

7 River Crest Court

Tax Folio No. _____

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name WILLIAM S. AND MARY J. BENNION

Owner's Address 5160 S. E. SEASCAPE WAY - STUART FLA 31997

Owner's Telephone 407-221-3763

Fee Simple Titleholder's Name (if other than owner) NA

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

City _____ State _____ Zip _____

Contractor's Name Trade Wind Homes

Contractor's Address 4380 SE TALL PINES AV

City Stuart State FL Zip 34997

Contractor's Telephone 407 286-9695 License Number MC00286

Job Name Bennion Residence

Job Address Lot No. 7 - River Crest Drive

City Town of Sewall's Point State Florida Zip 34996

Legal Description Lot 4, River Crest Plat Book 12, Page 11
Martin County

Bonding Company Actva Surety

Bonding Company Address PO Box 31967

City Tampa State FL

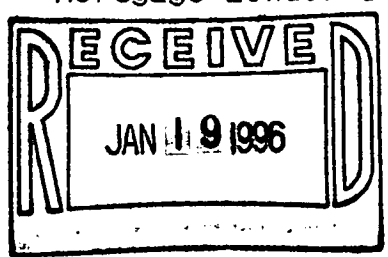
Architect/Engineer's Name Linda Pease / John C Weber

Architect/Engineer's Address Point St Lucie 879-9447 / Jensen Beach 229-2720

Mortgage Lender's Name First National Bank of Martin County

Mortgage Lender's Address U. S. 1 - Colorado Ave

Virginia Hintz, VP



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

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

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

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

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

Plumbing Contractor South Park Plumbing License No. CFC029690

Electrical Contractor Light Saber Electric License No. ME00451
~~CCC02441~~

Roofing Contractor Street Roofing License No. CCC024411

A/C Contractor Accurate Heating + Air License No. CAC011773

Description of Building or Alterations Single family dwelling

Name of Street Designated as Front Building Line and Front Yard
River Crest Drive - Lot No. 4

Subdivision River Crest Lot 4 Block _____

Building Area (air conditioned) 3188 sq. ft.

Garage, Porch, Carport Area 1365 sq. ft.

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

\$ 160,000

William S. Bennison
(Owner or Authorized Agent)

DATE 1-17-96

Sworn and Subscribed before me this

17th day of January 1996

Lisa J. Massing
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

by William (SEAL)
S. Bennison who is personally
known to me



LISA J MASSING
My Commission CC377761
Expires Jun. 22, 1998
Bonded by ANB
800-852-5878

[Signature]
(Contractor)

DATE 1-17-96

Sworn and Subscribed before me this

17th day of January 1996

Lisa E. Vasquez
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

(SEAL)

LISA E. VASQUEZ
NOTARY PUBLIC, STATE OF FLORIDA
My commission expires Jan. 24, 1998
Commission No. C.C. 340553
Bonded thru Patterson - Becht Agency

Certificate of Competency Holder

Contractor's State Certification or Registration No. RR 006133

Contractor's Certificate of Competency No. MC 00286

APPLICATION APPROVED BY [Signature] Permit Officer

[Signature]

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked _____ Date 2/2/96

A/C Area 3188 sq. ft. x \$60. = \$ 191,280

Non A/C Area 1365 sq. ft. x \$25. = \$ 34,125

Total = \$ 225,405

Contract Price \$ 160,000 (fee will be charged on higher amount)

\$ 225,405 M. x \$8.00 = \$ 1,803 24 Building Fee
 25% Owner/Builder Fee \$ N/A (if applicable)
 A/C Fee \$ 100,00
 Electrical Fee \$ 100.00
 Plumbing Fee \$ 100.00
 Roofing Fee \$ 100.00
 Radon Fee \$ 45,53
 County Impact Fee \$ 1508 20
 TOTAL PERMIT FEE \$ 3,756 97
 PAYMENT RECEIVED Dale Ben 2/2/96
 Signature Date

School
 \$1,006 03

- Contractor's License
- Sub-Contractors' Licenses
- Workers' Comp. Insurance
- General Liability Insurance
- Three sets of Plans
- Plans sealed by architect or engineer
- Plot Plan 0
- Boundary survey certified to the 0
Town of S.P.
- Topographic survey
- Recorded warranty deed Attached
- Septic tank permit
- Energy Code calculations
-
-
-

01036161

93 DEC 21 PM 2:34

Parcel ID Number: 35-37-41-010-000-00040-20000
Grantee #1 TIN:
Grantee #2 TIN:

Doc. No. *350.35* MARSHA STILLER
Doc. No. _____ MARTIN COUNTY
Doc. No. _____ CLERK OF CIRCUIT COURT
INT. TAX \$ _____ BY *[Signature]* D.C.

[Space Above This Line For Recording Data]

Warranty Deed

This Indenture, Made this 16th day of December, 1993 A.D., Between LEFTOVER & CRUMB, INCORPORATED, a corporation existing under the laws of the state of FLORIDA

of the County of Martin, State of Florida, grantor, and WILLIAM S. BENNION and MARY J. BENNION, HIS WIFE,

whose address is: 5160 Seascape Way #102, Stuart, Florida 34997

Small Point

of the County of MARTIN, State of Florida, grantees.

Witnesseth that the GRANTOR, for and in consideration of the sum of ----- DOLLARS, and other good and valuable consideration to GRANTOR in hand paid by GRANTEEES, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said GRANTEEES and GRANTEEES' heirs and assigns forever, the following described land, situate, lying and being in the county of MARTIN, State of Florida to wit:

LOT 4, RIVER CREST, ACCORDING TO THE PLAT THEREOF, RECORDED IN PLAT BOOK 12, PAGE 11, PUBLIC RECORDS OF MARTIN COUNTY, FLORIDA.

Subject to restrictions, reservations and easements of record, if any, and taxes subsequent to 1993.

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

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

Nancy Sansone
Printed Name: Nancy Sansone

By: *[Signature]* (Seal)
N. DEAN KOHL, JR., PRESIDENT

Witness
Tammie H. Marchant
Printed Name: Tammie H. Marchant

By: _____ (Seal)

(Seal)

(Seal)

STATE OF FLORIDA
COUNTY OF MARTIN

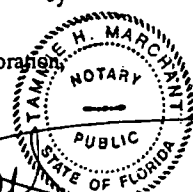
(Corporate Seal)

The foregoing instrument was acknowledged before me this 16th day of December, 1993 by N. DEAN KOHL, JR., PRESIDENT of LEFTOVER & CRUMB, INCORPORATED, a FLORIDA Corporation

on behalf of the corporation. He is personally known to me or has produced his Florida driver's license as identification.

