'S A&P CONSTRUCTION			INSPECTOR:
6858	POTSDAM	A/C CHANGEOUT	FAIL	
4	50 RIO VISTA FLYNN'S A/C			INSPECTOR:
7618	POTSDAM	GEN/PAD/ELEC	PASS	CLOSE
7618	50 RIO VISTA FLYNN'S AC			INSPECTOR:
7623	SANDS	FINAL ROOF	FAIL	
3	82 S. RIVER RD PACIFIC ROOFING			INSPECTOR:
7328	SCHMADER	ROOF SHEATHING	PASS	
8	102 HENRY SEWALL CONWAY	(late as possible)		INSPECTOR:
OTHER: _____				

7647

A/C CHANGEOUT

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 6/28/05

BUILDING PERMIT NO. 7647

Building to be erected for POTSDAM

Type of Permit A/C CHANGEOUT

Applied for by FLYNN'S A/C (Contractor)

Building Fee _____

Subdivision RIO VISTA Lot 94 Block _____

Radon Fee _____

Address 50 RIO VISTA DRIVE

Impact Fee _____

Type of structure SFR

A/C Fee 35.00

Parcel Control Number:

1238410020000094000000

Electrical Fee _____

Plumbing Fee _____

Roofing Fee _____

Amount Paid 35.00 Check # _____ Cash Other Fees (_____)

Total Construction Cost \$ 3460.00

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

- | | |
|-----------------------------------|------------------------------|
| UNDERGROUND PLUMBING _____ | UNDERGROUND GAS _____ |
| UNDERGROUND MECHANICAL _____ | UNDERGROUND ELECTRICAL _____ |
| STEMWALL FOOTING _____ | FOOTING _____ |
| SLAB _____ | TIE BEAM/COLUMNS _____ |
| ROOF SHEATHING _____ | WALL SHEATHING _____ |
| TRUSS ENG/WINDOW/DOOR BUCKS _____ | LATH _____ |
| ROOF TIN TAG/METAL _____ | ROOF-IN-PROGRESS _____ |
| PLUMBING ROUGH-IN _____ | ELECTRICAL ROUGH-IN _____ |
| MECHANICAL ROUGH-IN _____ | GAS ROUGH-IN _____ |
| FRAMING _____ | EARLY POWER RELEASE _____ |
| FINAL PLUMBING _____ | FINAL ELECTRICAL _____ |
| FINAL MECHANICAL _____ | FINAL GAS _____ |
| FINAL ROOF _____ | BUILDING FINAL _____ |

RECEIVED

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Permit Number: 1

Date: _____

OWNER/TITLEHOLDER NAME: POTSDAM Phone (Day) 287-0044 (Fax) _____

Job Site Address: 50 Rio Vista City: STUART State: FL Zip: _____

Legal Desc. Property (Subd/Lot/Block) _____ Parcel Number: _____

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

Description of Work To Be Done: A/C CHANGEOUT

WILL OWNER BE THE CONTRACTOR?:

YES NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 3460
(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: Flynn's A/C Phone: 283-4114 Fax: 781-1307

Street: 1323 Thelma St. City: Palm Bay State: FL Zip: 34990

State Registration Number: _____ State Certification Number: CAC055482 Martin County License Number: _____

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)

Jay Potsdam

State of Florida, County of: Martin

This the 16th day of JUNE, 2005

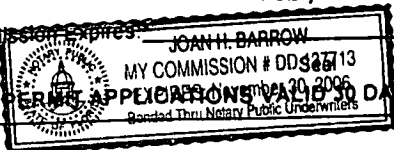
by Jay Potsdam who is personally

known to me or produced F.I.D.I.

as identification Joan K. Barrow

Notary Public

My Commission Expires:



CONTRACTOR SIGNATURE (required)

Jay Flynn

On State of Florida, County of: Martin

This the 28th day of JUNE, 2005

by _____ who is personally

known to me or produced Joan K. Barrow

As identification Joan K. Barrow

Notary Public

My Commission Expires:



PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT PROMPTLY!

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon ~~Tues~~ Wed Fri 10-23, 2007 Page 1 of 1

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8715	Nelson 3 Marquerita Rd O/B	Final- land clearing	Pass	Close INSPECTOR: A
6858	Potsdam	Final	Pass	Close
11647	Solivista Hymis A/c		Pass	Close INSPECTOR: A
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:
PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
				INSPECTOR:

OTHER: _____

7696

GASLINES

&

TANK

MASTER PERMIT NO. _____

TOWN OF SEWALL'S POINT

Date 7/26/05

BUILDING PERMIT NO. 7696

Building to be erected for POTSDAM

Type of Permit GAS TANK + LINES

Applied for by MARTIN COUNTY PROPANE (Contractor)

Building Fee 35.00

Subdivision RIO VISTA Lot 94 Block _____

Radon Fee _____

Address 50 RIO VISTA DRIVE

Impact Fee _____

Type of structure _____

A/C Fee _____

Parcel Control Number:

Electrical Fee _____

1238410020000094000000

Plumbing Fee _____

Amount Paid 35.00 Check # 5155 Cash _____ Other Fees (_____) _____

Roofing Fee _____

Total Construction Cost \$ 800.00

TOTAL Fees 35.00

Signed [Signature]
Applicant

Signed [Signature]
Town Building Official

PERMIT

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

INSPECTIONS

- | | |
|-----------------------------------|------------------------------|
| UNDERGROUND PLUMBING _____ | UNDERGROUND GAS _____ |
| UNDERGROUND MECHANICAL _____ | UNDERGROUND ELECTRICAL _____ |
| STEMWALL FOOTING _____ | FOOTING _____ |
| SLAB _____ | TIE BEAM/COLUMNS _____ |
| ROOF SHEATHING _____ | WALL SHEATHING _____ |
| TRUSS ENG/WINDOW/DOOR BUCKS _____ | LATH _____ |
| ROOF TIN TAG/METAL _____ | ROOF-IN-PROGRESS _____ |
| PLUMBING ROUGH-IN _____ | ELECTRICAL ROUGH-IN _____ |
| MECHANICAL ROUGH-IN _____ | GAS ROUGH-IN _____ |
| FRAMING _____ | EARLY POWER RELEASE _____ |
| FINAL PLUMBING _____ | FINAL ELECTRICAL _____ |
| FINAL MECHANICAL _____ | FINAL GAS _____ |
| FINAL ROOF _____ | BUILDING FINAL _____ |

RECEIVED

Town of Sewall's Point
BUILDING PERMIT APPLICATION

Date: 7-7-05

Permit Number: _____

OWNER/TITLEHOLDER NAME: Jay Potsdam Phone (Day) _____ (Fax) _____

Job Site Address: 50 Rio Vista Drive City: _____ State: _____ Zip: _____

Legal Desc. Property (Subd/Lot/Block) Lot #94 Parcel Number: _____

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

Description of Work To Be Done: Bury 500gal tank. Run gas line to generator

WILL OWNER BE THE CONTRACTOR?:

YES

NO

COST AND VALUES:

Estimated Cost of Construction or Improvements: \$ 800.00

(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: MARTIN COUNTY PROPANE Phone: 772-287-1900 Fax: 772-287-5961

Street: P.O. Box 386 City: Palm City State: FL Zip: 34990

State Registration Number: _____ State Certification Number: 05594 Martin County License Number: _____

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) Jay Potsdam

State of Florida, County of: Martin

This the 14th day of July, 2005

by Jay Potsdam who is personally known to me or produced as identification.

Notary Public

My Commission Expires: 8-19-07

CONTRACTOR SIGNATURE (required) Donny Culberson

On State of Florida, County of: Martin

This the 14th day of July, 2005

by Donny Culberson who is personally known to me or produced as identification.

