

16 South River Road

3918

SFR

TOWN OF SEWALL'S POINT BUILDING PERMIT

PARCEL CONTROL NUMBER _____

PERMIT NUMBER 3918

DATE ISSUED 1/22/96

OWNER B+G Powell

CONTRACTOR OR OWNER/BLDR. OWNER

ADDRESS _____

ADDRESS _____

CITY/ST/ZIP SP

CITY/ST/ZIP SP

TELEPHONE 57

TELEPHONE 223-1755

FLOOD ZONE A-10

TO BE CONSTRUCTED HOUSE

SITE ADDRESS 16 SRA

SUBDIVISION Heritage

CONSTRUCTION VALUE 205,375

ONE PER BLDG. PERMIT. MAX. THREE SIGNS PER JOB. MAX. SIZE TWO SQUARE FEET. BLACK & WHITE.

BLDG. PERMIT GOOD FOR ONE YEAR. AT EXPIRATION A NEW PERMIT FEE MUST BE PAID.

REMODELING/NEW CONSTRUCTION NEW

IMPACT 1508 60

RADON 8735

SEPTIC _____

WELL _____

FENCE _____

POOL _____

DOCK _____

FEES BE PAID.

PLUMBING 100

ELECTRICAL 100

MECH./A.C. 100

ROOF 100

WALL _____

POOL ENCLOSURE _____

OWNER/BUILDER same

TOTAL 3998 55

PAID BY CHECK 116-115

BUILDING INSPECTION

(FOR OFFICIAL USE ONLY)

(SIGN OFF)

FORM BOARD SURVEY	DATE	NAILING	DATE
ROUGH PLUMBING	<u>OK</u> DATE <u>3/18/96</u> <u>DB</u>	ROOF <u>NOIL PARTIAL</u>	DATE <u>7/22/96</u> <u>DR. JHN</u>
TERMITE PROTECTION	<u>OK</u> DATE <u>3/7/96</u> <u>DB</u>	INSULATION	<u>OK</u> DATE <u>12-5-96</u>
FOOTING-SLAB	<u>OK</u> DATE <u>3/25/96</u> <u>DB</u>	FINAL ELECTRIC	DATE _____
LINTEL	<u>OK</u> DATE <u>5/9/96</u> <u>DB</u>	FINAL PLUMBING	DATE _____
ROUGH ELECTRIC	<u>OK</u> DATE <u>4/18/96</u> <u>DB</u>	SEPTIC FINAL	DATE _____
FRAMING	<u>OK</u> DATE <u>11/13/96</u> <u>DB</u>	DRIVEWAY	DATE _____
A/C DUCTS	<u>OK</u> DATE <u>11/13/96</u> <u>DB</u>	FINAL C.O.	DATE _____

PERMIT AUTHORIZED BY _____

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

Tax Folio No. _____

3918

TOWN OF SEWALL'S POINT, FLORIDA

BUILDING PERMIT APPLICATION

Owner's Name BEVERLEY & GARY POWELL

Owner's Address 915 OSCEOLA ST. STUART, FLORIDA

Owner's Telephone 407-223-1755 H. 805-527-5181 OFF.

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

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

City _____ State _____ Zip _____

Contractor's Name owner builder

Contractor's Address 915 OSCEOLA ST. STUART, FLORIDA

City STUART State FLORIDA Zip _____

Contractor's Telephone 407-223-1755 License Number _____

Job Name RESIDENCE FOR BEVERLEY & GARY POWELL

Job Address 16 SOUTH RIVER ROAD

City Town of Sewall's Point State Florida Zip 34996

Legal Description LOT 24 HERITAGE PLACE AS RECORDED IN PLAT BOOK 10, PAGE 2, PUBLIC RECORDS OF MARTIN COUNTY, FL

Bonding Company _____

Bonding Company Address _____

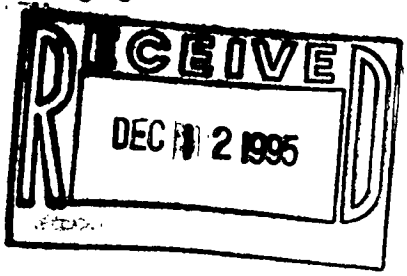
City _____ State _____

Architect/Engineer's Name GARY POWELL

Architect/Engineer's Address 223 S.E. 6 AVE, FT. LAUD., FL. 33301

Mortgage Lender's Name NONE

Mortgage Lender's Address NONE



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 OWNER License No. _____
Electrical Contractor _____ License No. _____
Roofing Contractor _____ License No. _____
A/C Contractor _____ License No. _____

Description of Building or Alterations NEW SINGLE FAMILY RESIDENCE
3200 SF A/C 535 SF. NON A/C

Name of Street Designated as Front Building Line and Front Yard
SOUTH RIVER ROAD.

Subdivision HERITAGE PLACE Lot 24 Block 10

Building Area (air conditioned) 3200 sq. ft.

Garage, Porch, Carport Area 535 sq. ft.

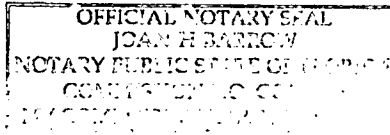
Contract Price (excluding carpet, land, appliance, landscaping)

\$ ± 115,000.00 ACTUAL COST
BY OWNER
BLDR.

Beverley S. Powell DATE 12-13-95
(Owner or Authorized Agent)

Sworn and Subscribed before me this
13th day of December 1995 (SEAL)

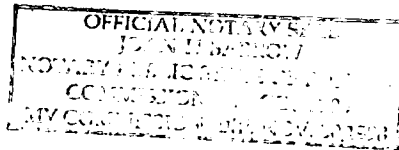
Joan H. Barrow
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:



Beverley S. Powell DATE 12-13-95
(Contractor)

Sworn and Subscribed before me this
13th day of December 1995 (SEAL)

Joan H. Barrow
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:



Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

APPLICATION APPROVED BY [Signature] Permit Officer
[Signature]

For Official Use Only

Plans approved as submitted _____ Date _____

Plans approved as marked ✓ Date 12/16/95

A/C Area 3200 sq. ft. x \$60. = \$ 192,000
Non A/C Area 535 sq. ft. x \$25. = \$ 13,375
Total = \$ 205,375

Contract Price \$ 119,000. (fee will be charged on higher amount)

205375 ^{÷ 1000} M. x \$8.00 = \$ 1643.0 Building Fee

25% Owner/Builder Fee \$ 410.00 (if applicable)

A/C Fee \$ 100.00

Electrical Fee \$ 100.00

Plumbing Fee \$ 100.00

Roofing Fee \$ 100.00

Radon Fee \$ 37.35

County Impact Fee \$ 1508.2

TOTAL PERMIT FEE \$ 3961.2

PAYMENT RECEIVED *[Signature]* 1/22/96
Signature Date

Contractor's License NA

Sub-Contractors' Licenses _____

Workers' Comp. Insurance _____

General Liability Insurance _____

Three sets of Plans _____

Plans sealed by architect or engineer _____

Plot Plan _____

Boundary survey _____

Topographic survey certified to the Town of S.P. _____

Recorded warranty deed _____

Septic tank permit _____

Energy Code calculations _____

Elevation certificate _____

Recorded notice of commencement _____

Application for S.O. _____

*Rider home owners
203 more permit
owner builder
tree permit*



DECLARATIONS

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

79-CV-7564-6 Policy Number

Named Insured and Mailing Address
POWELL, WM. GARY AND BEVERLY
915 SE OSCEOLA STREET
STUART, FL 34994

Coverage afforded by this policy is provided by:

STATE FARM FIRE AND CASUALTY COMPANY
7401 CYPRESS GARDENS BOULEVARD
WINTER HAVEN, FL 33888

A Stock Company with Home Offices in
Bloomington, Illinois.

The Policy Period begins and ends at 12:01 a.m. Standard Time at the residence premises.

12-13-95 Effective Date
12 months-Policy Period
12-13-96 Expiration of Policy Period

Limit of Liability - Section 1
\$ 207,000 Coverage A. Dwelling

Policy Type
Homeowners Policy
Special Form 3

Location of Premises
16 S RIVER RD
STUART, FL 34996

Automatic Renewal - If the Policy Period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Deductibles - Section 1 \$500 ALL LOSSES In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.

Policy Premium \$707.00

Forms & Endorsements
PERSONAL LIABILITY: \$300,000
BUILDER'S RISK ENDORSEMENT

Mortgagee
POWELL, WM GARY AND BEVERLY
915 SE OSCEOLA STREET
STUART, FL 34994

Agent Name & Address
FRANK WARREN
910 SW MARTIN DWNS BLVD
P O BOX 1016
STUART, FL
34995-1016 (407)286-7400

Loan Number:

Countersigned: December 13, 1995 By

Frank Warren
Agent

1842

Agent's Code

559-916.1

MORTGAGEE COPY



**PREMIUM NOTICE
STATE FARM INSURANCE COMPANIES
AGENT ISSUED DECLARATIONS**

POLICY NUMBER 79-CV-7564-6	BILLING PERIOD FROM 12-13-95 TO 12-13-96	AGENT CODE 1842
--------------------------------------	--	---------------------------

LOCATION (If other than Named Insured's mailing address)
16 S RIVER RD
STUART, FL 34996

INSURED
POWELL, WM. GARY AND BEVERLY
915 SE OSCEOLA STREET
STUART, FL 34994

PREMIUM \$ 707.00
AMOUNT PAID \$ 707.00
AMOUNT DUE \$.00

DATE DUE

MORTGAGEE
POWELL, WM GARY AND BEVERLY
915 SE OSCEOLA STREET
STUART, FL 34994

AGENT NAME & ADDRESS
FRANK WARREN
910 SW MARTIN DWNS BLVD
P O BOX 1016
STUART, FL
34995-1016 (407)286-7400

Loan Number:

This is the only notice you will receive. Please make check payable to **STATE FARM** and return it with this notice to the address shown below. Your canceled check is your receipt. Thanks for letting us serve you.

STATE FARM INSURANCE COMPANIES

FLORIDA REGIONAL OFFICE
7401 CYPRESS GARDENS BOULEVARD
WINTER HAVEN, FL 33888



FRANK WARREN, Agent
910 SW Martin Downs Boulevard
P.O. Box 1016
Stuart, Florida 34995-1016
Phone: Bus. 407-286-7400

ACORD

CERTIFICATE OF INSURANCE

BC 04445

ISSUE DATE (MM/DD/YY)

12/13/95

PRODUCER

RICK CARROLL INSURANCE
P.O. BOX 877
JENSEN BEACH FL 34958

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.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A B & E Mutual**

COMPANY LETTER **B CNA/Continental Casualty**

COMPANY LETTER **C Moac/Marine Office**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

Sawtell Land Clearing, Inc.
P. O. Box 1791
Stuart, FL 34995

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.