This Document Prepared By:
N. DEAN KOHL, JR.
Kohl, Metzger, Spotts, P.A.
50 S.E. Kindred Street
Stuart, FL 34994

Tammie H. Marchant
TAMMIE H. MARCHANT
NOTARY PUBLIC #111075
My Commission Expires: 05/24/95
MY COMM. EXP 5-24-95



RAW



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Mr. Bennion SEPTIC TANK PERMIT NO. HD96-0012

LEGAL DESCRIPTION: Lot 4 Rivercrest

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

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

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

CERTIFIED BY: _____

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

Date: _____ Job Number: _____

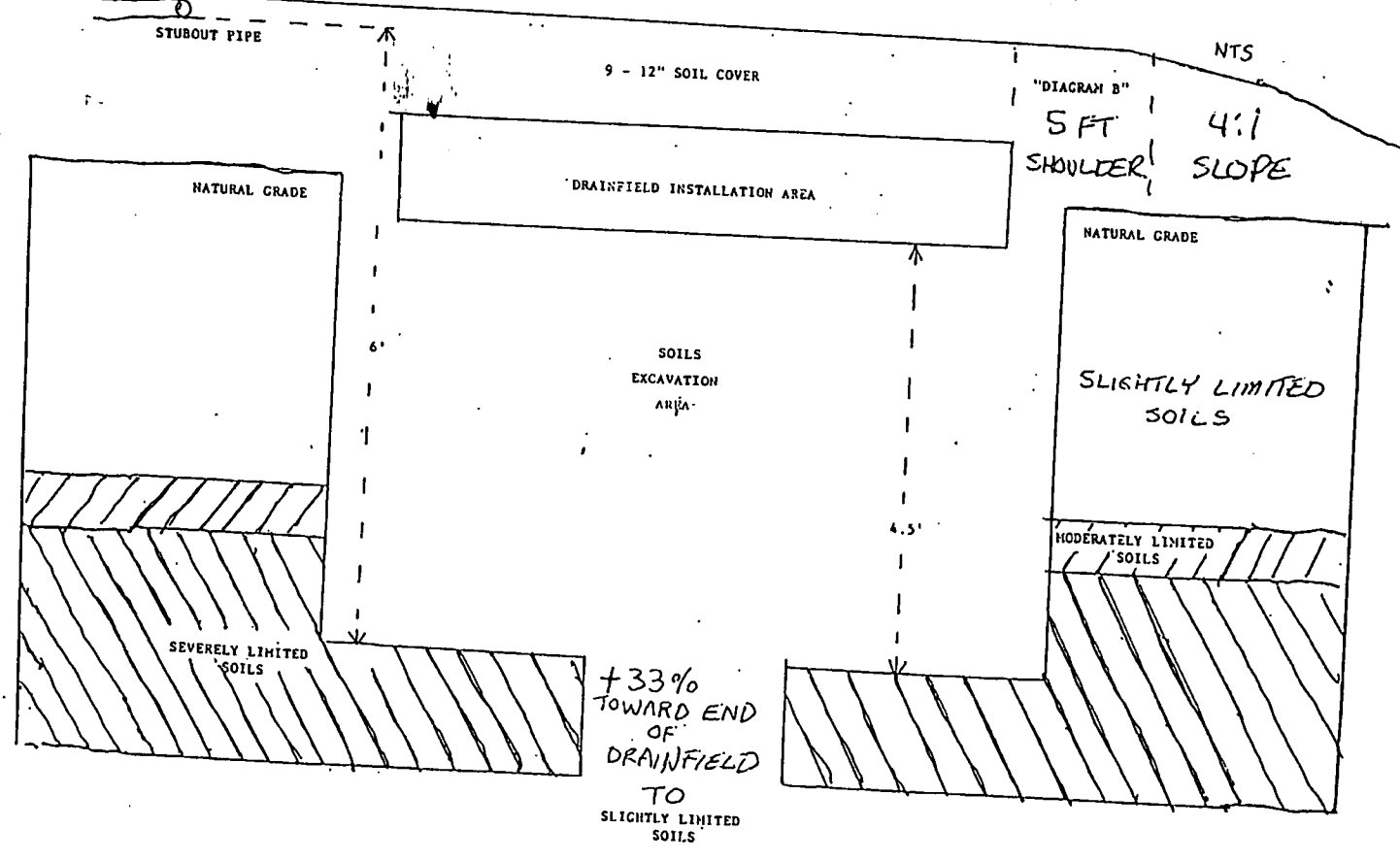
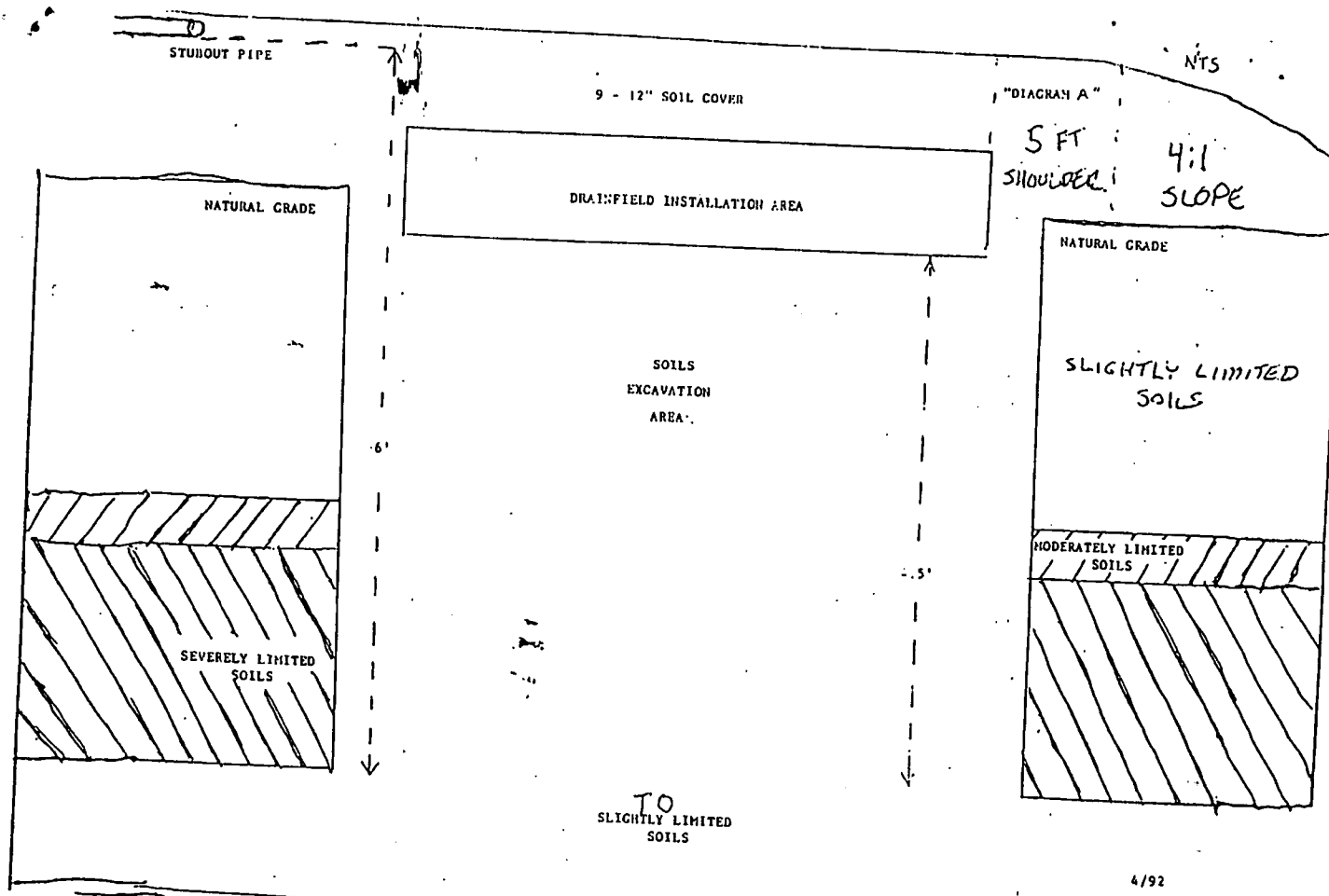
D. Wil. L. L. L.
(Signature)

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

Martin County Health Unit Approval Signature

(Date)