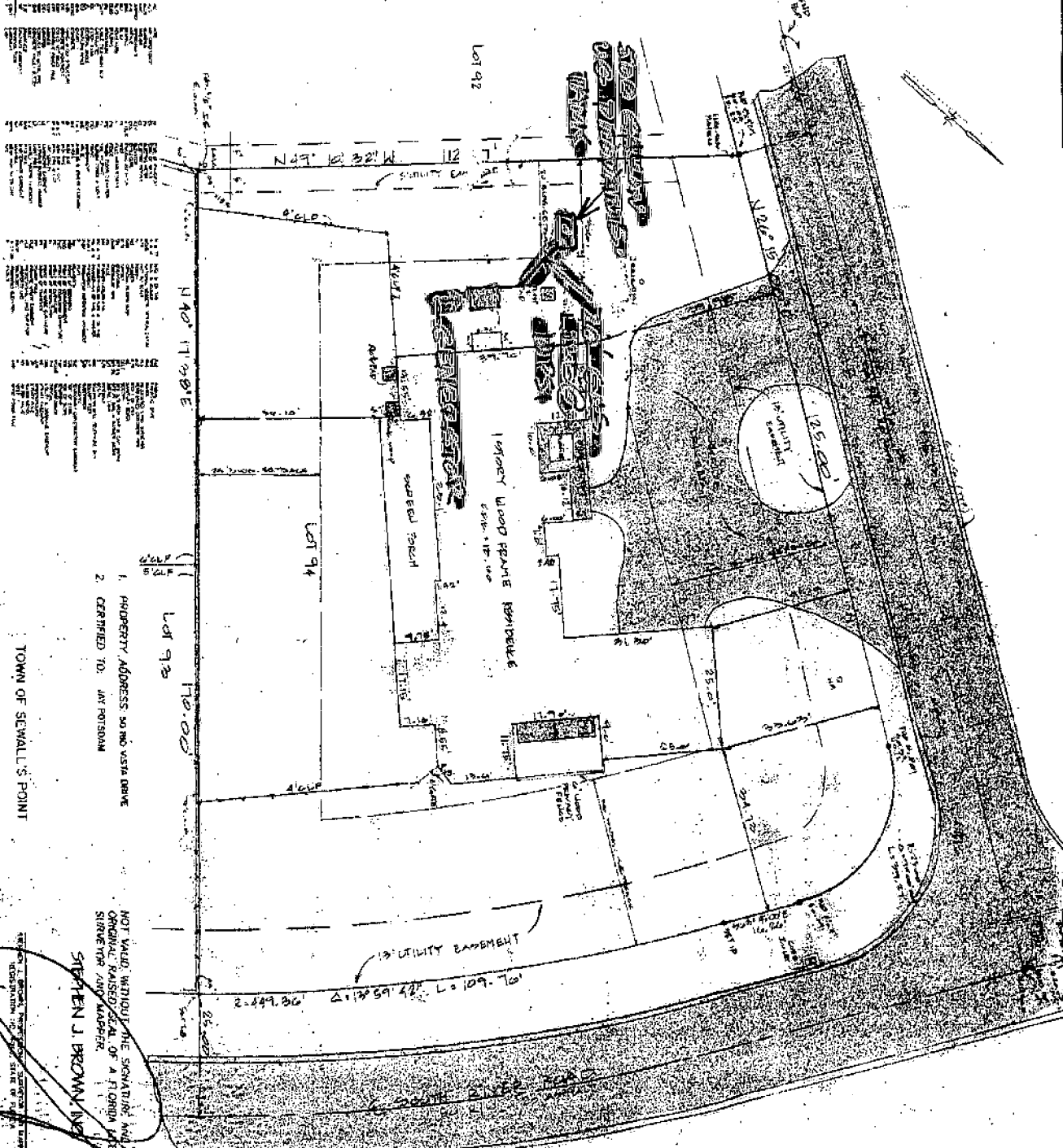
Notary Public

My Commission Expires: 8-19-07

Seal BORIS PARADIS NOTARY PUBLIC - STATE OF FLORIDA COMMISSION # DD206381 EXPIRES 08/19/2007 BONDED THRU 1-588-NOTARY1

Seal BORIS PARADIS NOTARY PUBLIC - STATE OF FLORIDA COMMISSION # DD206381 EXPIRES 08/19/2007 BONDED THRU 1-588-NOTARY1

PERMIT APPLICATIONS VALID 30 DAYS FROM APPROVAL NOTIFICATION - PLEASE PICK UP YOUR PERMIT WITHIN 30 DAYS



1. PROPERTY ADDRESS: 50 NO VISTA DRIVE
 2. CERTIFIED TO: JAY POTSDAM

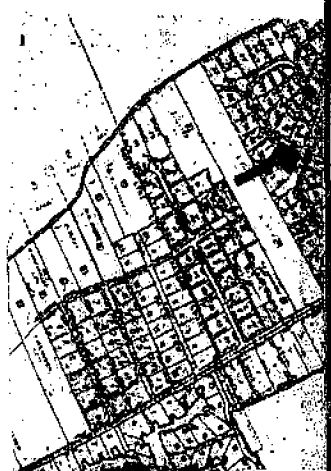
TOWN OF SEWALL'S POINT

NOT VALID WITHOUT THE SIGNATURE AND
 ORIGINAL RAISED SEAL OF A FLORIDA
 SURVEYOR AND APPROVER
 STEPHEN J. BROWN, INC.

FILE COPY
TOWN OF SEWALL'S POINT
 THESE PLANS HAVE BEEN
 REVIEWED FOR CODE COMPLIANCE
 DATE: 7/15/08
BUILDING OFFICIAL
 Gene Simmons

LEGAL DESCRIPTION
 LOT 93, 94, 95, 96, 97, 98, 99, 100, AS RECORDED IN
 PLAT 10000 OF THE PUBLIC RECORDS OF
 HERRING COUNTY, FLORIDA.

LOCATION MAP



NOTES:
 1. A copy of this plan on standard 8 1/2" x 11" paper, showing all rights reserved, shall be filed in the office of the Surveyor General of the State of Florida, Tallahassee, Florida.
 2. The original plan shall be retained by the Surveyor General of the State of Florida.
 3. The original plan shall be retained by the Surveyor General of the State of Florida for a period of 10 years after the date of recording.
 4. The original plan shall be retained by the Surveyor General of the State of Florida for a period of 10 years after the date of recording.
 5. The original plan shall be retained by the Surveyor General of the State of Florida for a period of 10 years after the date of recording.
 6. The original plan shall be retained by the Surveyor General of the State of Florida for a period of 10 years after the date of recording.
 7. The original plan shall be retained by the Surveyor General of the State of Florida for a period of 10 years after the date of recording.

DATE	7/15/08
BY	Gene Simmons
TITLE	BUILDING OFFICIAL
PROJECT	50 NO VISTA DRIVE
LOT	93, 94, 95, 96, 97, 98, 99, 100
SCALE	AS SHOWN
PROJECT	50 NO VISTA DRIVE
LOT	93, 94, 95, 96, 97, 98, 99, 100
SCALE	AS SHOWN

BOUNDARY SURVEY
 PREPARED FOR: POTSDAM

STEPHEN J. BROWN, INC.
 SURVEYORS • DESIGNERS • LANDPLANNERS • CONSULTANTS
 616 EAST 5TH STREET • SUITE 100 • TAMPA, FLORIDA 33604
 LICENSED PROFESSIONAL SURVEYOR NO. 6454
 (772) 220-7176

DATE	7/15/08
BY	Gene Simmons
TITLE	BUILDING OFFICIAL
PROJECT	50 NO VISTA DRIVE
LOT	93, 94, 95, 96, 97, 98, 99, 100
SCALE	AS SHOWN

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 7/27, 2005 Page 2 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7696	POTSDAM	IN-GR TANK	PASS	
5	50 RIO VISTA MARTIN CITY PROpane			INSPECTOR: <i>OM</i>
7694	STANFORD	FINAL GARAGE DOOR	PASS	CLOSE
13	73 N. RIVER JB JB MATHEWS			CLOSE INSPECTOR: <i>OM</i>
7584	SCHECODNIC	COLUMN	PASS	
1	12 S. SEWALL'S PT DRIFTWOOD HOMES	BY IDAM PLEASE		INSPECTOR: <i>OM</i>
7449	FERRARO	FINAL KITCHEN RENOVATION	FAIL	
4	4 KINGSTON CT BUICK + McCAULEY			INSPECTOR: <i>OM</i>
7338	MCCORMICK	FOOTING GARAGE	PASS	
14	359 N. RIVER RD PINE ORCHARD			INSPECTOR: <i>OM</i>
TREE	CANTWELL	TREE	PASS	
12	34 CASTLE HILL WY			INSPECTOR: <i>OM</i>
7598	HANEMAN	SWEATING ROOF	CANCEL	
	12 RIVERVIEW COASTAL PODIUM	263-2525 (As late as possible)		INSPECTOR:
OTHER: _____				