CO TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNERS' & CONTRACTOR'S PROT.	8004931020	06/08/95	06/08/96	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG. \$ 500,000 PERSONAL & ADV. INJURY \$ 500,000 EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXP. (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	8804931021	06/08/95	06/08/96	COMBINED SINGLE LIMIT \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	34821981095	03/01/95	03/01/96	STATUTORY LIMITS EACH ACCIDENT \$ 100,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

LAND CLEARING/STATE OF FLORIDA
THIRTY DAYS NOTICE OF CANCELLATION ON WORKERS COMPENSATION
CERTIFICATE ISSUED FOR PROOF OF INSURANCE ONLY

CERTIFICATE HOLDER

GARY POWELL
915 SE OSCEOLA ST
STUART FL 34994

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Ruth Carroll

This Warranty Deed

Made this _____ day of August A.D. 19 94

by JAYANTILAL R. PATEL, joined by his spouse, SAVITABEN H. PATEL

hereinafter called the grantor, to WILLIAM GARY POWELL and BEVERLEY SUE POWELL, his wife

whose post office address is:

Grantees' SSN:

hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth, that the grantor, for and in consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in MARTIN County, Florida, viz:

Lot No. 24 in HERITAGE PLACE, subject to the Declaration of Covenants, conditions and restrictions for Heritage Place, and those matters common to the Plat of Heritage Place, as recorded in Plat Book 10, page 2, Public Records of Martin County, Florida

SUBJECT TO covenants, restrictions, easements of record and taxes for the current year.

Parcel Identification Number: 01 38 41 013 000 00240 8 0000

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

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

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 19 93

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Terry J. Osborne
Name: Witness (Print name under signature)

Jayantilal R. Patel
Name & Address: JAYANTILAL R. PATEL LS

Terry J. Osborne
Name: Witness (Print name under signature)
Terry J. Osborne

Savitaben H. Patel
Name & Address: SAVITABEN H. PATEL LS
(SJP)

Julie Stiles
Name: Julie Stiles

Name & Address: LS

Julie Stiles
Name: Julie Stiles

Name & Address: LS

State of DE
County of New Castle

The foregoing instrument was acknowledged before me this 17th day of August, 19 94, by

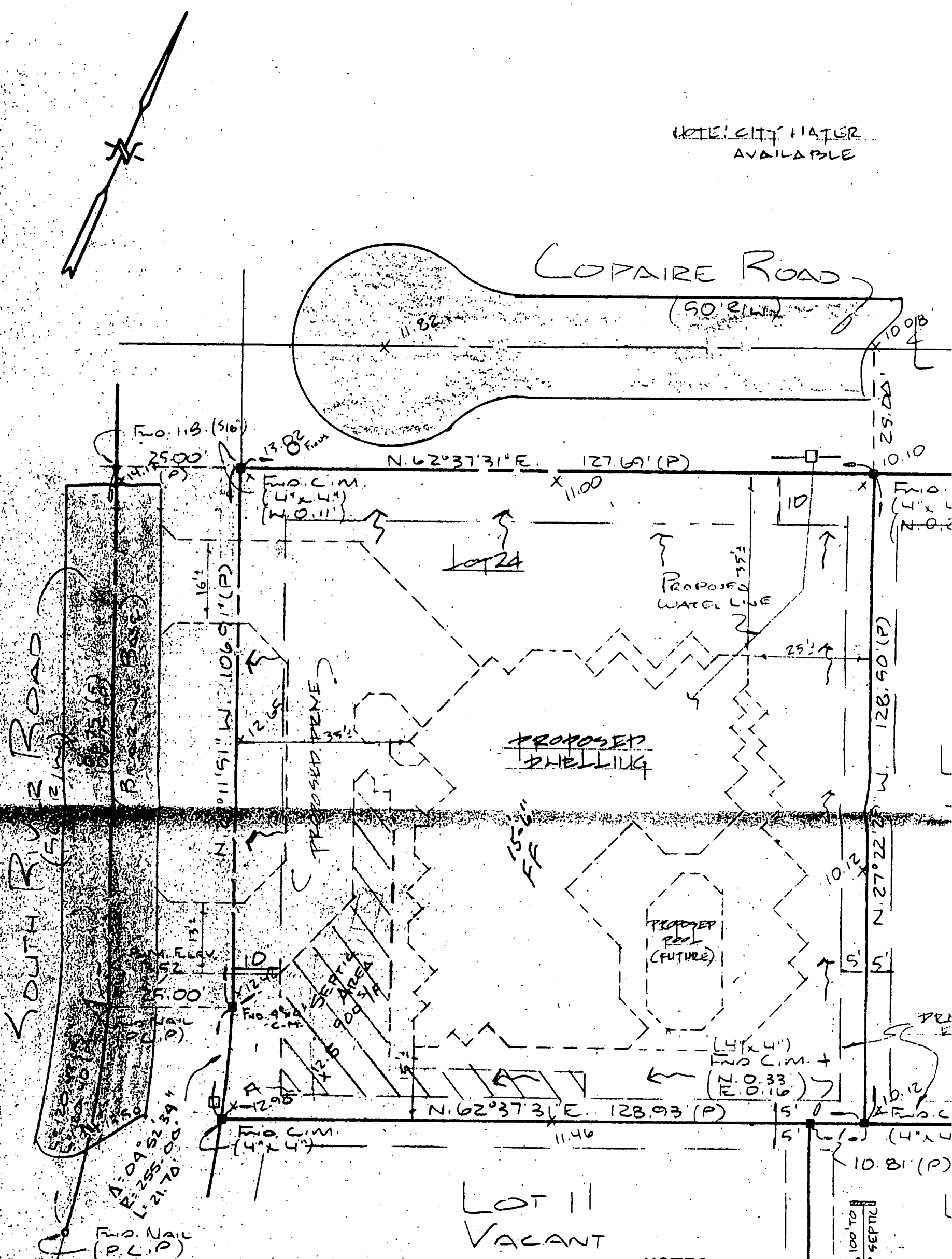
JAYANTILAL R. PATEL, joined by his spouse, SAVITABEN H. PATEL

who is personally known to me or who has produced Florida Driver's licenses as identification.

Catherine A. Downs
Print Name: Catherine A. Downs
Notary Public
Commission Expires: 3-8-97
NOTARY PUBLIC STATE OF DELAWARE
APPOINTED MARCH 2, 1993
5 YEARS

PREPARED BY: Judith B. Rowell, CLS/CME Commission Expires: 3-8-97
RECORD & RETURN TO:
First American Title Insurance Company
301 E. Ocean Blvd. Suite #300--P. O. Box 2008
Stuart, Florida 34994
File No: 94-4638

NOTE: CITY WATER AVAILABLE



1. PROPERTY LOCATED WITHIN FLOOD ZONE: "C"
2. PROPERTY ADDRESS: SOUTH RIVER ROAD
3. CERTIFIED TO: GARY POWELL
THE TOWN OF SEWALL'S POINT

- NOTES:**
1. Survey of description as furnished by C
 2. Lands shown hereon were not abstract and/or rights-of-way of record.
 - (P) Denotes distance or bearing by descr
 - (F) Denotes measured distance or bearin
 - (C) Denotes calculated distance or bearing.
 3. All bearings are referenced to the Inst as shown hereon, unless otherwise note
 4. Elevations shown hereon are relative to Vertical Datum of 1929, and are base
 5. There are no above ground encroachments, u

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

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF MARTIN

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

DESCRIPTION OF PROPERTY:

General description of improvements: NEW SINGLE FAMILY RESIDENCE

Owner: Beverley & GARY POWELL
Address: 915 ISIDORA STREET, STUART, FLORIDA, 34994

Owner's interest in site of the improvement: _____

Contractor: OWNER
Address: 915 OSCOLA ST. STUART, FL 34994

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

Lender: NA Cash
Address: _____

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

Name: William Powell
Address: 301 NW 23 ST. WILTON MANORS, FL 33311

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

Name: William Powell
Address: 301 NW 23 ST. WILTON MANORS, FL 33311

Beverley Sue Powell
Beverley Sue Powell

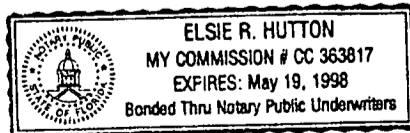
County of MARTIN
STATE OF FLORIDA

Sworn to and subscribed before me this 12th day
of January, 1996.

J.D. used
Tel. #400-877-56-906-0
Expires 11/06/2000
(NOTARY SEAL)

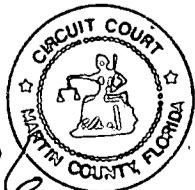
Elsie R. Hutton

I am a Notary Public of the
STATE OF _____ AT LARGE, and
My Commission Expires:



STATE OF FLORIDA
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE
FOREGOING _____ PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL
MARSHA STILLER, CLERK



BY _____
DATE 1/12/96



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

STUBOUT ELEVATION AND EXCAVATION CERTIFICATION

APPLICANT: Gary & Beverly Powell SEPTIC TANK PERMIT NO. HD95-0254
LEGAL DESCRIPTION: Lot 24 Heritage Place

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: _____

[Signature]
(Signature)