620





STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Mr. Bennion SEPTIC TANK PERMIT NO. HD96-0012
LEGAL DESCRIPTION: Lot 4 Rivercrest

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

- SEWELL'S POINT**
1. Building Permit Number: # 3923 [Certification not required for this item].
2. I certify that the elevation of the top of the lowest plumbing stubout is _____ inches (circle one) above / below benchmark elevation as indicated on septic tank permit.
3. I certify that the top of the lowest building plumbing stubout is 7 1/2 inches (circle one) above/ below crown of road elevation shown on septic tank permit.
4. I certify that the top of the drainfield pipe elevation is _____
5. I certify that all severely limited soil has been removed from an area of _____ feet by _____ feet a minimum depth. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram A/ B on reverse side) Date Observed: ___/___/___
6. I certify that all moderately and severely limited soils have been removed in an area _____ feet wide or 33% of the area of the drainfield. This area is centered in the drainfield and extends to a depth of _____ feet where slightly limited soils exist. Surveyor must submit 2 plot plans to scale of excavated area. (See diagram B on reverse side) Date Observed: ___/___/___
7. I certify that all severely limited soils have been removed from an area one foot beyond the perimeter of the drainfield rock and the excavation meets all detail requirements as shown in _____ "Diagram A", or _____ "Diagram B" on reverse side. Surveyor must submit 2 plot plans to scale of excavated area. Date Observed: ___/___/___

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

CERTIFIED BY: [Signature] EARLE R. STARKRY
P.S.M. # 4459
Date: 2/16/96 Job Number: 258-01-01
As applicant or applicant's representative, I understand the above requirements.
[Signature]
(Signature)

FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY
Martin County Health Unit Approval [Signature] 2-20-96
(Date)

EARLE R. STARKEY (D.B.A.)
ACCURIGHT LAND SURVEYING, INC.
1501 DECKER AVE, UNIT 121-A
STUART, FL 34994
PHONE (407) 286-7694 FAX (407) 220-7993

RE: LOT 4, RIVER CREST
STREET ADDRESS: 7 RIVER CREST COURT
STUART, FL
ORDERED BY: MR. BENNION

INVOICE TO: MR. BENNION

PREPARED FOR: MR. BENNION

CERTIFIED TO

- 1):
- 2):
- 3):
- 4):

JOB DESCRIPTION

LEGAL DESCRIPTION:	TREE AND FEATURE LOCATIONS:
ELEVATION CERTIFICATE:	FORM BOARD CERT: X
BOUNDARY SURVEY:	ROUGH STAKE-OUT:
TOPOGRAPHICAL SURVEY:	FINAL STAKE-OUT:
GRADING PLAN:	SEPTIC CERTIFICATION: X
TIE-IN SURVEY: X	FINAL SURVEY:
SEPTIC APPLICATION:	SITE PLAN:
MISC:	

DATE OF ORDER:
DATE OF INVOICE: 2/20/96
CODE: 2/96
PD:
TOTAL DUE \$: 125.00
JOB NUMBER: 258-01-01

PLEASE REFERENCE JOB NUMBER ON CHECK
MAKE CHECK PAYABLE TO -> EARLE R. STARKEY

TERMS -> NET CASH DUE UPON COMPLETION
THANK YOU FOR PROMPT PAYMENT

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 96-0012-
DATE PAID 01/12/96
FEE PAID \$ 105.00
RECEIPT # 16438

CONSTRUCTION PERMIT FOR:

[X] New System [] Existing System [] Holding Tank [] Temporary/Experimental System
[] Repair [] Abandonment [] Other(Specify)

APPLICANT: MR BENNION AGENT:

PROPERTY STREET ADDRESS: RIVER CREST COURT

LOT: 4 BLOCK: SUBDIVISION: RIVERCREST

PROPERTY ID #: [SECTION/TOWNSHIP/RANGE/PARCEL NO.]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC
REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS
EXPIRE 18 MONTHS FROM THE DATE OF ISSUE. HRS APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY
PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS WHICH SERVED AS A
BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH
MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID.

SYSTEM DESIGN AND SPECIFICATIONS

T [1050] [GALLONS] SEPTIC TANK MULTI-CHAMBERED/IN SERIES: [Y]
A [0] [GALLONS / GPD] CAPACITY MULTI-CHAMBERED/IN SERIES: [Y]
N [0] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [0] GALLONS PER DOSE DOSE RATE [0] PER 24 HRS NO. OF PUMPS: [0]

D [333] SQUARE FEET PRIMARY DRAINFIELD SYSTEM TRENCH
R [500] SQUARE FEET BED SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND [] 2 TRENCHES X 55.5'L OR
I CONFIGURATION: [X] TRENCH [X] BED [] A BED 9'W X 55.5'L

F LOCATION OF BENCHMARK: CROWN OF ROAD 9.42' NGVD
I ELEVATION OF PROPOSED SYSTEM SITE IS [13.0] INCHES ABOVE BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [17.0] INCHES BELOW BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.0] INCHES EXCAVATION REQUIRED: [0.0] INCHES

O TOP OF BUILDING STUBOUT IS REQUIRED TO BE A MINIMUM ELV. OF 3" ABOVE CR 9.42' NGVD
T TOP OF DRAINFIELD PIPE IS REQUIRED TO BE A MINIMUM ELV. OF 7" BELOW CR 9.42' NGVD
H TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELV. OF 7" ABOVE CR 9.42' NGVD
E DRAINFIELD ROCK MUST BE 5 FT. FROM PROPERTY LINES. SEPTIC TANK OUTLET FILTER
R MUST BE INSTALLED. SEE "SPECIAL CONDITIONS" LIST.

SPECIFICATIONS BY: EDGAR MORALES TITLE: ENV. SPL. II

APPROVED BY: RAY CROSS TITLE: ENV. SUPV. II MARTIN CPHU

DATE ISSUED: 01/22/96 EXPIRATION DATE: 07/22/97



SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: Bennion PERMIT NO. (HD) 96-0012
SUBDIVISION: _____

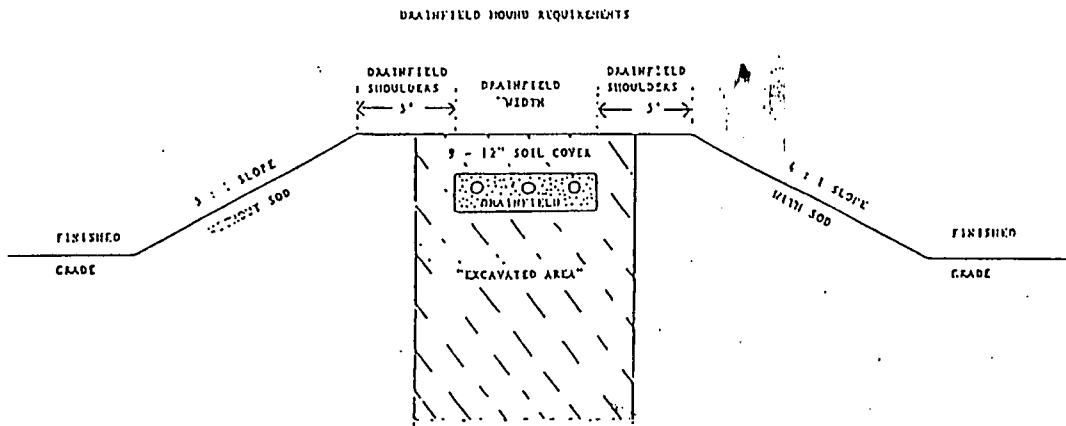
N O T E Special Condition(s) marked "X" are in effect.