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/5, 2005 Page 1 of

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
7696	POTSDAM	FINAL GAS	PASS	CLOSE
7	50 RIO VISTA Dr MARTIN GY PROPANE			INSPECTOR: <i>OM</i>
7687	COOPER	DRY IN	PASS	
1	33 W. HIGH POINT TOTAL ROOFING	FIRE THINS		INSPECTOR: <i>OM</i>
7702	MILLARD	FINAL GARAGE DOOR		RESCHEDULE FOR 8/8
11	5 INDIA LUCIE PLANT OIB			INSPECTOR: <i>OM</i>
TREE	BARRY	TREE	PASS	
6	97 S. SEWALL'S PT			INSPECTOR: <i>OM</i>
7556	ZYGMAN	FINAL SEWALL	PASS	CLOSE
5	18 SIMARA ST WILCO CONSTR			INSPECTOR: <i>OM</i>
7568	STORCK	FINAL ROOF	PASS	CLOSE
12	27 N. RIVER RD PACIFIC ROOFING			INSPECTOR: <i>OM</i>
7691	THOMAS	DRY-IN	FAIL	
2	10 Palm Road FEAZEL	SHEATHING SECOND PLY	PASS	INSPECTOR: <i>OM</i>
OTHER: _____				

ADMIN VARIANCE



INSTR # 1885360
OR BK 02077 PG 2111
RECORDED 10/31/2005 03:29:22 PM
MARSHA EWING
CLERK OF MARTIN COUNTY FLORIDA
RECORDED BY C Burkey

RESOLUTION NO. 645

A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA GRANTING THE ADMINISTRATIVE VARIANCE REQUESTS OF JAY AND BRYNA POTSDAM, FOR A 0.27 FOOT ENCROACHMENT INTO THE EXISTING FRONT SETBACK OF THE NORTHEAST CORNER OF GARAGE, A 1.37 FOOT ENCROACHMENT INTO THE EXISTING FRONT SETBACK OF THE NORTHWEST CORNER OF THE GARAGE, AND A 5.75 FOOT ENROACHMENT INTO THE NORTHWEST CORNER OF THE GARAGE AT THE RESIDENCE LOCATED AT 50 RIO VISTA DRIVE, SEWALL'S POINT, MARTIN COUNTY, FLORIDA; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, Jay and Bryna Potsdam, are the owners of real property ("Owners") located at 50 Rio Vista Drive, Sewall's Point, Florida ("subject property"), and which is more particularly and legally described on the survey attached hereto, and made part hereof as **Exhibit "A"**; and

WHEREAS, the required front setback for the northeast corner of the garage, is thirty-five (35) feet, however the existing front setback of northeast corner of garage is 34.73 feet, resulting in an encroachment of 0.27 feet into the front setback; and

WHEREAS, the required front setback of the northwest corner of the garage is thirty-five (35) feet, and the existing front setback of the northwest corner of the garage is 33.63 feet resulting in an encroachment of 1.37 feet; and

WHEREAS, the required front setback for the northwest corner of the garage is thirty-five (35) feet, however the existing front setback of the northwest corner of the garage is 29.25 feet resulting in an encroachment of 5.75 feet; and

WHEREAS, pursuant to Town Code Section 82-142, Jay and Bryna Potsdam, have

applied for an administrative variance ("Application"), as is authorized by the Town Code, and Ordinance No. 292, for existing encroachments into the setbacks; and

WHEREAS, the Town's Building Department received and reviewed the Application, and has recommended approval of the Application for the administrative variances ("Variances") to allow:

1. An encroachment of 0.27 feet of the northeast corner of the front of the garage located on the subject property; and
2. An encroachment of 1.37 feet of the northwest corner of the front of the garage located on the subject property; and
3. An encroachment of 5.75 feet of the northwest corner of the front of the garage located on the subject property.

WHEREAS, the Town Commission held a public hearing on the Variance Application on September 6, 2005; and

WHEREAS, notice of the public hearing was posted at the Town Hall bulletin board and notice of the public hearing was sent by certified mail, return receipt requested, by the Applicant, to all record owners of property located adjacent to the property involved in the Variance, and the date of the mailing was at least fifteen (15) days before the date of the hearing (or notice was waived by the adjacent owners); and

WHEREAS, at or before the public hearing, the Owners presented proof of the identity and address of the persons entitled to receive notice by mail, and of the mailing of the notice to those persons (or their waiver);

WHEREAS, at the public hearing, the Town Commission made findings of fact and conclusions of law, that the Owners met all of the variance requirements as set forth in

Town Code Section 82-142(5) (Ordinance No. 292), which justifies the requested Variances of the Town Code.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COMMISSION OF THE TOWN OF SEWALL'S POINT, FLORIDA, AS FOLLOWS:

FINDINGS OF FACT

1. The foregoing recitals are incorporated herein as true and correct findings of fact and conclusions of law of the Town Commission.
2. The Town Commission has jurisdiction over this Variance Application.
3. The encroachments are less than, or equal to, 30 percent of the required setbacks.
4. "Letters of No Objection to the Administrative Variance Requests" have been filed by the Owners for the adjacent property owners.
5. The residence for which the Variances are requested was permitted under Town Permit Number 2309, dated May 31, 1988.
6. The setback violations for the encroachments shown on the survey were a good faith error and not intentional.

CONCLUSIONS OF LAW

7. Based upon the application of the variance criteria to the subject property, the Town Commission finds that the Owners have satisfied all of the variance criteria for each variance requested.
8. The Variances as set forth herein are hereby conditionally **GRANTED** by the Town Commission of the Town of Sewall's Point, Florida.
9. This Variances are expressly conditioned upon the Owner reimbursing the

Town for all professional expenses of the Town, incurred in connection with the Variance Application, pursuant to Section 46-31, Town of Sewall's Point Code of Ordinances.

10. This Resolution shall become effective upon adoption.

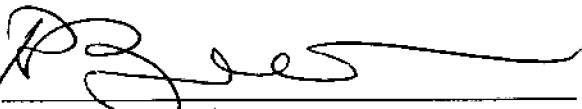
11. This Resolution shall be recorded by the Owners in the Martin County, Florida Public Records at the Owners' expense.

The vote was as follows:

	AYE	NAY
RICHARD L. BARON, Mayor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JON E. CHICKY, Vice Mayor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PAMELA M. BUSHA, Commissioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>
THOMAS B. BAUSCH, Commissioner	absent	<input type="checkbox"/>
E. DANIEL MORRIS, Commissioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The Mayor thereupon declared this Resolution approved and adopted by the Town Commission of the Town of Sewall's Point on the 6th day of September, 2005.


TOWN OF SEWALL'S POINT, FLORIDA

By: 
RICHARD L. BARON, Mayor

ATTEST:

By: 
Joan Barrow, Town Clerk

(TOWN SEAL)


Karen E. Roselli, Town Attorney
Approved as to form and legal sufficiency.



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:	8905	DATE ISSUED:	MAY 19, 2008
SCOPE OF WORK:	WOOD BEAM & EXTERIOR TRIM REPAIRS		
CONDITIONS :			
CONTRACTOR:	MICHAEL SCHOO INC		
PARCEL CONTROL NUMBER:	123841002000009400	SUBDIVISION	RIO VISTA – LOT 94
CONSTRUCTION ADDRESS:	50 RIO VISTA DR		
OWNER NAME:	POTSDAM		
QUALIFIER:	MICHAEL SCHOO	CONTACT PHONE NUMBER:	708-3490

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

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

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

REQUIRED INSPECTIONS

UNDERGROUND PLUMBING	_____	UNDERGROUND 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.