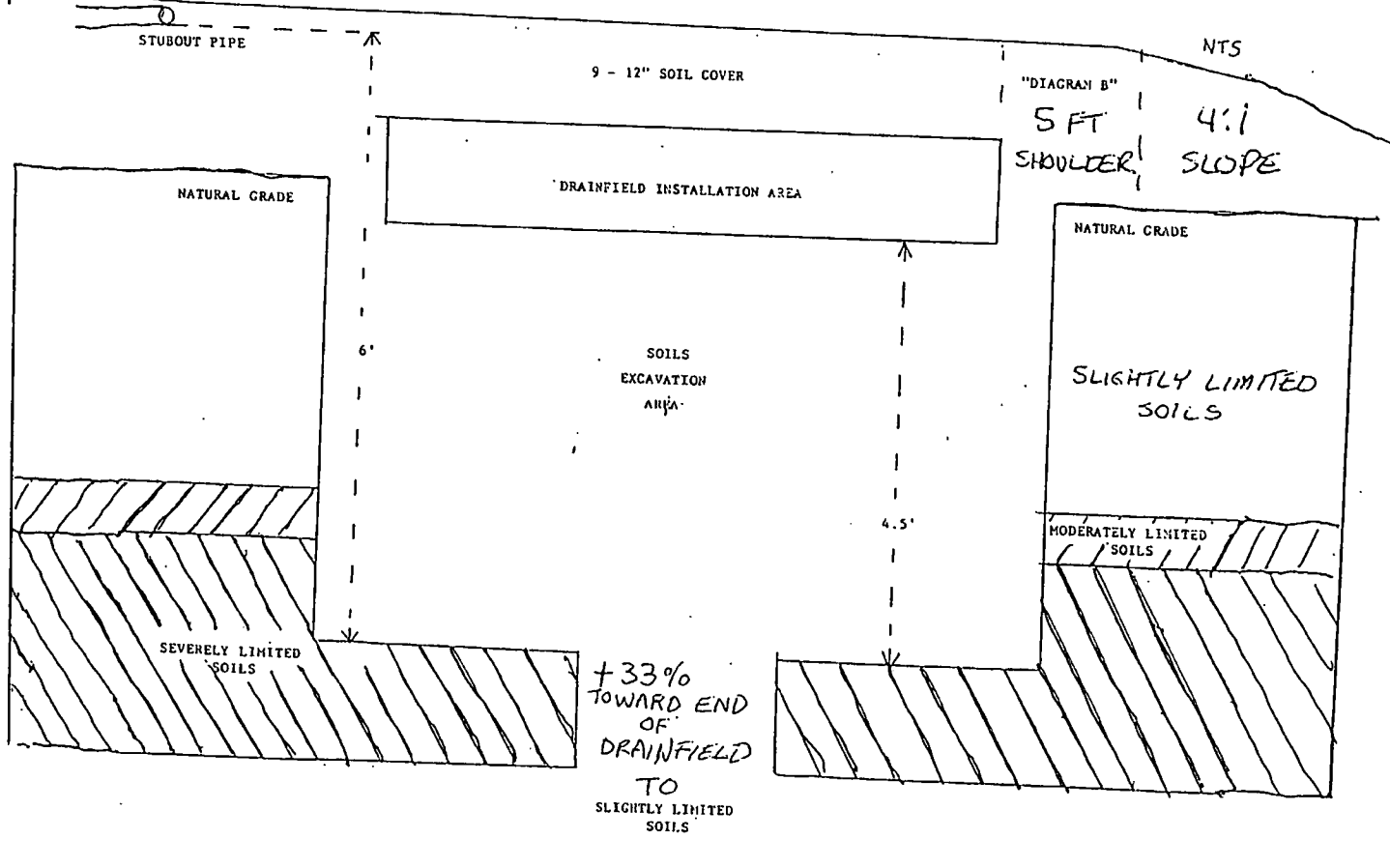
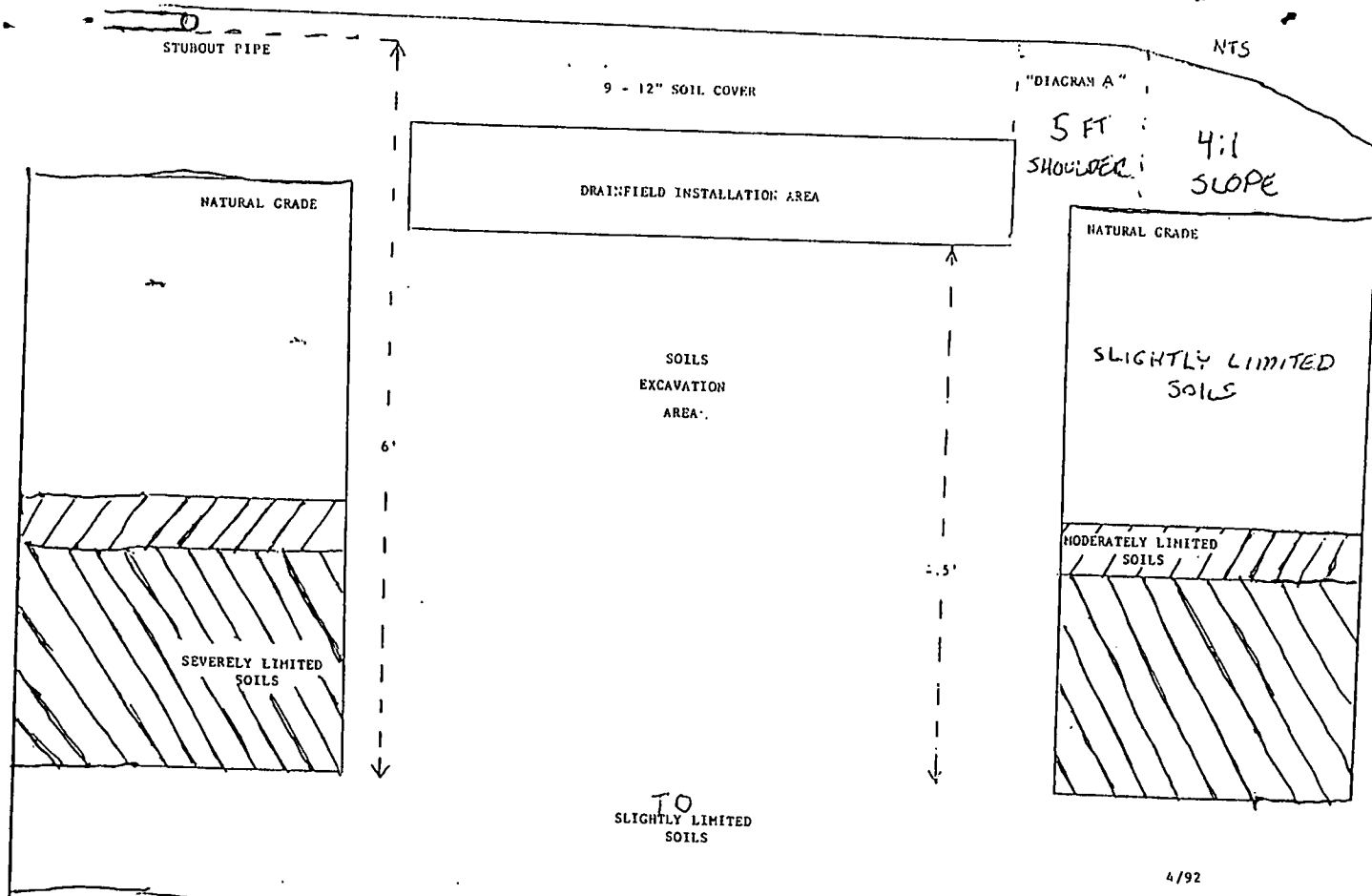
-----FOR MARTIN COUNTY PUBLIC HEALTH UNIT USE ONLY-----

Martin County Health Unit Approval Signature

(Date)

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

Revised 3/28/92



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

PERMIT # 95-0254-
DATE PAID 10/26/95
FEE PAID \$ 105.00
RECEIPT # 15960

CONSTRUCTION PERMIT FOR:

New System Existing System Holding Tank Temporary/Experimental System
 Repair Abandonment Other(Specify) _____

APPLICANT: GARY & BEVERLY POWELL AGENT: STEPHEN BROWN

PROPERTY STREET ADDRESS: 16 SOUTH RIVER ROAD SEWELLS POINT

LOT: 24 BLOCK: _____ SUBDIVISION: HERITAGE PLACE

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 [500] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [0] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: STANDARD FILLED MOUND _____
I CONFIGURATION: TRENCH BED 18'w x 27.70'l

F LOCATION OF BENCHMARK: BM 13.52'NGVD
I ELEVATION OF PROPOSED SYSTEM SITE IS [12.2] INCHES BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [32.0] 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 12" BELOW BM 13.52' NGVD
T TOP OF DRAINFIELD PIPE IS REQUIRED TO BE A MINIMUM ELV. OF 22" BELOW BM 13.52' NGVD
H TOP OF SEPTIC TANK IS REQUIRED TO BE A MINIMUM ELV. OF 8" BELOW BM 13.52' NGVD
E DRAINFIELD ROCK MUST BE 5 FT. FROM PROPERTY LINES.
R " SEE SPECIAL CONDITIONS LIST "

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

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

DATE ISSUED: 11/08/95 EXPIRATION DATE: 05/08/97



SEPTIC TANK SYSTEM SPECIAL CONDITIONS LIST

APPLICATION NAME: Powell PERMIT NO. (HD) 95-0254
SUBDIVISION: _____

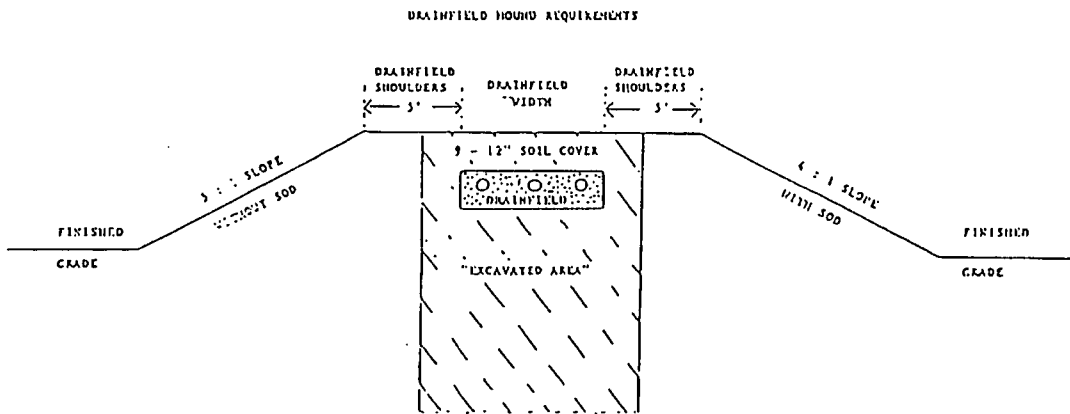
N O T E Special Condition(s) marked "X" are in effect.

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. _____ 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. An approved outlet filter device, tank baffle or tanks in series is 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 ROCK.

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.