- 1. Drainfield must be maintained under grass; _____ and protected from vehicular traffic (traffic barriers).
- 2. Operational test of dosing pump(s) and high water alarm (audible and visual) required prior to final construction approval.
- 3. Driveway / sidewalk elevation must be 9" higher than drainfield pipe elevation.
- 4. Septic system must be 75' from surface water / wetlands / mean high water line.
- 5. Excavate one / three feet beyond drainfield area to a depth of _____
- 6. In addition to item #5, 33% of unsuitable soils at depths greater than _____ must be removed to a depth of slightly limited soils.
- 7. Existing well(s) must be properly abandoned by a certified well driller. The attached well abandonment form(s) must be completed by the well driller and submitted to this office prior to initial building construction or system installation.
- 8. Septic tank abandonment notices from the Septic Tank Contractor must be received by this office prior to final construction approval.
- 9. Mound area must be sodded or stabilized with seed and hay prior to final grade inspection (Sod or seed/hay must be applied within seven days of drainfield approval).
- 10. Any future ponds or surface water created onsite must be 75' from septic system(s).
- 11. Available area for septic installation must to be evenly filled and leveled.
- 12. \$70.00 reinspection fee is required if the well is not installed at time of initial onsite sewage disposal system inspection.

SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS. Page 1 of 3

13. Septic system must be a minimum of 15 feet from drainage culverts, storm water drains, dry retention areas, storm water drainage systems.
- ___ 14. Occupational approval will not be given until all requirements for public water system/ foodservice/ institutional/ septic system are met.
- ___ 15. Septic tank/ dosing chamber/ grease trap must have (traffic lids with) ___ manhole cover(s) per tank extending to the surface.
- ___ 16. ___ gallon outside grease trap(s) is required. The grease trap should be connected with the outlet tee extending to within 8" of the bottom of the tank. The following must be connected to the grease trap.
- a) handwash sink(s).
 - b) three compartment sink(s).
 - c) floor drains.
 - d) can wash, janitor's sink(s).
 - e) dishwasher if present.
- All other greaseless flow should be connected directly to the septic tank.
- ___ 17. _____
to be dosed two / six times in a twenty-four hour period is required. A high water alarm that gives audible and visual signals is required. If two drainfields are used, each field must be connected to an individual pump and alternately dose.
- ___ 18. Two pumps are required to alternately dose into at least two separate fields. Separate drainfields must be a minimum of 10 feet apart.
- ___ 19. If rainwater from the building roof drains onto the drainfield, gutters will be required in area of drainfield. Down-spouts must be diverted from the drainfield area.
20. No sprinkler heads are allowed on top of drainfield. Irrigation lines must be separated from the drainfield by two feet unless a backflow prevention device is installed.
21. Potable water lines must be ten feet from drainfields or sealed with a water proof sealant within a sleeve of similar pipe to a distance of ten feet from the nearest portion of the drainfield. In no case can the sleeved line be located within 24 inches of the drainfield or at an elevation lower than the drainfield absorption surface.
22. All wells installed onsite must be 25' from the building foundation and meet all other setback-installation requirements.
23. Applicant is responsible for replacing excavated soils with a good grade of soil suitable for drainfield installation.
24. If building stubout is placed more than 20ft. from septic tank or drainfield, the stubout elevation must be higher than the permitted elevation to achieve gravity flow. This must have prior approval from the health unit.

- 25. If fill is required, contact Martin County Building Division.
- 26. Inspection results will be posted on the building permit. A copy of the construction approval is available upon request.
- 27. **Septic tank outlet filters are required.**
- 28. If any information on this permit changes, an amended application is required to be filed immediately.
- 29. Any alteration of the information or conditions of this permit found to be in non-compliance with 10D-6 FAC shall be sufficient cause for immediate revocation of this permit.
- 30. The engineer of record must certify that the installed system complies with the approved design and installation requirements.
- 31. Prior to final construction approval, the property owner must apply for an annual operating permit and pay the \$_____ annual permit fee (For ___Indust./Manuf. ___Aerobic system(s)).
- 32. If a mound drainfield is proposed, see following sketch of additional requirements (No retaining walls are allowed within drainfield shoulder or slope areas of a mound system).



NOTE: THESE REQUIREMENTS MUST BE MET PRIOR TO FINAL APPROVAL.
 SEE EXCAVATION CERTIFICATION SHEET FOR EXCAVATION DETAILS.

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

N O T E - \$25.00 RE-INSPECTION FEE WILL BE CHARGED IF REQUIREMENTS ARE NOT MET DURING INSPECTION.

Questions concerning special conditions can be answered by calling Edgar Morales, R.S. at (407) 221-4090.

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ON-SITE SEWAGE DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT # 96-0012-

APPLICANT: MR BENNION AGENT: _____

LOT: 4 BLOCK: _____ SUBDIVISION: RIVERCREST

PROPERTY ID #: _____ [SECTION/TOWNSHIP/RANGE/PARCEL NO. OR TAX ID NUMBER]

TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEE OR OTHER QUALIFIED PERSON. ENGINEER'S MUST PROVIDE REGISTRATION NO. AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: YES [] NO NET USABLE AREA AVAILABLE: 0.50 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 400 GALLONS PER DAY [RESIDENCES-TABLE-1 / OTHER-TABLE-2]
AUTHORIZED SEWAGE FLOW: 1250 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1100 SQFT UNOBSTRUCTED AREA REQUIRED: 666 (Trench) SQFT
1000 (Bed)

BENCHMARK/REFERENCE POINT LOCATION: CR RD 9.22 NWD
ELEVATION OF PROPOSED SYSTEM SITE IS 13.0 INCHES ABOVE / BELOW BENCHMARK/REFERENCE POINT.

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURE:
SURFACE WATER: N/A FT DITCHES/SWALES: N/A FT NORMALLY WET? [] YES [] NO
WELLS: PUBLIC: N/A FT LIMITED USE: N/A FT PRIVATE: N/A FT NON-POTABLE: N/A FT
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 20 FT POTABLE WATER LINES: 70 FT

SITE SUBJECT TO FREQUENT FLOODING: [] YES [] NO 10 YEAR FLOODING? [] YES [] NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: 10.5 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE ①

SOIL PROFILE INFORMATION SITE ②

Munsell #/Color	Texture	Depth "
<u>10YR 5/6 YELLOW BROWN</u>	<u>loamy silt</u>	<u>0 to 6</u>
<u>10YR 7/1 LT GRAY</u>	<u>sand</u>	<u>6 to 13</u>
<u>10YR 8/1 WHITE</u>	<u>sand</u>	<u>13 to 18</u>
<u>10YR 8/2 WHITE</u>	<u>sand</u>	<u>18 to 46</u>
<u>10YR 6/6 BROWNISH YELLOW S.</u>		<u>46 to 52</u>
<u>10YR 6/8 BROWNISH YELLOW S.</u>		<u>52 to 72</u>
		<u>to</u>
		<u>to</u>
		<u>to</u>

Munsell #/Color	Texture	Depth "
<u>10YR 5/6 YELLOW BROWN L-SILT.</u>		<u>0 to 8</u>
<u>10YR 7/1 LT GRAY SAND</u>		<u>8 to 13</u>
<u>10YR 8/1 WHITE SAND</u>		<u>15 to 18</u>
<u>10YR 8/2 WHITE SAND</u>		<u>18 to 47</u>
<u>10YR 6/6 BROWNISH YELLOW S.</u>		<u>47 to 57</u>
<u>10YR 6/8 BROWNISH YELLOW S.</u>		<u>57 to 72</u>
		<u>to</u>
		<u>to</u>
		<u>to</u>

USDA SOIL SERIES: (H) ARMA SAND (0-2% SLT)

USDA SOIL SERIES: (H) ARMA SAND (0-2% SLT)

OBSERVED WATER TABLE: NOT OBSERVED INCHES [BELOW] EXISTING GRADE TYPE: [PERCHED] APPARENT
ESTIMATED WET SEASON WATER TABLE ELEVATION: 54 INCHES [BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: [] YES [] NO MOTTLING: [] YES [] NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 1.20 or 0.80 DEPTH OF EXCAVATION: N/A INCHES
DRAINFIELD CONFIGURATION: [] TRENCH [] BED [OTHER (SPECIFY) _____]
REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: William J. Phillips DATE: 1-16-96



JAN 12 1996

STATE OF FLORIDA HRS-Martin County
DEPARTMENT OF HEALTH AND PUBLIC REGULATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 96-012
DATE PAID 1-12-96
FEE PAID \$ 80
RECEIPT # 16438
Will permit 15.