8905

WOOD BEAM

TRIM REPAIRS

RECEIVED
DATE: 5-15-08
TOWN OF SEWALL

Town of Sewall's Point

Date: 5/15/08

BUILDING PERMIT APPLICATION

Permit Number: _____

OWNER/TITLEHOLDER NAME: Potsdam Phone (Day) 287 0044 (Fax) _____

Job Site Address: 50 RIO VISTA DR City: SEWELL'S PT State: FL Zip: 34996

Legal Desc. Property (Subd/Lot/Block) Rio Vista Lot 94 Parcel Number: 123841-002-000-009400

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

Scope of work: Wood Beam AND EXTERIOR TRIM REPAIR

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

COST AND VALUES: (Required on ALL permit applications)
Estimated Value of Improvements: \$ 1500.00
(Notice of Commencement required when over \$2500 prior to first inspection)
Is subject property located in flood hazard area? A9 A8 X
FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY:
Estimated Fair Market Value prior to improvement: \$ 1500
Fair Market Value of the Primary Structure only (Minus the land value)
*** PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION***

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

CONTRACTOR/Company: Michael Schoo Inc Phone: 772 708 3490 Fax: 772 600 4555

Street: 4171 DIXIE ROSS ST City: STUART State: FL Zip: 34997

State Registration Number: _____ State Certification Number: CBL1256272 Municipality License Number: _____

PROJECT SUPERINTENDANT: Michael Schoo CONTACT NUMBER: 772 708 3490

ARCHITECT M A CORSON Lic.#: _____ Phone Number: _____

Street: 844 E. Ocean City: Stuart State: FL Zip: _____

ENGINEER SAME AS ABOVE Lic# _____ Phone Number: _____

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

AREA SQ. FOOTAGE (W /SEWER & ELECTRIC): Living: _____ Garage: _____ Covered Patios: _____ Screened Porch: _____

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

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

NOTICES TO OWNERS AND CONTRACTORS:
1. YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. WHEN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.
2. THERE ARE SOME PROPERTIES THAT MAY HAVE DEED RESTRICTIONS RECORDED UPON THEM. THESE RESTRICTIONS MAY LIMIT OR PROHIBIT THE WORK APPLIED FOR IN YOUR BUILDING PERMIT. IT IS TO YOUR ADVANTAGE AND RESPONSIBILITY TO DETERMINE IF YOUR PROPERTY IS ENCUMBERED BY ANY RESTRICTIONS. SOME RESTRICTIONS APPLICABLE TO THIS PROPERTY MAY BE FOUND IN THE PUBLIC RECORDS OF MARTIN COUNTY OR THE TOWN OF SEWALL'S POINT, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.
3. BUILDING PERMITS FOR SINGLE FAMILY RESIDENCES AND SUBSTANTIAL IMPROVEMENTS TO SINGLE FAMILY RESIDENCES ARE VALID FOR A PERIOD OF 24 MONTHS. RENEWAL FEES WILL BE ASSESSED AFTER 24 MONTHS PER TOWN ORDINANCE 60.05

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

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

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

OWNER SIGNATURE (required)
Jay A Potsdam

CONTRACTOR SIGNATURE (required)
Michael Schoo

State of Florida, County of: Martin

On State of Florida, County of: Martin

This the 16th day of May, 2008

This the 15th day of May, 2008

by Jay A Potsdam who is personally

by MICHAEL SCHOO who is personally

known to me or produced PDL# P323-421-33-1850

known to me or produced PDL# S000-550-53-2280

as identification. *Valerie Meyer*

As identification. *Valerie Meyer*

VALERIE MEYER
Notary Public
MY COMMISSION # DD552119
EXPIRES: May 14, 2010

VALERIE MEYER
Notary Public
MY COMMISSION # DD552119
EXPIRES: May 14, 2010

SINGLE FAMILY PERMIT APPLICATIONS MUST BE ISSUED WITHIN 30 DAYS OF APPROVAL NOTIFICATION (FBC 105.4) ALL OTHER APPLICATIONS WILL BE CONSIDERED ABANDONED AFTER 180 DAYS (FBC 105.4.2) PLEASE PICK UP YOUR PERMIT PROMPTLY!



Martin County, Florida

Laurel Kelly, C.F.A

Site Provided by...
governmentmax.com T1.13

Summary

print Owner 1 of 2

Parcel Info

Parcel ID	Unit Address	Serial Index ID	Order	Commercial	Residential
12-38-41-002-000-00940-0	50 RIO VISTA DR	27605	Owner	0	1

Summary

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

Summary

Property Location 50 RIO VISTA DR
Tax District 2200 Sewall's Point
Account # 27605
Land Use 101 0100 Single Family
Neighborhood 120250
Acres 0.487

Legal Description
Property Information
 RIO VISTA S/D LOT 94

Search By

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

Owner Information
Owner Information
 POTSDAM, JAY A & BRYNA C

Mail Information
 50 RIO VISTA DR
 STUART FL 34996-6422

Assessment Info
Front Ft. 0.00

Market Land Value \$290,000
Market Impr Value \$282,060
Market Total Value \$572,060

Site Functions

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

Recent Sale
Sale Amount \$70,000

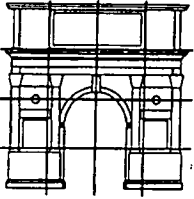
Sale Date 2/12/1988
Book/Page 0753 0321

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

[Legal disclaimer](#) / [Privacy Statement](#)

Data updated on 05/01/2008





M.A.C.
5/13/08

FILE COPY
TOWN OF SEWALL'S POINT
THESE PLANS HAVE BEEN
REVIEWED FOR CODE COMPLIANCE
DATE 5.16.08
BUILDING OFFICIAL

RECEIVED
DATE: 5-14-08
TOWN OF SEWALL'S POINT

M.A. CORSON & ASSOCIATES, Inc.
ARCHITECTURE • STRUCTURAL DESIGNS

LOTS DAM BEAM REPAIR
50 PIO VISTA DR.

NOTE: (2) SIMPSON
M512 STRAPS @ EX.
END TO EXIST.
WD. POSTS.

ROTTED OPEN WD. BMS. TO
BE REMOVED

COPPER FLASHING

EXIST. ASPHALT ROOF
TO REMAIN

EXIST.
2x6 PLATE

ADD SIMPSON
M518 @ JOIST
ENDS - 3 PLACES

1x12 FIN. BOARDS

EXIST. 36" O.H.
& FASCIA TO
REMAIN

EXIST. B.M.:

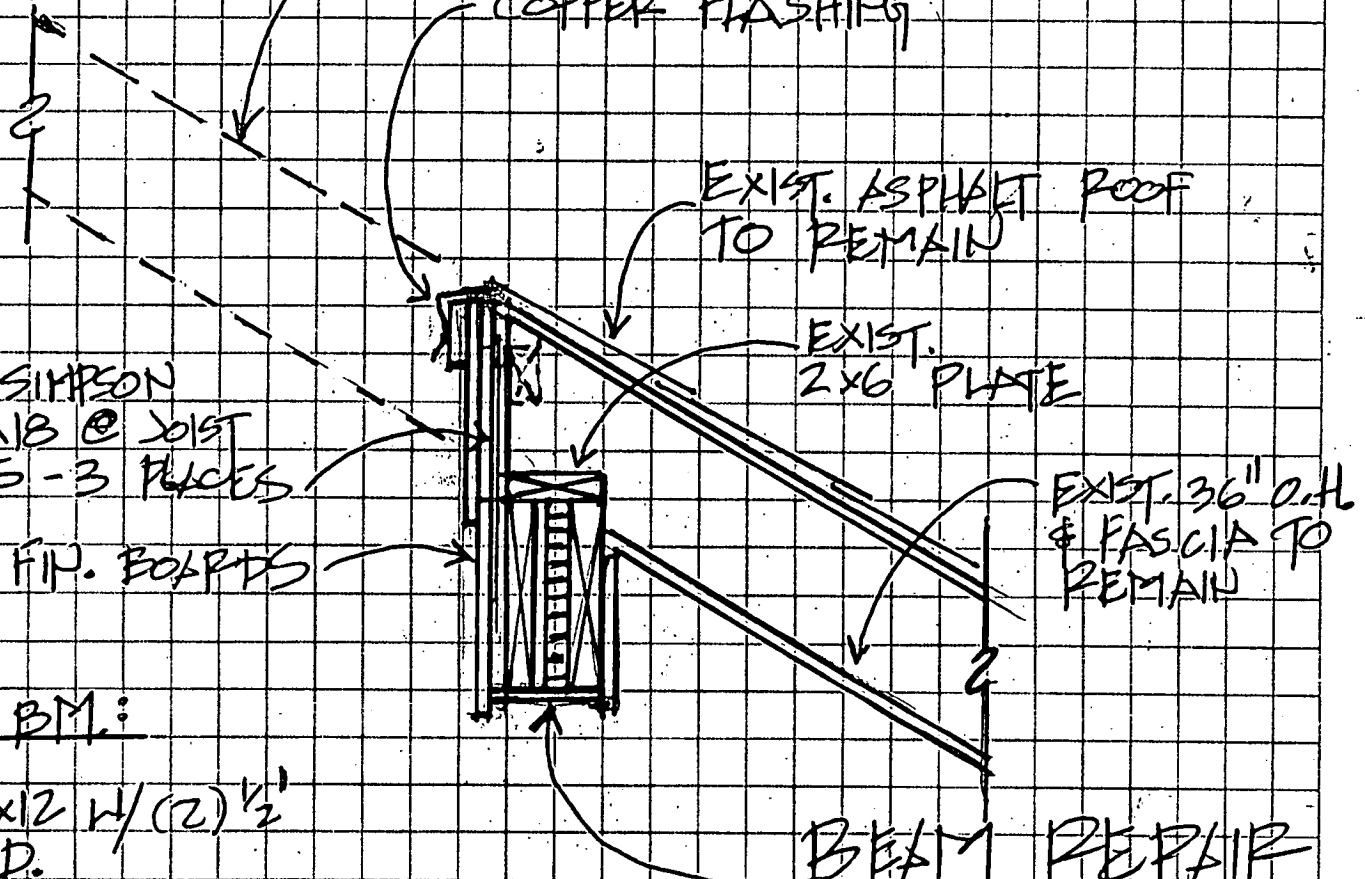
(3) 2x12 w/ (2) 1/2"
PLYWD.

NEW B.M.:

USE EXIST. OUTSIDE 2x12 & REMOVE
2 ROTTED 2x12'S & PLYWD. - ADD
NEW 1 3/4" x 11 7/8" MICROLAM &
FUR OUT BALANCE OF WIDTH w/ 2x12
& PLYWD. WRAP w/ 1x CEDAR.

**BEAM REPAIR
DETAIL**

NO SCALE



TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed ~~THURS~~ **THURS** 7-31, 2008 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS:
8920	Skinner	UG electric	PASS	
5	15 Palmetto Tuscany Bay			INSPECTOR: <i>JAV</i>
8962	CDZ	Footer	FAIL	
2	75 N Sewalls SDH	for wall (JOHN)		INSPECTOR: <i>JAV</i>
8952	Sanders	final-panels	PASS	CLOSE
3	3 Mandalay Louie's			INSPECTOR: <i>JAV</i>
8905	Pottsdam	final	PASS	CLOSE
4	50 Rivista Michael Schow			INSPECTOR: <i>JAV</i>
8145	Gessinger	FINAL	PASS	CLOSE
?/6	Castle Hill OB	GAS FINAL 215-1094	PASS	INSPECTOR: <i>JAV</i>
8899	Cornell	final-panels	PASS	CLOSE
15 th	1 Benyan Rd OB			INSPECTOR: <i>JAV</i>
8939	Cornell	final-door	PASS	CLOSE
2/15 th	1 Benyan Rd Creation Signs			INSPECTOR: <i>JAV</i>

C. COFFIN

OTHER: _____

TOWN OF SEWALL'S POINT, FLORIDA

Date AUGUST 27 2003 TREE REMOVAL PERMIT No 2079

APPLIED FOR BY POTTSDAM (Contractor or Owner)

Owner 50 RIO VISTA DRIVE

Sub-division _____, Lot _____, Block _____

Kind of Trees 1 Hickory

No. Of Trees: REMOVE 1

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed, [Signature] [Signature]
Town Clerk
Biking O'Neal

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

[Empty grid area for notes or drawings]

PROJECT DESCRIPTION _____

[Empty lines for project description]

REMARKS _____

[Empty lines for remarks]

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than one inch.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner JAY POTSDAM **Address** 50 RIVOLTA DR **Phone** 287-0044

Contractor OWNER **Address** _____ **Phone** _____

No. of Trees: REMOVE 1 **Type:** HICKORY

No. of Trees: RELOCATE 0 **WITHIN 30 DAYS** **Type:** _____

No. of Trees: REPLACE 0 **WITHIN 30 DAYS** **Type:** _____

Written statement giving reasons: Tree is cracked and will probably break into neighbors yard & fences.

Signature of Applicant [Signature] **Date** 8.25.03

Approved by Building Inspector: [Signature] **Date** 8/27/03 **Fee:** \$

Plans approved as submitted _____ **Plans approved as revised/arked:** _____

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 8/27, 20013 Page 1 of 2

PERMIT	OWNER/ADDRESS/CONTR.	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6389	CICORIA	PRE POUR	Passed	
(2)	126 N. Sewallis Pt LYNN'S CONCRETE	CONCRETE		INSPECTOR: <i>[Signature]</i>
TREE	POTSDAM	TREE	Passed	
(7)	50 RIO VISTA DE			INSPECTOR: <i>[Signature]</i>
5981	PRAWN BROKER	FINAL	Passed	
(1)	3754 SE OCEAN SUPERIOR	A/C REPLACEMENT (First thing please)		INSPECTOR: <i>[Signature]</i>
TREE	GH1070	TREE	Passed	
(9)	107 S. Sewallis Pt			INSPECTOR: <i>[Signature]</i>
TREE	KIMES	TREE	Passed	
(6)	2 RIVERVIEW			INSPECTOR: <i>[Signature]</i>
TREE	BARCIK	TREE	Passed	
(8)	24 N VIA LUCINDIA			INSPECTOR: <i>[Signature]</i>
436	FRANCIS	TIE BEAM		CX
	5 S. RIVER RD			
	WILBERDING	(late as possible)		INSPECTOR:
OTHER:				

**TOWN OF SEWALL'S POINT
APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT**

Tree Defined: Any self-supporting, woody plant which normally grows to an overall height of at least fifteen (15) feet in the vicinity of the town. Replant and landscape trees shall be considered a tree.

No permit required for:

1. Trimming of trees unless it effectively removes it, meaning trimming or pruning to the extent that a plant's natural function is severely altered.
2. Trees with a diameter of less than one inch.

Permit Fee:

1. Tree permits are \$15.00, payable in advance.
2. No permit fee needed for tree which is dead, diseased, injured, hazardous to life or property, or a prohibited species. Prohibitive species include Earleaf Acacia, Woman's Tongue, Norfolk Island Pine, Bischofia, Schefflera, Ear Tree, Eucalyptus, Non-Native Ficus, Silk Oak, Chinese Tallow Tree, Java Plum, Chinaberry, Brazilian Peppers, Australian Pine, and Melaleuca and must be removed before construction begins on new single family residence (S.F.R.).

No removal permits will be issued for native species trees: Black Ironwood, Black Mangrove, Blolly, Buttonwood, Cabbage Palm, Cocoplum (red tip and green tip), Coral Bean, Deer Moss, Gray Twig, Gopher Apple, Gumbo Limbo, Inkwood, Laurel Oak, Leather Fern, Live Oak, Mahogany, Marlberry, Mastic, Mulberry, Myrtle Oak, Paradise Tree, Pigeon Plum, Pond Apple, Prickly Pear, Red Mangrove, Red Maple, Red bay, Saffron Plum, Sand Pine, Scrub Pine, Satinleaf, Saw Palmetto, Scrub Hickory, Sea Grape, Sea Oxeye, Slash Pine, Stoppers, Wild Lime, Sumac (southern), Sugar Berry (Hackberry), Torchwood, Wild Coffee, Varnish Leaf, Water Oak, Wax Myrtle, West Indian Cherry White Mangrove

Application procedures:

1. Fill out application information below to include:
 - a. applicant information
 - b. written statement giving reasons for removal, relocation, or replacement if necessary
 - c. for a new S.F.R., a site plan which shall include the dimensional location on a survey, scale drawing or aerial photograph, superimposed with lot lines of scale, of all existing or proposed structures, improvements and site uses, location of affected trees identified with an estimated size and number, etc.
 - d. for an existing residence, a drawing of house with location of trees to be removed, relocated can be submitted in lieu of site plan.
2. Place identification tape or ribbon on each tree for clarity to inspector if necessary.
3. Inspector will visit site and review application and pass, fail or revise.
4. Permit must be picked up and on site prior to work proceeding.
5. Permits expire if work does not begin within 3 months and if activity is interrupted over 45 days.