Sewall

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

PERMIT # 95-0254-

APPLICANT: GARY & BEVERLY POWELL AGENT: STEPHEN BROWN

LOT: 24 BLOCK: _____ SUBDIVISION: HERITAGE PLACE

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: 0.37 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 400 GALLONS PER DAY [RESIDENCES-TABLE-1 / OTHER-TABLE-2]
AUTHORIZED SEWAGE FLOW: 925 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1000 SQFT UNOBSTRUCTED AREA REQUIRED: 666 SQFT
1000

BENCHMARK/REFERENCE POINT LOCATION: B14 13.52' NGVD
ELEVATION OF PROPOSED SYSTEM SITE IS 12.2 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: 15 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: 10 FT POTABLE WATER LINES: 65 FT

SITE SUBJECT TO FREQUENT FLOODING: [] YES NO 10 YEAR FLOODING? [] YES NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: 12.50 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1 SOIL PROFILE INFORMATION SITE 2

Munsell #/Color	Texture	Depth
<u>Muns 8/1</u>	<u>white sand</u>	<u>0 to 36</u>
<u>10YR</u>	<u>yellow sand</u>	<u>36 to 72</u>
		to
		to
		to
		to
		to
		to
		to
		to
USDA SOIL SERIES:	<u>Paola sand # 6</u>	

Munsell #/Color	Texture	Depth
<u>10YR 8/1</u>	<u>white sand</u>	<u>0 to 36</u>
	<u>yellow sand</u>	<u>36 to 72</u>
		to
		to
		to
		to
		to
		to
		to
		to
USDA SOIL SERIES:	<u>Paola sand # 6</u>	

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

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

SITE EVALUATED BY: Stephen Brown DATE: 10-31-95

RECEIVED

OCT 20 1995



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

HRS-Metro County
Public Health Unit

PERMIT # HD 95-254
DATE PAID 10-26-95
FEE PAID \$ 80.
RECEIPT # 15960

APPLICATION FOR:

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

APPLICANT: GARY & BEVERLEY POWELL TELEPHONE: 223-1755

AGENT: STEPHEN J. BROWN INC

MAILING ADDRESS: 290 FLORIDA ST., SUITE "C", 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: 24 BLOCK: N/A SUBDIVISION: HERITAGE PLACE DATE OF SUBDIVISION: 1985

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

PROPERTY SIZE: 0.37 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: [] PRIVATE [X] PUBLIC

PROPERTY STREET ADDRESS: 16 SOUTH RIVER ROAD (SEWELLS POINT)

DIRECTIONS TO PROPERTY: "SEE 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, 4, 3200, []

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

APPLICANT'S SIGNATURE: STEPHEN J. BROWN DATE: 10/17/95



APPLICANT GARY & BEVERLEY POWELL
LEGAL DESCRIPTION LOT 29, HERITAGE PLACE

-----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 1000 11/17/95 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 N/A NGVD SHOW LOCATION ON PLOT PLAN. IF ROAD IS NOT PAVED, BENCHMARK ELEVATION 13.52 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? N/A IF YES, WHAT IS THE MINIMUM REQUIRED FLOOD HAZARD FLOOR ELEVATION OF BUILDING? N/A NGVD.

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

CERTIFIED BY: STEPHEN J. BROWN
FL. PROFESSIONAL NO. 5079
DATE: 10/12/95 JOB NO. 1229-05-01

PREPARED BY: STEPHEN J. BROWN, INC.
290 FLORIDA ST., SUITE C
STUART, FL 34996
(407) 288-7176

HEAT LOAD CALCULATIONS

POWELL REISDENCE

SEWELLS POINT, FLORIDA

The following heat load calculations were performed using the Carrier E20-II computer program.

UNIT	CALCULATED LOAD		SELECTED EQUIP.		% DIFFERENCE	
	TOTAL	SEN.	TOTAL	SEN.	TOTAL	SEN.
AHU-1	55,508	42,698	55,000	44,400	99.1	104
AHU-2	47,765	36,742	51,000	37,400	107	102

The selected units meet the calculated sensible load and do not exceed 120% of the calculated load. AHU-1 is less than one percent below the calculated total load which is less than the error tolerance of the calculations and would be the best choice for this application. The next size larger unit would be too large.

DETAILED REPORT FOR ENTIRE HOUSE

Prepared For:
GARY POWELL
223 S.E. 6 AVE
FORT LAUDERDALE, FL 33301

Prepared By:
CWK
KILLINGSWORTH ENG.
Job Name: POWELL RESIDENCE LIVING

EXPOSURE								
GLASS	NORTH	SOUTH	EAST	WEST	NE/NW	SE/SW	HORZ.	TOTAL
AREA :	0;	30;	0;	12;	151;	228;	0;	421;
COOLING :	0;	841;	0;	1,032;	9,217;	17,109;	0;	28,200;
HEATING :	0;	1,109;	0;	444;	5,581;	8,427;	0;	15,560;

WALLS	NORTH	SOUTH	EAST	WEST	NE/NW	SE/SW	BELOW	TOTAL
							GRADE	
AREA :	126;	33;	45;	15;	455;	366;	0;	1,040;
COOLING :	-204;	90;	123;	41;	1,244;	1,001;	0;	2,295;
HEATING :	-875;	177;	242;	81;	2,443;	1,965;	0;	4,032;

DOORS	NORTH	SOUTH	EAST	WEST	NE/NW	SE/SW	TOTAL
AREA :	0;	0;	0;	0;	60;	0;	60;
COOLING :	0;	0;	0;	0;	835;	0;	835;
HEATING :	0;	0;	0;	0;	1,133;	0;	1,133;

FLOOR	AREA	COOLING	HEATING
	1688	0	5,443

CEILING	AREA	COOLING	HEATING
	1688	1,917	1,704

MISCELLANEOUS COOLING LOADS

People Sensible Load	1,575	Latent Load	12,810
Lights & Appl. Load	2,389	Latent Safety Btuh	0
Ventilation Load	0		
Duct Heat Gain	5,244		
Infiltration Load	243		
Sensible Safety Btuh	0		
TOTAL SENSIBLE LOAD	42,698	TOTAL LATENT LOAD	12,810
Summer ACH	0.04	Temp. Swing Mult.	1.00

*** Total Cooling Load 55,508 BTUH Or 4.63 Tons ***

MISCELLANEOUS HEATING LOADS

Infiltration Load	915	Ventilation Load	0
Duct Heat Loss	2,591	Safety Btuh	0
Winter ACH	0.00		

*** Total Heating Load 31,378 BTUH ***

SUMMARY REPORT

Prepared For:
GARY POWELL
223 S.E. 6 AVE
FORT LAUDERDALE, FL 33301

Prepared By:
CWK
KILLINGSWORTH ENG.
Job Name: POWELL RESIDENCE LIVING

DESIGN CONDITIONS for FORT LAUDERDALE

	OUTDOOR		INDOOR	
	SUMMER	WINTER	SUMMER	WINTER
Dry Bulb	91	40	74	72
Wet Bulb	79		60	
Daily Range	15		Daily Swing	3.0
Latitude	25		Elevation	7
			Safety Factor (%)	0
			Latent Factor (%)	30

Room Name	Heating BTUH	Heating CFM	Sensible Cooling BTUH	Cooling CFM
Living/Dining	6,470	412	10,804	506
Foyer	1,686	107	1,943	91
Family Room	8,132	518	12,093	566
Bath Three	2,432	155	2,022	95
Den	4,643	296	6,171	289
Closet Five	1,656	106	638	30
Breakfast	4,086	260	5,567	261
Kitchen	444	28	2,774	130
Power Room	15	1	-22	-1
Laundry	1,814	116	708	33
	-----	-----	-----	-----
	31,378	2,000	42,698	2,000

HEATING DELTA T 14.3

COOLING DELTA T 19.4

AHU-1 LIVING ROOM AREA

NOTE: *** Calculated Airflow is based upon load requirements.
Verify that airflow calculated is compatible with
selected equipment requirements. ***

DETAILED REPORT FOR ENTIRE HOUSE

Prepared For:
GARY POWELL
223 S.E. 6 AVE
FORT LAUDERDALE, FL 33301

Prepared By:
CWK
KILLINGSWORTH ENG.
Job Name: POWELL RESIDENCE BEDROOM

EXPOSURE								
GLASS	NORTH	SOUTH	EAST	WEST	NE/NW	SE/SW	HORZ.	TOTAL
AREA	0	16	48	0	177	72	0	313
COOLING	0	449	4,130	0	10,804	5,403	0	20,786
HEATING	0	591	1,774	0	6,542	2,661	0	11,568

WALLS	NORTH	SOUTH	EAST	WEST	NE/NW	SE/SW	BELOW GRADE	TOTAL
AREA	27	245	114	126	273	279	0	1,064
COOLING	74	670	312	345	747	763	0	2,910
HEATING	145	1,315	612	677	1,466	1,498	0	5,713

DOORS	NORTH	SOUTH	EAST	WEST	NE/NW	SE/SW	TOTAL
AREA	0	0	0	0	0	0	0
COOLING	0	0	0	0	0	0	0
HEATING	0	0	0	0	0	0	0

FLOOR	AREA	COOLING	HEATING
	1105	0	3,318

CEILING	AREA	COOLING	HEATING
	1105	1,255	1,115

MISCELLANEOUS COOLING LOADS

People Sensible Load	1,125	Latent Load	11,023
Lights & Appl. Load	5,973	Latent Safety Btuh	0
Ventilation Load	0		
Duct Heat Gain	4,512		
Infiltration Load	182		
Sensible Safety Btuh	0		
TOTAL SENSIBLE LOAD	36,742	TOTAL LATENT LOAD	11,023
Summer ACH	0.04	Temp. Swing Mult.	1.00

*** Total Cooling Load 47,765 BTUH Or 3.98 Tons ***

MISCELLANEOUS HEATING LOADS

Infiltration Load	686	Ventilation Load	0
Duct Heat Loss	2,016	Safety Btuh	0
Winter ACH	0.00		

*** Total Heating Load 24,416 BTUH ***

SUMMARY REPORT

Prepared For:
GARY POWELL
223 S.E. 6 AVE
FORT LAUDERDALE, FL 33301

Prepared By:
CWK
KILLINGSWORTH ENG.
Job Name: POWELL RESIDENCE BEDROOM

DESIGN CONDITIONS for FORT LAUDERDALE

	OUTDOOR		INDOOR	
	SUMMER	WINTER	SUMMER	WINTER
Dry Bulb	91	40	74	72
Wet Bulb	79		60	
Daily Range	15		Daily Swing	3.0
Latitude	25		Elevation	7
			Safety Factor (%)	0
			Latent Factor (%)	30

Room Name	Heating BTUH	Heating CFM	Sensible Cooling BTUH	Cooling CFM
----	-----	-----	-----	-----
Master Bedroom	7,646	501	14,907	649
Closet One	1,337	88	531	23
Master Bath	2,779	182	1,370	60
Closet Three	52	3	61	3
Bedroom Three	4,814	315	10,269	447
Closet Four	1,512	99	570	25
Bath Two	1,793	117	3,365	147
Bedroom Two	3,367	221	5,229	228
Closet Two	1,117	73	441	19
	-----	-----	-----	-----
	24,416	1,600	36,742	1,600

HEATING DELTA T 13.9

COOLING DELTA T 20.9

AHU-2 BEDROOM SECTION

NOTE: *** Calculated Airflow is based upon load requirements.
Verify that airflow calculated is compatible with
selected equipment requirements. ***

FLORIDA ENERGY EFFICIENCY CODE FOR BUILDING CONSTRUCTION

FORM 600A-93

Residential Component Prescriptive Method A

SOUTH

PROJECT NAME: POWELL RESIDENCE ; BUILDER:
AND ADDRESS: SEWELLS POINT ; PERMITTING : CLIMATE
SEWELLS POINT, FL ; OFFICE: SEWELLS POIN; ZONE: 7; 8; 9;
OWNER: MR & MRS GARY POWELL; PERMIT NO. ; JURISDICTION NO.531300

CK

Table with 2 columns: Description and Value. Rows include construction type (New Construction), floor area (3000.00), eave overhang (3.00), porch overhang (0.00), glass area, floor type, wall insulation, ceiling insulation, cooling/heating systems, hot water system, and energy points (Total As_Built: 49219.98, Total Base: 52336.42).