APPLICATION FOR:

- [] New System [] Existing System [] Holding Tank [] Temporary/Experimental
[] Repair [] Abandonment [] Other(Specify)

APPLICANT: Mr. & Mrs. BENNION TELEPHONE:

AGENT: ACCURIGHT LAND SURVEYING, Inc.

MAILING ADDRESS: 1501 DECKER AVE, SUITE 121, STUART, FL. 34994

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LOT: 4 BLOCK: - SUBDIVISION: RIVERCREST DATE OF SUBDIVISION: SEPT 1989

PROPERTY ID #: [Section/Township/Range/Parcel No.] ZONING:

PROPERTY SIZE: 1/2 +/- ACRES [Sqft/43560] PROPERTY WATER SUPPLY: [] PRIVATE [X] PUBLIC

PROPERTY STREET ADDRESS: River Crest Court

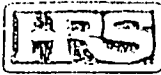
DIRECTIONS TO PROPERTY: SEE SURVEY LOCATION MAP

BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL

Table with 6 columns: Unit No, Type of Establishment, No. of Bedrooms, Building Area Sqft, # Persons Served, Business Activity For Commercial Only. Row 1: 1, SINGLE FAMILY DWELLING, 3, 3188.2 sqft A/C, ...

- [] Garbage Grinders/Disposals [] Spas/Hot Tubs [] Floor/Equipment Drains
[] Ultra-low Volume Flush Toilets [] Other (Specify) UNKNOWN

APPLICANT'S SIGNATURE: EARLE R. STARKY P.S.M. # 4459 DATE: 12/28/95



APPLICANT Mr. & Mrs. BENNION
LEGAL DESCRIPTION LOT 4 RIVER CREST S/D

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

1. IS THERE A SEPTIC SYSTEM OR OTHER INTERFERENCE WITHIN 75 FEET OF THE PROPOSED PRIVATE WELL? No
2. IS THERE A POTABLE PRIVATE WELL WITHIN 75 FEET OF THE PROPOSED AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
3. IS THERE AN IRRIGATION WELL WITHIN 50 FEET OF THE AVAILABLE AREA FOR THE PROPOSED SEPTIC SYSTEM? No
4. IS THERE A PUBLIC WELL THAT SERVES LESS THAN 25 PEOPLE OR LESS THAN 15 HOMES WITHIN 100 FEET OF THE PROPOSED SEPTIC SYSTEM? No
5. IS THERE A PUBLIC WELL WHICH SERVES MORE THAN 25 PEOPLE OR MORE THAN 15 HOMES WITHIN 200 FEET OF THE PROPOSED SEPTIC SYSTEM? No
6. IS THERE A GRAVITY SEWER LINE OR LIFT STATION WITHIN 100 FEET OF THE PROPOSED LOT? Unknown
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 1100 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 9.42 NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION _____ NGVD SHOW LOCATION ON PLOT PLAN.
2. NATURAL GRADE ELEVATION IN AREA OF PROPOSED SEPTIC SYSTEM 10.5 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: EARLIE R. STARKY
FL. PROFESSIONAL NO. 4459
DATE: 12/28/95 JOB NO. 258-01-01

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

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

SECTION A PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME WILLIAM S. & MARY J. BENNION	POLICY NUMBER	
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER 7 RIVER CREST COURT	COMPANY NAIC NUMBER	
OTHER DESCRIPTION (Lot and Block Numbers, etc.) LOT 4, RIVERCREST COURT		
CITY STUART	STATE FL	ZIP CODE 34996

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
120164	0001	D	6-16-92	C	

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

SECTION C BUILDING ELEVATION INFORMATION

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

SECTION D COMMUNITY INFORMATION

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

SECTION E CERTIFICATION

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

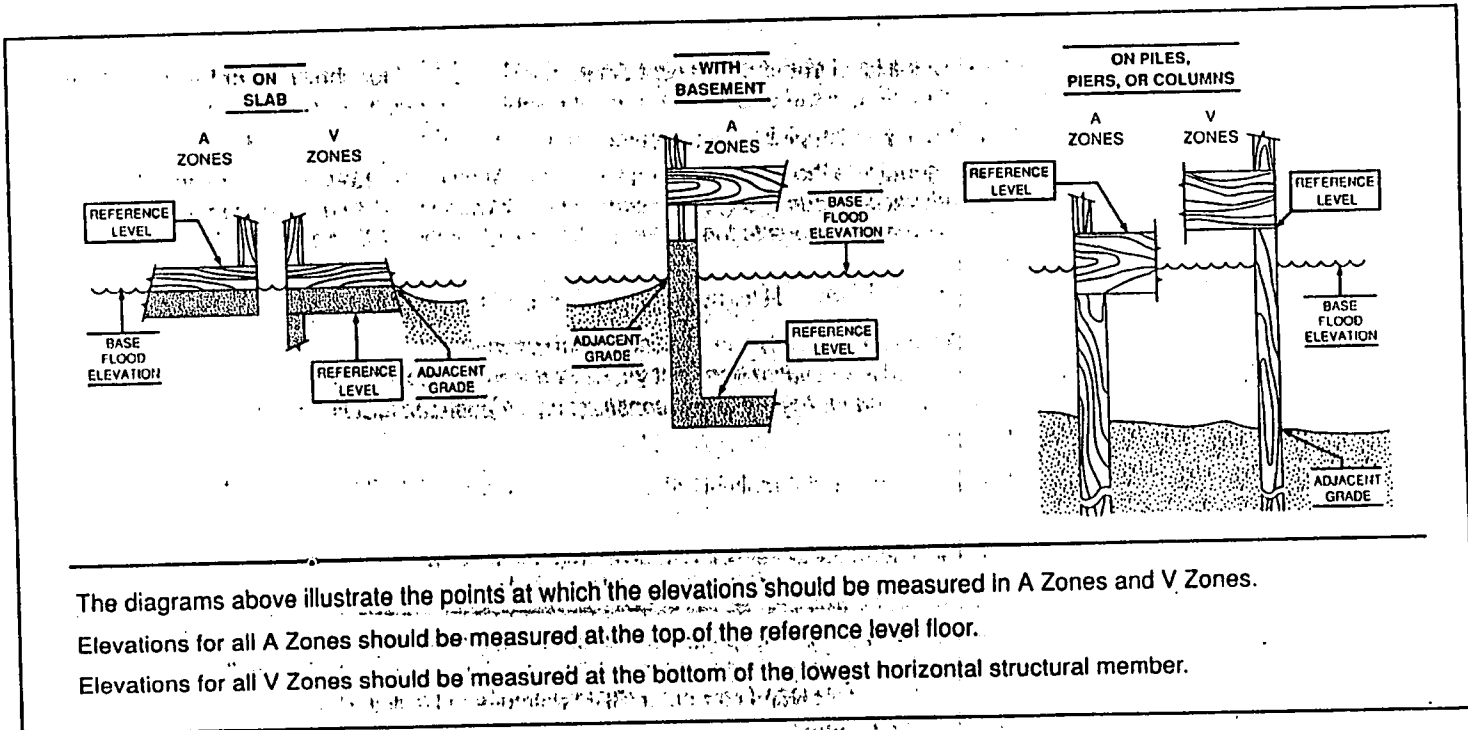
Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under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