Owner Jay POTSDAM Address 50 Rio Vista Dr Phone 287-0044

Contractor owner Address _____ Phone _____

No. of Trees: REMOVE 1 Type: OAK

No. of Trees: RELOCATE - WITHIN 30 DAYS Type: _____

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

Written statement giving reasons: Too close to house

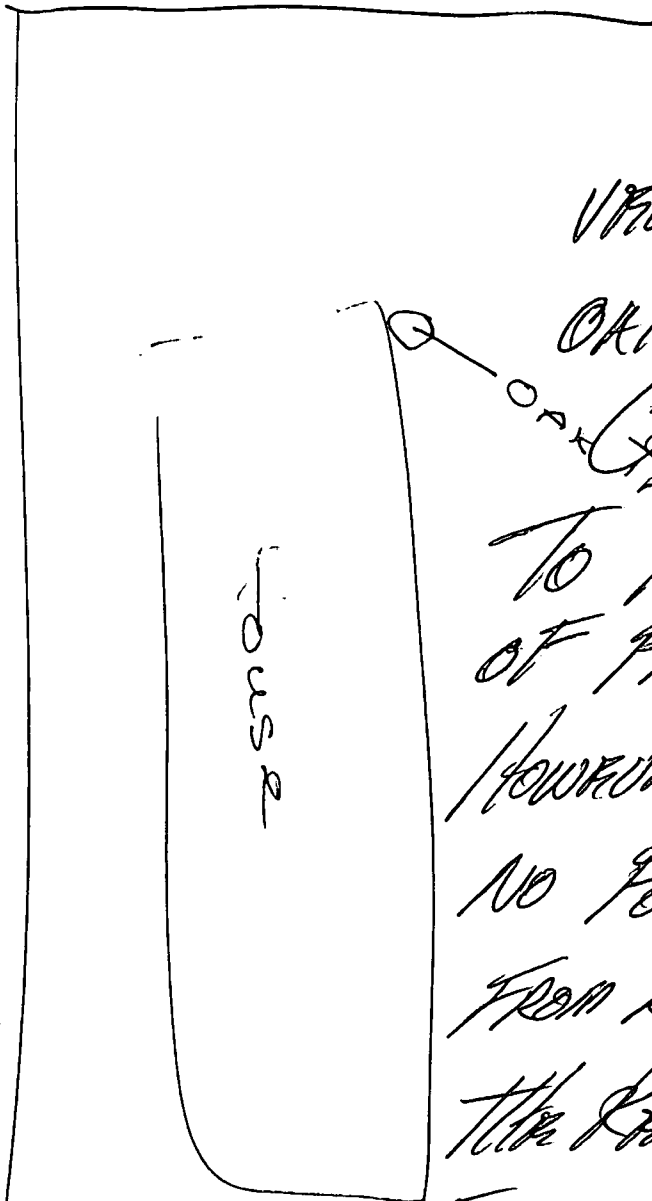
Signature of Applicant Jay Potsdam Date 9/30/03

Approved by Building Inspector: [Signature] Date 10/1/03 Fee: 15⁰⁰ X

Plans approved as submitted _____ Plans approved as revised/marked: COMMENTS ON BACK REFER TO CENR

So Kuer led

510 Vista Dr



VERY OLD MATURE

OAK TREE - VERY

Close proximity
to House - within inches
of Fascia & Overhang

However there is
NO FOUNDATION DAMAGE
FROM ROOT SYSTEM

The Removal of this

Tree and its canopy
will drastically enhance
the flora below

10/1/83
PAUL

So Kuer led

TOWN OF SEWALL'S POINT, FLORIDA

Date OCTOBER 10 11 2003 TREE REMOVAL PERMIT No 2117

APPLIED FOR BY POTSDAM (Contractor or Owner)

Owner 50 RIO VISTA DR

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 1 OAK

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 1500

Signed, _____ Applicant Signed, Gene Simmons (Not) Town Clerk Building Official

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspection
WORK HOURS 8:00 A.M. - 5:00 P.M.—NO SUNDAY WORK.

TREE REMOVAL PERMIT

RE: ORDINANCE 103

Large empty rectangular box for drawing or site plan.

PROJECT DESCRIPTION _____

Four horizontal lines for project description details.

REMARKS _____

Four horizontal lines for remarks.

TOWN OF SEWALL'S POINT

Building Department - Inspection Log

Date of Inspection: Mon Wed Fri 10/1, 20013 Page 1 of 6

PERMIT	OWNER/ADDRESS/CONTR	INSPECTION TYPE	RESULTS	NOTES/COMMENTS
6310	MERKIN 95 N. Sewall's Pt O/B	ELECTRICAL	PASS	ROUGH INSPECTOR: PAUL
6185	MERKIN 95 N. Sewall's Pt FERKEL GAS	INSPECT GROUNDING	PASS PARTIAL	SEE WORK INSPECTOR: PAUL
5960	LEWIS 43 RIO VISTA	FINAL	FAIL	REMOVE LEWIS INSPECTOR:
TREE	WHITMAN 13 RIVERVIEW	TREE	PASS	NO FEE CLOSE PROXIMITY TO HOUSE INSPECTOR:
6405	STEARNS 80 N. Sewall's Pt HOECKER SVCS	FINAL ROOF	FAIL	REMOVE FLASHING LEAKS INSPECTOR: PAUL
TREE	POTSDAM 50 RIO VISTA	TREE		SEE NOTES INSPECTOR:
6370	ROKIAN 14 COPAIR WOODWARD	FRAMING	PASS PARTIAL	FOR LATER FILE/PLAN INSPECTOR:
OTHER:				



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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Jay Potsdam Address 50 Rio Vista Dr Phone 287-0044