I Hereby certify that the plans and specifications covered by this calculation are in compliance with the Florida Energy Code.

PREPARED BY: Charles W. Kelly
DATE: 6/13/95

I hereby certify that this building is in compliance with the Florida Energy Code.

OWNER/AGENT:

Review of the plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed this building will be inspected for compliance in accordance with Section 553.908 F.S.

BUILDING OFFICIAL:

DATE: _____

DATE: _____

✓ ** INFILTRATION REDUCTION PRACTICE COMPLIANCE CHECKLIST **

COMPONENTS	SECTION	REQUIREMENTS FOR EACH PRACTICE	CHECK
PRACTICE #1	606.1	COMPLY WITH ALL INFILTRATION PRESCRIPTIVES.	
Windows	606.1	Maximum of 0.34 CFM per linear foot of operable sash crack (includes sliding glass doors).	
Exterior & Adjacent Doors	606.1	Maximum of 0.5 CFM per sq. ft. of door area: solid core, wood panel, insulated or glass doors only.	
Exterior Joints & Cracks	606.1	To be caulked, gasketed, weather-stripped or otherwise sealed.	
PRACTICE #2	606.1	COMPLY WITH PRACTICE #1 AND THE FOLLOWING:	
Exterior Walls & Floors	606.1	Top plate penetrations sealed. Infiltration barrier installed. Sole plate/floor joint caulked or sealed.	
Exterior Walls & Ceilings	606.1	Penetrations, joints and cracks on interior surface caulked, sealed or gasketed.	
DuctWork	606.1	Ductwork in unconditioned space must be sealed.	
Fireplaces	606.1	Equipped with outside combustion air, doors and flue dampers.	
Exhaust Fans	606.1	Equipped with dampers. Combustion devices see 606.1.A.2.	
Combustion Appliances	606.1	Be in unconditioned space (except direct vent), draw air from unconditioned space, exhaust to outside. Cooking appliances shall be dampered and use intermittent ignition.	
** OTHER PRESCRIPTIVE MEASURES (must be met or exceeded by all residences.) **			
Water Heaters	612.1	Comply with efficiency requirements in Table 6-12. Switch or clearly marked circuit breaker (electric) or cutoff (gas) must be provided. External or built-in heat trap required.	
Swimming Pools & Spas	612.1	Spas and heated pools must have covers (except solar heated). Non-commercial pools must have a pump timer. Gas spa & pool heaters must have a minimum thermal efficiency of 78 percent.	
Shower Heads	612.1	Water flow must be restricted to no more than 3 gallons per minute at 80 PSIG.	
HVAC Duct Construction Insulation & Installation	610.1	All ducts, fittings, mechanical equipment and plenum chambers shall be mechanically attached, sealed, insulated and installed in accordance with the criteria of Section 610.1.ABC.2 & 610.1.ABC.3. Duct in attics must be insulated to a minimum of R-6. Air handlers shall not be installed in attics unless in mechanical closet.	
HVAC Controls	607.1	Separate readily accessible manual or automatic thermostat for each system.	
Insulation	604.1 602.1	Ceilings minimum R-19. Common Walls - Frame R-11 or CBS R-3 both sides. Common ceiling & floors R-11.	

SUMMER CALCULATIONS

=== BASE ===				=== AS-BUILT ===							
GLASS-----											
ORIEN	AREA	x BSPM =	POINTS	TYPE	SC	ORIEN	AREA	x SPM	x SOF	= POINTS	
NE	207.00	109.7	22707.9	SGL CLR		NE	54.0	94.8	.76	3913.9	
				SGL CLR		NE	18.0	94.8	.76	1304.6	
				SGL CLR		NE	18.0	94.8	.76	1304.6	
				SGL CLR		NE	9.0	94.8	.76	652.3	
				SGL CLR		NE	24.0	94.8	.76	1739.5	
				SGL CLR		NE	84.0	94.8	.76	6088.2	
E	36.00	109.7	3949.2	SGL CLR		E	36.0	136.3	.76	3706.9	
SE	223.00	109.7	24463.1	SGL CLR		SE	24.0	146.2	.71	2481.7	
				SGL CLR		SE	9.0	146.2	.71	930.6	
				SGL CLR		SE	54.0	146.2	.71	5583.8	
				SGL CLR		SE	56.0	146.2	.71	5790.6	
				SGL CLR		SE	56.0	146.2	.71	5790.6	
				SGL CLR		SE	24.0	146.2	.71	2481.7	
S	48.00	109.7	5265.6	SGL CLR		S	36.0	135.6	.68	3306.2	
				SGL CLR		S	12.0	135.6	.68	1102.1	
SW	96.00	109.7	10531.2	SGL CLR		SW	42.0	146.2	.71	4342.9	
				SGL CLR		SW	18.0	146.2	.71	1861.3	
				SGL CLR		SW	18.0	146.2	.71	1861.3	
				SGL CLR		SW	18.0	146.2	.71	1861.3	
W	16.00	109.7	1755.2	SGL CLR		W	16.0	136.3	.76	1647.5	
NW	129.00	109.7	14151.3	SGL CLR		NW	36.0	94.8	.76	2609.2	
				SGL CLR		NW	24.0	94.8	.76	1739.5	
				SGL CLR		NW	24.0	94.8	.76	1739.5	
				SGL CLR		NW	9.0	94.8	.76	652.3	
				SGL CLR		NW	36.0	94.8	.76	2609.2	

.15 x COND. FLOOR /			TOTAL GLASS	= ADJ.	x	GLASS	=	ADJ GLASS	;	GLASS	
AREA			AREA	FACTOR		POINTS		POINTS	;	POINTS	
.15			3,000.00	755.00	.596	82,823.50		49,365.00	;	67,101.15	
=====											
NON GLASS-----											
	AREA	x BSPM =	POINTS	TYPE		R-VALUE	AREA	x SPM =	POINTS		

WALLS-----											
Ext	1910.0	1.6	3056.0	Ext NormWtBlock	In	4.2	1910.0	2.28		4354.8	
Adj	403.0	1.0	403.0	Adj Steel Stud		11.0	403.0	1.60		644.8	

DOORS-----											
Ext	60.0	6.4	384.0	Ext Wood			40.0	9.40		376.0	
				Ext Insulated			20.0	6.40		128.0	
Adj	20.0	2.6	52.0	Adj Insulated			20.0	2.60		52.0	

CEILINGS-----											
UA	3000.0	.8	2400.0	Under Attic		30.0	3000.0	.80		2400.0	

FLOORS-----											
Slb	303.0	-20.0	-6060.0	Slab-on-Grade		.0	303.0	-20.00		-6060.0	

INFILTRATION-----											
	3000.0	14.7	44100.0	Practice #2			3000.0	14.70		44100.0	
=====											
TOTAL SUMMER POINTS			93,700.00								113,096.75
=====											
TOTAL x SYSTEM = COOLING ; TOTAL x CAP x DUCT x SYSTEM x CREDIT = COOLING											

SUM PTS	MULT	POINTS	, COMFOR	RATIO	MULT	MULT	MULT	POINTS
93,700.00	.37	34,669.00	;113,096.75	1.00	1.086	.250	.950	29,202.32

 WINTER CALCULATIONS

=== BASE ===

=== AS-BUILT ===

GLASS-----										
ORIEN	AREA	x BWPM =	POINTS	TYPE	SC	ORIEN	AREA	x WPM	x WOF	= POINTS
NE	207.00	-.4	-82.8	SGL CLR		NE	54.0	2.9	1.21	188.9
				SGL CLR		NE	18.0	2.9	1.21	63.0
				SGL CLR		NE	18.0	2.9	1.21	63.0
				SGL CLR		NE	9.0	2.9	1.21	31.5
				SGL CLR		NE	24.0	2.9	1.21	84.0
				SGL CLR		NE	84.0	2.9	1.21	293.9
E	36.00	-.4	-14.4	SGL CLR		E	36.0	.1	6.40	23.1
SE	223.00	-.4	-89.2	SGL CLR		SE	24.0	-2.1	.49	-24.9
				SGL CLR		SE	9.0	-2.1	.49	-9.3
				SGL CLR		SE	54.0	-2.1	.49	-56.1
				SGL CLR		SE	56.0	-2.1	.49	-58.2
				SGL CLR		SE	56.0	-2.1	.49	-58.2
				SGL CLR		SE	24.0	-2.1	.49	-24.9
S	48.00	-.4	-19.2	SGL CLR		S	36.0	-2.0	.49	-35.0
				SGL CLR		S	12.0	-2.0	.49	-11.7
SW	96.00	-.4	-38.4	SGL CLR		SW	42.0	-2.1	.49	-43.6
				SGL CLR		SW	18.0	-2.1	.49	-18.7
				SGL CLR		SW	18.0	-2.1	.49	-18.7
				SGL CLR		SW	18.0	-2.1	.49	-18.7
W	16.00	-.4	-6.4	SGL CLR		W	16.0	.1	6.40	10.2
NW	129.00	-.4	-51.6	SGL CLR		NW	36.0	2.9	1.21	125.9
				SGL CLR		NW	24.0	2.9	1.21	84.0
				SGL CLR		NW	24.0	2.9	1.21	84.0
				SGL CLR		NW	9.0	2.9	1.21	31.5
				SGL CLR		NW	36.0	2.9	1.21	125.9