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

CERTIFIER'S NAME EARLE R. STARKEY	LICENSE NUMBER (or Affix Seal) PSM # 4459
TITLE PROFESSIONAL SURVEYOR AND MAPPER, ACCURIGHT LAND SURVEYING, INC.	COMPANY NAME
ADDRESS 1501 DECKER AVE., SUITE 121-A, STUART	CITY STATE ZIP STUART FL 34994
SIGNATURE 	DATE PHONE 06/10/96 (407) 286-7694

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

COMMENTS: FINISH FLOOR ELEVATION = 11.5'



FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 461-7508
 VERO BEACH: (407) 567-6167
 STUART: (407) 283-7711

Report of DENSITY OF SOIL IN PLACE ASTM D2922

Client Trade Wind Homes

Date February 12, 1996

Contractor Client

Site 7 Rivercrest Court
 Sewalls Point
 Foundation Fill

Permit #3923

Test No.	Location	Elevation	In Place Dry Density	Moisture Density Relationship		Percent Compaction
				Test No.	Max Dry Density	
1092	N.E. Corner	0 - 1'	116.2	1092	117.0	99.3
	"	1 - 2'	113.5			98.7
	Center	0 - 1'	114.4			97.8
	"	1 - 2'	116.0			99.1
	S.W. Corner	0 - 1'	113.8			97.3
	"	1 - 2'	115.8			99.0
	All elevations below slab grade.					

Copies Client - 1
 Martin County Bldg. Dept. - 1

Respectfully submitted,


 PAUL H. DANFORTH, P.E.

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33rd STREET

FORT PIERCE, FLORIDA 34946

FORT PIERCE: (407) 481-7508
 VERO: (407) 567-6167
 STUART: (407) 283-7711

Report of MOISTURE DENSITY RELATIONSHIP ASTM 1557-70

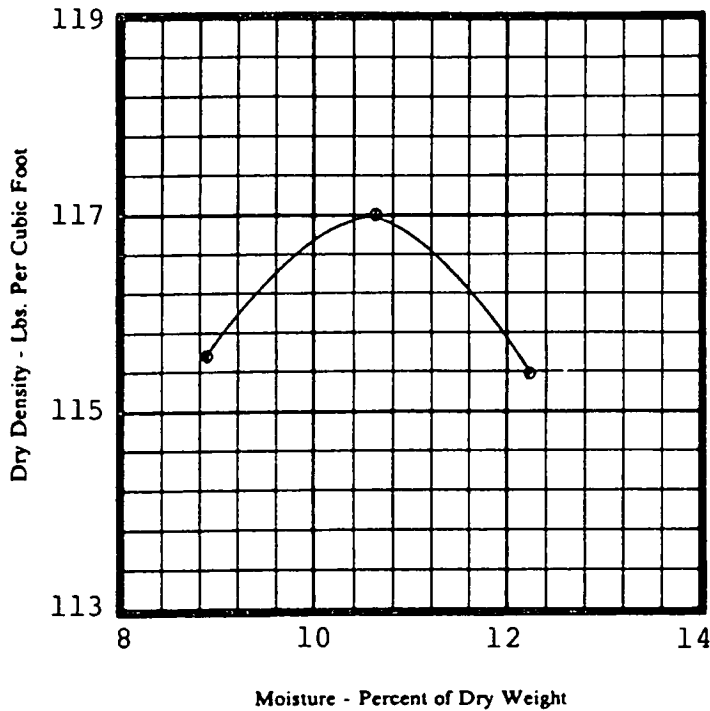
Client Trade Wind Homes

Date February 12, 1996

Contractor Client

Site 7 Rivercrest Court
 Sewalls Point
 Foundation Fill

Permit #3923



Test No.	Test Method	Sample Location	Optimum Moisture %	Max Dry Density-P.C.F.	Soil Description
1092	B	Composite	10.6	117.0	Brown, slightly silty, slightly clayey, fine sand.

Copies

Respectfully submitted,

Paul H. Danforth

 PAUL H. DANFORTH, P.E.

VECTOR CERTIFICATE OF INSURANCE

Issue Date (mm/dd/yy)

04/10/96

PRODUCER
Kretschmer Ins. Agency Inc.
P O Box 12518
Ft. Pierce, FL 34878

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.

COMPANY AFFORDING COVERAGE: Bankers Insurance Company

AGENT #09/ 84742

COVERED CLASSIFICATION OF OPERATION:

Heating and Air Conditioning Systems or Equipment installation, service or repair - no liquified petroleum gas (LPG) equipment sales or work

INSURED
Michael A. Benigno DBA
Accurate Air & Heating
285 SW Port St. Lucie Blvd. #148
Port St. Lucie, FL 34984

COVERAGES

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence Basis <input checked="" type="checkbox"/> \$250 per claim deductible	Gla 09-48 08531 -01	05/01/95	05/01/96	General Aggregate	\$	200,000
				Products - Comp/Op Agg.	\$	100,000
				Personal & Adv. Injury	\$	100,000
				Each Occurrence	\$	100,000
				Fire Damage (any one fire)	\$	50,000
				Med. Expense (any one person)	\$	5,000
PROPERTY <input type="checkbox"/> Building <input type="checkbox"/> Personal Property <input type="checkbox"/> Glass				Amount of Insurance	Coverage	Deductible
				\$		\$
				\$		\$
				\$		\$
INLAND MARINE <input type="checkbox"/> Contractors Equipment <input type="checkbox"/> Hand Tools <input type="checkbox"/> Installation Floater <input type="checkbox"/> Mini Computer Coverage <input type="checkbox"/> Signs				Amount of Insurance		Deductible
				\$		\$
				\$		\$
				\$		\$
				\$		\$
EMPLOYEE DISHONESTY				Amount of Insurance		Deductible
				\$		\$
HIRED AUTO COVERAGE				Combined Single Limit		
				\$		

CERTIFICATE HOLDER

City of Sewalls Point
1 So. Sewalls Point Rd.
Sewalls Point, FL 34996

Should any of the above described policies be cancelled before the expiration date, this certificate shall impose no obligation or liability of any kind upon the company, its agents or representatives. Certificate must be completed, signed and dated by Authorized Representative of Bankers Insurance Company.