Contractor K&A Res. & Comm services Address PSL Phone 772-370-9719

No. of Trees: REMOVE 1 Type: Palm

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

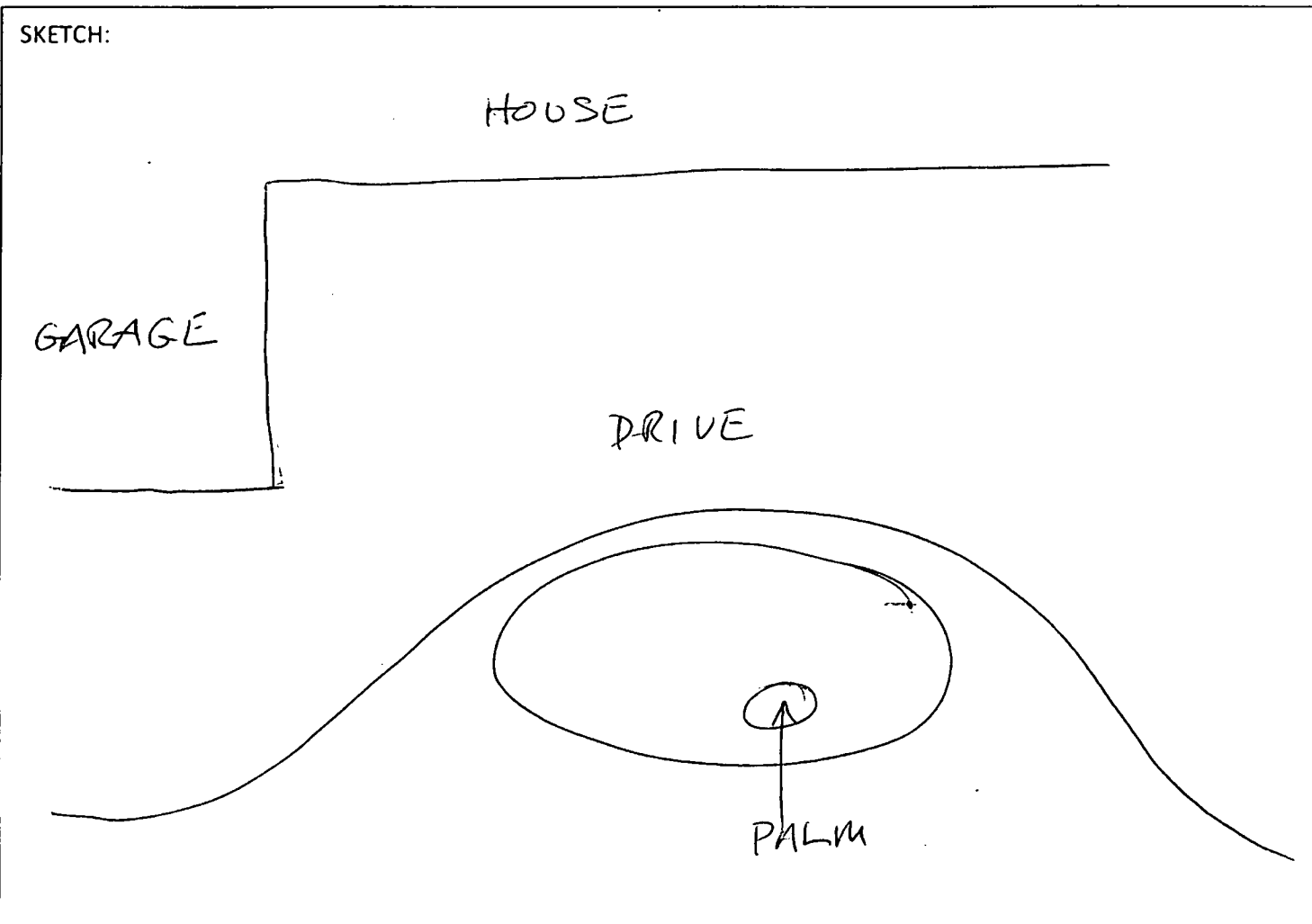
No. of Trees: REPLACE _____ WITHIN 30 DAYS Type: _____

Reason for tree removal/relocation Diseased - small palm in circle of driveway

Signature of Property Owner Jay Potsdam Date 6-24-07

Approved by Building Inspector: [Signature] Date 6/27 Fee: 0

NOTES: _____





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

DELETED

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner JAY POTSDAM Address ~~60 RIO VISTA DR~~ Phone 287-0044
 Contractor S. FL. LAWNS Address PI. ST. LUCIE Phone 337-2443
 No. of Trees: REMOVE 3 Species: 2 OAKS 1 HICKORY
 No. of Trees: RELOCATE _____ Species: _____
 No. of Trees: REPLACE _____ Species: _____

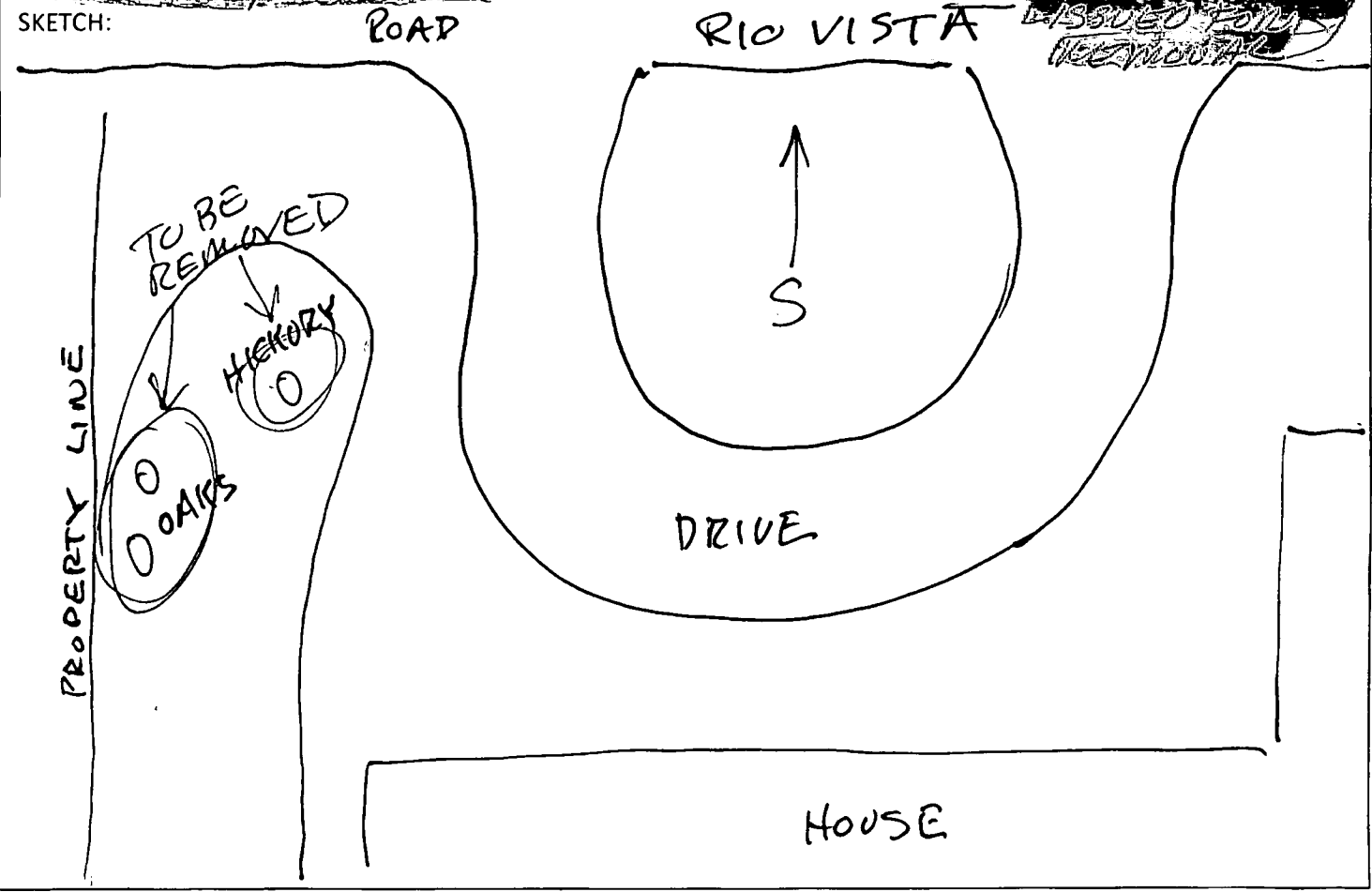
ANY TREE TO BE RELOCATED OR REPLACED MUST OCCUR WITHIN 30 DAYS AND REQUIRES A FINAL INSPECTION

Reason for tree removal /relocation (See notice above) OAKS GROWING OVER
NEIGHBORS PROPERTY HICKORY ALLERGY

Signature of Property Owner Jay Potsdam Date 4-2-2008

Approved by Building Inspector: _____ Date 4/3/08 Fee: -

~~NOTES: THE (3) TREES TO BE REMOVED ARE GROWING & NOT IMPROVING
 PROPERTY - THESE SPECIES ARE PLANTING & NO PERMITS TO GO IN~~





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



TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner Bryna & Jay Peterson Address 306 E. 1st St. D Phone 287-0044