.15 x COND.	FLOOR /	TOTAL GLASS	= ADJ.	x	GLASS	=	ADJ GLASS	;	GLASS
AREA	AREA	AREA	FACTOR		POINTS		POINTS		POINTS
.15	3,000.00	755.00	.596		-302.00		-180.00	;	830.79

NON GLASS-----										
AREA	x	BWPM =	POINTS	TYPE	R-VALUE	AREA	x	WPM =	POINTS	
WALLS-----										
Ext	1910.0	.3	573.0	Ext NormWtBlock	In	4.2	1910.0	1.02	1948.2	
Adj	403.0	.5	201.5	Adj Steel Stud		11.0	403.0	.80	322.4	
DOORS-----										
Ext	60.0	1.8	108.0	Ext Wood		40.0	2.80	112.0		
				Ext Insulated		20.0	1.80	36.0		
Adj	20.0	1.3	26.0	Adj Insulated		20.0	1.30	26.0		
CEILINGS-----										
UA	3000.0	.1	300.0	Under Attic		30.0	3000.0	.10	300.0	
FLOORS-----										
Sib	303.0	-2.1	-636.3	Slab-on-Grade		.0	303.0	-2.10	-636.3	
INFILTRATION-----										
	3000.0	1.2	3600.0	Practice #2			3000.0	1.20	3600.0	

=====
 TOTAL WINTER POINTS : 3,992.20 ; 6,539.09
 =====

TOTAL x SYSTEM = HEATING ; TOTAL x CAP x DUCT x SYSTEM x CREDIT = HEATING

WIN PTS	MULT	POINTS	;	COMPON	RATIO	MULT	MULT	MULT	POINTS
✓ 3,992.20	1.10	4,391.42	;	6,539.09	1.00	1.086	1.000	.950	6,745.65

WATER HEATING

=== BASE ===

=== AS-BUILT ===

NUM OF BEDRMS	x	MULT	=	TOTAL	;	TANK VOLUME	EF	TANK RATIO	x	MULT	x	CREDIT MULT	=	TOTAL
4		3319.0		13,276.00	;	40	.88	.391		3319.0		1.00		5,056.00
					;	65	.88	.619		3318.0		1.00		8,216.00
				13,276.00	;									13,272.00

SUMMARY

=== BASE ===

=== AS-BUILT ===

COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS	;	COOLING POINTS	+	HEATING POINTS	+	HOT WATER POINTS	=	TOTAL POINTS
34669.0		4391.4		13276.0		52,336.42	;	29202.3		6745.7		13272.0		49,219.98

 * EPI = 94.05 *

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET FORT PIERCE, FLORIDA 34946

JUPITER (407) 746-7698

FORT PIERCE (407) 461-7508

STUART (407) 283-7711

FT. PIERCE 1-800-233-9011

Report
of
DENSITY OF SOIL IN-PLACE
ASTM D2922

CLIENT: Mr. and Mrs. Powell

DATE: February 2, 1996

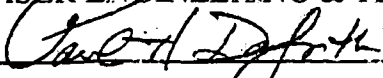
CONTRACTOR: Client

PERMIT: 3918

SITE: 16 South River Road
Sewall's Point

DENSITY TEST NO.	DATE TESTED	LOCATION	ELEVATION	MOISTURE-DENSITY RELATIONSHIP		IN PLACE DRY DENSITY	PERCENT COMPACTION
				TEST NO.	MAX. DRY WT.		
1065	02/02/96	Southeast Side	0 - 1'	1065	112.0	107.5	96.0
1065	02/02/96	" " " "	1 - 2'	1065	112.0	110.4	98.6
1065	02/02/96	" " " "	2 - 3'	1065	112.0	110.2	98.4
1065	02/02/96	" " " "	3 - 4'	1065	112.0	109.8	98.0
1065	02/02/96	" " " "	4 - 5'	1065	112.0	109.3	97.6
1065	02/02/96	Center	0 - 1'	1065	112.0	112.2	100.2
1065	02/02/96	" " " "	1 - 2'	1065	112.0	109.4	97.7
1065	02/02/96	" " " "	2 - 3'	1065	112.0	110.1	98.3
1065	02/02/96	" " " "	3 - 4'	1065	112.0	110.8	98.9
1065	02/02/96	Northwest Side	0 - 1'	1065	112.0	109.5	97.8
1065	02/02/96	" " " "	1 - 2'	1065	112.0	109.7	97.9
1065	02/02/96	" " " "	2 - 3'	1065	112.0	108.9	97.2
1065	02/02/96	" " " "	3 - 4'	1065	112.0	109.9	98.1
ALL ELEVATIONS BELOW SLAB GRADE							

Respectfully submitted,
FRASER ENGINEERING & TESTING, INC.


Paul H. Danforth, P.E.

FRASER ENGINEERING AND TESTING, INC.

3504 INDUSTRIAL 33RD STREET FORT PIERCE, FLORIDA 34946

JUPITER (407) 746-7698

FORT PIERCE (407) 461-7508

STUART (407) 283-7711

FT. PIERCE 1-800-233-9011

Report
of
MOISTURE DENSITY RELATIONSHIP
T-180

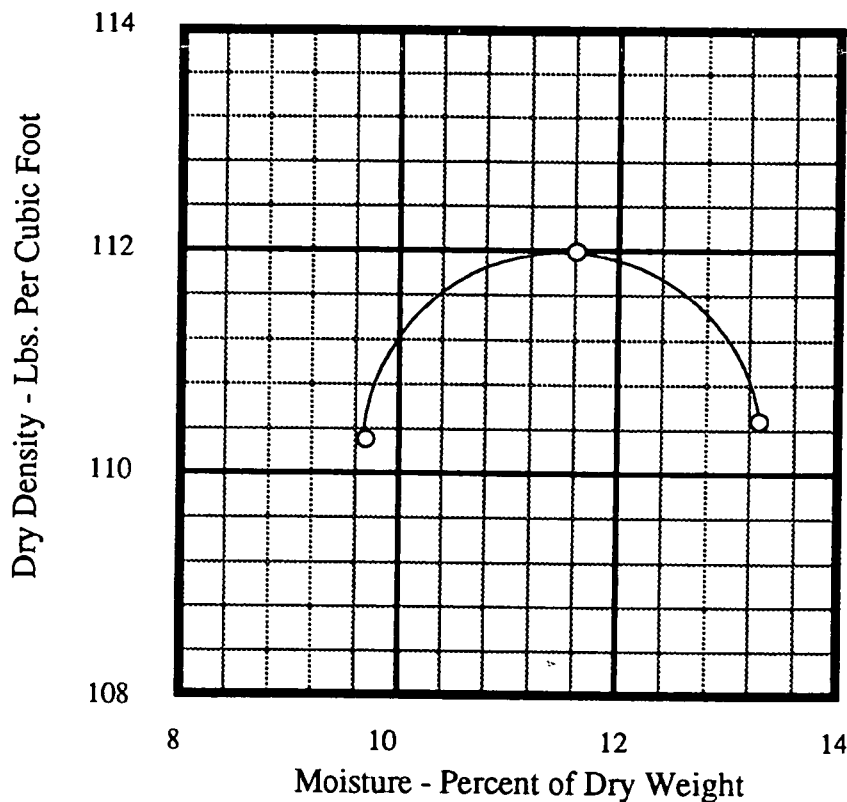
CLIENT: Mr. and Mrs. Powell

DATE: February 2, 1996

CONTRACTOR: Client

PERMIT: 3918

SITE: 16 South River Road
Sewall's Point



TEST NO.	TEST METHOD	SAMPLE LOCATION	OPTIMUM MOISTURE %	MAXIMUM DRY DENSITY - P.C.F.	SOIL DESCRIPTION
1065	B	Composite	11.6	112.0	Brown, slightly silty, slightly clayey fine sand.

Respectfully submitted,
FRASER ENGINEERING & TESTING, INC.

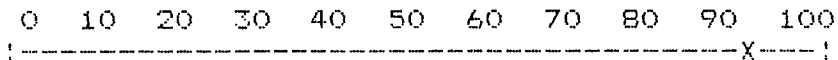
Paul H. Danforth

Paul H. Danforth, P.E.

ENERGY GUIDE

For detailed information
of the EPI rating number
or for any ITEM listed,
ask your Builder for
DCA Form 600A-93
or Form 600B-93

EPI= 94.0



The maximum allowable EPI is 100. The lower the EPI the more efficient the home

RESIDENTIAL ENERGY PERFORMANCE RATING SHEET

ITEM	HOME VALUE	Low Efficiency		High Efficiency
		SINGL CLR		DBL TINT
WINDOWS.....	Single Clear	;X-----;		
INSULATION.....		R-10		R-30
Ceiling R-Value.....	30.0	;-----X!		
Wall R-Value.....	5.4	R-0		R-7
Floor R-Value.....	0.0	;-----X-----;		
AIR CONDITIONER.....		10.0	SEER	17.0
SEER/EER.....	13.6	;-----X-----;		
		9.7	EER	16.0
HEATING SYSTEM.....		2.50	COP	4.19
Electric COP/HSPF.....	1.0	;X-----;		
Gas AFUE.....	0.00	0.78	AFUE	0.90
		;-----;		
WATER HEATER.....		0.88		0.96
Electric EF.....	0.88	;X-----;		
Gas EF.....	0.00	0.54		0.90
Solar EF.....		;-----;		
		0.40		0.80
		;-----;		
OTHER FEATURES.....				
.....				

I certify that these energy saving features required for the Florida Energy Code have been installed in this house.

Address: _____ Builder Signature: _____ Date: _____

City/Zip _____
Florida Energy Code for Building Construction - 1993
Florida Department of Community Affairs

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
(street address)
No. _____ Dated _____ when completed in conformance with the
Approved Plans.

Signed Beverly S. Powell

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)

TOWN OF SEWALL'S POINT, FLORIDA
CERTIFICATE OF APPROVAL FOR OCCUPANCY

RECORD OF INSPECTIONS

Date 2-3-97

This is to request a Certificate of Approval for Occupancy to be issued to B & G Powell for a structure built under Permit # 3918
(Owner of Property)

Subdivision Heritage Lot 24 Street Address 16 S.R.R.

when completed in conformance with the approved plans.