Fax 220-4765

AUTHORIZED REPRESENTATIVE

A E Kretschmer

Dated

4/10/96



F
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NOTE: Pursuant to chapter 440.10(1)(g).2, F.S., a sole proprietor, partner, or officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE OF EXEMPTION 01/19/96
EXEMPTED INDIVIDUAL NAME BENIGNO MICHAEL
SOCIAL SECURITY NUMBER 153-40-8608
BUSINESS NAME ACCURATE AIR CONDITIONING CO
FEDERAL IDENTIFICATION NUMBER 581768058
BUSINESS ADDRESS 285 SW PSL BLVD #148
PT ST LUCIE, FL 34984

Michael McCallan
AUTHORIZED SIGNATURE

AC# **2796419** **STATE OF FLORIDA**
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

DATE	LICENSE NO.	BATCH NO.
07/29/94	CA 0011773	94900181

THE CLASS B CERTIFIED AIR COND. CONTR
NAMED BELOW IS CERTIFIED
UNDER THE PROVISIONS OF CHAPTER 489 F.S. FOR THE YEAR
EXPIRING AUG 31, 1996

BENIGNO MICHAEL A
ACCURATE AIR COND CO
265 SW PORT ST LUCIE BLVD
STE 148
PT ST LUCIE FL 34984

Lawton Chiles
LAWTON CHILES
GOVERNOR

DISPLAY

George Stuart, Jr.
GEORGE STUART, JR.
SECRETARY, D.B.P.R.



F
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NOTE: Pursuant to chapter 440.10(1)(g).2, F.S., a sole proprietor, partner, or officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

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PT ST LUCIE, FL 34984

Michael McCallan
AUTHORIZED SIGNATURE

OWNER'S AFFIDAVIT OF BUILDING COSTS

STATE OF FLORIDA
COUNTY OF MARTIN

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

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

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

3. That the total cost paid or to be paid by the owner for the complete construction of the improvements under the building permit(s), including the cost of all improvements shown on the plans and specifications filed with the Town and all machinery and equipment not shown thereon required to be installed as a condition for a certificate of occupancy under state and local law, is \$ 187,000.00 .

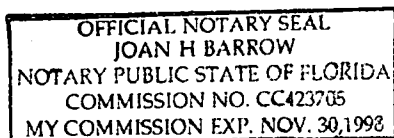
4. That this affidavit is made for the purpose of inducing the building official of the Town to issue a certificate of occupancy for the improvements, with the intention that it be relied upon for that purpose.

William S. Bennett
Affiant
Property street address:
#7 - River Crest

Sworn to and subscribed
before me this 27th day of
September, 1996.

Joan H. Barrow
Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)



RECORD OF INSPECTIONS
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date _____

This is to request that a Certificate of Approval for Occupancy be issued to _____.

For property at _____ built under Permit No. _____ Dated _____ (street address) when completed in conformance with the Approved Plans.

Signed *H. S. Bennett*

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

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector _____ date

Approved by Building Commissioner _____ date

Utilities notified _____ date

Original Copy sent to _____ date
(owner)

(Keep carbon copy for Town files)

RECORD OF INSPECTIONS
TOWN OF SEWALL'S POINT, FLORIDA

CERTIFICATE OF APPROVAL FOR OCCUPANCY

Date 2-2-96

This is to request that a Certificate of Approval for Occupancy be issued

to William S. & Mary J. Bennion.

For property at 7 River Crest built under Permit
(street address)

No. 3923 Dated 2-2-96 when completed in conformance with the

Approved Plans.

Signed _____

APPROVED BY (initials)

ITEM	DATE	APPROVED BY (initials)
1. Form board tie in		
2. Termite protection	<u>2-19-96</u>	<u>Patrick Ext.</u>
3. Footing - slab	<u>2-20-96</u>	<u>DB</u>
4. Rough plumbing - slab	<u>2-16-96</u>	<u>DB</u>
5. Rough electric - slab	<u>5-12-96</u>	<u>DB</u>
6. Lintel	<u>3-6-96</u>	<u>DB</u>
7. Dry in (final)	<u>4-29-96</u>	<u>DB</u>
8. Roof	<u>4-29-96</u>	<u>DB</u>
9. Framing	<u>5-2-96</u>	<u>DB</u>
10. Rough electric	<u>5-2-96</u>	<u>DB</u>

- 3. Footing - slab DB 2-20-96
- 4. Rough plumbing - slab DB 2-16-96
- 5. Rough electric - slab DB 5-12-96
- 6. Lintel DB 3-6-96
- 7. Dry in (final) DB 4-29-96
- 8. Roof DB 4-29-96
- 9. Framing DB 5-2-96
- 10. Rough electric DB 5-2-96
- 11. Rough plumbing DB 2-16-96
- 12. A/C Ducts DB 5-2-96
- 13. Insulation DB 5-14-96
- 14. Final electric R.L.M. 9-27-96
- 15. Final plumbing R.L.M. 9-27-96
- 16. Final construction R.L.M. 9-27-96
- 17. As-built survey R.L.M. 2-5-96
- 18. Affidavit of cost R.L.M. 9-27-96

Final Inspection for Issuance of Certificate for Occupancy

Approved by Building Inspector R.L.M. 9-27-96 date

Approved by Building Commissioner _____ date

Utilities notified _____ date

Original Copy sent to W. BANHION 9-27-96 date
 (owner)

(Keep carbon copy for Town files)

10452

SCREEN WALL



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:	10452	DATE ISSUED:	05/17/2013
SCOPE OF WORK:	SCREEN WALL		
CONTRACTOR:	SANDERS SCREENING		
PARCEL CONTROL NUMBER:	353741010-000-000402	SUBDIVISION	RIVER CREST - L 4
CONSTRUCTION ADDRESS:	7 RIVER CREST CT		
OWNER NAME:	BENNION		
QUALIFIER:	ROBERT SANDERS	CONTACT PHONE NUMBER:	221-2116

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

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

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

INSPECTIONS

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

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

Town of Sewall's Point

Date: 4-17-13 BUILDING PERMIT APPLICATION Permit Number: 10452

OWNER/LESSEE NAME: William Bemnion Phone (Day) 219 3678 (Fax)

Job Site Address: 7N Rivercrest Ct. City: Stuart State: FL Zip: 34996

Legal Description: 7N Rivercrest Ct Parcel Control Number: 35374101000000402

Fee Simple Holder Name: Address:

City: State: Zip: Telephone:

*SCOPE OF WORK (PLEASE BE SPECIFIC):

Screen Wall

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

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

COST AND VALUES: (Required on ALL permit applications) Estimated Value of Improvements: \$ 2000 (Notice of Commencement required when over \$2500 prior to first inspection, \$7,500 on HVAC change out) Is subject property located in flood hazard area? VE10 AE9 AE8 X FOR ADDITIONS, REMODELS AND RE-ROOF APPLICATIONS ONLY: Estimated Fair Market Value prior to improvement: \$ (Fair Market Value of the Primary Structure only, Minus the land value) PRIVATE APPRAISALS MUST BE SUBMITTED WITH PERMIT APPLICATION

Construction Company: Sanders screening Phone: 221 2116 Fax: 219 1019

Qualifiers name: Robert Sanders Street: 5799 SE Ault Ave. State: FL Zip: 34997

State License Number: 7MCA202908 OR: Municipality: License Number:

LOCAL CONTACT: Robert Sanders Phone Number: 215 2253

DESIGN PROFESSIONAL: Paul Welsh Fla. License# 29845

Street: 1984 SW Biltmore City: P. S. L. State: FL Zip: 34997 Phone Number: 785 9888

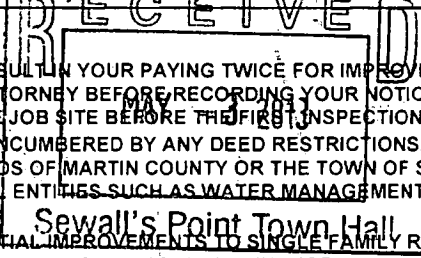
AREAS SQUARE FOOTAGE: Living: Garage: Covered Patios/ Porches: Enclosed Storage:

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

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

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

WARNINGS TO OWNERS AND CONTRACTORS



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

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

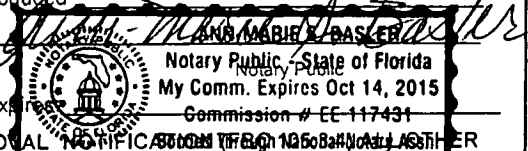
AFFIDAVIT: APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO THE WORK AS SPECIFICALLY INDICATED ABOVE. I CERTIFY THAT NO WORK OR INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT AND THAT THE INFORMATION I HAVE FURNISHED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.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

OWNER /AGENT/LESSEE - NOTARIZED SIGNATURE:

X State of Florida, County of On This the day of ,20 by who is personally known to me or produced As identification. Notary Public My Commission Expires:

CONTRACTOR/LICENSEE NOTARIZED SIGNATURE:

X Robert Sanders State of Florida, County of Martin On This the 3rd day of May 2013 by Robert Sanders who is personally known to me or produced As identification. Notary Public, State of Florida My Comm. Expires Oct 14, 2015 Commission # EE-117431



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

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

generated on 5/6/2013 10:56:09 AM EDT

Summary

Parcel ID	Account #	Unit Address	Market Total Value	Website Updated
35-37-41-010-000-00040-2	9597	7 RIVER CREST CT, SEWALL'S POINT	\$493,040	5/4/2013

Owner Information

Owner(Current)	BENNION WILLIAM S & MARY J (TR)
Owner/Mail Address	7 RIVER CREST CT STUART FL 34996
Sale Date	3/22/2006
Document Book/Page	2123 2895
Document No.	1919394
Sale Price	0

Location/Description

Account #	9597	Map Page No.	SP-01
Tax District	2200	Legal Description	RIVER CREST, LOT 4 PI#35-37-41-010-000-00040-20000
Parcel Address	7 RIVER CREST CT, SEWALL'S POINT		
Acres	.4510		

Parcel Type

Use Code	0100 Single Family
Neighborhood	120700 M&B,Quail Run,Rvr Crst

Assessment Information

Market Land Value	\$185,000
Market Improvement Value	\$308,040
Market Total Value	\$493,040

Sanders Screening & Repair, Inc.

5799 S.E. Ault Avenue • Stuart, Florida 34997

(772) 221-2116 • Fax (772) 219-1019

6088



COMMERCIAL • RESIDENTIAL • SCREEN ROOMS • CUSTOM DOORS

LIC. & INS.
MCAL 02908

CUSTOMER Bill Bennion PHONE 2193678 DATE 4-15-13

MAILING _____ CITY _____

INSTALLATION ADDRESS 7-N River Crest CITY Severely

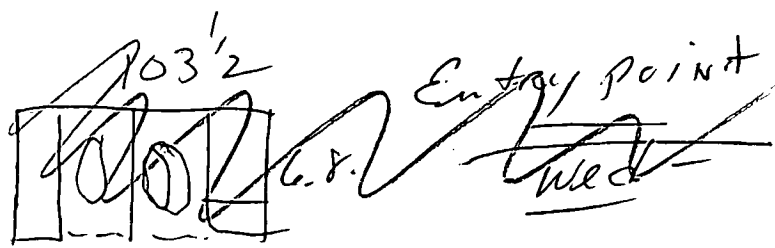
ROOF	GUTTER & D.S.	PARCEL CONTROL #
WALL HT.	SCREEN <u>1 P X 14</u>	
UPRIGHTS	CHAIR RAIL <u>⊙</u>	LEGAL DESCRIPTION
DOORS <u>1</u>	COLOR	

- For the total price including tax the seller agrees to fabricate, deliver and install any of the above products.
- This proposal does not become a contract until accepted and signed by an officer of the seller-company, and if not accepted, any cash payment will be returned.
- Price, terms and other elements of this proposal are good for 30 days from the date and void thereafter at the seller's option.
- No statement, warranty, implied or expressed, representation or agreement, written or verbal, not appearing upon the face of this contract shall be binding upon the parties hereto.
- Seller expressly reserves all contractors, mechanics and material man's lien which may be asserted under any provision of law to secure payment of the contract price and may assert and fix the same as lien upon the real property on which installation is made.
- After your inspection and approval, payment will be paid upon completion of the job.
- In the event payment on this contract is enforced through attorneys or by suit or in bankruptcy or probate proceedings, seller may recover and purchaser hereby agrees to pay reasonable attorney fees and costs of court.
- All sums not paid as due shall bear interest at 15% per annum and unless otherwise stated all sums become due and payable upon completion of work.
- Seller agrees to take all reasonable steps to insure the fulfillment of orders received, but our performance is subject to delays or cancellations caused by war, accident, strikes, inability to secure labor and raw materials, fires, embargoes, transportation shortages and delays, government conscription, priorities, and restraint, failure on your part to give notice of your requirements and/or proper measurements and other information and all other causes whether of the same or different class affecting the whole or any part of seller's obligation hereunder.
- Title, ownership and right to possession of said property described in this contract shall remain in Sanders Screening & Repair, Inc. until the total amount of the contract price has been paid in full, and this contract shall be in default when any payment due hereunder shall not be paid when due. Such default shall entitle Sanders Screening & Repair, Inc. if it so desires, to repossess the property described in this contract on demand and without notice and to retain all sums previously paid. It is understood and agreed that Sanders Screening & Repair, Inc. shall not be responsible for any damage to the Purchaser's property caused by the removal of the property described in this contract from the premises of the Purchaser in order to repossess them.
- Contractor or owners agree to supply electrical power at jobsite.
- The undersigned acknowledges receipt of a true copy of this contract and acknowledges that he has read and understands the contents thereof and accepts the same on the terms and conditions stated herein.
- This contract shall be binding upon the parties hereto, their heirs, successors and assigns.
- Electrical grounding, if required, not a part of this contract.
- This price does not include permit or engineering unless stipulated.
- Customer has three days to cancel order.
- Balance to be paid upon completion
- Metal Roof - No payment shall be withheld for any leaks.
- Sanders Screening & Repair, Inc. has the right of refusal after field measurement due to job conditions.
- Any Physical or verbal changes after signing must be approved in writing by both parties.
- Parts and Labor for 1 year will be warranted from installation date.

SKETCH Look up
Superscreen

8.3 X 9 wall/sect.
4 X 6 END wall.

Install Porch u/N sect.
NO chairrail @ This time



I/WE have read the forgoing proposed contracts and accept the same on the terms and conditions stated above.

ACCEPTED BY [Signature]
By _____

CONTRACT PRICE 2000.-
INITIAL DEPOSIT 0
BALANCE UPON COMPLETION 2000

AUTHORIZED SANDERS SCREENING REPRESENTATIVE
By [Signature]

TOWN OF SEWALLS POINT

BUILDING DEPARTMENT - INSPECTION LOG

Date of Inspection

Mon

Tue

Wed

Thur

Fri

7-22-13

Page 1 of 1

PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10487	Ghivato 107 S. Sewalls Total Roofing	Final Roof	Pass	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10452	Riviera	Final	Pass	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
10513	Ledon 2 Knowles Honest Air	Final AC	Pass	CLOSE INSPECTOR <i>[Signature]</i>
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
	18 EMARITA WAY TREE		OK	INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR
PERMIT #	OWNER/ADDRESS/CONTRACTOR	INSPECTION TYPE	RESULTS	COMMENTS
				INSPECTOR