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 3 Species: Logustrum

No. of Trees: RELOCATE _____ Species: _____

No. of Trees: REPLACE _____ Species: _____

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

ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) _____

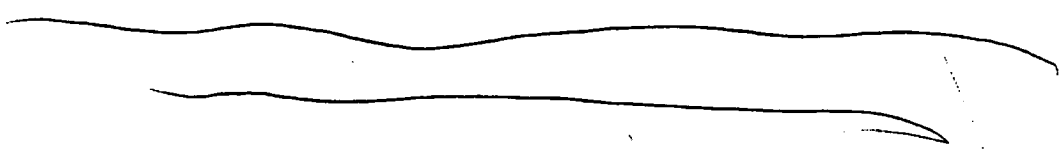
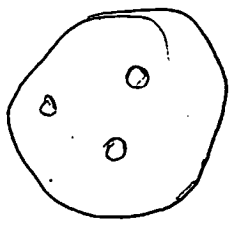
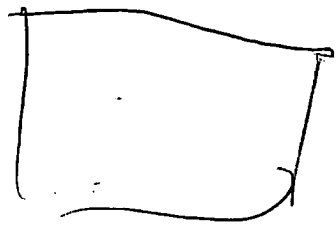
Diseased & old

Signature of Property Owner Bryna Peterson Date 2/22/13

Approved by Building Inspector [Signature] Date 2-22-13 Fee: N/C

NOTES: _____

SKETCH:





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

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

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

Owner JAY POTSDAM Address 50 RIO VISTA DR Phone 772 287 0094
 Contractor JOSE PEREZ Address _____ Phone _____
 No. of Trees: REMOVE 1 Species: LAUREL (A) OAK
 No. of Trees: RELOCATE _____ Species: _____
 No. of Trees: REPLACE _____ Species: _____

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

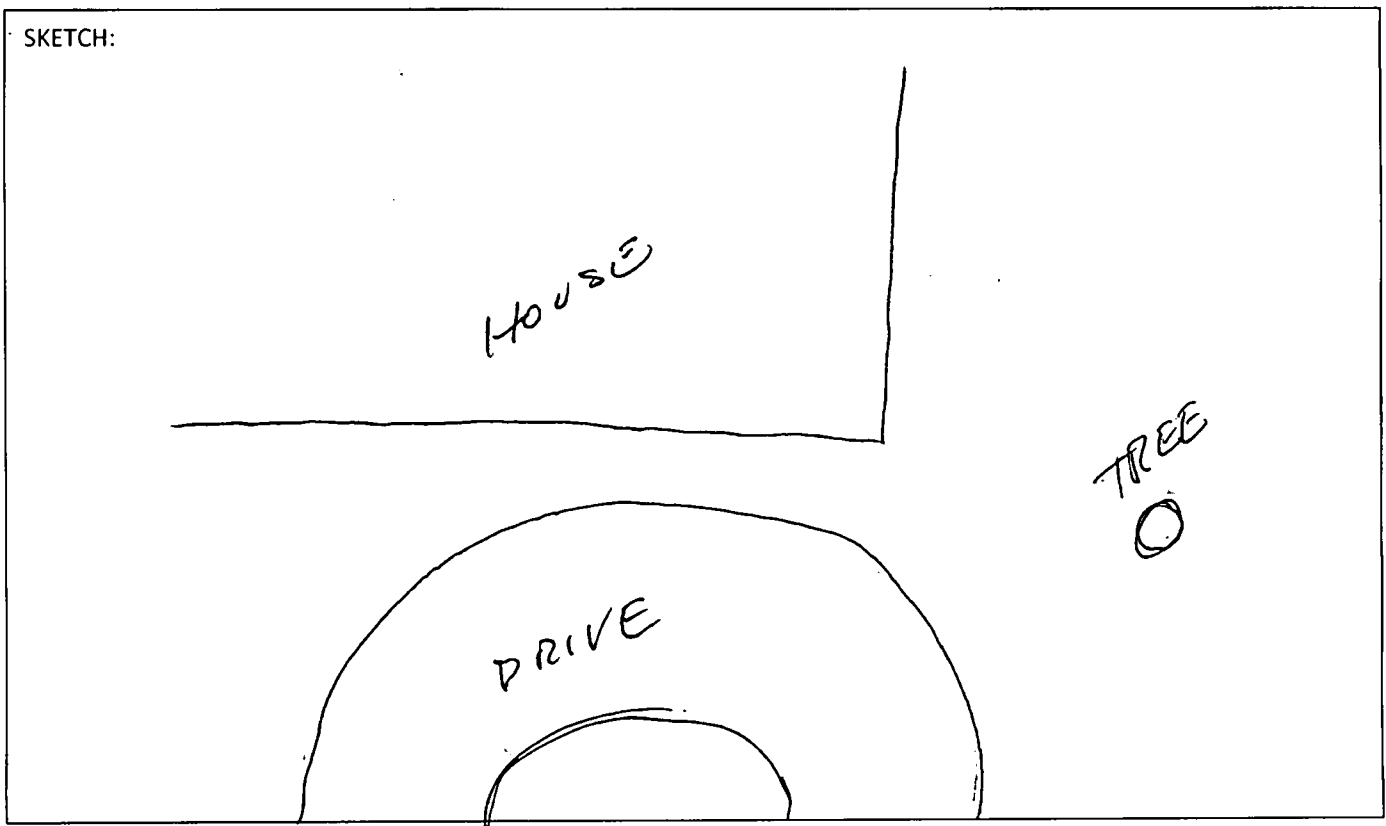
ALL VEGETATIVE DEBRIS MUST BE REMOVED FROM THE PROPERTY

Reason for tree removal /relocation (See notice above) DEAD

Signature of Property Owner Jay Potsdam Date 2-18-15

Approved by Building Inspector: [Signature] Date 3-2-15 Fee: N/C

NOTES: _____



John Adams

From: Pamela Walker
Sent: Friday, February 27, 2015 4:02 PM
To: John Adams
Subject: RE: 50 Rio Vista Tree Removal

I am satisfied to approve this permit.

Pam Mac'Kie Walker
Town Manager
One South Sewall's Point Road
Sewall's Point, Florida 34996
(772) 287-2455

From: John Adams
Sent: Friday, February 27, 2015 3:47 PM
To: Pamela Walker
Subject: RE: 50 Rio Vista Tree Removal

Just uploaded

From: Pamela Walker
Sent: Friday, February 27, 2015 3:45 PM
To: John Adams
Subject: FW: 50 Rio Vista Tree Removal

Did you take more pictures today?

Pam Mac'Kie Walker
Town Manager
One South Sewall's Point Road
Sewall's Point, Florida 34996
(772) 287-2455

From: Arbor Experts [<mailto:arborexper@com>]
Sent: Tuesday, February 24, 2015 5:02 PM
To: Pamela Walker
Subject: Re: 50 Rio Vista Tree Removal

Hello Pam,
For this tree I have to make a field visit. It's not possible to give you an accurate evaluation off the photos. I can probably get there Thursday if you wish.

Thank you,
Kind regards,
Andrew Tellier
Arbor Experts, Inc.



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



Since 1990,
 Sewall's Point
 has proudly been
 designated a
 'Tree City USA'

TREE REMOVAL, RELOCATION, REPLACEMENT PERMIT

WORK PERMITTED FROM 8:00 AM TO 5:00 PM – NO SUNDAYS

Owner JAY POBIDAM Address 50 RIO VISTA Phone 772 283 7193

Contractor JEROME YOUNG Address PORT ST LUCIE Phone 772 621 0131

No. of Trees REMOVE 3 Species: OAK Caliper @ 4' above soil 12 (inches) Height (ft.)

~~NO. OF TREES REMOVE~~ 1 Species: CATE BAY TREE Caliper @ 4' above soil 6.5 (inches) Height (ft.)

~~NO. OF TREES REPLACE~~ 1 Species: UNKNOWN Caliper @ 4' above soil 3.5 (inches) Height 10 (ft.)

REPLACED OR RELOCATED TREES MUST BE INSPECTED WITHIN 30 DAYS OF PERMIT ISSUANCE

ALL PROHIBITED SPECIES AND VEGETATIVE WASTE MUST BE REMOVED FROM PROPERTY

Reason for tree removal /relocation DEAD

Signature of Property Owner Jay Pobidam Date 8-17-15

This space for Official Use only:
 Approved by Building Official: [Signature] Date 8-18-15 Fee: N/C

BUILDING INSPECTOR NOTES: TREES ARE DEAD

Minimum Tree Requirements Met On Property

Prohibited Species Identified for Removal

SKETCH (Show location of tree(s) to be removed/relocated; dimensions of lot; location of structures):