Signed (Owner)

1. Lot Stakes/Set Backs 3-25-96 DB
2. Termite Protection _____
3. Footing - Slab 3-25-96 OK DB
4. Rough Plumbing 3-18-96 DB
5. Rough Electric 11/13-96 DB
6. Lintel 5/18/96 DB
7. Roof 7/22/96 BD
8. Framing 11/13/96 DB
9. Insulation 12/5/96 DB
10. A/C Ducts 11/13/96 DB
11. Final Electric 2/3/97 DB
12. Final Plumbing 2/3/97 DB
13. Final Construction 2/3/97 DB

Final Inspection for Issuance of Certificate of Occupancy.

Approved by Building Inspector Dale Burns

2-3-97
date

Approved by Building Commissioner _____

date

Utilities notified FPC

date 2-3-97

Town of Sewall's Point

JOAN H. BARROW
Town Clerk

WILBUR C. KIRCHNER
Chief of Police

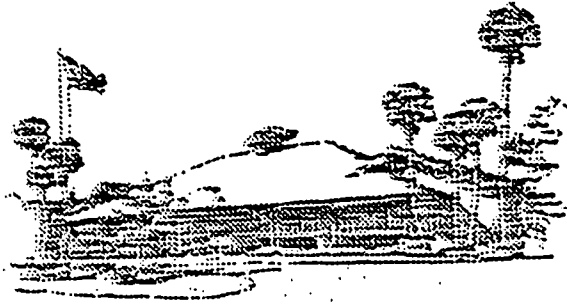
DAVID L. MILLARD
Mayor

VINCENT A. VORRASSO
Vice Mayor

CYRUS KISSLING
Commissioner

KATHRYN J. KRAMER
Commissioner

DONALD B. WINEY
Commissioner



April 1, 1997

Mr. Gary Powell
915 Osceola Street
Stuart, FL 34994

FAX TRANSMITTAL _____ PAGES

▶ TO: GARY POWELL (954) 524-7343
▶ FROM: PHILIP CARUANA

RE: 16 South River Road
Permit 3918, Issued January 22, 1996

A Certificate of Occupancy for the aforementioned property, was issued in error on February 3, 1997. Deficiencies at that time included a temporary toilet on site, construction debris on the site, electrical boxes open, and plumbing fixtures not installed and uncapped.

Still today, a temporary service pole will have to be removed, the site cleaned, graded, seeded or sodded, driveway and walks need to be in place, and minimum appliances and fixtures required for a dwelling must be installed. Construction materials, table saws and other power tools cannot remain in the dwelling.

This letter officially revokes the C.O. issued February 3, 1997.

South Florida Building Code mandates that all doors and windows shall be so constructed to resist hurricane force winds or be equipped with Dade County approved storm shutters.

The "C.O." was issued after the anniversary date of the permit. This alone would incur a renewal of your permit fee. It is not within my authority to waive such additional permit fees.

I have given you 10 days to obtain a renewal permit. If the permit fee is not paid at that time, a "red tag" will again be issued for working without a permit.

Yours truly,

Philip Caruana
Building Inspector

To: Tim Wright

From: Philip Caruana

Date: 12/11/97

RE: Gary Powell, Permit 3918 – 16 S. River Rd.

Attached please find the following:

- 1. Copy of April 1, 1997 letter to Mr. Gary Powell revoking the C.O. given in error on February 3, 1997.**
- 2. South Florida Building Code (pages 03-23-1, 03-23-2, & 03-24).**
- 3. South Florida Building Code, CHAPTER 14, 1401 GROUP I OCCUPANCY DEFINED.**

Please note that Article 307 CERTIFICATE OF OCCUPANCY, 307.1 WHEN REQUIRED, does not include Group I structures.

This omission was not accidental. Supreme Court rulings, minor court victories won by such groups as the Pacific Legal Foundation and others and the South Florida Building Code make me hesitant to use methods of enforcement not enumerated in the Code.

Yours truly,

Philip Caruana, CBO.....

308 CERTIFICATE OF COMPLETION

308.1 CERTIFICATE OF COMPLETION: The permit holder must apply for and obtain a Certificate of Completion for any building of Group I Occupancy, or any building shell of Groups A, B, C, D, E, F, G, H or J Occupancy after all final inspections have been approved by the Building Official. The application for such certificate shall contain an affidavit of construction. The Building Official shall not issue a Certificate of Completion until he or she has received any required Statement of Inspection duly completed in compliance with Subsection 307.2 herein, which Statement of Inspection shall be retained by the Building Official together with the permit records. The issuance of the Certificate of Completion shall allow the Building department to authorize the connection of services as follows:

- (a) For Group I Occupancy Buildings, all services may be connected without limitations.
- (b) For buildings shells, services to the general use area of the building may be connected, but connection of services and/or occupancy of the tenant areas shall be prohibited.

308.2 TEMPORARY CERTIFICATE OF COMPLETION:

(a) A Temporary Certificate of Completion may be issued by the building Official for the temporary use of any building of Group I Occupancy, or any building shell of Groups A, B, C, D, E, F, G, H or J Occupancy provided that all code provisions relating to sanitary and means of egress facilities, including those serving the physically handicapped, fire-resistive separations, structural adequacy, the barricading of work areas, and public safety have been met, and only minor details are not completed. The Building Official shall not issue a temporary Certificate of Completion until he or she has received any required Statement of Inspection duly completed in compliance with Subsection 307.2 herein, which Statement of Inspection shall be retained by the Building Official together with the permit records.

(b) The Temporary Certificate of Completion shall be issued for a limited period of 60 days, but may be extended an additional 60 days at the discretion of the Building Official if, in his opinion, such extension is justified. No further extensions shall be granted without the approval of the Board of Rules and Appeals.

(c) When the owner or contractor completes the items listed on the Temporary Certificate of Completion application, the building permit holder shall be responsible for obtaining a final inspection prior to the expiration of the Temporary Certificate.

308.3 REVOCATION: If the permit holder does not comply with the terms of the Temporary Certificate or the Temporary Certificate expires the Building Official shall order the disconnection of services and evacuation of such premises after a five day warning notice has been posted at the premises.

307 CERTIFICATE OF OCCUPANCY

307.1 **WHEN REQUIRED:** No building or structure of Groups A, B, C, D, E, F, G, H, or J Occupancy hereafter erected, altered or enlarged, nor existing building involving a change of occupancy shall be used or occupied in whole or part until the permit holder has applied for and obtained a Certificate of Occupancy. The application for such certificate shall contain an affidavit of construction, signed by the permit holder attesting that to the best of his or her knowledge, belief and professional judgment, the structural and envelope components of the structure are in compliance with the approved plans and other approved permit documents. The permit holder must also attest that to the best of his or her knowledge, belief and professional judgment the approved permit plans represent the as-built condition of the structure and that those inspections which are required to be performed by the Building Official for the work involved have been performed in accordance with section 305.2(d) of this Code. A Certificate of Occupancy shall be issued by the Building Official, certifying that he or she reasonably believes the building and occupancy are in accordance with the provisions of this Code and all other ordinances and laws applicable thereto; except that any use or occupancy which has not been discontinued during the work of alteration or enlargement shall be discontinued within 30 days after the completion of the work unless the required certificate is secured from the Building Official. If the Building Official reasonably believes the building or part thereof complies with the provisions of all pertinent laws and regulation, he or she shall issue the Certificate of Occupancy. The Building Official shall not issue a Certificate of occupancy until he or she has received any required Statement of Inspection duly completed in compliance with Subsection 307.2 herein, which Statement of Inspection shall be retained by the Building Official together with the permit records. A Certificate of Occupancy for places of assembly shall indicate thereon and make record of the number of person for which such certificate is issued.

(Continued next page)

307.2 STATEMENT OF INSPECTION: A Statement of Inspection shall be required in connection with any construction for which this code requires architectural or engineered sealed plans. The Statement of Inspection shall be a statement in writing made and executed by the Architect or Engineer who sealed and signed the plans for the subject structure, attesting that to the best of his or her knowledge, belief and professional judgment, the structural and envelope components of the structure are in compliance with the approved plans and other approved permit documents. The Statement of Inspection shall also contain a statement that to the best of his or her knowledge, belief and professional judgment the approved permit plans represent the as-built condition of the structural and envelope components of the structure, For these purposes, the Building Official may in exigent circumstances and in his or her discretion, accept a substitute Architect or Engineer for the Architect or Engineer who signed or sealed the plans. Exigent circumstances shall include, but not be limited to, disagreement between the owner and the Architect or Engineer who sealed and signed the plans. Where threshold or special inspectors are used in accordance with this Code, the statement of inspection may be made and executed by the special inspector or threshold inspector. The Statement of Inspection shall be issued and dated following the completion of the work, and delivered as a condition precedent to the issuance by the Building Official of any temporary or final certificates of occupancy or completion. Prior to the issuance of a Statement of Inspection, the Architect or Engineer shall at a minimum perform those inspections which are required to be performed by the Building Official for the work involved.

(Continued next page)

307.3 EXISTING BUILDINGS: If an occupancy which does not comply with the requirements of this Code has existed prior to the adoption of this Code, the Building Official shall issue a Certificate for Occupancy therefor, unless the building and use, in his opinion, constitute a serious hazard to life, limb or property. If an application for a Certificate of Occupancy is not approved, such occupancy shall not commence or shall be discontinued.

307.4 REVOCATION: The Building Official shall have the authority to revoke a Certificate of Occupancy for any building which is occupied, in whole or in part, for any use not authorized or which is changed in occupancy to a classification where such occupancy does not comply with this Code, or for any building where the live loads imposed on any floor or the number or persons permitted to assemble therein or thereon exceed those authorized in said Certificate. The revoking of a Certificate of Occupancy shall have the effect of nullifying any occupational license issued in connection with such building or the affected part of such building.

307.5 TEMPORARY AND/OR PARTIAL CERTIFICATE OF OCCUPANCY:

(a) A Temporary and/or Partial Certificate of Occupancy may be issued by the Building Official for the temporary use of a portion of a building, providing the portion of the building to be occupied is clearly designated and all Code provisions such as relating to sanitary facilities, and means of egress facilities, including those serving the physically handicapped, fire-resistive separations, structural adequacy, the barricading of work areas, etc., and other provisions relating to public safety have been met and approved by the Building Official. The Building Official shall not issue a Temporary and/or Partial Certificate of Occupancy until he or she has received any required Statement of Inspection duly completed in compliance with Section 307.2 herein, which Statement of Inspection shall be retained by the Building Official together with the permit records.

(b) The Temporary and/or Partial Certificate shall be issued for a limited period not to exceed ninety days, but may be extended for an additional ninety days at the discretion of the Building Official, if, in his opinion, such extension is justified. No further extensions shall be granted without the approval of the Board of Rules and Appeals.

307.6 CONNECTION OF SERVICES: It shall be unlawful for any public service corporation or agency to begin or continue service to a building, construction trailer or mobile home, except temporary service for use during building operations and for testing purposes under a valid building permit until a Certificate of Occupancy has been issued, trailer tie-down installation has been permitted and approved and/or notice posted on the premises. This subsection shall apply to all new construction and any subsequent change in occupancy or tenancy.

307.7 The Appointing Authority may establish fees to cover the administrative costs of issuance and/or revocation of Certificates of Occupancy.

CHAPTER 14

REQUIREMENTS OF GROUP I OCCUPANCIES

- 1401 GROUP I OCCUPANCY DEFINED**
- 1402 CONSTRUCTION, HEIGHT AND AREA ALLOWABLE**
- 1403 FIRE PROTECTION**
- 1404 EGRESS FACILITIES**
- 1405 LIGHT AND VENTILATION**
- 1406 PROTECTION OF VERTICAL OPENINGS**
- 1407 SPECIAL PROVISIONS**
- 1408 PLUMBING AND SANITATION**
- 1409 MIXED OCCUPANCY**

1401 GROUP I OCCUPANCY DEFINED

Group I Occupancy shall include:

1401.1 All single-family and duplex uses.

1401.2 Dormitory, fraternity house and monastery uses when such buildings are used to house not more than 6 persons.

1401.3 Buildings classed as Group C Occupancy used to house not more than 6 students and the required supervisory personnel.

1401.4 Buildings classed as Group D, Division 2 Occupancy used to house not more than 3 inmates and the required supervisory personnel.

1401.5 Rooming houses operated in a single-family residence containing not more than 3 bedrooms only 2 of which are rented to not more than 2 persons per bedroom.

1401.6 Buildings classed as Group D, Division 3 Occupancy used to house not more than 6 individuals and the required supervisory personnel.

1402 CONSTRUCTION, HEIGHT AND AREA ALLOWABLE

Buildings, or parts of buildings, classed in Group I, because of use or occupancy, shall be limited in height and area as follows.

Type	Allowable Height	Basic Area
I.....	Not Limited.....	Not Limited
II.....	45 feet (3 stories).....	Not Limited
III(Protected).....	45 feet (3 stories).....	Not Limited

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 \$ 190,000.

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

[Signature]
Affiant

Property street address:

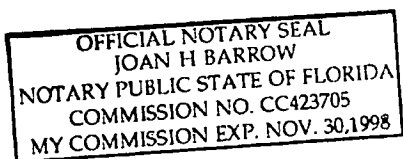
16 S. RIVER RD.

Sworn to and subscribed
before me this 5th day of
February, 1997.

[Signature]

Notary Public
STATE OF FLORIDA AT LARGE
My Commission Expires:

(NOTARY SEAL)



3982

POOL

TAX FOLIO NO. 138 41 013 -000 - 00240-7 DATE 4/23/96

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

3987

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 GARY POWELL Present Address 915 OSCEOLA ST.

Phone 228-1785 STUART, FL

Contractor Pools by Greg, Inc. Address 8886 S. Fed. Hwy

Phone 337-9713

Where licensed FL RP-0035370 License Number MARTIN O. SP-00348

Electrical Contractor License Number _____

Plumbing Contractor Pools by Greg, Inc. License Number MC SP-00348

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

State the street address at which the proposed structure will be built: 16 South River Rd, Sewalls Pt. Rd.

LOT # 24 HERITAGE PLACE

Subdivision HERITAGE PLACE Lot Number 24 Block Number _____

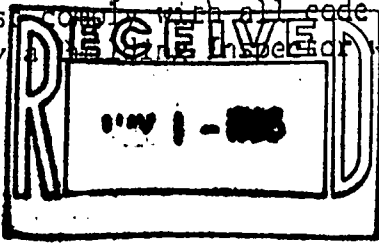
Contract Price \$ 9600.- Cost of Permit \$ 200.00

Plans approved as submitted Plans approved as marked _____

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

Gary Powell Contractor [Signature]

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



Owner [Signature]

TOWN RECORD Approved: [Signature] 5/1/96 Building Inspector Date

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

Certificate of Occupancy issued (if applicable) _____ Date

SP1282 Permit No. _____

Return to: (enclose self-addressed stamped envelope)

Name Pools by Greg, Inc.

Address: 8886 S. Federal Hwy.
Pt. St. Lucie, Fl 34952

This Instrument Prepared by:
Pools by Greg, Inc.

Address: 8886 S. Federal Hwy.
Pt. St. Lucie, Fl 34952

Property Appraisers Parcel Identification (Folio) Number(s):

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

Notice of Commencement

(PREPARE IN DUPLICATE)

To whom it may concern:

The undersigned hereby informs all concerned that improvements will be made to certain real property, and in accordance with section 713.13 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

Legal Description of property (include Street Address, if available) *Lot 24, Heritage Parc
10 S. RIVER RD., SEWALLS PT. FL.*

General description of Improvements *Const Pool + Patio*

Owner *GARY POWELL*
Address *915 OSCEOLA ST., Stuart, FL.*

Owner's Interest in site of the Improvement

Fee Simple Title holder (if other than owner)

Name

Address

Contractor *POOLS BY GREG, INC.*

Address *8886 S. FEDERAL HWY. PORT ST. LUCIE, FL 34952*

Surety (if any)

Address

Amount of bond \$

Any person making a loan for the construction of the Improvements:

Name

Address

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

Name

Address

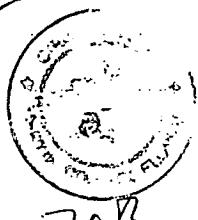
In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(h) Florida Statutes. (Fill in at Owner's option).

Name *MARTIN COLE COUNTY*

Address *THIS IS TO CERTIFY THAT THE
FOR RECORDING 1 PAGES IS A TRUE
AND CORRECT COPY OF THE ORIGINAL.*

BY *T. COPELAND* CLERK

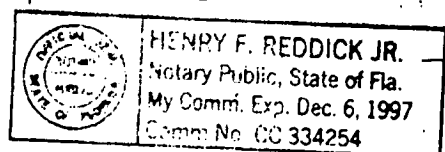
DATE *4-30-96* D.C.



[Signature]
Owner

[Signature]
Notary Public

Sworn to and subscribed before me this *20th* day of *April* 19*96*



TOWN OF SEWALL'S POINT

APPLICATION FOR TREE REMOVAL, RELOCATION, REPLACEMENT

318

Permit # _____

Date Issued _____

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

Owner Gary & Beverly Powell Address 116 S River Rd Phone (407) 223-1755

Contractor Owner Builder Address 915 SE Osceola St Phone (407) 223-1755

Number of trees to be removed (list kinds of trees) 10 Palms 5 Gumbos

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

NONE

Number of trees to be replaced (list kinds of trees):

NONE

Permit Fee \$ 100.00 (\$25.00 - first tree plus \$10.00 - each additional tree - not to exceed \$100.00.)

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

Plans approved as submitted Plans approved as marked _____

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

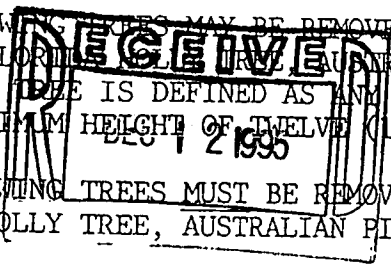
Signature of applicant Beverly Powell Date submitted _____

Approved by Building Inspector [Signature] Date 12/13/95

Approved by Building Commissioner [Signature] Date _____

Completed _____ Date _____ Checked by _____

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



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

TOWN OF SEWALL'S POINT
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 two inches.

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, Marlberrry, 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 Beverly Power Address 16 S. RIVER RD Phone 223-5275

Contractor _____ Address _____ Phone _____

No. of Trees: REMOVE 2 Type: 1 PEPPER, 1 QUEEN PALM

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

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

Written statement giving reasons: PEPPER OVER GROWING + QUEEN PALM DYING

Signature of Property Owner Verbal thru Laura [Signature] Date 8/25/05

Approved by Building Inspector: GENE INSPECTED [Signature] Date 9/2/05 Fee: 0

Plans approved as submitted _____ Plans approved as revised/marked: _____

TOWN OF SEWALL'S POINT, FLORIDA

Date Sept 16 2005 TREE REMOVAL PERMIT No 2572

APPLIED FOR BY Power (Contractor or Owner)

Owner 16 S. RIVER RD

Sub-division _____, Lot _____, Block _____

Kind of Trees _____

No. Of Trees: REMOVE 2 1 Pepper, 1 Queen Palmy

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

No. Of Trees: REPLACE _____ WITHIN 30 DAYS

REMARKS _____

_____ FEE \$ 0

Signed, _____ Applicant Signed Gene Simon Town Clerk BUNDA OFFICIAL

TOWN OF SEWALL'S POINT

Call 287-2455 - 8:00 A.M.-12:00 Noon for Inspec
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 _____

REMARKS _____

Monte's Tree Service

P.O. Box 523
 Palm City, FL 34991
 Phone (772) 283-8828
 Fax (772) 287-1791

Kermán



Estimate

DATE	ESTIMATE #
8/25/2005	05-199

This Estimate is good for 30 days

Powell, Beverly
 16 S. River Rd.
 Stuart, FL 34996

PHONE ... 223-5275

ITEM	DESCRIPTION	QTY	COST	TOTAL
1	Remove Pepper Tree ✓	1	200.00	200.00
1	Grind Stump ✓	1	65.00	65.00
1	Trim Carrotwood Tree	1	75.00	75.00
1	Top Cherry Tree 8"	1	65.00	65.00
1	Trim Palms Backyard	5	20.00	100.00
1	Trim Bay Tree Back	1	125.00	125.00
1	Trim Oak Backyard right of Pool	1	225.00	225.00
1	Shape and Trim Banyan ✓	1	250.00	250.00
1	Remove Queen Palm	1	85.00	85.00
1	Grind Stump	1	35.00	35.00
1	Shape Oak Front	1	70.00	70.00
Call or Mail Signed copy of Estimate to Schedule.			TOTAL	\$1,295.00

Please return original copy marking items you would like done. This work is fully covered by Property Damage, Public Liability and Comp Insurance. Monte's Tree Service will not be responsible for damage to property not visible where not specifically mentioned herein, especially underground instalitions.

Date: _____

By: _____

ACCEPTED: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are